

Date of Crash 04/15/2019 Time of Crash 1310 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:

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

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

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

Route# Direction Name of Intersecting Roadway/Street

207 MAIN ST

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

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

Feet N S E W of _____ Landmark

Please Select One of the Following: Vehicle 13 #Occupants Hit/Run Moped Crash Report ID# **19-140-AC**

License # **S81196977** St **MA** DOB/Age _____ Reg # **8XC766** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** Lic. Restrictions **1** CDL _____ Veh Year **2019** Veh Make **KIA** Veh Config. **1**

Operator **LANZI, KATIE J** Owner **LANZI, KATIE J**

Address **4002 POULIOT PL** Address **4002 POULIOT PL**

City **WILMINGTON** State **MA** Zip **01887-4589** City **WILMINGTON** State **MA** Zip **01887-4589**

Insurance Company **PROGRESSIVE DIRECT** Vehicle Action Prior to Crash **1** Damaged Area Code **2 27 27 27**

Vehicle Travel Direction: **N 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: **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? **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	<input checked="" type="checkbox"/>	1	1	4	0	0	10	1	
				6	1	4	0	0	10	1	
				3	1	4	0	0	10	1	

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

License # **S50444954** St **MA** DOB/Age **01/27/1988** Reg # **FF2927** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** Lic. Restrictions **1** CDL _____ Veh Year **2019** Veh Make _____ Veh Config. **1**

Operator **BOUDROW, DOUGLAS ARTHUR** Owner **BOUDROW, DOUGLAS ARTHUR**

Address **60 BELLEFLOWER RD** Address **60 BELLEFLOWER RD**

City **BILLERICA** State **MA** Zip **01821-3037** City **BILLERICA** State **MA** Zip **01821-3037**

Insurance Company **ARBELLA MUTUAL INS** Vehicle Action Prior to Crash **4** Damaged Area Code **2 27 27 27**

Vehicle Travel Direction: **N 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 **18 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**

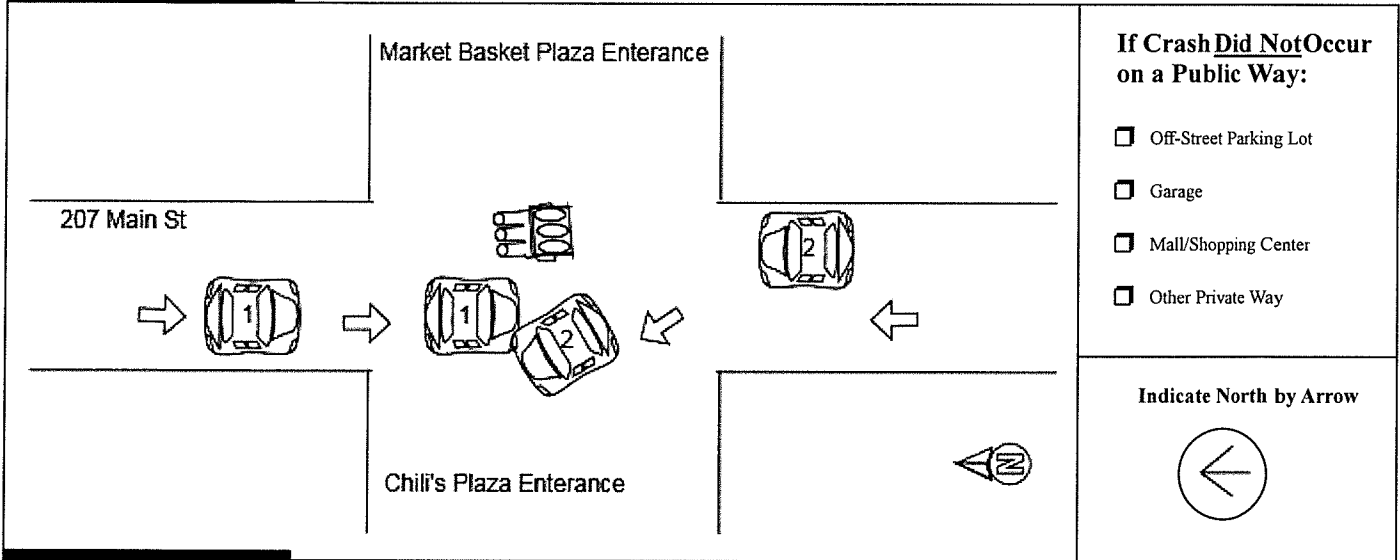
Towed from scene? **2 33**

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	<input checked="" type="checkbox"/>	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:

MV 1 was traveling straight on Main St. MV 2 was attempting to turn left into the Chili's plaza parking lot entrance. Op of MV 2 stated his vision was obstructed due a car stopping in the first travel lane closest to the Market Basket side. When MV 2 attempted to turn left into the Chili's plaza entrance, he stated he didn't see the car in the second travel lane until it was too late. No injuries. No MV's towed.

