

Commonwealth of Massachusetts

Motor Vehicle Crash Police Report

Date of Crash 03/10/2019 Time of Crash 1005 24HR City/Town **Wilmington**

Number Vehicles 1 Number Injured 0 Speed Limit 25 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 _____
4 Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

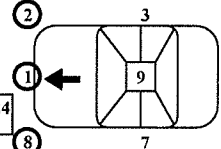
Route# _____ Direction _____ Address # **149** Name of Roadway/Street **BURLINGTON AVE**
____ Feet **N S E W** of _____ or _____
Mile Marker _____ Exit Number _____
____ Feet **N S E W** of _____
Route# _____ Intersecting Roadway/Street _____
____ Feet **N S E W** of _____
Landmark _____

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

19-95-AC

4 License # **S43593475** St **MA** DOB/Age _____
Sex **M** Lic. Class **D** **18** **18** Lic. Restrictions **1** **19** CDL _____
Endorsement _____
Operator **COLTON, BRIAN C**
Last First Middle
Address **43 FOREST ST**
City **WILMINGTON** State **MA** Zip **01887-2824**
Insurance Company **COMMERCE INSURANCE**
5 Vehicle Travel Direction: **N S E W** Responding to Emergency? **2**
Citation # (If Issued) _____
6 Viol. 1: Ch/Sec/Sub _____ / _____ Viol. 2: Ch/Sec/Sub _____ / _____
Viol. 3: Ch/Sec/Sub _____ / _____ Viol. 4: Ch/Sec/Sub _____ / _____

Reg # **8AN186** Reg Type **PC** Reg State **MA**
Veh Year **2005** Veh Make **Jeep** Veh Config. **1** **20**
Owner **COLTON, BRIAN C**
Last First Middle
Address **43 FOREST ST**
City **WILMINGTON** State **MA** Zip **01887-2824**
Vehicle Action Prior to Crash **1** **21** Damaged Area Code: (Circle Up to Three)
Event Sequence **27** **22** **35** **22** **22** **22** **22** **22**
Most Harmful Event **35** **23**
Driver Contributing Code **1** **24** **7** **24**
Underride/Override **25** Towed **1**



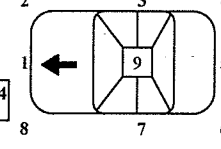
Please fill out for operator and all occupants involved

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	

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

8 License # _____ St _____ DOB/Age _____
Sex _____ Lic. Class **18** **18** Lic. Restrictions **19** 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. **20**
Owner _____
Last First Middle
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 _____



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	-----	---	---								

Commonwealth of Massachusetts

Motor Vehicle Crash Police Report

Date of Crash 03/10/2019 Time of Crash 1236 City/Town 24HR **Wilmington**

Number Vehicles 1 Number Injured 0 Speed Limit 25 State Police Local Police MBTA Police Other:

AT INTERSECTION:

< LOCATION >

NOT AT INTERSECTION:

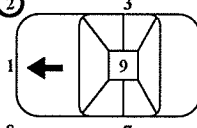
1 Route# Direction Name of Roadway/Street
At
2 Route# Direction Name of Intersecting Roadway/Street
Also at Intersection with
4 Route# Direction Name of Intersecting Roadway/Street

133 GLEN RD
Route# Direction Address # Name of Roadway/Street
Feet N S E W of _____ or _____
Mile Marker Exit Number
1000 Feet N X E W of MILLER RD
Route# Intersecting Roadway/Street
Feet N S E W of _____
Landmark

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

19-96-AC

4 License # S65773392 St MA DOB/Age
Sex M Lic. Class 18 18 Lic. Restrictions 1 19 CDL Endorsement
Operator WOODS, DAVID PAUL JR
Address 3 PINERIDGE RD
City WILMINGTON State MA Zip 01887-1434
Insurance Company ARBELLA MUTUAL INS
5 Vehicle Travel Direction: N X E W Responding to Emergency? 2
Citation # (If Issued)
Viol. 1: Ch/Sec/Sub / Viol. 2: Ch/Sec/Sub /
6 Viol. 3: Ch/Sec/Sub / Viol. 4: Ch/Sec/Sub /

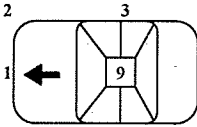
Reg # 5RBR20 Reg Type PC Reg State MA
Veh Year 2005 Veh Make FORD Veh Config. 1 20
Owner WOODS, DAVID P
Address 3 PINERIDGE RD
City WILMINGTON State MA Zip 01887-1434
Vehicle Action Prior to Crash 1 21
Event Sequence 22 22 22 22 22
Most Harmful Event 22 23
Driver Contributing Code 99 24 24
Underride/Override 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	

