

Date of Crash 04/22/2019 Time of Crash 1423 24HR City/Town **Wilmington** **Motor Vehicle Crash Police Report** Number Vehicles 2 Number Injured 0 Speed Limit 25 Latitude \_\_\_\_\_ Longitude \_\_\_\_\_ State Police  Local Police  MBTA Police  Campus Police  Other:

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

|   |  |
|---|--|
| <p>Route# _____ Direction _____ Name of Roadway/Street _____</p> <p>At _____</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p> <p>Also at Intersection with _____</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p> | <p>Route# _____ Direction _____ Address # <b>85</b> Name of Roadway/Street <b>GLEN RD</b></p> <p>_____ Feet <b>N S E W</b> of _____ or _____</p> <p>_____ Feet <b>N S E W</b> of _____ Mile Marker _____ Exit Number _____</p> <p>_____ Feet <b>N S E W</b> of _____ Route# _____ Intersecting Roadway/Street _____</p> <p>_____ Feet <b>N S E W</b> of _____ Landmark _____</p> |
|---|--|

Please Select One of the Following:  Vehicle **1** #Occupants  Hit/Run  Moped **Crash Report ID# 19-147-AC**

|   |   |
|---|---|
| <p>License # <b>S14144387</b> St <b>MA</b> DOB/Age _____</p> <p>Sex _____ Lic. Class <b>D</b> Lic. Restrictions <b>20</b> CDL _____</p> <p>Operator _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Insurance Company <b>ARBELLA MUTUAL INS</b></p> <p>Vehicle Travel Direction: <input checked="" type="checkbox"/> <b>S E W</b> Responding to Emergency? <b>2</b></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 # <b>652KJ2</b> Reg Type <b>PC</b> Reg State <b>MA</b></p> <p>Veh Year <b>2010</b> Veh Make <b>TOYOTA</b> Veh Config. <b>1</b></p> <p>Owner <b>BABCOCK, ELLEN</b></p> <p>Address <b>27 OHIO ST</b></p> <p>City <b>WILMINGTON</b> State <b>MA</b> Zip <b>01887-1656</b></p> <p>Vehicle Action Prior to Crash <b>2</b></p> <p>Event Sequence <b>1</b> <b>23</b> <b>23</b> <b>23</b> <b>23</b></p> <p>Most Harmful Event <b>1</b> <b>24</b></p> <p>Driver Contributing Code <b>1</b> <b>25</b> <b>25</b></p> <p>Driver Distracted by <b>0</b></p> <p>Damaged Area Code: <b>5</b> <b>27</b> <b>27</b> <b>27</b></p> <p>Test Status: <b>28</b></p> <p>Type of Test: <b>29</b></p> <p>BAC Test Result: <b>30</b></p> <p>Susp. Alcohol: <b>31</b> Susp. Drug: <b>32</b></p> <p>Towed from scene? <b>2</b> <b>33</b></p> |
|---|---|

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

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 # <b>S04404398</b> St <b>MA</b> DOB/Age _____</p> <p>Sex <b>F</b> Lic. Class <b>D</b> Lic. Restrictions <b>20</b> CDL _____</p> <p>Operator <b>GARRITY, EMMA N</b></p> <p>Address <b>6 BOYLE ST</b></p> <p>City <b>WILMINGTON</b> State <b>MA</b> Zip <b>01887</b></p> <p>Insurance Company <b>CITIZENS INSURANCE</b></p> <p>Vehicle Travel Direction: <input checked="" type="checkbox"/> <b>S E W</b> Responding to Emergency? <b>2</b></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 # <b>168PK1</b> Reg Type <b>PC</b> Reg State <b>MA</b></p> <p>Veh Year <b>1997</b> Veh Make <b>TOYOTA</b> Veh Config. <b>1</b></p> <p>Owner <b>GARRITY, DIANE M</b></p> <p>Address <b>6 BOYLE ST</b></p> <p>City <b>WILMINGTON</b> State <b>MA</b> Zip <b>01887-2274</b></p> <p>Vehicle Action Prior to Crash <b>2</b></p> <p>Event Sequence <b>1</b> <b>23</b> <b>23</b> <b>23</b> <b>23</b></p> <p>Most Harmful Event <b>1</b> <b>24</b></p> <p>Driver Contributing Code <b>5</b> <b>25</b> <b>25</b></p> <p>Driver Distracted by <b>99</b></p> <p>Damaged Area Code: <b>1</b> <b>27</b> <b>27</b> <b>27</b></p> <p>Test Status: <b>28</b></p> <p>Type of Test: <b>29</b></p> <p>BAC Test Result: <b>30</b></p> <p>Susp. Alcohol: <b>31</b> Susp. Drug: <b>32</b></p> <p>Towed from scene? <b>1</b> <b>33</b></p> |
|--|--|

| 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 |
|--|-----------|------------------|------------------|--------------|------------------|------------------|---------------|--------------|------------------|-----------------|------------------|
| <b>Operator/Non-Motorist</b>   | See Above | <del>_____</del> | <del>_____</del> | <b>1</b>     | <b>1</b>         | <b>4</b>         | <b>0</b>      | <b>0</b>     | <b>10</b>        | <b>1</b>        |                  |
|  |           |                  |                  |              |                  |                  |               |              |                  |                 |                  |
|  |           |                  |                  |              |                  |                  |               |              |                  |                 |                  |

→ = 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**



85 Glen Rd

**Crash Narrative:**

V1 traveling north on Geln Rd. slowed to a stop to allow a vehicle ahead of her to turn.  
 V2 traveling behind V1 failed to stop in time resulting in V2 crashing into the rear of V1

**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 John W Delorey

Police Officer Name (Please Print)

Signature

185

ID/Badge #

Wilmington Police Department

Department

Precinct/Barracks

04/22/2019

Date

< LOCATION >

AT INTERSECTION: NOT AT INTERSECTION:

|   |   |
|---|---|
| <p>1 1 Route# Direction Name of Roadway/Street</p> <p>At</p> <p>Route# Direction Name of Intersecting Roadway/Street</p> <p>Also at Intersection with</p> <p>2 2 Route# Direction Name of Intersecting Roadway/Street</p> | <p>2 10 Route# Direction Address # Name of Roadway/Street</p> <p>1 HOPKINS ST</p> <p>Feet N S E W of _____ or _____</p> <p>Mile Marker Exit Number</p> <p>3 11 Feet N S E W of _____</p> <p>Route# Intersecting Roadway/Street</p> <p>Feet N S E W of _____</p> <p>Landmark</p> |
|---|---|

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

Crash Report ID# **19-148-AC**

|   |   |
|---|---|
| <p>License # <b>S88207596</b> St <b>MA</b> DOB/Age _____</p> <p>Sex <b>M</b> Lic. Class <b>D</b> 19 19 Lic. Restrictions <b>20</b> CDL _____</p> <p>Operator <b>ROBINSON, MARK A</b></p> <p>Address <b>19 OXFORD RD</b></p> <p>City <b>BILLERICA</b> State <b>MA</b> Zip <b>01862</b></p> <p>Insurance Company <b>COMMERCE INSURANCE</b></p> <p>Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? <b>2</b></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 # <b>VB6411</b> Reg Type <b>PC</b> Reg State <b>MA</b></p> <p>Veh Year <b>2006</b> Veh Make <b>HONDA</b> Veh Config. <b>1</b> 21</p> <p>Owner <b>ROBINSON, KEVIN A</b></p> <p>Address <b>19 OXFORD RD</b></p> <p>City <b>N BILLERICA</b> State <b>MA</b> Zip <b>01862-1606</b></p> <p>Vehicle Action Prior to Crash <b>1</b> 22 Damaged Area Code: <b>3</b> 27 27 27</p> <p>Event Sequence <b>1</b> 23 23 23 23 Test Status: <b>28</b></p> <p>Most Harmful Event <b>1</b> 24 Type of Test: <b>29</b></p> <p>Driver Contributing Code <b>1</b> 25 25 BAC Test Result: <b>30</b></p> <p>Driver Distracted by <b>0</b> 26 Susp. Alcohol: <b>2</b> 31 Susp. Drug: <b>2</b> 32</p> <p>Towed from scene? <b>2</b> 33</p> |
|---|---|

