

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

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

2 1 Route# Direction Name of Roadway/Street
 Address #
 Name of Roadway/Street
 Feet N S E W of . or Exit Number
 Mile Marker
 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# **19-119-AC**

License # **S55118963** St. **MA** DOB/Age
 Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL Endorsement
 Operator **SAWICKI, MANDY B**
 Last First Middle
 Address **5 MIDDLE ST**
 City **WOBURN** State **MA** Zip **01801-2531**
 Insurance Company **PLYMOUTH ROCK ASSU**

Reg # **SEV4** Reg Type **PC** Reg State **MA**
 Veh Year **2010** Veh Make **HONDA** Veh Config. **1** 21
 Owner **SAWICKI, MANDY B**
 Last First Middle
 Address **5 MIDDLE ST**
 City **WOBURN** State **MA** Zip **01801-2531**

Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **6** 27 27 27
 Event Sequence **1** 23 23 23 23 Test Status: **1** 28
 Type of Test: **29**
 Most Harmful Event **1** 24 BAC Test Result: **1** 30
 Driver Contributing Code **1** 25 25 Susp. Alcohol: **2** 31 Susp. Drug: **2** 32
 Driver Distracted by **0** 26 Towed from scene? **2** 33

5 1 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

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 # **S20505444** St. **MA** DOB/Age
 Sex . Lic. Class **D** 19 19 Lic. Restrictions **20** CDL Endorsement
 Operator
 First Middle
 Address
 City State Zip
 Insurance Company **PROGRESSIVE DIRECT**

Reg # **67JM77** Reg Type **PC** Reg State **MA**
 Veh Year **2013** Veh Make **HYUNDAI** Veh Config. **1** 21
 Owner **COTE, SUSAN E**
 Last First Middle
 Address **401 DANA CT**
 City **WILMINGTON** State **MA** Zip **01887-6227**

Vehicle Action Prior to Crash **4** 22 Damaged Area Code: **2** 27 27 27
 Event Sequence **1** 23 23 23 23 Test Status: **1** 28
 Type of Test: **29**
 Most Harmful Event **1** 24 BAC Test Result: **1** 30
 Driver Contributing Code **19** 25 **4** 25 Susp. Alcohol: **2** 31 Susp. Drug: **2** 32
 Driver Distracted by **99** 26 Towed from scene? **2** 33

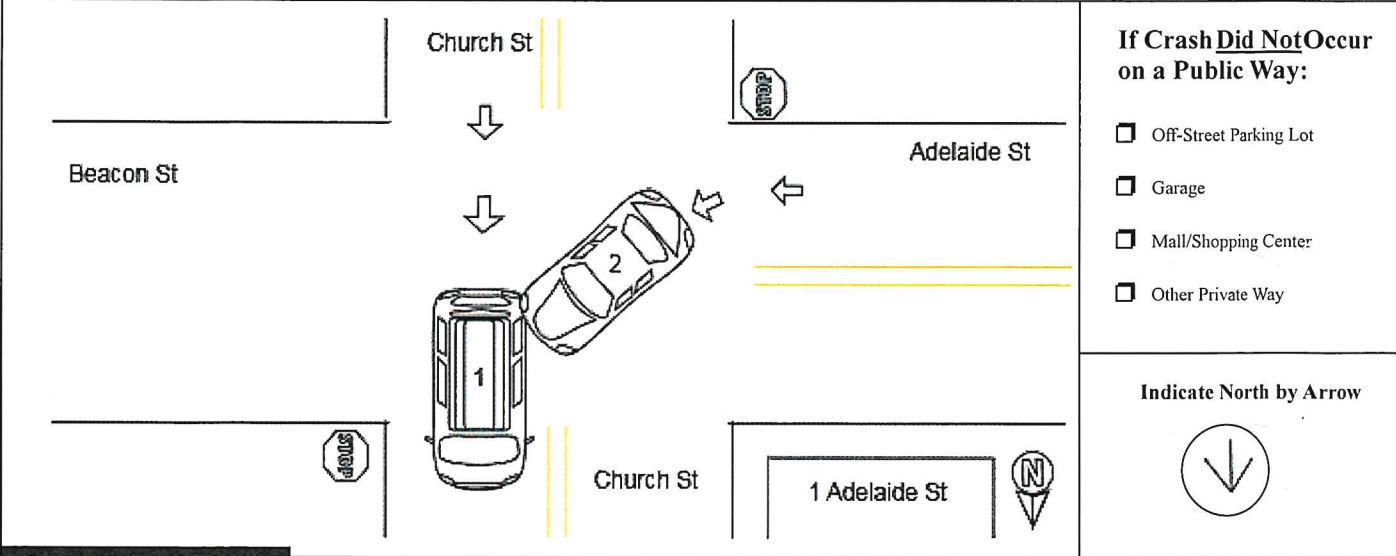
8 1 Vehicle Travel Direction: N S W Responding to Emergency? **2**
 Citation # (If Issued)
 Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub
 Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub