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

8 License # _____ St _____ DOB/Age _____
Sex _____ Lic. Class 18 18 Lic. Restrictions 19 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. 20
Owner _____
Address _____
City _____ State _____ Zip _____
Vehicle Action Prior to Crash 21
Event Sequence 22 22 22 22
Most Harmful Event 23
Driver Contributing Code 24 24
Underride/Override 25 Towed _____
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	-----	---	---								

Commonwealth of Massachusetts

Date of Crash 03/11/2019 Time of Crash 0530 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:

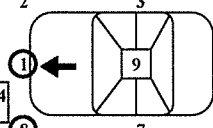
1 4 Route# Direction Name of Roadway/Street
At
Route# Direction Name of Intersecting Roadway/Street
Also at Intersection with
2 2 Route# Direction Name of Intersecting Roadway/Street

2 9 2 10 6 11
62 E 62 BURLINGTON AVE
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

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

19-98-AC

4 1 License # **S51932476** St **MA** DOB/Age
Sex **M** Lic. Class **D** 18 18 Lic. Restrictions **19** CDL Endorsement
Operator **CARUSO, SEAN A**
Last First Middle
Address **24 COLUMBIA ST**
City **WILMINGTON** State **MA** Zip **01887-2416**
Insurance Company **PROGRESSIVE DIRECT**
5 Vehicle Travel Direction: **N S X W** Responding to Emergency? **2**
Citation # (If Issued)
6 4 Viol. 1: Ch/Sec/Sub / Viol. 2: Ch/Sec/Sub /
Viol. 3: Ch/Sec/Sub / Viol. 4: Ch/Sec/Sub /

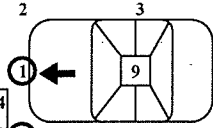
Reg # **8VZY20** Reg Type **PC** Reg State **MA**
Veh Year **2000** Veh Make **TOYOTA** Veh Config. **1** 20
Owner **CARUSO, SEAN A**
Last First Middle
Address **24 COLUMBIA ST**
City **WILMINGTON** State **MA** Zip **01887-2416**
Vehicle Action Prior to Crash **1** 21 Damaged Area Code: (Circle Up to Three)
Event Sequence **1** 22 22 22 22 2
Most Harmful Event **1** 23
Driver Contributing Code **12** 24 24
Underride/Override **25** Towed **1**


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	1		0	0	10	1	

7 1 Please Select One of the Following: Vehicle 23 #Occupants Non-Motorist A Type 14 Action 15 Location 16 Condition 17 Hit/Run Moped

8 1 License # **S43934115** St **MA** DOB/Age
Sex **F** Lic. Class **D** 18 18 Lic. Restrictions **19** CDL Endorsement
Operator **NEMODA, ANDRIA L**
Last First Middle
Address **20 PARK DR**
City **BURLINGTON** State **MA** Zip **01803-1022**
Insurance Company **SAFETY INSURANCE**
Vehicle Travel Direction: **N S E 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 # **4YL730** Reg Type **PC** Reg State **MA**
Veh Year **2014** Veh Make **HONDA** Veh Config. **1** 20
Owner **NEMODA, ANDRIA L**
Last First Middle
Address **20 PARK DR**
City **BURLINGTON** State **MA** Zip **01803-1022**
Vehicle Action Prior to Crash **1** 21 Damaged Area Code: (Circle Up to Three)
Event Sequence **1** 22 22 22 22 2
Most Harmful Event **1** 23
Driver Contributing Code **1** 24 24
Underride/Override **25** Towed **1**


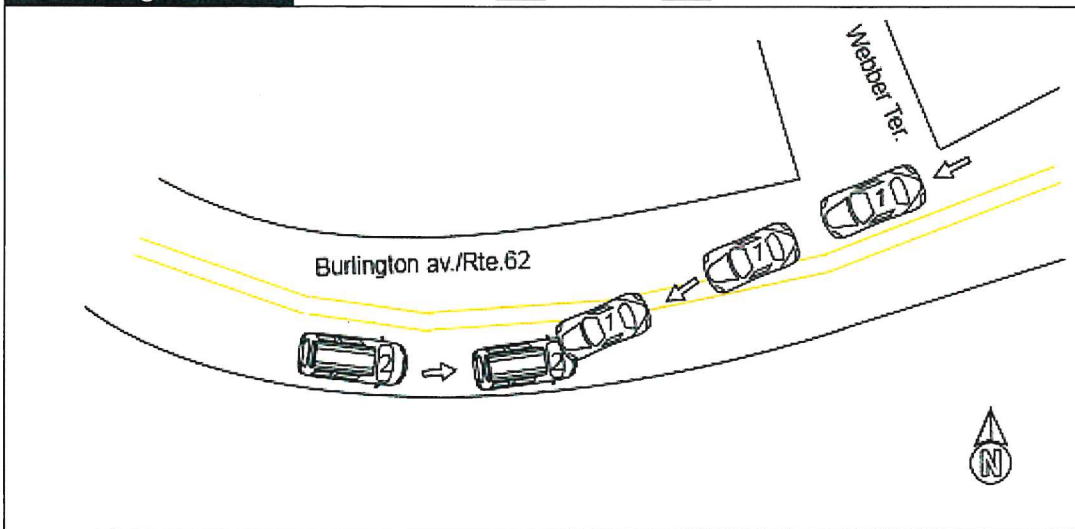
Please fill out for operator/non-motorist and all occupants involved