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

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

|   |   |
|---|---|
| <p>8 2 License # <b>S65845640</b> St <b>MA</b> DOB/Age _____</p> <p>Sex <b>M</b> Lic. Class <b>D</b> 19 19 Lic. Restrictions <b>20</b> CDL _____</p> <p>Operator <b>HASTIE, WILLIAM G</b></p> <p>Address <b>39 HOPKINS ST</b></p> <p>City <b>WILMINGTON</b> State <b>MA</b> Zip <b>01887-2209</b></p> <p>Insurance Company <b>ARBELLA MUTUAL INS</b></p> <p>Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <b>2</b></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 # <b>14E370</b> Reg Type <b>PC</b> Reg State <b>MA</b></p> <p>Veh Year <b>2009</b> Veh Make <b>HONDA</b> Veh Config. <b>1</b> 21</p> <p>Owner <b>HASTIE, WILLIAM G</b></p> <p>Address <b>39 HOPKINS ST</b></p> <p>City <b>WILMINGTON</b> State <b>MA</b> Zip <b>01887-2209</b></p> <p>Vehicle Action Prior to Crash <b>4</b> 22 Damaged Area Code: <b>1</b> 27 27 27</p> <p>Event Sequence <b>1</b> 23 23 23 23 Test Status: <b>28</b></p> <p>Most Harmful Event <b>1</b> 24 Type of Test: <b>29</b></p> <p>Driver Contributing Code <b>4</b> 25 25 BAC Test Result: <b>30</b></p> <p>Driver Distracted by <b>0</b> 26 Susp. Alcohol: <b>2</b> 31 Susp. Drug: <b>2</b> 32</p> <p>Towed from scene? <b>2</b> 33</p> |
|---|---|

| 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 |
|--|-----------|---------|-----|--------------|------------------|------------------|---------------|--------------|------------------|-----------------|------------------|
| <b>Operator/Non-Motorist</b>   | See Above |         |     | <b>1</b>     | <b>1</b>         | <b>4</b>         | <b>0</b>      | <b>0</b>     | <b>10</b>        | <b>1</b>        |                  |

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

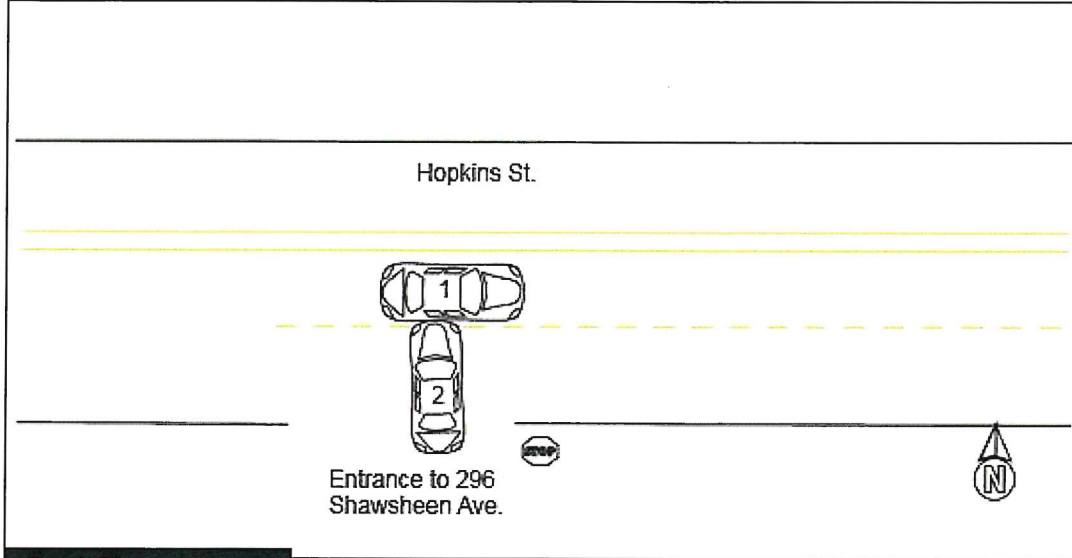
**Crash Diagram:**

ie: → [1]    → [2]    → ○    → 🚲

**If Crash Did Not Occur on a Public Way:**

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

Indicate North by Arrow



**Crash Narrative:**

MV1 travelling eastbound on Hopkins St. in left lane for left turn. MV2 pulling out of Hopkins St. entrance to 296 Shawsheen Ave. Operator of MV1 stated that MV2 just pulled out of the parking lot and struck his vehicle. Operator of MV2 stated that it appeared there was room to make the turn but that MV1 came up faster than he expected. Damage to right rear door and quarter panel of MV1. Minor damage to front of MV2.

**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 P Cavanaugh

195

Wilmington Police Department 04/22/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Police Use Only

Date of Crash: 04/23/2019 Time of Crash: 0633 City/Town: **Wilmington** Number Vehicles: 2 Number Injured: 1 Speed Limit: 25 State Police  Local Police  MBTA Police  Campus Police  Other:

< LOCATION >

**AT INTERSECTION:**      **NOT AT INTERSECTION:**

1 **1** Route# \_\_\_\_\_ Direction \_\_\_\_\_ Name of Roadway/Street \_\_\_\_\_ At \_\_\_\_\_

2 **2** Route# \_\_\_\_\_ Direction \_\_\_\_\_ Name of Intersecting Roadway/Street \_\_\_\_\_ Also at Intersection with \_\_\_\_\_

3 **3** Route# \_\_\_\_\_ Direction \_\_\_\_\_ Name of Intersecting Roadway/Street \_\_\_\_\_

4 **4** Route# \_\_\_\_\_ Direction \_\_\_\_\_ Name of Roadway/Street \_\_\_\_\_ Address # \_\_\_\_\_ Name of Roadway/Street \_\_\_\_\_

5 **5** \_\_\_\_\_ Feet  N  S  E  W of \_\_\_\_\_ Mile Marker \_\_\_\_\_ or \_\_\_\_\_ Exit Number \_\_\_\_\_

6 **6** \_\_\_\_\_ Feet  N  S  E  W of \_\_\_\_\_ Route# **WOBURN ST** Intersecting Roadway/Street \_\_\_\_\_ Landmark \_\_\_\_\_

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

Crash Report ID# **19-149-AC**

License # **S89128055** St **MA** DOB/Age \_\_\_\_\_ Reg # **929XSD** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** Lic. Restrictions **1** CDL \_\_\_\_\_ Veh Year **2006** Veh Make **Jeep** Veh Config. **1**

Operator **GRANDI, ALBERTO D** Owner **GRANDI, ALBERTO D**

Address **35 WESTWOOD ST** Address **35 WESTWOOD ST**

City **BURLINGTON** State **MA** Zip **01803-1102** City **BURLINGTON** State **MA** Zip **01803-1102**

Insurance Company **COMMERCE INSURANCE** Vehicle Action Prior to Crash **1** Damaged Area Code: **1 27 8 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

| 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 |
|--------------------------|-----------|---------|-----|--------------|------------------|------------------|---------------|--------------|------------------|-----------------|------------------|
| <b>Operator</b>          | See Above |         |     | <b>1</b>     | <b>1</b>         | <b>4</b>         | <b>0</b>      | <b>0</b>     | <b>10</b>        | <b>1</b>        |                  |
|                          |           |         |     |              |                  |                  |               |              |                  |                 |                  |
|                          |           |         |     |              |                  |                  |               |              |                  |                 |                  |

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

License # **S31943556** St **MA** DOB/Age \_\_\_\_\_ Reg # **3EEH10** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** Lic. Restrictions **1** CDL \_\_\_\_\_ Veh Year **2017** Veh Make **HONDA** Veh Config. **1**

