

Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash
04/08/2019

Time of Crash
0520
24HR

City/Town
Wilmington

Motor Vehicle Crash Police Report

Number Vehicles
2

Number Injured
0

Speed Limit 40
Latitude _____
Longitude _____

State Police
Local Police
MBTA Police
Campus Police
Other: _____

AT INTERSECTION:

< LOCATION >

NOT AT INTERSECTION:

Route# Direction Name of Roadway/Street

Route# Direction Address # Name of Roadway/Street
220 BALLARDVALE ST

At

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

Also at Intersection with

Feet N S E W of _____

Route# Direction Name of Intersecting Roadway/Street

Landmark

Please Select One of the Following:

Vehicle 1 #Occupants Hit/Run Moped

Crash Report ID# **19-133-AC**

License # S87006757 St MA DOB/Agc _____

Reg # 2EL945 Reg Type PC Reg State MA

Sex M Lic. Class D Lic. Restrictions 1 CDL Endorsement _____

Veh Year 2013 Veh Make TOYOTA Veh Config. 1

Operator WAN, CHEA

Owner WAN, CHEA

Address 9 CORNER ST

Address 9 CORNER ST

City LOWELL State MA Zip 01851-3705

City LOWELL State MA Zip 01851-3705

Insurance Company PLYMOUTH ROCK ASSU

Vehicle Action Prior to Crash 2 Damaged Area Code: 4 27 5 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

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	XXXX	XX	<u>1</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	

Please Select One of the Following:

Vehicle 2 #Occupants Non-Motorist A

Type 15 Action 16 Location 17 Condition 18 Hit/Run Moped

License # S50965790 St MA DOB/Agc _____

Reg # 82812 Reg Type TL Reg State MA

Sex M Lic. Class A Lic. Restrictions 1 CDL Endorsement _____

Veh Year 2013 Veh Make Mack Truck Veh Config. 10

Operator JOHNSON, RICHARD C

Owner DEMOULAS SUPER MKTS INC

Address 789 VARNUM AVE

Address 875 EAST ST

City LOWELL State MA Zip 01854-2031

City TEWKSBURY State MA Zip 01876-1469

Insurance Company TRAVELERS IND CO

Vehicle Action Prior to Crash 1 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: 1 28

Citation # (If Issued) _____

Most Harmful Event 1 24 Type of Test: 29

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

Driver Contributing Code 5 25 7 25 BAC Test Result: 30

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

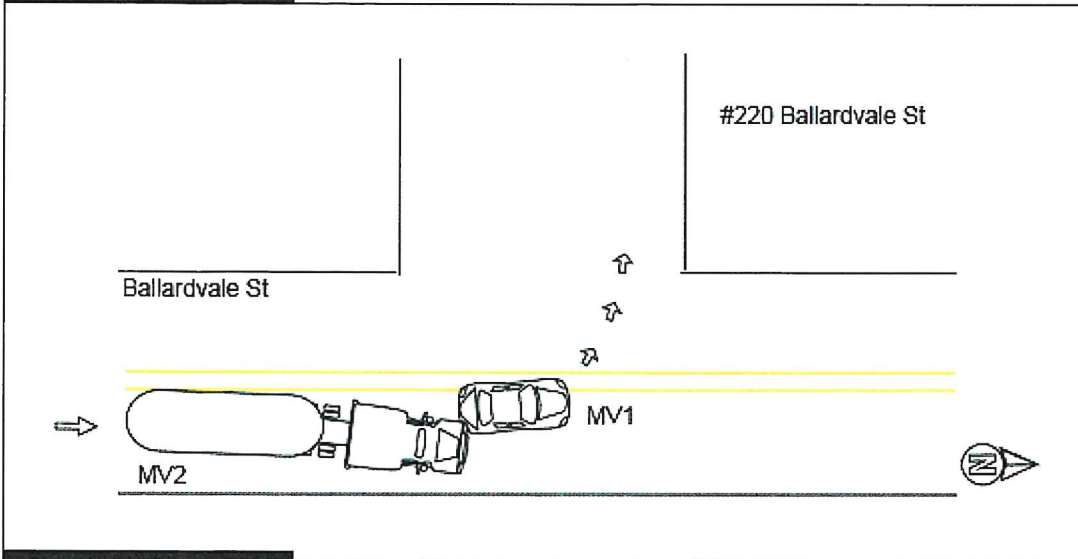
Driver Distracted by 0 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32

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	XXXX	XX	<u>1</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	

→ = 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 and MV2 (TT Unit) were both traveling north on Ballardvale Street. MV1 slowed down and attempted to take a left into the driveway of 220 Ballardvale Street and was struck from behind by MV2 (TT Unit). Operator of MV2 (TT Unit) claimed that he was hauling an empty trailer. At the time of the crash the roadway was wet and it was raining. No reported injuries. MV1 was towed by Forrest.