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	3		0	0	8	2	Winchester Hospital
					3	1	3	0	0	8	2	Winchester Hospital
					4	4	3	0	0	8	2	Winchester Hospital

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

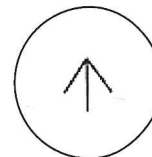
Crash Diagram:

ie: → [1] → [2] → ○ X ○



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 Burlington av., as he started to go around the curve in the road, his m/v#1 began to slide into the opposite side of the roadway and crashed into m/v#2, that was coming from the opposite direction. *** (It should be noted that the roadway was wet and there was a flash freeze, which cause the roadway to turn ICY) ***

Oper.#2 related she was traveling staright on Burlington av., as she started going around the curve, she observed m/v#1 coming across the double yellow line into her travel lane and crash into her m/v#2. She also noted that the roadway was ICY. (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

03/11/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Commonwealth of Massachusetts

Date of Crash: 03/14/2019
 Time of Crash: 0731
 City/Town: **Wilmington**
 24HR

Motor Vehicle Crash Police Report

Number Vehicles: 2
 Number Injured: 0
 Speed Limit: 15
 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 _____
 3 Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

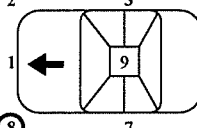
142 **MIDDLESEX AVE**
 Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____
 _____ Feet **N S E W** of _____ or _____
 Mile Marker _____ Exit Number _____
 _____ Feet **N S E W** of _____
 Route# _____ Intersecting Roadway/Street _____
 _____ Feet **N S E W** of _____
 Landmark _____

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

19-99-AC

4 License # **S56094391** St. **MA** DOB/Age _____
 Se: Lic. Class **D** **18** **18** Lic. Restrictions **19** CDL Endorsement _____
 Operator _____
 Address: _____
 City _____ Sta. _____ Zip _____
 Insurance Company **COMMERCE INSURANCE**
 5 Vehicle Travel Direction: **N S E** Responding to Emergency? **2**
 Citation # (If Issued) _____
 Viol. 1: Ch/Sec/Sub _____ / _____ Viol. 2: Ch/Sec/Sub _____ / _____
 6 Viol. 3: Ch/Sec/Sub _____ / _____ Viol. 4: Ch/Sec/Sub _____ / _____

Reg # **8VXB70** Reg Type **PC** Reg State **MA**
 Veh Year **2001** Veh Make **ACURA** Veh Config. **1** **20**
 Owner **WATSON, THOMAS G**
 Address **9 MOUNT PLEASANT AVE**
 City **WAKEFIELD** State **MA** Zip **01880-3418**
 Vehicle Action Prior to Crash **11** **21** Damaged Area Code: (Circle Up to Three)
 Event Sequence **1** **22** **22** **22** **22** **2**
 Most Harmful Event **1** **23**
 Driver Contributing Code **1** **24** **24**
 Underride/Override **25** Towed **2** **3**



0 None
 10 Undercarriage
 11 Totaled
 97 Other
 99 Unknown

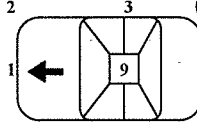
Please fill out for operator and all occupants involved

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	

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

8 License # **S81751200** St. **MA** DOB/Age _____
 Se: Lic. Class **D** **18** **18** Lic. Restrictions **19** CDL Endorsement _____
 Operator _____
 Address _____
 City _____ State _____ Zip _____
 Insurance Company **AMICA MUTUAL INS**
 Vehicle Travel Direction: **N S E** 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 # **8HJ278** Reg Type **PC** Reg State **MA**
 Veh Year **2008** Veh Make **HYUNDAI** Veh Config. **1** **20**
 Owner **MUNRO, SCOTT G**
 Address **60 ASHWOOD AVE**
 City **WILMINGTON** State **MA** Zip **01887-4425**
 Vehicle Action Prior to Crash **3** **21** Damaged Area Code: (Circle Up to Three)
 Event Sequence **2** **22** **22** **22** **22** **2**
 Most Harmful Event **2** **23**
 Driver Contributing Code **12** **24** **24**
 Underride/Override **25** Towed **2** **8**