Operator **GIARDINA, LINDA** Owner **GIARDINA, LINDA**

Address **21 KENWOOD AVE** Address **21 KENWOOD AVE**

City **WILMINGTON** State **MA** Zip **01887-3036** City **WILMINGTON** State **MA** Zip **01887-3036**

Insurance Company **PROGRESSIVE DIRECT** Vehicle Action Prior to Crash **1** Damaged Area Code: **3 27 4 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 **3 25 25** BAC Test Result: **1 30**

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

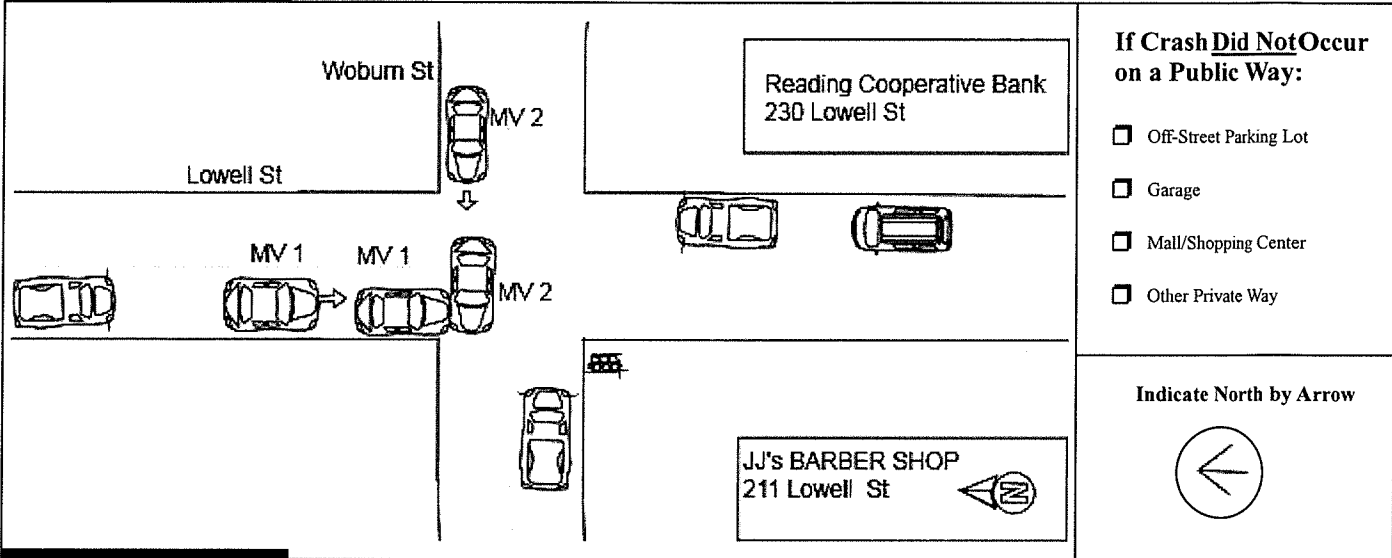
Towed from scene? **1 33**

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

| 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    |
|------------------------------|-----------|---------|-----|--------------|------------------|------------------|---------------|--------------|------------------|-----------------|---------------------|
| <b>Operator/Non-Motorist</b> | See Above |         |     | <b>1</b>     | <b>1</b>         | <b>2</b>         | <b>0</b>      | <b>0</b>     | <b>8</b>         | <b>2</b>        | <b>Lahey Clinic</b> |
|                              |           |         |     |              |                  |                  |               |              |                  |                 |                     |
|                              |           |         |     |              |                  |                  |               |              |                  |                 |                     |

→ = 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:

MV 1 was travelling southbound on Lowell St during the morning commute in an area of Wilmington with a high traffic volume. MV 1 approached the intersection and continued to travel southbound through the intersection when his light transitioned from red, to green. MV 2 was travelling westbound on Woburn St approaching the same intersection. Woburn St. runs perpendicular to Lowell St. MV 2 approached the intersection and travelled through the intersection despite her light transitioning from green, to red. This caused MV 1 to collide with MV 2. Through her own admission, the operator of MV 2 acknowledged that she was at fault because her light had turned red prior to her driving through the intersection.

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 Shane A Foley

211

Wilmington Police Department

04/23/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

|                                    |                                      |                                |  |                             |  |                            |  |                       |  |  |  |
|------------------------------------|--------------------------------------|--------------------------------|--|-----------------------------|--|----------------------------|--|-----------------------|--|--|--|
| Police Use Only                    |                                      | City/Town<br><b>Wilmington</b> |  | Number Vehicles<br><b>2</b> |  | Number Injured<br><b>0</b> |  | Speed Limit <b>40</b> |  | State Police <input type="checkbox"/>  |  |
| Date of Crash<br><b>04/23/2019</b> | Time of Crash<br><b>1118</b><br>24HR |                                |  |                             |  |                            |  | Latitude _____        |  | Local Police <input type="checkbox"/>  |  |
|                                    |                                      |                                |  |                             |  |                            |  | Longitude _____       |  | MBTA Police <input type="checkbox"/>   |  |
|                                    |                                      |                                |  |                             |  |                            |  |                       |  | Campus Police <input type="checkbox"/> |  |
|                                    |                                      |                                |  |                             |  |                            |  |                       |  | Other: _____ <input type="checkbox"/>  |  |

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

|   |  |
|---|--|
| <p>Route# _____ Direction _____ Name of Roadway/Street _____</p> <p style="text-align: center;">At _____</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p> <p style="text-align: center;">Also at Intersection with _____</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p> | <p>Route# _____ Direction _____ Address # <b>201</b> Name of Roadway/Street <b>BALLARDVALE ST</b></p> <p>Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____</p> <p style="text-align: center;">Mile Marker _____ Exit Number _____</p> <p>Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____</p> <p>Route# _____ Intersecting Roadway/Street _____</p> <p>Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____</p> <p style="text-align: center;">Landmark _____</p> |
|---|--|

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

Crash Report ID# **19-150-AC**

|  |   |
|--|---|
| License # <b>S41936350</b> St <b>MA</b> DOB/Ag: _____  | Reg # <b>1AA631</b> Reg Type <b>PC</b> Reg State <b>MA</b>          |
| Sex <b>M</b> Lic. Class <b>D</b> 19 19 Lic. Restrictions <b>1</b> 20 CDL _____   | Veh Year <b>2015</b> Veh Make <b>TOYOTA</b> Veh Config. <b>1</b> 21 |
| Operator <b>TRAVERS, JOHN E</b>  | Owner <b>TRAVERS, JOHN E</b>  |
| Address <b>945 RIVERSIDE DR APT 9D</b>   | Address <b>945 RIVERSIDE DR APT 9D</b>                              |
| City <b>METHUEN</b> State <b>MA</b> Zip <b>01844-6718</b>  | City <b>METHUEN</b> State <b>MA</b> Zip <b>01844-6718</b>           |
| Insurance Company <b>NORFLK DEDHAM MUT</b>   | Vehicle Action Prior to Crash <b>1</b> 22                           |
| Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <b>2</b> | Damaged Area Code: <b>7</b> 27 <b>27</b> 27                         |
| Citation # (If Issued) _____   | Event Sequence <b>1</b> 23 <b>23</b> 23 <b>23</b>                   |
| Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____  | Test Status: <b>1</b> 28  |
| Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____  | Type of Test: <b>1</b> 29   |
|  | BAC Test Result: <b>1</b> 30  |
|  | Driver Contributing Code <b>1</b> 25 <b>25</b>                      |
|  | Susp. Alcohol: <b>2</b> 31 Susp. Drug: <b>2</b> 32                  |
|  | Driver Distracted by <b>0</b> 26                                    |
|  | Towed from scene? <b>1</b> 33                                       |