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 Kevin J Skinner

200

Wilmington Police Department

04/15/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1	Route# _____ Direction _____ Name of Roadway/Street _____	Route# <u>222</u> Direction _____ Address # <u>MAIN ST</u> Name of Roadway/Street _____	2
	At _____	Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____	3
	Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____	Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____	
2	Route# _____ Direction _____ Name of Intersecting Roadway/Street _____	Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____	

Please Select One of the Following: Vehicle 1 Occupants Hit/Run Moped Crash Report ID# **19-141-AC**

3	License # <u>S30757654</u> St <u>MA</u> DOB/Age _____ Reg # <u>8XAA90</u> Reg Type <u>PC</u> Reg State <u>MA</u>	1
	Sex <u>F</u> Lic. Class <u>D</u> Lic. Restrictions <u>20</u> CDL _____ Veh Year <u>2018</u> Veh Make <u>HYUNDAI</u> Veh Config. <u>1</u>	
4	Operator <u>CONNELL, CALLIE R</u> Owner <u>CONNELL, KRISTINA M</u>	1
	Address <u>57 CLARK ST</u> Address <u>57 CLARK ST</u>	
5	City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-2705</u> City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-2705</u>	1
	Insurance Company <u>PLYMOUTH ROCK ASSU</u> Vehicle Action Prior to Crash <u>1</u> Damaged Area Code: <u>8</u> <u>27</u> <u>27</u> <u>27</u>	
6	Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u> Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u>	1
	Citation # (If Issued) _____ Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u>	
6	Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code <u>1</u> <u>25</u> <u>25</u> BAC Test Result: <u>1</u> <u>30</u>	1
	Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by <u>0</u> <u>26</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u>	

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"/>	<input checked="" type="checkbox"/>	<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 23 Occupants Non-Motorist A Type 15 Action 16 Location 17 Condition 18 Hit/Run Moped

7	License # <u>S47526578</u> St <u>MA</u> DOB/Age _____ Reg # <u>3DW419</u> Reg Type <u>PC</u> Reg State <u>MA</u>	1
	Sex <u>M</u> Lic. Class <u>D</u> Lic. Restrictions <u>20</u> CDL _____ Veh Year <u>2000</u> Veh Make <u>HONDA</u> Veh Config. <u>1</u>	
8	Operator <u>UBERKA, SAID</u> Owner <u>UBARKANE, HICHAM</u>	1
	Address <u>3 KIMBALL CT APT 208</u> Address <u>47 MIDDLESEX AVE</u>	
9	City <u>WOBURN</u> State <u>MA</u> Zip <u>01801-6930</u> City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-2722</u>	1
	Insurance Company <u>PROGRESSIVE DIRECT</u> Vehicle Action Prior to Crash <u>4</u> Damaged Area Code: <u>2</u> <u>27</u> <u>27</u> <u>27</u>	
9	Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u> Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u>	1
	Citation # (If Issued) _____ Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u>	
9	Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code <u>18</u> <u>25</u> <u>19</u> <u>25</u> BAC Test Result: <u>1</u> <u>30</u>	1
	Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by <u>99</u> <u>26</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u>	

Please fill out for operator/non-motorist and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp Code	Medical Facility
Operator/Non-Motorist	See Above	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>1</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	
HANANE BENJIYA	18 WINCHESTER PL WINCHESTER, MA 01890-0000		F	<u>3</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	
MOHAMED-RAYANE OUBERKA	47 MIDDLESEX AVE WILMINGTON, MA 01887		M	<u>4</u>	<u>4</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	