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	

Commonwealth of Massachusetts

Date of Crash 03/15/2019 Time of Crash 1056 City/Town Wilmington
24HR

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:

1 62 E SALEM ST
 Route# Direction Name of Roadway/Street
 At _____
93 S I93 SB40
 Route# Direction Name of Intersecting Roadway/Street
 Also at Intersection with _____
2 Route# Direction Name of Intersecting Roadway/Street

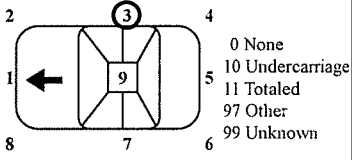
Route# Direction Address # Name of Roadway/Street
 _____ Feet N S E W of _____ or _____
 Mile Marker _____ Exit Number _____
 _____ Feet N S E W of _____
 Route# Intersecting Roadway/Street
 _____ Feet N S E W of _____
 Landmark _____

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

19-100-AC

License # S97279792 St. MA DOB/Age _____
 Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____
 Endorsement _____
4 **2** Operator BROWN, KRISTIN MARIE
Last First Middle
 Address 43 HOPKINS ST
 City WILMINGTON State MA Zip 01887-4555
 Insurance Company STANDARD FIRE INS
5 **1** 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 **2** Viol. 3: Ch/Sec/Sub _____ / _____ Viol. 4: Ch/Sec/Sub _____ / _____

Reg # 8SC943 Reg Type PC Reg State MA
 Veh Year 2018 Veh Make TOYOTA Veh Config. 1 20
1 **12** Owner BROWN, MICHAEL C
Last First Middle
 Address 43 HOPKINS ST
 City WILMINGTON State MA Zip 01887-4555
 Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)
 Event Sequence 1 22 22 22 22 2
 Most Harmful Event 1 23 1 9
 Driver Contributing Code 1 24 24
 Underride/Override 25 Towed 2

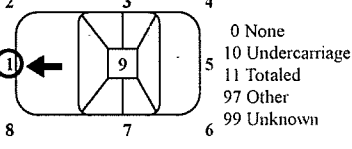


Please fill out for operator and all occupants involved												
Name (Last First Middle)	Address	DOB/Age	Sex	26 Seat Pos.	27 Safety System	28 Airbag Status	29 Airbag Switch	30 Eject Code	31 Trap Code	32 Injury Status	33 Transp. Code	Medical Facility
Operator	See Above	-----	---	---	0	4		0	0	10	1	

7 **3** Please Select One of the Following: Vehicle 2 #Occupants Non-Motorist A Type 14 Action 15 Location 16 Condition 17 Hit/Run Moped

License # S82290252 St. MA DOB/Age _____
 Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____
 Endorsement _____
8 **1** Operator CALLAHAN, MARINA K
Last First Middle
 Address 18 REVERE RD
 City TEWKSBURY State MA Zip 01876-3264
 Insurance Company COMMERCE INSURANCE
 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 # 7SL951 Reg Type PC Reg State MA
 Veh Year 1997 Veh Make CHEVROLET Veh Config. 1 20
1 **12** Owner CALLAHAN, JODI J
Last First Middle
 Address 260 HIGH ST
 City NEWBURYPORT State MA Zip 01950-3865
 Vehicle Action Prior to Crash 6 21 Damaged Area Code: (Circle Up to Three)
 Event Sequence 1 22 22 22 22 2
 Most Harmful Event 1 23 1 9
 Driver Contributing Code 4 24 24
 Underride/Override 25 Towed 2