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	10	1	

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

Crash Diagram:



Crash Narrative:

On 03/26/19, I responded to a two vehicle crash outside the Public Safety Building. The crash occurred at the intersection of Adelaide St and Church St. There were no injuries. Veh 1 operator reported traveling on Church St (Rt 62) when her vehicle was struck from behind. Veh 2 operator reported that he was turning left out of Adelaide St and somehow he struck veh 1. He stated he did look both ways and didn't know where vehicle 1 came from. Both operators were wearing seatbelts at the time of the crash. No tows required. Veh 2 had a stop sign at the time of the crash. Veh 1 had rear bumper, tail light and right rear quarter panel damage. Veh 2 had front left bumper damage.

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

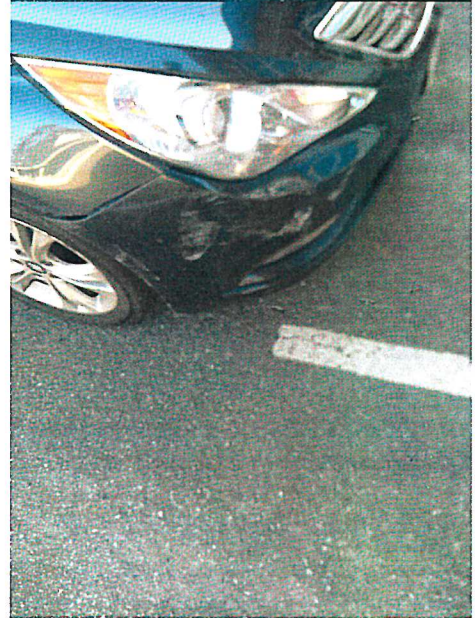
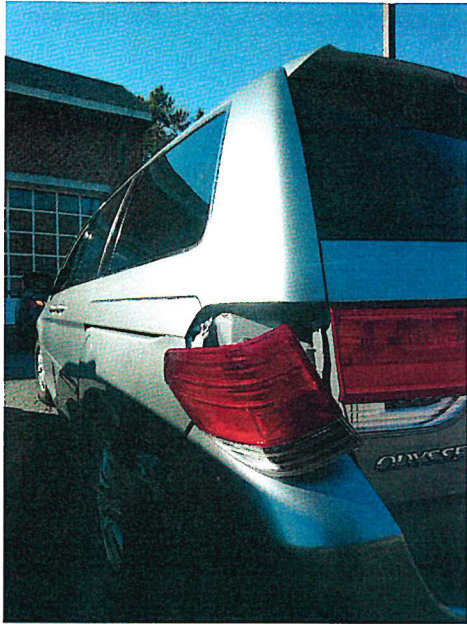
Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 46

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 03/26/2019
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Images Associated with 19-119-AC



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

Route# Direction **BRIDGE LN** Name of Roadway/Street
 At
 Route# Direction **MAIN ST** Name of Intersecting Roadway/Street
 Also at Intersection with
 Route# Direction Name of Intersecting Roadway/Street

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

Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped Crash Report ID# **19-120-AC**