Wilmington Police Department
Images Associated with 19-141-AC



Police Use Only		Commonwealth of Massachusetts				RMV Document Number					
Date of Crash 04/17/2019	Time of Crash 2030 24HR	City/Town Wilmington		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 40	Latitude _____	Longitude _____	<input type="checkbox"/> State Police <input type="checkbox"/> Local Police <input type="checkbox"/> MBTA Police <input type="checkbox"/> Campus Police <input type="checkbox"/> Other: _____

AT INTERSECTION:	< LOCATION >	NOT AT INTERSECTION:
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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 # 226 Name of Roadway/Street LOWELL ST _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____ Mile Marker _____ Exit Number _____ _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____ _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____
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Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 1 #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped	Crash Report ID# 19-142-AC
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License # NHL13334770 St NH DOB/Ag _____ Sex M Lic. Class D <input type="checkbox"/> 19 <input type="checkbox"/> 19 Lic. Restrictions 1 <input type="checkbox"/> 20 CDL _____ Operator LAVINE, ROBERT Address 10 OVERHILL AVE City NASHUA State NH Zip 03064 Insurance Company TRAVELERS IND CO Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> 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 # T47531 Reg Type CO Reg State MA Veh Year 2017 Veh Make NISSAN Veh Config. 2 <input type="checkbox"/> 21 Owner TJL DRY CLEANING SERVICES INC Address 226 LOWELL ST APT 4 City WILMINGTON State MA Zip 01887-3074 Vehicle Action Prior to Crash 4 <input type="checkbox"/> 22 Damaged Area Code: <input type="checkbox"/> 27 <input type="checkbox"/> 27 <input type="checkbox"/> 27 Event Sequence 1 <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23 Test Status: <input type="checkbox"/> 28 Most Harmful Event 1 <input type="checkbox"/> 24 Type of Test: <input type="checkbox"/> 29 Driver Contributing Code 99 <input type="checkbox"/> 25 <input type="checkbox"/> 25 BAC Test Result: <input type="checkbox"/> 30 Driver Distracted by 99 <input type="checkbox"/> 26 Susp. Alcohol: <input type="checkbox"/> 31 Susp. Drug: <input type="checkbox"/> 32 Towed from scene? <input type="checkbox"/> 2 <input type="checkbox"/> 33
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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: <input checked="" type="checkbox"/> Vehicle 2 #Occupants <input type="checkbox"/> Non-Motorist A Type <input type="checkbox"/> 15 Action <input type="checkbox"/> 16 Location <input type="checkbox"/> 17 Condition <input type="checkbox"/> 18 <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped	
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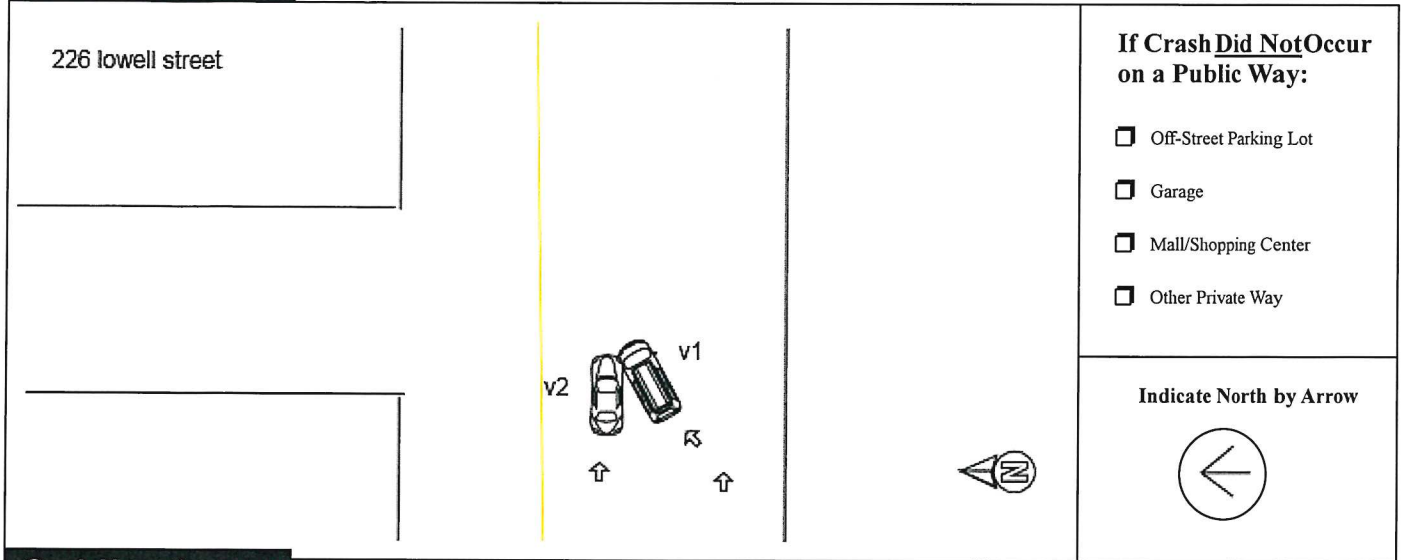
License # S43796863 St MA DOB/Ag _____ Sex F Lic. Class D <input type="checkbox"/> 19 <input type="checkbox"/> 19 Lic. Restrictions 1 <input type="checkbox"/> 20 CDL _____ Operator SHELTON, COURTNEY ALYSSA Address 5 MARIETTA AVE City WILMINGTON State MA Zip 01887-2688 Insurance Company LIBERTY MUTUAL INS Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> 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 # 644YY4 Reg Type PC Reg State MA Veh Year 2016 Veh Make KIA Veh Config. 1 <input type="checkbox"/> 21 Owner SHELTON, COURTNEY ALYSSA Address 5 MARIETTA AVE City WILMINGTON State MA Zip 01887-2688 Vehicle Action Prior to Crash 1 <input type="checkbox"/> 22 Damaged Area Code: <input type="checkbox"/> 27 <input type="checkbox"/> 27 <input type="checkbox"/> 27 Event Sequence 1 <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23 Test Status: <input type="checkbox"/> 28 Most Harmful Event 1 <input type="checkbox"/> 24 Type of Test: <input type="checkbox"/> 29 Driver Contributing Code 99 <input type="checkbox"/> 25 <input type="checkbox"/> 25 BAC Test Result: <input type="checkbox"/> 30 Driver Distracted by 99 <input type="checkbox"/> 26 Susp. Alcohol: <input type="checkbox"/> 31 Susp. Drug: <input type="checkbox"/> 32 Towed from scene? <input type="checkbox"/> 2 <input type="checkbox"/> 33
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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	