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 # **82812** (From Vehicle Section)

Carrier Name **Demoulas Market Basket Inc.** Bus Use 42

Address **875 EAST ST** City **TEWKSBURY** St **MA** Zip **01876**

US DOT #: **018292** State Number _____ Issuing State **MA** MC/MX/ICC #: _____

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

Trailer Reg #: **97642** Reg Type **TL** Reg State **MA** 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** **04/08/2019**
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash **04/09/2019** Time of Crash **1053** City/Town **Wilmington**
 24HR

Motor Vehicle Crash Police Report

Number Vehicles **2** Number Injured **0** Speed Limit **20**
 Latitude _____ Longitude _____
 State Police Local Police
 MBTA Police Campus Police
 Other

AT INTERSECTION:

LOCATION

NOT AT INTERSECTION:

GLEN RD

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

FAULKNER AVE

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

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

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

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

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

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

Landmark

Please Select One of the Following:

Vehicle **12** #Occupants Hit/Run Moped

Crash Report ID# **19-135-AC**

License # **S22704593** St **MA** DOB/Age _____
 Sex **F** Lic. Class **D** **19** **19** Lic. Restrictions **B** **20** CDL _____
 Endorsement _____

Operator **PROSPER, MARY L**
 Last First Middle

Address **95 MAIN ST**

City **TEWKSBURY** State **MA** Zip **01876-1708**

Insurance Company **SAFETY INSURANCE**

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 # **68TP43** Reg Type **PC** Reg State **MA**

Veh Year **2002** Veh Make **MERCURY** Veh Config. **1** **21**

Owner **PROSPER, MARY L**
 Last First Middle

Address **95 MAIN ST**

City **TEWKSBURY** State **MA** Zip **01876-1708**

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**

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: **2** **31** Susp. Drug: **2** **32**

Towed from scene? **2** **33**

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above	XXXXXX	XXXX	1	1	4	0	0	10	1	
VALERIE PROSPER	450 MAIN ST TEWKSBURY, MA 01876		F	3	1	4	0	0	10	1	

License # **S92497281** St **MA** DOB/Age _____

Sex **F** Lic. Class **D** **19** **19** Lic. Restrictions **1** **20** CDL _____
 Endorsement _____

Operator **HEOS, ERIN N**
 Last First Middle

Address **61 MCDONALD RD**

City **WILMINGTON** State **MA** Zip **01887-3810**

Insurance Company **CITATION INSURANCE**

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

Vehicle Action Prior to Crash **6** **22** Damaged Area Code: **2** **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 **5** **25** **25** BAC Test Result: **30**

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

Towed from scene? **2** **33**

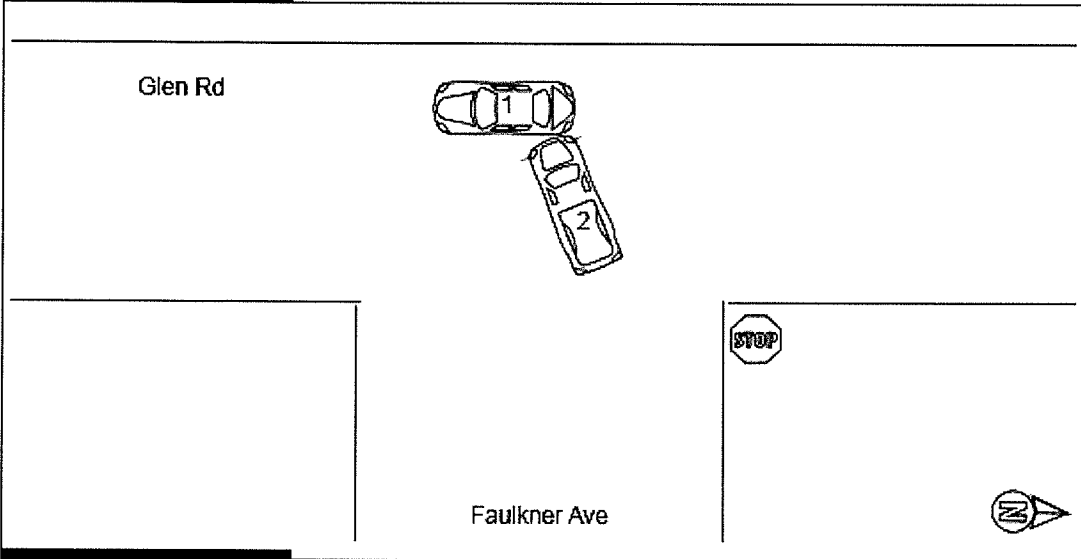
Please fill out for operator/non-motorist and all occupants involved