License # **S31378636** St **MA** DOB/Age _____ Reg # **5JK432** Reg Type **PC** Reg State **MA**
 Se Lic. Class 19 19 Lic. Restrictions 20 CDL _____ Veh Year **2015** Veh Make **NISSAN** Veh Config. 1 21
 Operato. Last _____ First _____ Middle _____ Owner **RUGGIERO, LONA J**
 Address _____ Address **18 MAPLEWOOD RD**
 City _____ State **MA** Zip **01876-1122**
 Insurance Company **METROPOLITAN PROP** Vehicle Action Prior to Crash 4 22 Damaged Area Code: 8 27 27 27
 Vehicle Travel Direction: S E W Responding to Emergency? 2 Event Sequence 1 23 23 23 23 Test Status: 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 4 25 25 BAC Test Result: 30
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by 0 26 Susp. Alcohol: 31 Susp. Drug: 32
 Towed from scene? 2 33

Please fill out for operator and all occupants involved

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

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

License # **S77125300** St **MA** DOB/Age _____ Reg # **5DL645** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class 19 19 Lic. Restrictions 20 CDL _____ Veh Year **2017** Veh Make **HYUNDAI** Veh Config. 1 21
 Operator **ROSA, PAULO** Owner **HERTZ VEHICLES LLC**
 Address **3 DEWEY AVE** Address **450 MCCLELLAN HWY**
 City **N WILMINGTON** State **MA** Zip **01887-2012** City **BOSTON** State **MA** Zip **02128-1144**
 Insurance Company **ACE INDEMNITY INS** Vehicle Action Prior to Crash 1 22 Damaged Area Code: 3 27 1 27 27
 Vehicle Travel Direction: N E W Responding to Emergency? 2 Event Sequence 1 23 23 23 23 Test Status: 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: 31 Susp. Drug: 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	1	4	0	0	10	1	

Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash 03/27/2019 Time of Crash 0643 City/Town 24HR Wilmington

Motor Vehicle Crash Police Report

Number Vehicles 3 Number Injured 0 Speed Limit 35 State Police Local Police MBTA Police Campus Police Other

AT INTERSECTION:

LOCATION

NOT AT INTERSECTION:

BRIDGE LN

Route# Direction Name of Roadway/Street

Route# Direction Address # Name of Roadway/Street

MAIN ST

Route# Direction Name of Intersecting Roadway/Street

Feet N S E W of Mile Marker Exit Number

Also at Intersection with

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

Route# Direction Name of Intersecting Roadway/Street

Feet N S E W of Landmark

Please Select One of the Following:

Vehicle 31 #Occupants Hit/Run Moped

Crash Report ID# 19-120-AC

License # S82899164 St MA DOB/Agc Sex M Lic. Class 19 19 Lic. Restrictions 20 CDL

Reg # 8GN396 Reg Type PC Reg State MA Veh Year 2019 Veh Make Jeep Veh Config. 1 21

Operator DEMATTEO, JAMES R

Owner DEMATTEO, JAMES R

Address 270 ASTLE ST

Address 270 ASTLE ST

City TEWKSBURY State MA Zip 01876-2558

City TEWKSBURY State MA Zip 01876-2558

Insurance Company GOVT EMPLOYEE INS

Vehicle Action Prior to Crash 2 22 Damaged Area Code: 6 27 27 27

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

Event Sequence 1 23 23 23 23 Test Status: 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: 31 Susp. Drug: 32 Towed from scene? 2 33

Please fill out for operator and all occupants involved

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. Row 1: Operator, See Above, X, X, 1, 1, 4, 0, 0, 10, 1.