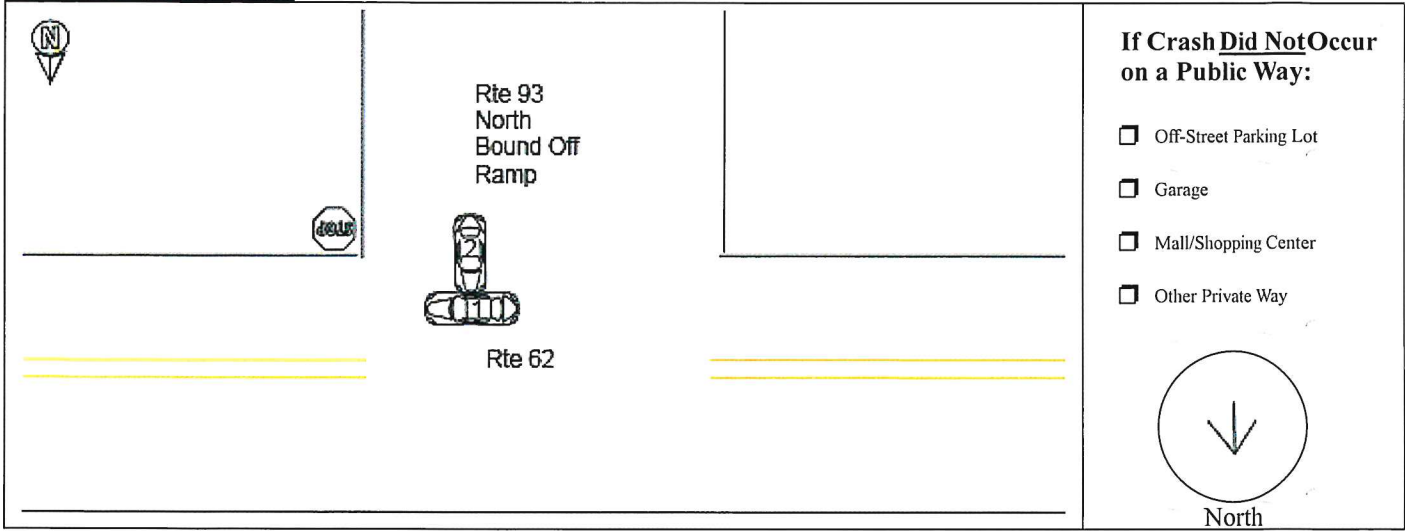


Please fill out for operator/non-motorist and all occupants involved												
Name (Last First Middle)	Address	DOB/Age	Sex	26 Seat Pos.	27 Safety System	28 Airbag Status	29 Airbag Switch	30 Eject Code	31 Trap Code	32 Injury Status	33 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above	-----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

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

Crash Diagram:

ie: → 1 → 2 → ○



Crash Narrative:

Vehicle 1 was traveling straight, East on Rte 62 (Salem St). Vehicle 2 was stopped on the off-ramp from I93 North. Vehicle 2 was attempting to turn left, west bound onto Rte 62. The operator of vehicle 2 stated she did not see vehicle one in the east bound lane when she attempted to cross the lane. Vehicle 2 crashed into the side of vehicle 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 Michael W Wandell

174

Wilmington Police Department

03/15/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Commonwealth of Massachusetts

Motor Vehicle Crash Police Report

Date of Crash 03/16/2019 Time of Crash 1056 24HR City/Town **Wilmington**

Number Vehicles 3 Number Injured 0 Speed Limit 40 State Police Local Police MBTA Police Other:

AT INTERSECTION:

< LOCATION >

NOT AT INTERSECTION:

CONCORD ST

Route# Direction Name of Roadway/Street
At

Route# Direction Address # Name of Roadway/Street

WOBURN ST

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

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

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 1 Occupants Hit/Run Moped

19-102-AC

License # **S42228976** St. **MA** DOB/Age. Sex **M** Lic. Class **D** Lic. Restrictions **1** CDL Endorsement

Reg # **8VVH80** Reg Type **PC** Reg State **MA** Veh Year **2010** Veh Make **HONDA** Veh Config. **1**

Operator **MAILEY, ROBERT M**
Last First Middle

Owner **MAILEY, ROBERT M**
Last First Middle

Address **2 ISABELLA WAY**

Address **2 ISABELLA WAY**

City **WILMINGTON** State **MA** Zip **01887-3077**

City **WILMINGTON** State **MA** Zip **01887-3077**

Insurance Company **SAFETY INSURANCE**

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

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

Event Sequence **1** **22** **22** **22** **22** Most Harmful Event **1** **23**

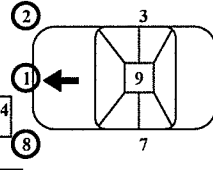
Citation # (If Issued)

Driver Contributing Code **1** **24** **24**

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

Underride/Override **25** Towed **1**

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



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	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 # **S51498735** St. **MA** DOB/Age. Sex **M** Lic. Class **D** Lic. Restrictions **1** CDL Endorsement

Reg # **1VS792** Reg Type **ZZ** Reg State **MA** Veh Year **2008** Veh Make **HONDA** Veh Config. **1**

Operator **MARTINEZ PERLERA, SIGFREDO ALEX**
Last First Middle

Owner **MARTINEZ PERLERA, SIGFREDO ALEX**
Last First Middle

Address **162 PUTNAM ST APT 2**

Address **162 PUTNAM ST APT 2**

City **EAST BOSTON** State **MA** Zip **02128-0000**

City **EAST BOSTON** State **MA** Zip **02128-0000**

Insurance Company **ARBELLA MUTUAL INS**

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

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

Event Sequence **1** **22** **30** **22** **22** **22** Most Harmful Event **1** **23**