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

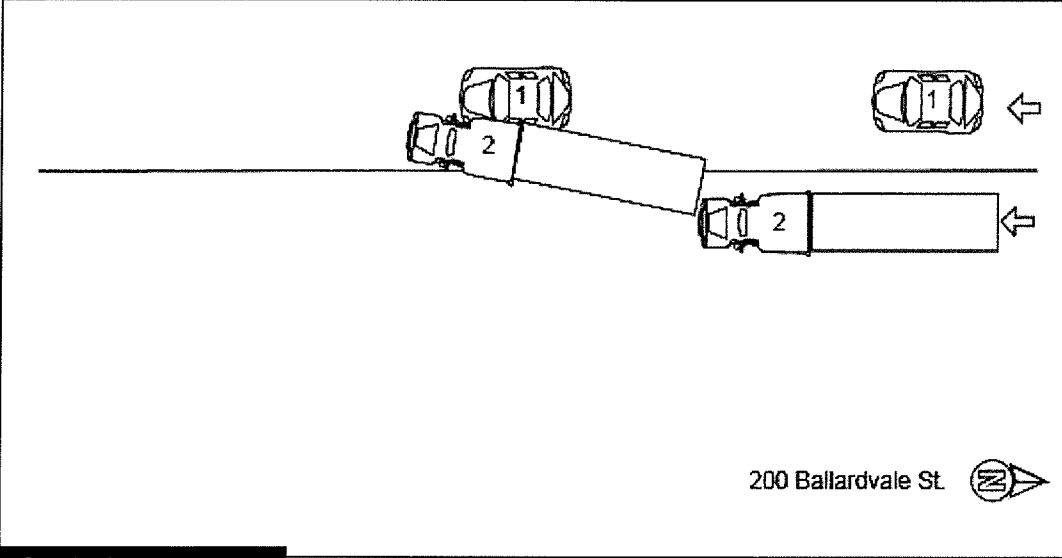
|  |  |
|--|--|
| License # <b>5798071</b> St <b>ME</b> DOB/Ag: _____  | Reg # <b>930229</b> Reg Type <b>AP</b> Reg State <b>ME</b>   |
| Sex <b>M</b> Lic. Class <b>A</b> 19 19 Lic. Restrictions <b>1</b> 20 CDL _____   | Veh Year <b>2013</b> Veh Make _____ Veh Config. <b>10</b> 21 |
| Operator <b>SUITTER, LELAND N</b>  | Owner <b>HE LIVES LLC</b>                                    |
| Address <b>27A ROCHESTER ST</b>  | Address <b>27 ROCHESTER ST APT A</b>                         |
| City <b>BERWICK</b> State <b>ME</b> Zip <b>03901</b>   | City <b>BERWICK</b> State <b>ME</b> Zip <b>03901-2268</b>    |
| Insurance Company _____  | Vehicle Action Prior to Crash <b>1</b> 22                    |
| Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <b>2</b> | Damaged Area Code: <b>3</b> 27 <b>27</b> 27                  |
| Citation # (If Issued) _____   | Event Sequence <b>1</b> 23 <b>23</b> 23 <b>23</b>            |
| Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____  | Test Status: <b>1</b> 28                                     |
| Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____  | Type of Test: <b>1</b> 29                                    |
|  | BAC Test Result: <b>1</b> 30                                 |
|  | Driver Contributing Code <b>18</b> 25 <b>25</b>              |
|  | Susp. Alcohol: <b>2</b> 31 Susp. Drug: <b>2</b> 32           |
|  | Driver Distracted by <b>0</b> 26                             |
|  | Towed from scene? <b>1</b> 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 |
|--|--|-----------|-------------------------------------|-------------------------------------|------------------|------------------|---------------|--------------|------------------|-----------------|------------------|
| <b>Operator/Non-Motorist</b>   |  | See Above | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <b>1</b>         | <b>1</b>         | <b>4</b>      | <b>0</b>     | <b>0</b>         | <b>10</b>       | <b>1</b>         |
|  |  |           |                                     |                                     |                  |                  |               |              |                  |                 |                  |
|  |  |           |                                     |                                     |                  |                  |               |              |                  |                 |                  |

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

**Crash Diagram:**

ie: → 1 → 2 → ○ → ⚙



**If Crash Did Not Occur on a Public Way:**

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

Indicate North by Arrow



**Crash Narrative:**

MV1 and MV2 were traveling south on Ballardvale St. This section of roadway has 2 lanes. MV1 informed me he was in the right lane traveling straight ahead when MV2 turned into his lane striking his vehicle. MV2 informed me that he was stopped at a red light and once it turned red he began driving straight ahead. He attempted to move from the left lane to the lane on the right side. He stated he didn't see anyone in his mirrors. MV1 and MV2 collided by MV2's front right tire into the driver side of MV1. MV2 stated that this is his blind spot. No injuries. MV1 towed by Cains.

**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 # 930229 (From Vehicle Section)

Carrier Name He Lives LLC Bus Use  42

Address 27A ROCHESTER ST City BERWICK St ME Zip 03901

US DOT #: \_\_\_\_\_ State Number \_\_\_\_\_ Issuing State \_\_\_\_\_ MC/MX/ICC #: \_\_\_\_\_

Interstate  43 Cargo Body Type Code  44 GVWR/GCWR  45

Trailer Reg #: B859614 Reg Type TR Reg State ME Reg Year 2011 Trailer Length  46

**Hazmat Information:**

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

Patrol Officer Kevin J Skinner ID/Badge # 200 Department Wilmington Police Department Precinct/Barracks \_\_\_\_\_ Date 04/23/2019  
 Police Officer Name (Please Print) Signature Department Precinct/Barracks Date



|  |  |                             |  |  |  |                               |  |                         |  |  |  |                     |  |                       |  |                |  |                 |  |   |  |
|--|--|-----------------------------|--|--|--|-------------------------------|--|-------------------------|--|--|--|---------------------|--|-----------------------|--|----------------|--|-----------------|--|---|--|
| Police Use Only  |  | Date of Crash<br>04/23/2019 |  |  |  | Time of Crash<br>1624<br>24HR |  | City/Town<br>Wilmington |  | Number Vehicles<br>2   |  | Number Injured<br>0 |  | Speed Limit <u>40</u> |  | Latitude _____ |  | Longitude _____ |  | <input type="checkbox"/> State Police<br><input type="checkbox"/> Local Police<br><input type="checkbox"/> MBTA Police<br><input type="checkbox"/> Campus Police<br><input type="checkbox"/> Other: _____ |  |
| AT INTERSECTION: < LOCATION >  |  |                             |  |  |  |                               |  |                         |  | NOT AT INTERSECTION:   |  |                     |  |                       |  |                |  |                 |  |   |  |
| Route# Direction <u>LOWELL ST</u><br>Name of Roadway/Street                              |  |                             |  |  |  |                               |  |                         |  | Route# Direction Address # Name of Roadway/Street  |  |                     |  |                       |  |                |  |                 |  |   |  |
| At   |  |                             |  |  |  |                               |  |                         |  | Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____ |  |                     |  |                       |  |                |  |                 |  |   |  |
| Route# Direction <u>EXIT 38 RT 93 SB OFF RAMP</u><br>Name of Intersecting Roadway/Street |  |                             |  |  |  |                               |  |                         |  | Mile Marker _____ Exit Number _____  |  |                     |  |                       |  |                |  |                 |  |   |  |
| Also at Intersection with  |  |                             |  |  |  |                               |  |                         |  | Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____          |  |                     |  |                       |  |                |  |                 |  |   |  |
| Route# Direction _____<br>Name of Intersecting Roadway/Street                            |  |                             |  |  |  |                               |  |                         |  | Route# _____ Intersecting Roadway/Street   |  |                     |  |                       |  |                |  |                 |  |   |  |
| Route# Direction _____<br>Name of Intersecting Roadway/Street                            |  |                             |  |  |  |                               |  |                         |  | Landmark _____   |  |                     |  |                       |  |                |  |                 |  |   |  |