Please Select One of the Following:

Vehicle 4 #Occupants Non-Motorist A Type 15 Action 16 Location 17 Condition 18 Hit/Run Moped

License # Sex Lic. Class 19 19 Lic. Restrictions 20 CDL

Reg # Reg Type Reg State 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

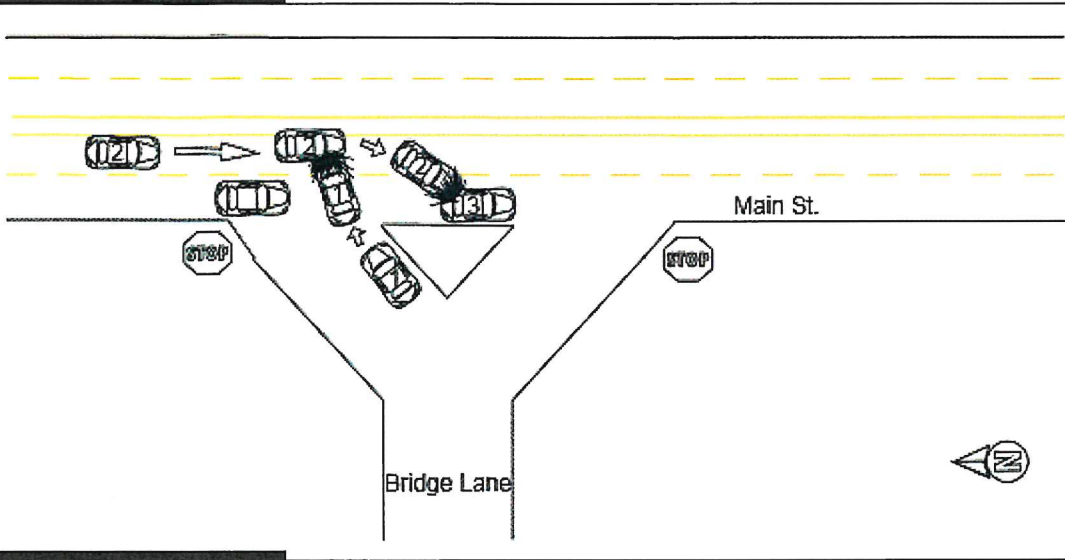
Please fill out for operator/non-motorist and all occupants involved

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. Row 1: Operator/Non-Motorist, See Above, X, X, 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:

On 03/27/19 Car 1 stopped at the stop sign at Bridge Ln and Main St. and a MV stopped to let Car 1 make a left hand turn onto Main St. As Car 1 proceeded it failed to yield the right of way to Car 2 in the SB lane. Car one hit Car 2 left roadside. The operator of Car 2 so as not to go into oncoming traffic steered toward the SB lanes and struck Car 3 which was sitting in traffic. Car 2 was towed to Forest Towing's yard. Car 1 waited for a tow from 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 Dillon Halliday

205

Wilmington Police Department

03/27/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Date of Crash 03/27/2019 Time of Crash 1408 24HR City/Town **Wilmington** **Motor Vehicle Crash Police Report** Number Vehicles 2 Number Injured 0 Speed Limit 40 State Police Local Police MBTA Police Campus Police Other

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>Route# _____ Direction _____ Address # 210 Name of Roadway/Street BALLARDVALE ST</p> <p>_____ Feet N S E W of _____ or _____ Exit Number _____</p> <p>_____ Feet N S E W of _____ Mile Marker _____</p> <p>_____ Feet N S E W of _____ 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# **19-121-AC**