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	XXXXXX	XXXX	1	1	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 1 was traveling south, straight on Glen Rd. Vehicle 2 was pulling out of Faulkner Ave attempting to turn left, south onto Glen Rd. When vehicle 2 pulled onto Glen Rd Vehicle 2 crashed the passenger side front bumper into the rear driver side quarter panel of vehicle 1. The crash also caused the rear driver side tire to go flat. The operator of vehicle 1 waited in the parking lot at 121 Glen Rd for AAA to change the flat tire.

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 W Wandell 174 Wilmington Police Department 04/09/2019
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash 04/11/2019 Time of Crash 1653 24HR 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:

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 # **1 MARIE DR**
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# **19-136-AC**

License # **SA1460714** St **MA** DOB/Age _____
Sex **M** Lic. Class **D** Lic. Restrictions **20** CDL _____
Operator **PITCHIKA, UDAYASURYAKU**
Address **4213 AVALON DR**
City **WILMINGTON** State **MA** Zip **01887**
Insurance Company _____
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 # **HNA5974** Reg Type **PC** Reg State **OH**
Veh Year **2019** Veh Make **MAZDA** Veh Config. **1**
Owner **PITCHIKA, UDAYASURYAKU**
Address **4213 AVALON DR**
City **WILMINGTON** State **MA** Zip **01887**
Vehicle Action Prior to Crash **3** Damaged Area Code: **1** **27** **2** **27** **27**
Event Sequence **23** **23** **23** **23** Test Status: **1** **28**
Most Harmful Event **23** Type of Test: **29**
Driver Contributing Code **12** **25** **25** BAC Test Result: **1** **30**
Driver Distracted by **0** 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	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

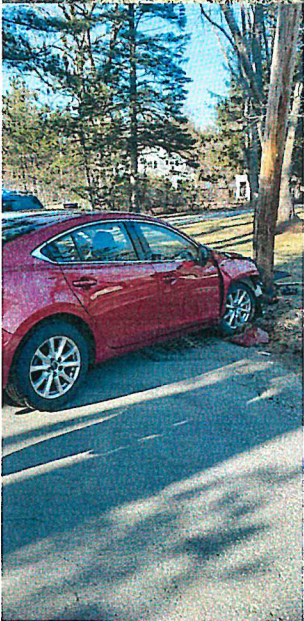
License # _____ St _____ DOB/Age _____
Sex _____ Lic. Class **19** **19** Lic. Restrictions **20** CDL _____
Operator _____
Address _____
City _____ State _____ Zip _____
Insurance Company _____
Vehicle Travel Direction: **N S E W** Responding to Emergency? _____
Citation # (If Issued) _____
Viol. 1: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

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**

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							

Wilmington Police Department
Images Associated with 19-136-AC



Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash: 04/11/2019
 Time of Crash: 1715
 City/Town: **Wilmington**

Motor Vehicle Crash Police Report

Number Vehicles: 2
 Number Injured: 1
 Speed Limit: 30
 Latitude: _____
 Longitude: _____

State Police
 Local Police
 MBTA Police
 Campus Police
 Other: _____

AT INTERSECTION:

< LOCATION >

NOT AT INTERSECTION:

1

2

3

4

5

6

2 10

3 11

1 12

1 13

EAMES 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 _____ 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 13 #Occupants Hit/Run Moped

Crash Report ID# **19-137-AC**

License # **S86919365** St **MA** DOB/Age _____
 Sex **F** Lic. Class **D** Lic. Restrictions **20** CDL _____
 Operator **LEBLANC, JILL M**
 Address **49 PARKER AVE**
 City **TEWKSBURY** State **MA** Zip **01876-4463**
 Insurance Company **PLYMOUTH ROCK ASSU**
 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 # **EV6674** Reg Type **PC** Reg State **MA**
 Veh Year **2017** Veh Make **CHEVROLET** Veh Config. **1 21**
 Owner **LEBLANC, JILL M**
 Address **49 PARKER AVE**
 City **TEWKSBURY** State **MA** Zip **01876-4463**
 Vehicle Action Prior to Crash **1 22** Damaged Area Code: **3 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 **1 25 25** BAC Test Result: **1 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		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	
			F	4	4	4	0	0	10	1	
			F	6	4	4	0	0	9	2	Winchester Hospital