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

Crash Report ID# **19-151-AC**

|   |  |   |  |   |  |  |  |
|---|--|---|--|---|--|--|--|
| License # <u>S86484495</u> St <u>MA</u> DOB/Agv _____   |  |   |  | Reg # <u>RWAJ76</u> Reg Type <u>PC</u> Reg State <u>MA</u>      |  |  |  |
| Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____                            |  | Veh Year <u>2006</u> Veh Make <u>MERCEDES-BENZ</u> Veh Config. <u>1</u> <u>21</u> |  | CDL Endorsement _____   |  | Owner <u>SAWYER, JOHN KERRIGAN</u>                               |  |
| Operator <u>SAWYER, JOHN KERRIGAN</u>   |  |   |  | Address <u>297 WOBURN ST</u>                                    |  |  |  |
| Last First Middle   |  | Last First Middle   |  | City <u>READING</u> State <u>MA</u> Zip <u>01867-2841</u>       |  | City <u>READING</u> State <u>MA</u> Zip <u>01867-2841</u>        |  |
| Insurance Company <u>USAA CASUALTY INS</u>  |  |   |  | Vehicle Action Prior to Crash <u>2</u> <u>22</u>                |  | Damaged Area Code: <u>6</u> <u>27</u> <u>27</u> <u>27</u>        |  |
| Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W |  | Responding to Emergency? <u>2</u>   |  | Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> |  | Test Status: <u>1</u> <u>28</u>                                  |  |
| Citation # (If Issued) _____  |  |   |  | Most Harmful Event <u>1</u> <u>24</u>                           |  | Type of Test: <u>29</u>  |  |
| Viol. 1: Ch/Sec/Sub _____   |  | Viol. 2: Ch/Sec/Sub _____   |  | Driver Contributing Code <u>1</u> <u>25</u> <u>25</u>           |  | BAC Test Result: <u>1</u> <u>30</u>                              |  |
| Viol. 3: Ch/Sec/Sub _____   |  | Viol. 4: Ch/Sec/Sub _____   |  | Driver Distracted by <u>0</u> <u>26</u>                         |  | Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u> |  |
|   |  |   |  | Towed from scene? <u>2</u> <u>33</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 |
| <b>Operator</b>   | See Above |         |     | <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

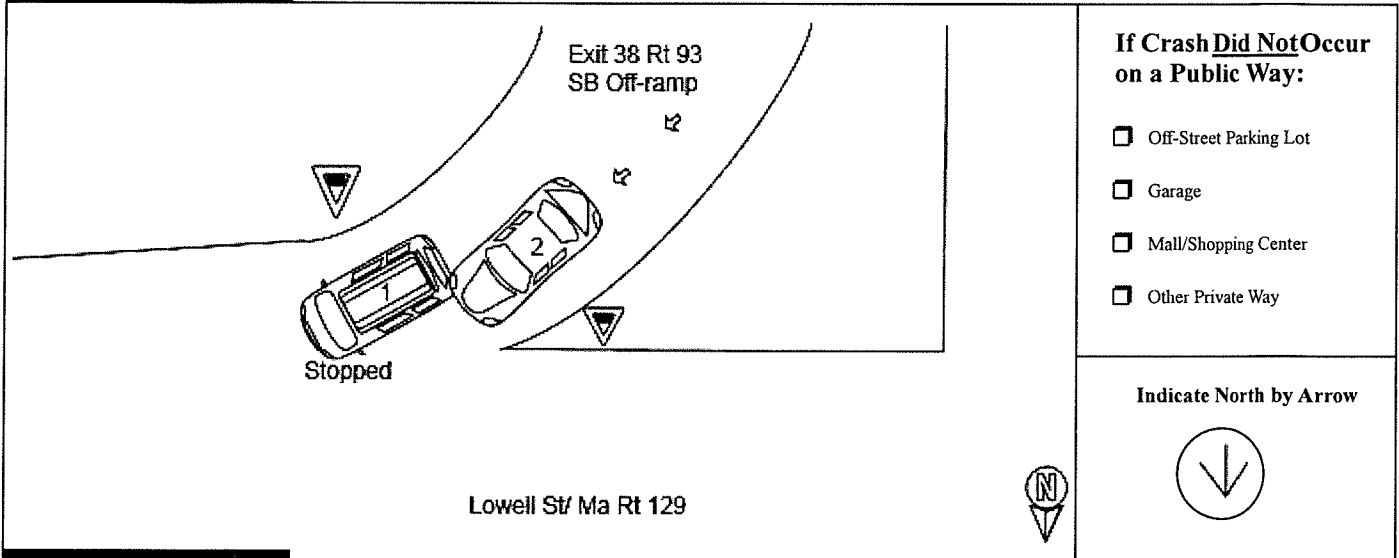
|   |  |  |  |   |  |  |  |
|---|--|--|--|---|--|--|--|
| License # <u>056976657</u> St <u>GA</u> DOB/Agv _____   |  |  |  | Reg # <u>CHX9035</u> Reg Type <u>PC</u> Reg State <u>GA</u>     |  |  |  |
| Sex <u>F</u> Lic. Class <u>C</u> <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____                            |  | Veh Year <u>2018</u> Veh Make <u>VOLKSWAGEN</u> Veh Config. <u>1</u> <u>21</u> |  | CDL Endorsement _____   |  | Owner <u>HAZEL-RAEN DEAN, DEVIN</u>                              |  |
| Operator <u>HAZEL-RAEN DEAN, DEVIN</u>  |  |  |  | Address <u>3809 MEANDERING WAY SW</u>                           |  |  |  |
| Last First Middle   |  | Last First Middle  |  | City <u>LILBURN</u> State <u>GA</u> Zip <u>30047</u>            |  | City <u>LILBURN</u> State <u>GA</u> Zip <u>30047</u>             |  |
| Insurance Company <u>geico</u>  |  |  |  | Vehicle Action Prior to Crash <u>6</u> <u>22</u>                |  | Damaged Area Code: <u>2</u> <u>27</u> <u>27</u> <u>27</u>        |  |
| Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W |  | Responding to Emergency? <u>2</u>  |  | Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> |  | Test Status: <u>1</u> <u>28</u>                                  |  |
| Citation # (If Issued) _____  |  |  |  | Most Harmful Event <u>1</u> <u>24</u>                           |  | Type of Test: <u>29</u>  |  |
| Viol. 1: Ch/Sec/Sub _____   |  | Viol. 2: Ch/Sec/Sub _____  |  | Driver Contributing Code <u>19</u> <u>25</u> <u>25</u>          |  | BAC Test Result: <u>1</u> <u>30</u>                              |  |
| Viol. 3: Ch/Sec/Sub _____   |  | Viol. 4: Ch/Sec/Sub _____  |  | Driver Distracted by <u>99</u> <u>26</u>                        |  | Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u> |  |
|   |  |  |  | Towed from scene? <u>1</u> <u>33</u>                            |  |  |  |

| Please fill out for operator/non-motorist and all occupants involved |           |         |     |              |                  |                  |               |              |                  |                 |                  |
|--|-----------|---------|-----|--------------|------------------|------------------|---------------|--------------|------------------|-----------------|------------------|
| 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 |
| <b>Operator/Non-Motorist</b>   | See Above |         |     | <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

**Crash Diagram:**

ie: → 1 → 2 → ○ → ○



**Crash Narrative:**

On 04/23/19, I responded to a two vehicle crash On Lowell St at the Exit 38 Rt 93 Off-ramp. There were no injuries and all involved were wearing seatbelts. It was reported that Vehicle 1 was at the end of the off ramp trying to enter Lowell St but due to oncoming traffic, Veh 1 was stopped. Vehicle 2, exiting the highway, drove into the back of Veh 1. Veh 1 suffered damage to left tail light and rear bumper damage on left side. Dent about light was already present prior to crash. Veh 2 suffered damage to left side of hood, left front quarter panel, front bumper left side and left headlight. Veh 1 did not need a tow. Veh 2 required a tow and was towed by a private tow. There were yield signs present.