<p>License # S77591876 St. MA DOB/Age _____</p> <p>Sex M Lic. Class D Lic. Restrictions 1 CDL Endorsement _____</p> <p>Operator GONZALEZ, OSBALDO</p> <p>Address 304 HIGH ST</p> <p>City LAWRENCE State MA Zip 01841-2806</p> <p>Insurance Company GREEN MOUNTAIN INS</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 # 243CW8 Reg Type PC Reg State MA</p> <p>Veh Year 2002 Veh Make NISSAN Veh Config. 1</p> <p>Owner GONZALEZ, OSBALDO</p> <p>Address 304 HIGH ST</p> <p>City LAWRENCE State MA Zip 01841-2806</p> <p>Vehicle Action Prior to Crash 1</p> <p>Event Sequence 1 23 23 23 23</p> <p>Most Harmful Event 1</p> <p>Driver Contributing Code 1 25 25</p> <p>Driver Distracted by 0</p> <p>Damaged Area Code: 2 27 27 27</p> <p>Test Status: 1 28 29 30</p> <p>BAC Test Result: 1 30</p> <p>Susp. Alcohol: 2 31 Susp. Drug: 2 32</p> <p>Towed from scene? 1 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	XXXX	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 # S83061926 St. MA DOB/Age _____</p> <p>Sex M Lic. Class A Lic. Restrictions 1 CDL Endorsement _____</p> <p>Operator DUQUE, VICENTE A JR</p> <p>Address 73 MELVIN ST APT 3</p> <p>City LAWRENCE State MA Zip 01841-4310</p> <p>Insurance Company TRAVELERS IND CO</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 # 70206 Reg Type TL Reg State MA</p> <p>Veh Year 2006 Veh Make Mack Truck Veh Config. 10</p> <p>Owner DEMOULAS SUPER MKTS INC</p> <p>Address 875 EAST ST</p> <p>City TEWKSBURY State MA Zip 01876-1469</p> <p>Vehicle Action Prior to Crash 1</p> <p>Event Sequence 1 23 23 23 23</p> <p>Most Harmful Event 1</p> <p>Driver Contributing Code 1 25 25</p> <p>Driver Distracted by 0</p> <p>Damaged Area Code: 5 27 27 27</p> <p>Test Status: 1 28 29 30</p> <p>BAC Test Result: 1 30</p> <p>Susp. Alcohol: 2 31 Susp. Drug: 2 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	XXXX	XX	1	1	4	0	0	10	1	

Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash 03/28/2019 Time of Crash 1453 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:

CHURCH ST

Route# Direction Name of Roadway/Street At

ADAMS 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 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 13 #Occupants Hit/Run Moped

Crash Report ID# 19-122-AC

License # S54691845 St. MA DOB/Age 03/23/1981

Reg # 5DN269 Reg Type PC Reg State MA

Sex F Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement

Veh Year 2002 Veh Make FORD Veh Config. 1 21

Operator VEILLETTE, KAITLIN M

Owner VEILLETTE, KAITLIN M

Address 33 WOBURN ST

Address 33 WOBURN ST

City WILMINGTON State MA Zip 01887

City WILMINGTON State MA Zip 01887

Insurance Company GOVT EMPLOYEE INS

Vehicle Action Prior to Crash 1 22 Damaged Area Code: 1 27 2 27 8 27

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

Event Sequence 1 23 23 23 23 Test Status: 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: 31 Susp. Drug: 32 Towed from scene? 1 33

Please fill out for operator and all occupants involved

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. Rows for Operator and ELOISEE VIELLETTE, NOELLA VIELLETTE.

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

License # S52348971 St. MA DOB/Age 09/20/1972

Reg # 1RSV50 Reg Type PC Reg State MA

Sex F Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement

Veh Year 2017 Veh Make BMW Veh Config. 1 21

Operator ZAYKOVSKAYA, ANGELA V

Owner ZAYKOVSKAYA, ANGELA V

Address 6 SUMMER ST

Address 6 SUMMER ST

City WILMINGTON State MA Zip 01887-3802

City WILMINGTON State MA Zip 01887-3802

Insurance Company SAFETY INSURANCE

Vehicle Action Prior to Crash 6 22 Damaged Area Code: 11 27 27 27

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

Event Sequence 1 23 23 23 23 Test Status: 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 4 25 25 BAC Test Result: 30

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

Driver Distracted by 99 26 Susp. Alcohol: 31 Susp. Drug: 32 Towed from scene? 1 33