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

Crash Diagram:

ie: → 1 → 2 → ○ → 🚲



Crash Narrative:

Both vehicles were traveling east on Lowell Street.. The driver of v1 stated he was driving down the center of his lane on Lowell street, when he proceeded to take a left, when v2 came from behind and struck his vehicle on the left front.

The driver of v2 stated that she viewed v1 in front of her , but on the right side of the street traveling very slowly. She stated that v1 suddenly put on it's blinker and tried to turn left in front of her very abruptly , cutting her off.

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 Brian D Thornton

190

Wilmington Police Department

04/17/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Date of Crash 04/19/2019	Time of Crash 1314 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report	Number Vehicles 2	Number Injured 0	Speed Limit <u>35</u> Latitude _____ Longitude _____	<input type="checkbox"/> State Police <input checked="" type="checkbox"/> Local Police <input type="checkbox"/> MBTA Police <input type="checkbox"/> Campus Police <input type="checkbox"/> Other
AT INTERSECTION:			< LOCATION >	NOT AT INTERSECTION:			
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			Route# <u>200</u> Direction _____ Address # _____ Name of Roadway/Street <u>SHAWSHEEN AVE</u>				
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____			Feet <u>N S E W</u> of _____ or _____ Mile Marker _____ Exit Number _____				
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			Feet <u>N S E W</u> of _____ Route# _____ Intersecting Roadway/Street _____ Landmark _____				

Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped Crash Report ID# **19-144-AC**

License # <u>S50388677</u> St <u>MA</u> DOB/Age _____ Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL _____ Operator <u>DIONICIO-CHAVEZ, OVIDIO RAFAEL</u> Address <u>812 WESTERN AVE</u> City <u>LYNN</u> State <u>MA</u> Zip <u>01905-2323</u> Insurance Company <u>EMPLOYERS MUT CAS</u> Vehicle Travel Direction: <u>N S E W</u> Responding to Emergency? <u>2</u> Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # <u>S19530</u> Reg Type <u>CO</u> Reg State <u>MA</u> Veh Year <u>2012</u> Veh Make <u>FORD</u> Veh Config. <u>8</u> <u>21</u> Owner <u>LANGONE BROTHERS LANDSCAPING LLC</u> Address <u>38 NASSAU AVE</u> City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-2683</u> Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>0</u> <u>27</u> <u>27</u> <u>27</u> Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u> Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u> Driver Contributing Code <u>1</u> <u>25</u> <u>25</u> BAC Test Result: <u>1</u> <u>30</u> Driver Distracted by <u>0</u> <u>26</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u> Towed from scene? <u>2</u> <u>33</u>
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Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator		See Above	X	X	<u>1</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>
RONY LOPEZ		29 GROVE ST LYNN, MA 01902-0000	M	3	1	4	0	0	10	1	