**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

04/23/2019

Police Officer Name (Please Print)

Signature

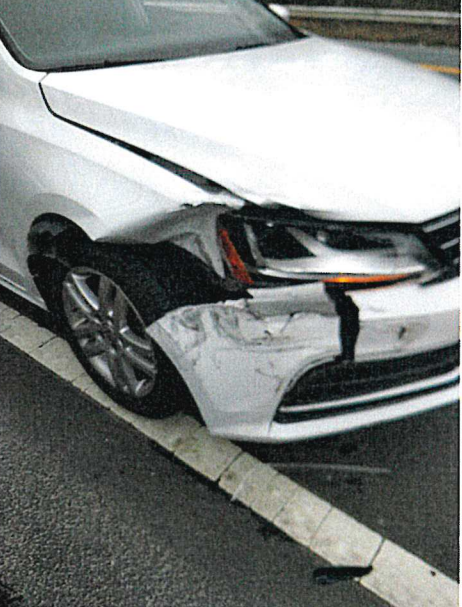
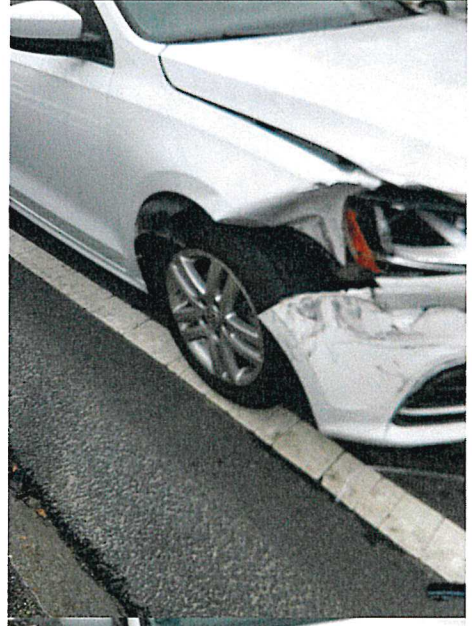
ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department  
Images Associated with 19-151-AC



Date of Crash 04/23/2019 Time of Crash 1625 City/Town Wilmington **Motor Vehicle Crash** Number Vehicles 2 Number Injured 0 Speed Limit 25 State Police   
 24HR **Police Report** Latitude \_\_\_\_\_ MBTA Police   
 Longitude \_\_\_\_\_ Other: \_\_\_\_\_ Campus Police

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

|  |   |
|--|---|
| Route# _____ Direction _____ Name of Roadway/Street _____<br>At _____<br>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____<br>Also at Intersection with _____<br>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ | Route# _____ Direction _____ Address # <u>205</u> Name of Roadway/Street <u>MAIN ST</u><br>_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____ Mile Marker _____ Exit Number _____<br>_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____<br>_____ 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# **19-152-AC**

|  |   |
|--|---|
| License # <u>S13761126</u> St. <u>MA</u> DOB/Age. _____<br>Sex. _____ Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL Endorsement _____<br>Operator: _____<br>Address _____<br>City _____ Sta. _____ Zip _____<br>Insurance Company <u>AMICA MUTUAL INS</u><br>Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u><br>Citation # (If Issued) _____<br>Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____<br>Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ | Reg # <u>1FGT31</u> Reg Type <u>PC</u> Reg State <u>MA</u><br>Veh Year <u>2003</u> Veh Make <u>VOLKSWAGEN</u> Veh Config. <u>1</u> <u>21</u><br>Owner <u>BECHAKIAN, ANN C</u><br>Address <u>5 PINEHURST AVE</u><br>City <u>BILLERICA</u> State <u>MA</u> Zip <u>01821-5901</u><br>Vehicle Action Prior to Crash <u>4</u> <u>22</u> Damaged Area Code: <u>4</u> <u>27</u> <u>27</u> <u>27</u><br>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><br>Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u><br>Driver Contributing Code <u>1</u> <u>25</u> <u>25</u> BAC Test Result: <u>1</u> <u>30</u><br>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><br>Towed from scene? <u>2</u> <u>33</u> |
|--|---|

| Please fill out for operator and all occupants involved |           | DOB/Age         | Sex           | 34 Seat Pos. | 35 Safety System | 36 Airbag Status | 37 Eject Code | 38 Trap Code | 39 Injury Status | 40 Transp. Code | Medical Facility |
|---|-----------|-----------------|---------------|--------------|------------------|------------------|---------------|--------------|------------------|-----------------|------------------|
| <b>Operator</b>   | See Above | <del>XXXX</del> | <del>XX</del> | <u>1</u>     | <u>99</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 # <u>S21898776</u> St. <u>MA</u> DOB/Age. _____<br>Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL Endorsement _____<br>Operator <u>GENTILE, BRANDON D</u><br>Address <u>231 SHAWSHEEN AVE</u><br>City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-2294</u><br>Insurance Company <u>ARBELLA MUTUAL INS</u><br>Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> E <input checked="" type="checkbox"/> W Responding to Emergency? <u>2</u><br>Citation # (If Issued) _____<br>Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____<br>Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ | Reg # <u>2VB367</u> Reg Type <u>PC</u> Reg State <u>MA</u><br>Veh Year <u>2007</u> Veh Make <u>MAZDA</u> Veh Config. <u>1</u> <u>21</u><br>Owner <u>GENTILE, BRANDON D</u><br>Address <u>231 SHAWSHEEN AVE</u><br>City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-2294</u><br>Vehicle Action Prior to Crash <u>4</u> <u>22</u> Damaged Area Code: <u>8</u> <u>27</u> <u>27</u> <u>27</u><br>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><br>Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u><br>Driver Contributing Code <u>1</u> <u>25</u> <u>25</u> BAC Test Result: <u>1</u> <u>30</u><br>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><br>Towed from scene? <u>2</u> <u>33</u> |
|--|--|

| Please fill out for operator/non-motorist and all occupants involved |           | DOB/Age         | Sex           | 34 Seat Pos. | 35 Safety System | 36 Airbag Status | 37 Eject Code | 38 Trap Code | 39 Injury Status | 40 Transp. Code | Medical Facility |
|--|-----------|-----------------|---------------|--------------|------------------|------------------|---------------|--------------|------------------|-----------------|------------------|
| <b>Operator/Non-Motorist</b>   | See Above | <del>XXXX</del> | <del>XX</del> | <u>1</u>     | <u>99</u>        | <u>4</u>         | <u>0</u>      | <u>0</u>     | <u>10</u>        | <u>1</u>        |                  |
|  |           |                 |               |              |                  |                  |               |              |                  |                 |                  |
|  |           |                 |               |              |                  |                  |               |              |                  |                 |                  |
|  |           |                 |               |              |                  |                  |               |              |                  |                 |                  |



|  |                             |                               |                         |  |                             |                     |                   |          |           |  |
|--|-----------------------------|-------------------------------|-------------------------|--|-----------------------------|---------------------|-------------------|----------|-----------|--|
| <b>Police Use Only</b>   | Date of Crash<br>04/23/2019 | Time of Crash<br>1804<br>24HR | City/Town<br>Wilmington |  | Number Vehicles<br>2        | Number Injured<br>0 | Speed Limit<br>40 | Latitude | Longitude | <input type="checkbox"/> State Police<br><input type="checkbox"/> Local Police<br><input type="checkbox"/> MBTA Police<br><input type="checkbox"/> Campus Police<br><input type="checkbox"/> Other |
| <b>AT INTERSECTION:</b>  |                             |                               |                         | <b>&lt; LOCATION &gt;</b>  | <b>NOT AT INTERSECTION:</b> |                     |                   |          |           |  |
| Route# _____ Direction _____ Name of Roadway/Street _____              |                             |                               |                         | Route# <u>230</u> Direction _____ Address # <u>LOWELL ST</u> Name of Roadway/Street _____  |                             |                     |                   |          |           |  |
| At _____   |                             |                               |                         | Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____ |                             |                     |                   |          |           |  |
| Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ |                             |                               |                         | Mile Marker _____ Exit Number _____  |                             |                     |                   |          |           |  |
| Also at Intersection with _____  |                             |                               |                         | Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____          |                             |                     |                   |          |           |  |
| Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ |                             |                               |                         | Route# _____ Intersecting Roadway/Street _____   |                             |                     |                   |          |           |  |
|  |                             |                               |                         | Landmark _____   |                             |                     |                   |          |           |  |