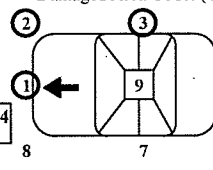
Citation # (If Issued) **T1152021**

Driver Contributing Code **3** **24** **24**

Viol. 1: Ch/Sec/Sub **89** / **9** Viol. 2: Ch/Sec/Sub / /

Underride/Override **25** Towed **1**

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



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	

Commonwealth of Massachusetts

Motor Vehicle Crash Police Report

Date of Crash 03/16/2019 Time of Crash 1056 24HR City/Town Wilmington

Number Vehicles 3 Number Injured 0 Speed Limit 40 State Police Local Police MBTA Police Other: []

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1

CONCORD ST

Route# Direction Name of Roadway/Street

At

WOBURN ST

Route# Direction Name of Intersecting Roadway/Street

Also at Intersection with

Route# Direction Name of Intersecting Roadway/Street

Route# Direction Address # Name of Roadway/Street

Feet [N S E W] of Mile Marker or Exit Number

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

Feet [N S E W] of Landmark

2

3

Please Select One of the Following: [X] Vehicle 3 Occupants [] Hit/Run [] Moped

19-102-AC

4

License # S98642800 St MA DOB/Age 04/16/1983 Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsement

Reg # LG474 Reg Type PC Reg State MA Veh Year 2014 Veh Make VOLVO Veh Config. 1 20

Operator WILLIAMS, ERIN T Last First Middle

Owner WILLIAMS, ERIN T Last First Middle

Address 475 MASSACHUSETTS AVE

Address 475 MASSACHUSETTS AVE

City LEXINGTON State MA Zip 02420-4024

City LEXINGTON State MA Zip 02420-4024

Insurance Company GOVT EMPLOYEE INS

Vehicle Action Prior to Crash 2 21 Damaged Area Code: (Circle Up to Three)

5

Vehicle Travel Direction: [N S E W] Responding to Emergency? 2

Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23

Citation # (If Issued)

Driver Contributing Code 1 24 24

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

Underride/Override 25 Towed 1

6

Please fill out for operator and all occupants involved

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, See Above, ---, ---, 0, 4, 0, 0, 10, 1, ---

7

Please Select One of the Following: [] Vehicle 4 Occupants [] Non-Motorist A Type 14 Action 15 Location 16 Condition 17 [] Hit/Run [] Moped

8

License # St DOB/Age Sex Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsement

Reg # Reg Type Reg State Veh Year Veh Make Veh Config. 20

Operator Last First Middle

Owner Last First Middle

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 2 Most Harmful Event 23

Citation # (If Issued)

Driver Contributing Code 24 24

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

Underride/Override 25 Towed

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

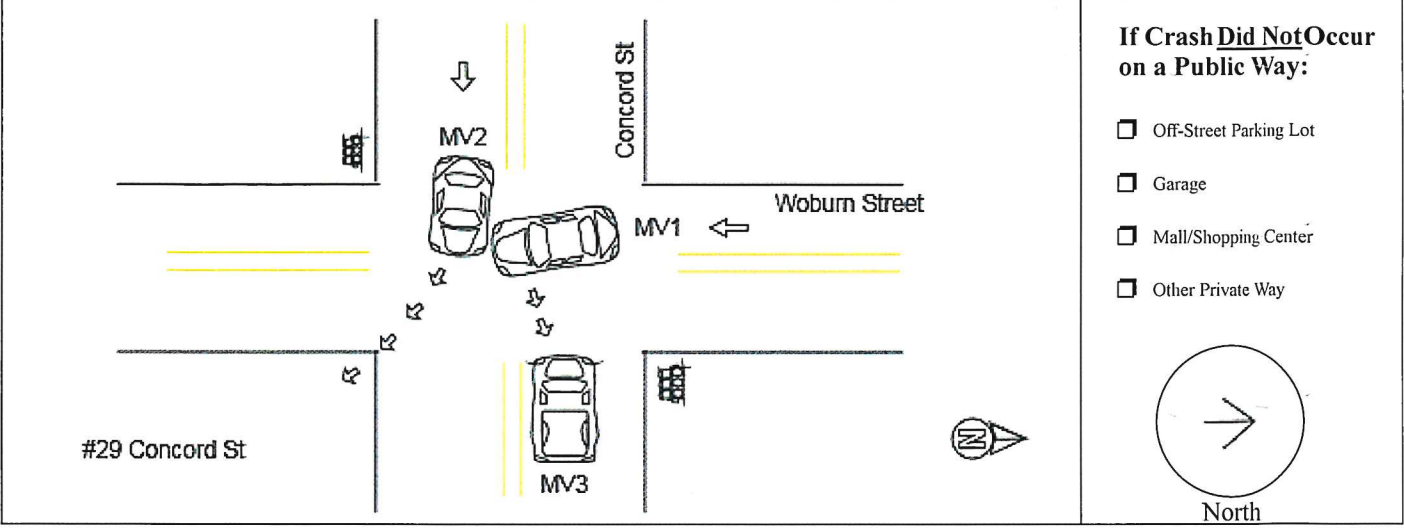
Please fill out for operator/non-motorist and all occupants involved