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

License # <u>S23379186</u> St <u>MA</u> DOB/Age _____ Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL _____ Operator <u>PACHECO, LUIS F</u> Address <u>333 GREAT RIVER RD APT 335</u> City <u>SOMERVILLE</u> State <u>MA</u> Zip <u>02145-1221</u> Insurance Company <u>ALLSTATE INSURANCE</u> Vehicle Travel Direction: <u>N S X W</u> Responding to Emergency? <u>2</u> Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # <u>679XH6</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2014</u> Veh Make <u>HYUNDAI</u> Veh Config. <u>1</u> <u>21</u> Owner <u>PACHECO, LUIS F</u> Address <u>333 GREAT RIVER RD APT 335</u> City <u>SOMERVILLE</u> State <u>MA</u> Zip <u>02145-1221</u> Vehicle Action Prior to Crash <u>9</u> <u>22</u> Damaged Area Code: <u>3</u> <u>27</u> <u>27</u> <u>27</u> Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u> Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u> Driver Contributing Code <u>9</u> <u>25</u> <u>25</u> BAC Test Result: <u>1</u> <u>30</u> Driver Distracted by <u>0</u> <u>26</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u> Towed from scene? <u>2</u> <u>33</u>
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Please fill out for operator/non-motorist and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist		See Above	X	X	<u>1</u>	<u>0</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

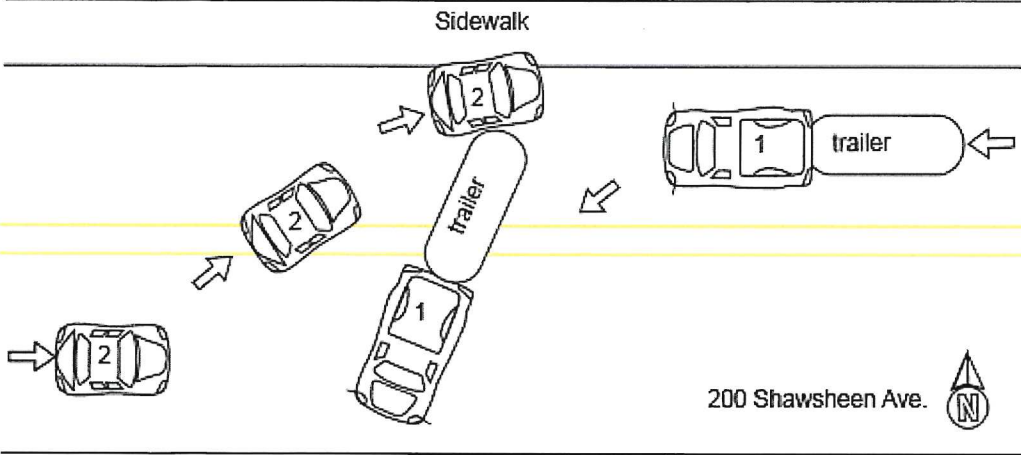
Crash Diagram:

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:

There are 2 separate crashes for this event. MV 1 was traveling west on Shawsheen Ave. Op of MV 1 stated that a vehicle came into his lane and he slammed on the brakes and swerved to avoid a crash. The 2 vehicles never collided and no other vehicles were involved. This caused MV 1 and the trailer to jackknife and take up both lanes of travel. MV 1 was towing a trailer with an excavator in the trailer. OP of MV1 attempted to move MV 1 and the trailer, but were unable to. They remained stuck and blocking both lanes of travel.