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

Crash Report ID# **19-153-AC**

|  |   |
|--|---|
| License # <u>S61371583</u> St <u>MA</u> DOB/Age _____<br>Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____<br>Operator <u>DOHERTY, DENNIS M</u><br>Address <u>31 MARCIA RD</u><br>City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-2575</u><br>Insurance Company <u>ARBELLA MUTUAL INS</u><br>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><br>Citation # (If Issued) _____<br>Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____<br>Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ | Reg # <u>174FF9</u> Reg Type <u>PC</u> Reg State <u>MA</u><br>Veh Year <u>2015</u> Veh Make <u>NISSAN</u> Veh Config. <u>1</u> <u>21</u><br>Owner <u>DOHERTY, DENNIS M</u><br>Address <u>31 MARCIA RD</u><br>City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-2575</u><br>Vehicle Action Prior to Crash <u>4</u> <u>22</u> Damaged Area Code: <u>4</u> <u>27</u> <u>27</u> <u>27</u><br>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><br>Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>1</u> <u>29</u><br>Driver Contributing Code <u>1</u> <u>25</u> <u>25</u> BAC Test Result: <u>1</u> <u>30</u><br>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><br>Towed from scene? <u>1</u> <u>33</u> |
|--|---|

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

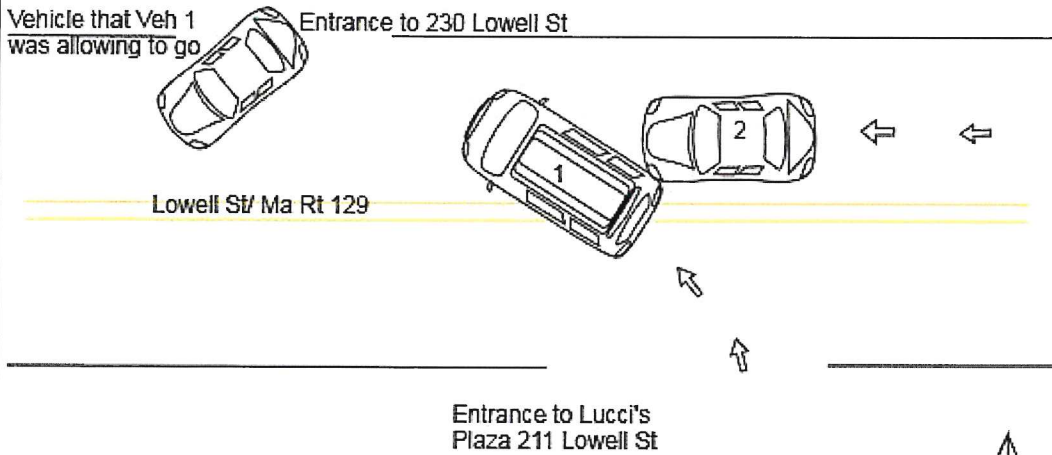
Please Select One of the Following:  Vehicle 21 #Occupants  Non-Motorist A Type 15 Action 16 Location 17 Condition 18  Hit/Run  Moped

|  |  |
|--|--|
| License # <u>S78978645</u> St <u>MA</u> DOB/Age _____<br>Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____<br>Operator <u>REAM, MATTHEW TERRILL</u><br>Address <u>972 MAIN ST</u><br>City <u>READING</u> State <u>MA</u> Zip <u>01867-1720</u><br>Insurance Company <u>AMICA MUTUAL INS</u><br>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><br>Citation # (If Issued) _____<br>Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____<br>Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ | Reg # <u>285FE2</u> Reg Type <u>PC</u> Reg State <u>MA</u><br>Veh Year <u>2000</u> Veh Make <u>HONDA</u> Veh Config. <u>1</u> <u>21</u><br>Owner <u>REAM, LAUREN J</u><br>Address <u>972 MAIN ST</u><br>City <u>READING</u> State <u>MA</u> Zip <u>01867-1720</u><br>Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>8</u> <u>27</u> <u>27</u> <u>27</u><br>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><br>Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>1</u> <u>29</u><br>Driver Contributing Code <u>20</u> <u>25</u> <u>19</u> <u>25</u> BAC Test Result: <u>1</u> <u>30</u><br>Driver Distracted by <u>5</u> <u>26</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u><br>Towed from scene? <u>1</u> <u>33</u> |
|--|--|

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

→ = 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 04/23/19, I responded to a two vehicle crash in the area of 230 Lowell St. There were no injuries. All adults were wearing seatbelts and child passenger in Veh 1 was in proper car seat. Veh 1 operator reported that he observed a clearing in traffic and proceeded left out of the parking lot of 211 Lowell St. Before completing the turn, Veh 1 Oper reported he stopped to let a car exit the parking lot at 230 Lowell St when he was struck. Veh 2 operator stated that he was traveling straight on Lowell St. He stated he was looking down at a tick which he was trying to remove from himself when his car hit Veh 1. Veh 1 suffered damage to right rear tire, rear bumper right side, and molding over tire. Veh 2 suffered damage to drivers side headlight, front and left side damage on front bumper and left front quarter panel. Both vehicles were towed by private tows.

**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 04/23/2019**

Police Officer Name (Please Print)

Signature

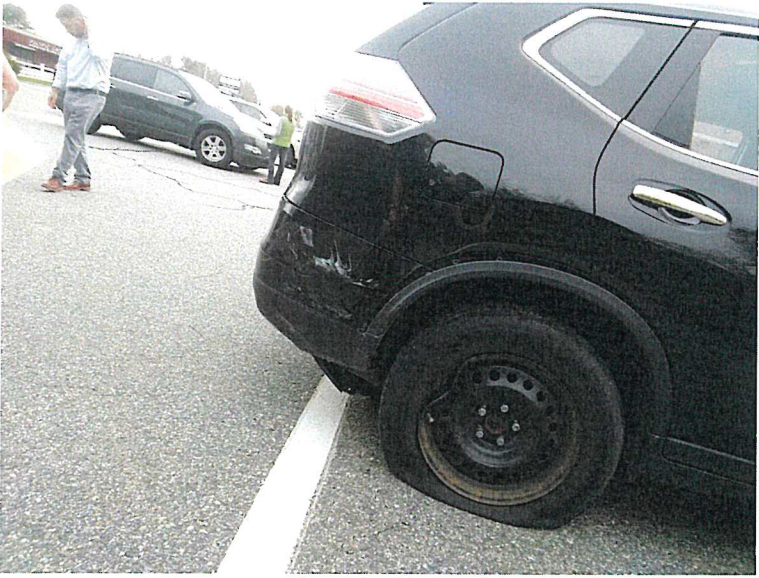
ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department  
Images Associated with 19-153-AC





**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 \_\_\_\_\_

1 | Route# 1 Direction \_\_\_\_\_ Address # ADELAIDE ST Name of Roadway/Street \_\_\_\_\_

2 | \_\_\_\_\_ Feet  N  S  E  W of \_\_\_\_\_ Mile Marker \_\_\_\_\_ Exit Number \_\_\_\_\_

3 | \_\_\_\_\_ 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# **19-154-AC**

License # **S55314465** St **MA** DOB/Age \_\_\_\_\_ Reg # **8ZN349** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **99** Lic. Restrictions **20** CDL \_\_\_\_\_ Veh Year **2005** Veh Make **FORD** Veh Config. **1**

Operator **COX, KOURTNEY L** Owner **HENDERSON, RAYMOND M**

Address **48 MARSHALL ST APT 3** Address **6 W DEXTER AVE**

City **FITCHBURG** State **MA** Zip **01420-2478** City **WOBURN** State **MA** Zip **01801-1618**

Insurance Company **COMMERCE INSURANCE** Vehicle Action Prior to Crash **1** Damaged Area Code: **2 27 3 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) **T1151593** Most Harmful Event **1 24** Type of Test: **29**