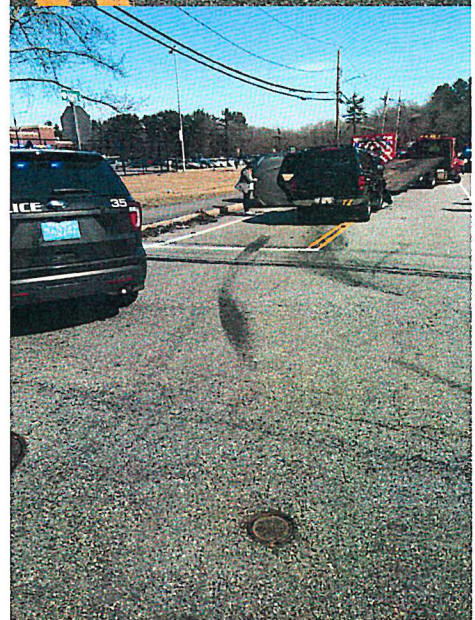
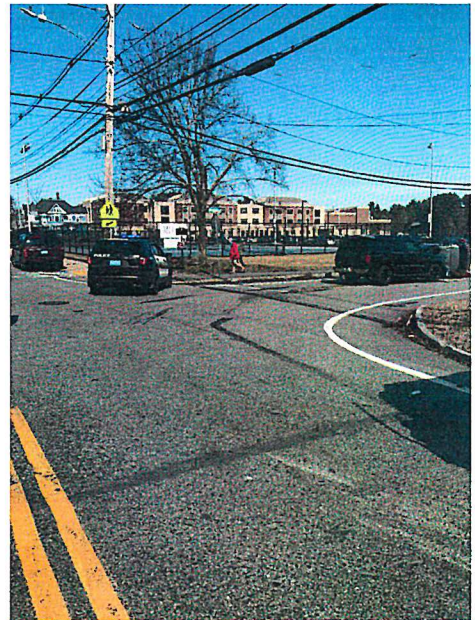
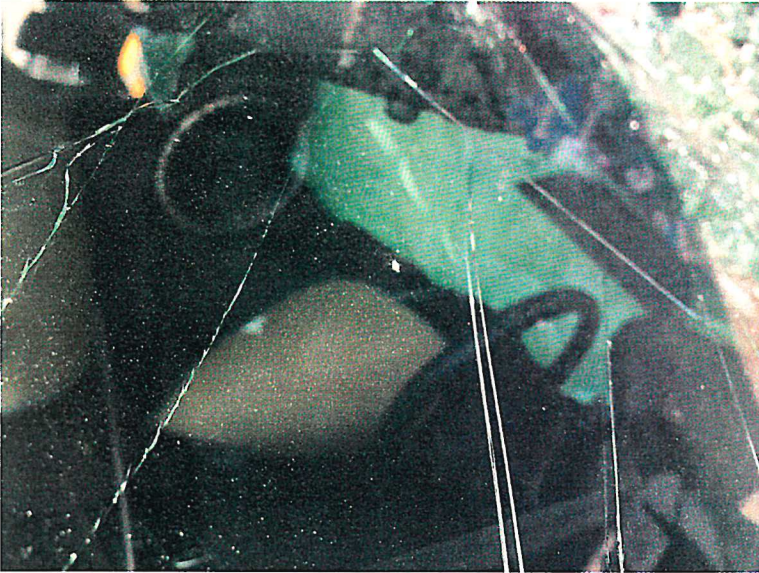
Please fill out for operator/non-motorist and all occupants involved

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. Row for Operator/Non-Motorist.

Wilmington Police Department
Images Associated with 19-122-AC



Wilmington Police Department
Images Associated with 19-122-AC



Wilmington Police Department
Images Associated with 19-122-AC



Date of Crash: 03/29/2019 | Time of Crash: 1530 24HR | City/Town: Wilmington

Number Vehicles: 2 | Number Injured: 0 | Speed Limit: 40

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

Route# 1 Direction _____ Name of Roadway/Street _____ At _____

Route# 29 Direction _____ Address # _____ Name of Roadway/Street: CONCORD ST

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

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

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

Crash Report ID# 19-124-AC

License # S17050138 St. MA DOB/Age _____ Reg # 1MTA11 Reg Type PC Reg State MA

Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL _____ Veh Year 2004 Veh Make HONDA Veh Config. 1 21