MV 2 informed me that due to the blockage of the street, MV's traveling east on Shawsheen were attempting to go around the trailer. In order to do so MV 2 drove on the opposite side of traffic and on the sidewalk to go around. While doing so, Op of MV2 stated that he didnt fit and the side of his vehicle scraped against the trailer. No

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 Kevin J Skinner

200

Wilmington Police Department 04/19/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department Crash Narrative

Case # 19-144-AC

There are 2 separate crashes for this event. MV 1 was traveling west on Shawsheen Ave. Op of MV 1 stated that a vehicle came into his lane and he slammed on the brakes and swerved to avoid a crash. The 2 vehicles never collided and no other vehicles were involved. This caused MV 1 and the trailer to jackknife and take up both lanes of travel. MV 1 was towing a trailer with an excavator in the trailer. OP of MV1 attempted to move MV 1 and the trailer, but were unable to. They remained stuck and blocking both lanes of travel.

MV 2 informed me that due to the blockage of the street, MV's traveling east on Shawsheen were attempting to go around the trailer. In order to do so MV 2 drove on the opposite side of traffic and on the sidewalk to go around. While doing so, Op of MV2 stated that he didnt fit and the side of his vehicle scraped against the trailer. No injuries.

Police Use Only		Commonwealth of Massachusetts				RMV Document Number					
Date of Crash 04/19/2019	Time of Crash 1608 24HR	City/Town Wilmington		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit <u>20</u>	Latitude _____	Longitude _____	<input type="checkbox"/> State Police <input type="checkbox"/> Local Police <input type="checkbox"/> MBTA Police <input type="checkbox"/> Campus Police <input type="checkbox"/> Other: _____

AT INTERSECTION:	< LOCATION >	NOT AT INTERSECTION:
-------------------------	---------------------------	-----------------------------

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 # <u>707</u> Name of Roadway/Street <u>WOBURN ST</u> _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____ Mile Marker _____ Exit Number _____ _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____ _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____
--	--

Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle <u>1</u> #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped	Crash Report ID# 19-145-AC
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License # <u>S34913116</u> St <u>MA</u> DOB/Age _____ Sex <u>F</u> Lic. Class <u>D</u> Lic. Restrictions <u>20</u> CDL _____ Operator <u>SAY, SOEUM</u> Address <u>44 S KIMBALL ST</u> City <u>HAVERHILL</u> State <u>MA</u> Zip <u>01835-7534</u> Insurance Company <u>COMMERCE INSURANCE</u> Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u> Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # <u>585ER1</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2009</u> Veh Make <u>NISSAN</u> Veh Config. <u>1</u> Owner <u>SAY, SOEUM</u> Address <u>44 S KIMBALL ST</u> City <u>HAVERHILL</u> State <u>MA</u> Zip <u>01835-7534</u> Vehicle Action Prior to Crash <u>1</u> Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Most Harmful Event <u>1</u> Driver Contributing Code <u>1</u> Driver Distracted by <u>0</u>
--	--

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	
				5	4	4	0	0	10	1	

Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle <u>1</u> #Occupants <input type="checkbox"/> Non-Motorist A Type <u>15</u> Action <u>16</u> Location <u>17</u> Condition <u>18</u> <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped
--