7 3

8 1

9 2

1 14

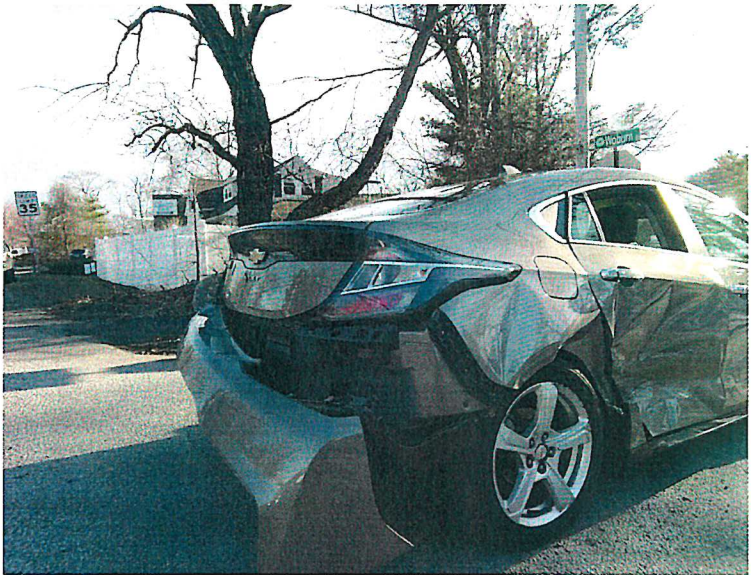
Please Select One of the Following: Vehicle 22 #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

License # **S69699143** St **MA** DOB/Age _____
 Sex **F** Lic. Class **D** Lic. Restrictions **20** CDL _____
 Operator **PROVITOLA, MADELINE A**
 Address **712 WOBURN ST**
 City **WILMINGTON** State **MA** Zip **01887-3423**
 Insurance Company **COMMERCE INSURANCE**
 Vehicle Travel Direction: N S W Responding to Emergency? **2**
 Citation # (If Issued) _____
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____

Reg # **1YC249** Reg Type **PC** Reg State **MA**
 Veh Year **2012** Veh Make **HYUNDAI** Veh Config. **1 21**
 Owner **PROVITOLA, MADELINE A**
 Address **712 WOBURN ST**
 City **WILMINGTON** State **MA** Zip **01887-3423**
 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**
 Most Harmful Event **1 24** Type of Test: **29**
 Driver Contributing Code **19 25 4 25** BAC Test Result: **1 30**
 Driver Distracted by **99 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**
 Towed from scene? **2 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	
			F	4	4	4	0	0	10	1	

Wilmington Police Department
Images Associated with 19-137-AC



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
 411 MAIN ST
 Feet N S E W of . or Exit Number
 Feet N S E W of Mile Marker
 Feet N S E W of Route# Intersecting Roadway/Street
 Landmark

Please Select One of the Following: Vehicle 12 #Occupants Hit/Run Moped
 Crash Report ID# **19-138-AC**

License # **S85283576** St **MA** DOB/Age _____ Reg # **951TH1** Reg Type **PC** Reg State **MA**
 Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **99** 20 CDL _____ Veh Year **2014** Veh Make **MITSUBISHI** Veh Config. **1** 21
 Operator **HOLDEN, CAROL ANN** Owner **OKEEFE, DANIEL J**
 Address **10 BURLINGTON AVE APT 1/11** Address **9 FLYNN WAY**
 City **WILMINGTON** State **MA** Zip **01887-3924** City **WILMINGTON** State **MA** Zip **01887-2569**
 Insurance Company **QUINCY MUTUAL FIRE** Vehicle Action Prior to Crash **2** 22 Damaged Area Code: **5** 27 27 27
 Vehicle Travel Direction: N E W Responding to Emergency? **2** Event Sequence **1** 23 23 23 23 Test Status: **1** 28
 Citation # (If Issued) _____ Most Harmful Event **1** 24 Type of Test: **29**
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **1** 25 25 BAC Test Result: **1** 30
 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		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	9	1	
DANIEL OKEEFE		9 FLYNN WAY WILMINGTON, MA 01887-2569	X	3	1	4	0	0	9	1	