Operator MARTINEZ, ENY D Owner MARTINEZ, ENY D

Address 67 NEWTON ST APT 9 Address 67 NEWTON ST APT 9

City LAWRENCE State MA Zip 01843-1346 City LAWRENCE State MA Zip 01843-1346

Insurance Company COMMERCE INSURANCE

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 _____

Event Sequence 1 23 23 23 23

Most Harmful Event 1 24

Driver Contributing Code 1 25 25

Driver Distracted by 0 26

Damaged Area Code: 7 27 27 27

Test Status: 1 28

Type of Test: 29

BAC Test Result: 30

Susp. Alcohol: 2 31 Susp. Drug: 2 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	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 # S66608537 St. MA DOB/Age _____ Reg # 8NC481 Reg Type PC Reg State MA

Sex U Lic. Class 99 19 19 Lic. Restrictions 99 20 CDL _____ Veh Year 2005 Veh Make KIA Veh Config. 1 21

Operator COTALIMA, MARIA HM Owner COTALIMA, MARIA HM

Address 167 PLEASANT ST Address 167 PLEASANT ST

City LOWELL State MA Zip 01852-3628 City LOWELL State MA Zip 01852-3628

Insurance Company COMMERCE INSURANCE

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 _____

Event Sequence 1 23 23 23 23

Most Harmful Event 1 24

Driver Contributing Code 19 25 4 25

Driver Distracted by 99 26

Damaged Area Code: 6 22

Test Status: 1 28

Type of Test: 29

BAC Test Result: 30

Susp. Alcohol: 2 31 Susp. Drug: 2 32

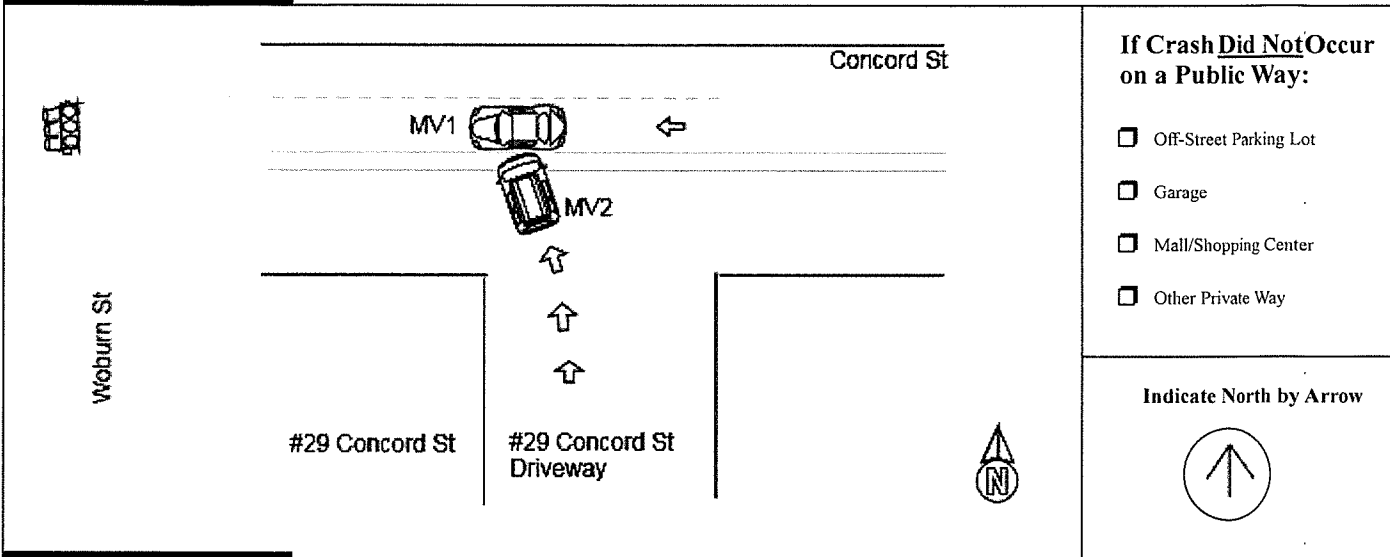
Towed from scene? 1 33

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	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:

MV1 was traveling west on Concord Street in the left hand turn lane. MV2 pulled out of the driveway at #29 Concord Steet (taking a left) and crashed into the drivers side of MV1. There was damage to the front end of MV2 and the drivers side of MV1. No injuries, MV2 was towed by A&S.

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

03/29/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date