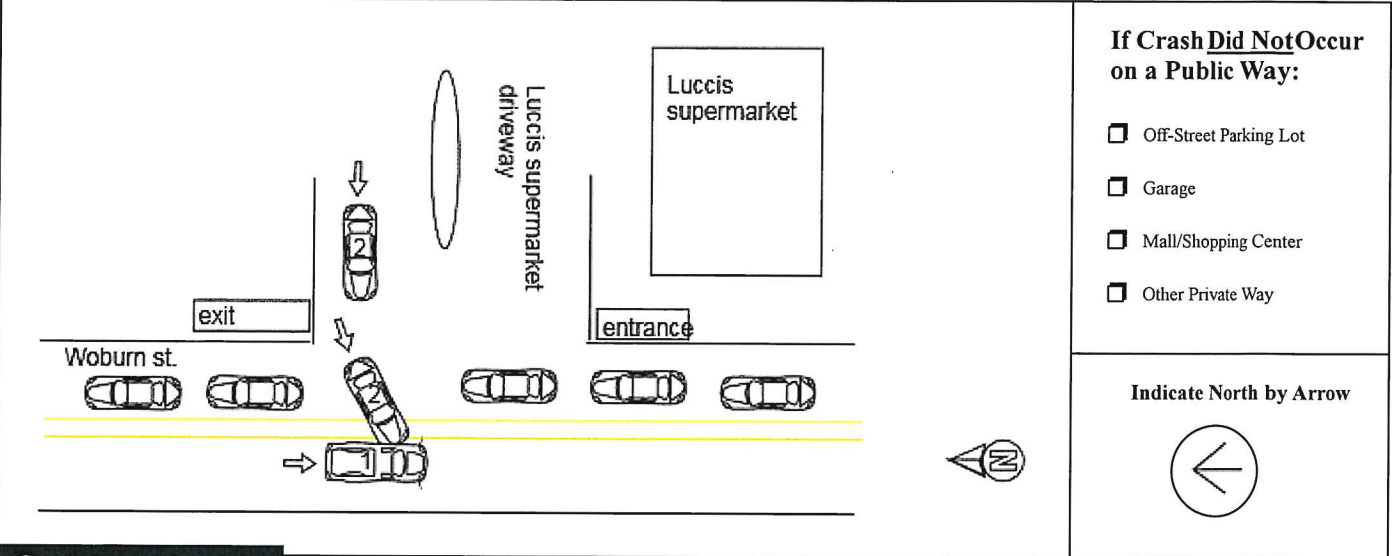
License # <u>S90440433</u> St <u>MA</u> DOB/Age _____ Sex <u>M</u> Lic. Class <u>D</u> Lic. Restrictions <u>20</u> CDL _____ Operator <u>GEARIN, KEVIN J</u> Address <u>41 APPLETON ST</u> City <u>N ANDOVER</u> State <u>MA</u> Zip <u>01845-0000</u> Insurance Company <u>SAFETY INSURANCE</u> Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u> Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # <u>342YC4</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2011</u> Veh Make <u>CADILLAC</u> Veh Config. <u>1</u> Owner <u>GEARIN, KEVIN J</u> Address <u>41 APPLETON ST</u> City <u>N ANDOVER</u> State <u>MA</u> Zip <u>01845-0000</u> Vehicle Action Prior to Crash <u>4</u> Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Most Harmful Event <u>1</u> Driver Contributing Code <u>4</u> Driver Distracted by <u>0</u>
---	--

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

Crash Diagram:

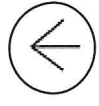
ie: ➔ 1 ➔ 2 ➔ ○ X ➔ 🚲



If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow



Crash Narrative:

Oper. #1 related she was traveling south on Woburn st., when m/v#2 darted out from the exit driveway of Lucci's supermarket and crashed into the side of her m/v#1.

Oper. #2 related that he was stopped at the exit driveway of Lucci's trying turn left onto Woburn st. While doing so an unknown m/v in traffic stopped to let him exit out onto Woburn st. As he started his left turn and exiting from the driveway, m/v#1 which he did not see at the time, because his view was obstructed from the line of traffic came into his path and they crashed. (PWJ/142)

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

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

Hazmat Information:

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

Patrol Officer Paul W Jepson

142

Wilmington Police Department 04/19/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash
04/20/2019

Time of Crash
1922
24HR

City/Town
Wilmington

Motor Vehicle Crash Police Report

Number
Vehicles
2

Number
Injured
0

Speed Limit 10
Latitude _____
Longitude _____

State Police
Local Police
MBTA Police
Campus Police
Other:

AT INTERSECTION:

< LOCATION >

NOT AT INTERSECTION:

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

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

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

Route# _____ Direction _____ Address # 260 Name of Roadway/Street MAIN ST

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

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

_____ Feet N S E W of _____
Landmark _____

Please Select One of the Following:

Vehicle 1 #Occupants Hit/Run Moped

Crash Report ID# **19-146-AC**

License # _____ St _____ DOB/Age _____
Sex _____ Lic. Class 19 19 Lic. Restrictions 20 CDL _____
Operator unknown
Last First Middle

Reg # _____ Reg Type _____ Reg State _____
Veh Year _____ Veh Make CHEVROLET Veh Config. 1 21