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 O = Pedestrian

ie: → 1 → 2 →

Crash Diagram:



Crash Narrative:

MV1 was traveling south on Woburn Street through the intersection and was struck by MV2. MV2 was traveling east Concord Street. MV1 had a green light and MV2 had a red light. Due to the impact, MV1 crashed into the front of MV3 which was stopped at the traffic light on Concord Street. MV2 ended up driving off the road and into the front yard of #29 Concord Street. MV2 went through a small fence at the residence and also did damage to the front lawn. No injuries reported and all three vehicles were towed by A&S. Operator of MV2 was issued Massachusetts Uniform Citation T1152021 for Red Light Violation S89/Ch9. There were 2 witnesses on scene.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
FIORE JANET M	12R CONCORD ST WILMINGTON MA 01887-2102	978-375-2030	2
COTTER-CHAKOIAN DONNA M	30 CRESENT ST WILMINGTON MA 01887-1957	978-265-3832	2

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	34-Type	Description of Damaged Property
FIGUEIREDO JACINTO C	29 CONCORD ST WILMINGTON MA 01887-	617-285-7428	97	FENCE AND LAWN DAMAGE

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 **Daryl J Ceruolo** 212 Wilmington Police Department 03/16/2019

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

Commonwealth of Massachusetts

Motor Vehicle Crash Police Report

Date of Crash 03/15/2019 Time of Crash 1453 24HR City/Town WILMINGTON

Number Vehicles 2 Number Injured 0 Speed Limit 10 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 260 MAIN ST Feet N S E W of Mile Marker Exit Number Feet N S E W of Route# Intersecting Roadway/Street WILMINGTON PLAZA LOT Landmark

Please Select One of the Following: [X] Vehicle 10 #Occupants [] Hit/Run [] Moped

19-106-AC

License # St DOB/Age Sex Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsement

Reg # 87525 Reg Type PC Reg State MA Veh Year 2008 Veh Make LEXUS Veh Config. 1 20

Operator Driverless M.V. Last First Middle Address

Owner BACON-ZEGA, JANICE ALMA Last First Middle Address 9 WAYNE RD

City State Zip Insurance Company ARBELLA MUTUAL INS

City PEABODY State MA Zip 01960-1011

Vehicle Travel Direction: [N][X][E][W] Responding to Emergency? 2

Vehicle Action Prior to Crash 11 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2

Citation # (If Issued)

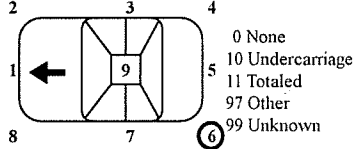
Most Harmful Event 1 23

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

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 row: See Above, ---, ---, ---, ---, ---, ---, ---, ---, ---, ---, ---.

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 # S80691546 St MA DOB/Age Sex M Lic. Class D 18 18 Lic. Restrictions 19 CDL Endorsement

Reg # 7XDZ70 Reg Type PC Reg State MA Veh Year 2012 Veh Make Jeep Veh Config. 1 20

Operator ARIAS, RAFAEL Last First Middle Address 96 JEWETT ST

Owner REYES, NIDIA A Last First Middle Address 96 JEWETT ST

City LOWELL State MA Zip 01850-2025 Insurance Company LM GENERAL

City LOWELL State MA Zip 01850-2025

Vehicle Travel Direction: [N][X][E][W] Responding to Emergency? 2

Vehicle Action Prior to Crash 97 21 Damaged Area Code: (Circle Up to Three) Event Sequence 2 22 22 22 22 2

Citation # (If Issued)

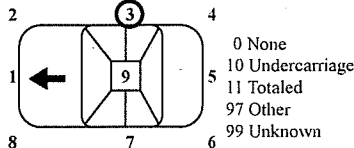
Most Harmful Event 2 23

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

Driver Contributing Code 19 24 24

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

Underride/Override 25 Towed 2



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

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 row: See Above, ---, ---, ---, 99, 99, ---, ---, 99, 0, 10, 1, ---.