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

License # **S62903380** St **MA** DOB/Age _____ Reg # **252MS6** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **99** 20 CDL _____ Veh Year **1999** Veh Make **DODGE** Veh Config. **1** 21
 Operator **MANZI, NICHOLAS MICHAEL** Owner **SHARPE, CHARLES A**
 Address **25 GOVERNOR HUTCHINSON RD** Address **17 UPLAND RD**
 City **BILLERICA** State **MA** Zip **01821-2026** City **BURLINGTON** State **MA** Zip **01803-1438**
 Insurance Company **SAFECO INSURANCE** Vehicle Action Prior to Crash **2** 22 Damaged Area Code: **1** 27 27 27
 Vehicle Travel Direction: N 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 **97** 25 25 BAC Test Result: **1** 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? **2** 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	

Date of Crash **04/12/2019** Time of Crash **1237** 24HR City/Town **Wilmington** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **0** Speed Limit **30** State Police Local Police MBTA Police Campus Police Other
 Latitude _____ Longitude _____

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 <input checked="" type="checkbox"/> S E W of _____ or _____</p> <p style="text-align: center;">Mile Marker _____ Exit Number _____</p> <p>_____ Feet <input type="checkbox"/> N S E W of _____</p> <p>_____ Feet <input type="checkbox"/> N S E W 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# 19-139-AC**

<p>License # S71559124 St MA DOB/Ag _____</p> <p>Sex M Lic. Class D <input type="checkbox"/> 19 <input type="checkbox"/> 19 Lic. Restrictions 1 <input type="checkbox"/> 20 CDL _____</p> <p>Operator MILCH, NATHANIEL CHARLES</p> <p>Address 109 AMHERST RD</p> <p>City PELHAM State MA Zip 01002-9799</p> <p>Insurance Company AMICA MUTUAL INS</p> <p>Vehicle Travel Direction: <input checked="" type="checkbox"/> S E 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 # 111XN4 Reg Type PC Reg State MA</p> <p>Veh Year 2010 Veh Make HONDA Veh Config. 1 <input type="checkbox"/> 21</p> <p>Owner MILCH, NATHANIEL CHARLES</p> <p>Address 109 AMHERST RD</p> <p>City PELHAM State MA Zip 01002-9799</p> <p>Vehicle Action Prior to Crash 2 <input type="checkbox"/> 22 Damaged Area Code: <input type="checkbox"/> 4 <input type="checkbox"/> 27 <input type="checkbox"/> 5 <input type="checkbox"/> 27 <input type="checkbox"/> 6 <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"/> 30</p> <p>Driver Distracted by <input type="checkbox"/> 0 <input type="checkbox"/> 26 Susp. Alcohol: <input type="checkbox"/> 31 Susp. Drug: <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	<input checked="" type="checkbox"/>	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 # S72548931 St MA DOB/Ag _____</p> <p>Sex M Lic. Class D <input type="checkbox"/> 19 <input type="checkbox"/> 19 Lic. Restrictions 99 <input type="checkbox"/> 20 CDL _____</p> <p>Operator FRANCOIS, PIERRE R</p> <p>Address 46 SAINT LO RD</p> <p>City FRAMINGHAM State MA Zip 01702-5911</p> <p>Insurance Company SAFETY INSURANCE</p> <p>Vehicle Travel Direction: <input checked="" type="checkbox"/> S E W Responding to Emergency? 2</p> <p>Citation # (If Issued) R8572910</p> <p>Viol. 1: Ch/Sec/Sub 90 13B Viol. 2: Ch/Sec/Sub _____</p> <p>Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____</p>	<p>Reg # LV83681 Reg Type RV Reg State MA</p> <p>Veh Year 2006 Veh Make TOYOTA Veh Config. 97 <input type="checkbox"/> 21</p> <p>Owner FLEET INC</p> <p>Address 30 WATER ST ST APT 2</p> <p>City ATTLEBORO State MA Zip 02703-2064</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"/> 2 <input type="checkbox"/> 27 <input type="checkbox"/> 8 <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"/> 20 <input type="checkbox"/> 25 <input type="checkbox"/> 25 BAC Test Result: <input type="checkbox"/> 30</p> <p>Driver Distracted by <input type="checkbox"/> 1 <input type="checkbox"/> 26 Susp. Alcohol: <input type="checkbox"/> 31 Susp. Drug: <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	<input checked="" type="checkbox"/>	1	1	4	0	0	10	1	