Address _____
City _____ State _____ Zip _____

Owner _____
Last First Middle
Address _____
City _____ State _____ Zip _____

Insurance Company _____

Vehicle Action Prior to Crash 3 22 Damaged Area Code: 27 27 27

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

Event Sequence 2 23 23 23 23 Test Status: 28

Citation # (If Issued) _____

Most Harmful Event 2 24 Type of Test: 29

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

Driver Contributing Code 12 25 6 25 BAC Test Result: 30

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

Driver Distracted by 99 26 Susp. Alcohol: 99 31 Susp. Drug: 99 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>99</u>	<u>99</u>	<u>99</u>	<u>99</u>	<u>99</u>	<u>99</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 # E69660590 St VA DOB/Age 10/22/1956
Sex F Lic. Class D M Lic. Restrictions 20 CDL _____
Operator SMITH, SANDRA LEE
Last First Middle

Reg # UYZ1956 Reg Type PC Reg State VA
Veh Year 2018 Veh Make TOYOTA Veh Config. 1 21

Address 25325 FULMAR CIR

Owner SMITH, SANDRA LEE
Last First Middle

City DINWIDDIE State VA Zip 23803-6668

Address 25325 FULMAR CIR

City DINWIDDIE State VA Zip 23803-6668

Insurance Company STATE FARM INSURANCE CO.

Vehicle Action Prior to Crash 11 22 Damaged Area Code: 3 27 4 27 27

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

Event Sequence 2 23 23 23 23 Test Status: 28

Citation # (If Issued) _____

Most Harmful Event 2 24 Type of Test: 29

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

Driver Contributing Code 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/non-motorist and all occupants involved

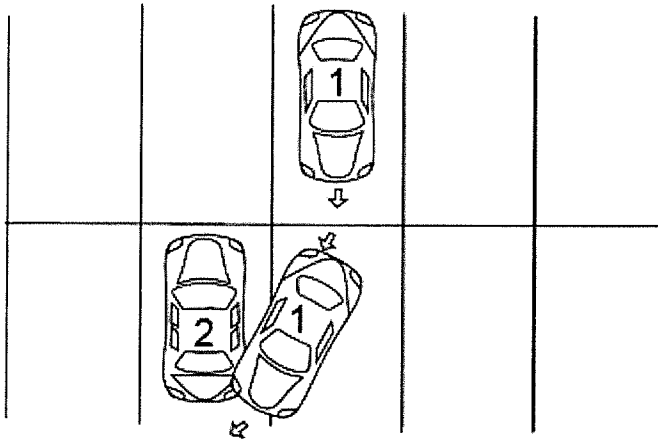
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above	XXXX	XX	<u>1</u>	<u>0</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	

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

ie: → 1 → 2 → ○ → ○

Crash Diagram:

Parking Lot of
Market Basket



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:

MV2 was parked facing northbound in the Market Basket Parking lot. MV1 was parked facing southbound diagonally and to the right of MV2. The parking space directly in front of was vacated, and MV1 pulled forward and through the open space and attempted to turn right towards Main Street. When MV1 attempted to turn right it collided with the right side and right rear bumper of MV2. MV1 continued to travel forward and turn right after the initial collision, scraping the right side and denting the right rear bumper of MV2. MV1 struck MV2 with such force that it moved the parked MV2 sideways to the left within the space. Unable to complete the right turn, MV1 then backed up and turned left out of the space, fleeing the scene after causing property damage. The male witness identified MV1 as a dark grey Chevrolet sedan (possibly a "Cavalier") bearing MA registration plates. The witness was unable to see the plate number. A view of Store surveillance footage was

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
WEDGE JOSEPH A	1202 POULIOT PL WILMINGTON MA 01887-4526		

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

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

Hazmat Information:

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

Patrol Officer Michael A Wilson

209

Wilmington Police Department

04/20/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department Crash Narrative

Case # 19-146-AC

MV2 was parked facing northbound in the Market Basket Parking lot. MV1 was parked facing southbound diagonally and to the right of MV2. The parking space directly in front of was vacated, and MV1 pulled forward and through the open space and attempted to turn right towards Main Street. When MV1 attempted to turn right it collided with the right side and right rear bumper of MV2. MV1 continued to travel forward and turn right after the initial collision, scraping the right side and denting the right rear bumper of MV2. MV1 struck MV2 with such force that it moved the parked MV2 sideways to the left within the space. Unable to complete the right turn, MV1 then backed up and turned left out of the space, fleeing the scene after causing property damage. The male witness identified MV1 as a dark grey Chevrolet sedan (possibly a "Cavalier") bearing MA registration plates. The witness was unable to see the plate number. A view of Store surveillance footage was unsuccessful.