Date of Crash 03/15/2019 Time of Crash 1742 24HR City/Town **Wilmington** **Motor Vehicle Crash** Number Vehicles 2 Number Injured 0 Speed Limit 20 State Police
 Latitude _____ MBTA Police
 Longitude _____ Campus Police
 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>CONCORD 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 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of _____ or _____ Exit Number _____</p> <p>_____ Feet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of _____</p> <p>_____ Feet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of _____</p> <p style="text-align: center;">Route# _____ Intersecting Roadway/Street _____</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# **19-123-AC**

<p>License # S69119601 St. MA DOB/Age _____</p> <p>Sex M Lic. Class <input type="checkbox"/> 19 <input type="checkbox"/> 19 Lic. Restrictions <input type="checkbox"/> 20 CDL _____</p> <p>Operator CHEN, HSIYUAN</p> <p>Address 9 KIMBALL CT</p> <p>City BURLINGTON State MA Zip 01803-3862</p> <p>Insurance Company GOVT EMPLOYEE INS</p> <p>Vehicle Travel Direction: <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 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>Reg # 1RCW81 Reg Type PC Reg State MA</p> <p>Veh Year 2015 Veh Make TOYOTA Veh Config. 1 <input type="checkbox"/> 21</p> <p>Owner CHEN, HSIYUAN</p> <p>Address 9 KIMBALL CT</p> <p>City BURLINGTON State MA Zip 01803-3862</p> <p>Vehicle Action Prior to Crash <input type="checkbox"/> 2 <input type="checkbox"/> 22 Damaged Area Code: <input type="checkbox"/> 5 <input type="checkbox"/> 27 <input type="checkbox"/> 27 <input type="checkbox"/> 27</p> <p>Event Sequence <input type="checkbox"/> 1 <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23 Test Status: <input type="checkbox"/> 1 <input type="checkbox"/> 28</p> <p>Most Harmful Event <input type="checkbox"/> 1 <input type="checkbox"/> 24 Type of Test: <input type="checkbox"/> 29</p> <p>Driver Contributing Code <input type="checkbox"/> 1 <input type="checkbox"/> 25 <input type="checkbox"/> 25 BAC Test Result: <input type="checkbox"/> 1 <input type="checkbox"/> 30</p> <p>Driver Distracted by <input type="checkbox"/> 0 <input type="checkbox"/> 26 Susp. Alcohol: <input type="checkbox"/> 2 <input type="checkbox"/> 31 Susp. Drug: <input type="checkbox"/> 2 <input type="checkbox"/> 32</p> <p>Towed from scene? <input type="checkbox"/> 2 <input type="checkbox"/> 33</p>
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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	XX	1	1	4	0	0	10	1	

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

<p>License # S12083373 St. MA DOB/Age _____</p> <p>Sex M Lic. Class <input type="checkbox"/> 19 <input type="checkbox"/> 19 Lic. Restrictions <input type="checkbox"/> 20 CDL _____</p> <p>Operator BHAIRRAJU, SANJAY</p> <p>Address 56 MERRIMACK MEADOWS LN</p> <p>City TEWKSBURY State MA Zip 01876-1075</p> <p>Insurance Company COMMERCE INSURANCE</p> <p>Vehicle Travel Direction: <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Responding to Emergency? <u>1</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>Reg # 4EG326 Reg Type PC Reg State MA</p> <p>Veh Year 2009 Veh Make NISSAN Veh Config. 1 <input type="checkbox"/> 21</p> <p>Owner BHAIRRAJU, SANJAY</p> <p>Address 56 MERRIMACK MEADOWS LN</p> <p>City TEWKSBURY State MA Zip 01876-1075</p> <p>Vehicle Action Prior to Crash <input type="checkbox"/> 1 <input type="checkbox"/> 22 Damaged Area Code: <input type="checkbox"/> 1 <input type="checkbox"/> 27 <input type="checkbox"/> 27 <input type="checkbox"/> 27</p> <p>Event Sequence <input type="checkbox"/> 1 <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23 Test Status: <input type="checkbox"/> 1 <input type="checkbox"/> 28</p> <p>Most Harmful Event <input type="checkbox"/> 1 <input type="checkbox"/> 24 Type of Test: <input type="checkbox"/> 29</p> <p>Driver Contributing Code <input type="checkbox"/> 13 <input type="checkbox"/> 25 <input type="checkbox"/> 25 BAC Test Result: <input type="checkbox"/> 1 <input type="checkbox"/> 30</p> <p>Driver Distracted by <input type="checkbox"/> 0 <input type="checkbox"/> 26 Susp. Alcohol: <input type="checkbox"/> 2 <input type="checkbox"/> 31 Susp. Drug: <input type="checkbox"/> 2 <input type="checkbox"/> 32</p> <p>Towed from scene? <input type="checkbox"/> 2 <input type="checkbox"/> 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	XX	1	1	4	0	0	10	1	