Viol. 1: Ch/Sec/Sub **90 10A** 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 |
|---|-----------|-------------------|---------------|--------------|------------------|------------------|---------------|--------------|------------------|-----------------|------------------|
| <b>Operator</b>   | See Above | <del>XXXXXX</del> | <del>XX</del> | <b>1</b>     | <b>1</b>         | <b>4</b>         | <b>0</b>      | <b>0</b>     | <b>10</b>        | <b>1</b>        |                  |
|   |           |                   |               |              |                  |                  |               |              |                  |                 |                  |
|   |           |                   |               |              |                  |                  |               |              |                  |                 |                  |

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

License # **S63725183** St **MA** DOB/Age \_\_\_\_\_ Reg # **835LP5** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** Lic. Restrictions **20** CDL \_\_\_\_\_ Veh Year **2011** Veh Make **TOYOTA** Veh Config. **1**

Operator **FASULO, ROBERT A** Owner **FASULO, ROBERT A**

Address **19 BROAD ST** Address **19 BROAD ST**

City **WILMINGTON** State **MA** Zip **01887-1944** City **WILMINGTON** State **MA** Zip **01887-1944**

Insurance Company **GEICO GENERAL INS** Vehicle Action Prior to Crash **1** Damaged Area Code: **7 27 8 27 27**

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

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

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

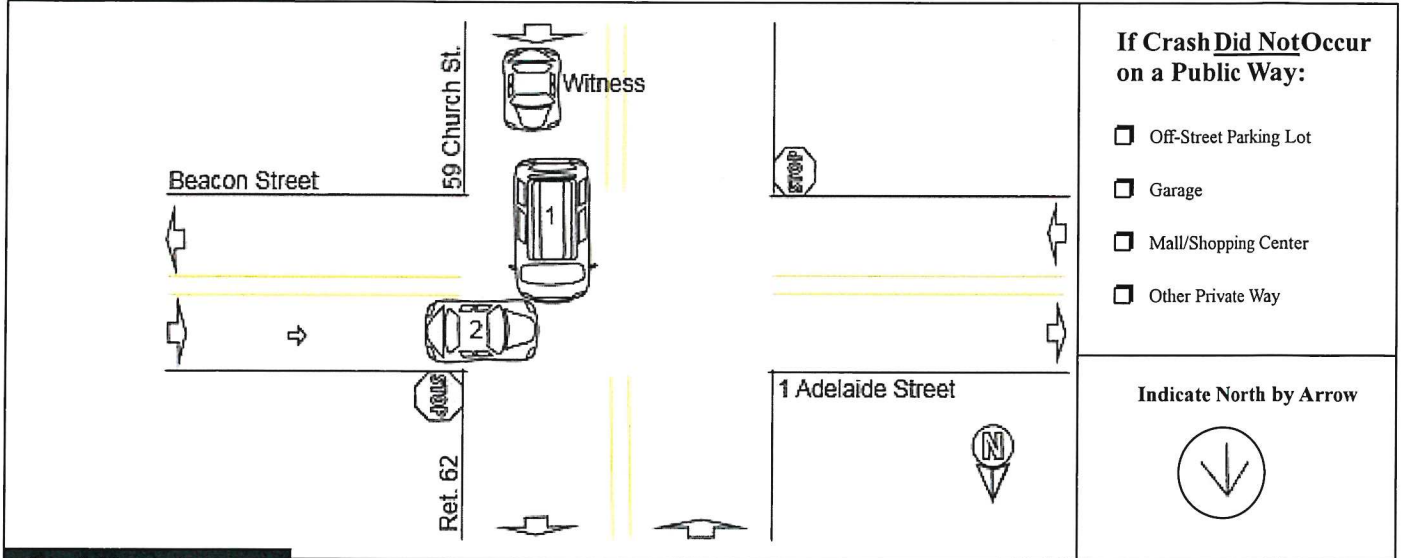
Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **0 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**

Towed from scene? **1 33**

| Please fill out for operator/non-motorist and all occupants involved |           | DOB/Age           | Sex           | 34 Seat Pos. | 35 Safety System | 36 Airbag Status | 37 Eject Code | 38 Trap Code | 39 Injury Status | 40 Transp. Code | Medical Facility |
|--|-----------|-------------------|---------------|--------------|------------------|------------------|---------------|--------------|------------------|-----------------|------------------|
| <b>Operator/Non-Motorist</b>   | See Above | <del>XXXXXX</del> | <del>XX</del> | <b>1</b>     | <b>1</b>         | <b>1</b>         | <b>0</b>      | <b>0</b>     | <b>8</b>         | <b>1</b>        |                  |
|  |           |                   |               |              |                  |                  |               |              |                  |                 |                  |
|  |           |                   |               |              |                  |                  |               |              |                  |                 |                  |

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

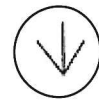
**Crash Diagram:**



**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:**

Op. of MV#1, Kourtney Cox, was traveling north on Church St/Route 62. Op. of MV#2, Robert Fasulo was traveling west on Beacon St. Mr. Fasulo stated he had stopped at the stop sign, and thought he had a clear opportunity to continue driving onward. Mrs. Cox stated she was traveling straight ahead, when MV#2 drove out in front of her. Vehicles collided and both sustained damage (See images). Vehicles were towed by Cain's and brought to tow yard (See attachments). Mrs. Cox claimed no injuries and refused medical attention. Mr. Fasulo sustained minor injuries to forehead, was treated by Wilmington Fire Dept. and refused transport to a hospital. Witness, Eric Bruyn stated he was directly behind MV#1 and corroborated Mrs. Cox statements. Mrs. Cox was issued Massachusetts Uniform Citation #T1151593 for unlicensed operation of MV (See report 19-161-AR).

**Witnesses:**

| Name (Last,First,Middle) | Address                                 | Phone # | Statement |
|--------------------------|---|---------|-----------|
| <b>BRUYN ERIC S</b>      | 3 VALLEY RD NORTH READING MA 01864-1740 |         | <b>1</b>  |
|                          |   |         |           |

**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 Julio J Quiles**

**197**

**Wilmington Police Department**

**04/24/2019**

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department  
Images Associated with 19-154-AC



**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

Route# Direction Name of Intersecting Roadway/Street

Please Select One of the Following:  Vehicle 1 #Occupants  Hit/Run  Moped Crash Report ID# **19-155-AC**

License # **S50564694** St **MA** DOB/Age \_\_\_\_\_ Reg # **2WP167** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** Lic. Restrictions **20** CDL \_\_\_\_\_ Veh Year **2015** Veh Make **Jeep** Veh Config. **1 21**

Operator **CHERISME, MIKE F** Owner **MAURICE, SOLANGE**

Address **18 RUMFORD PK AVE** Address **18 RUMFORD PARK AVE**

City **WOBURN** State **MA** Zip **01801-0000** City **WOBURN** State **MA** Zip **01801-2462**

Insurance Company **LIBERTY MUTUAL** Vehicle Action Prior to Crash **5 22** Damaged Area Code: **2 27 7 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) **T1151594** Most Harmful Event **1 24** Type of Test: **1 29**

Viol. 1: Ch/Sec/Sub **90 24C** Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **12 25 15 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 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 |
|---|-----------|-------------------|-----------------|--------------|------------------|------------------|---------------|--------------|------------------|-----------------|------------------|
| <b>Operator</b>   | See Above | <del>XXXXXX</del> | <del>XXXX</del> | 1            | 99               | 4                | 0             | 0            | 10               | 1               |                  |
|   |           |                   |                 |              |                  |                  |               |              |                  |                 |                  |
|   |           |                   |                 |              |                  |                  |               |              |                  |                 |                  |
|   |           |                   |                 |              |                  |                  |               |              |                  |                 |                  |

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

License # **S31183471** St **MA** DOB/Age \_\_\_\_\_ Reg # **8PT326** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** Lic. Restrictions **20** CDL \_\_\_\_\_ Veh Year **2013** Veh Make **CHEVROLET** Veh Config. **1 21**

Operator **CALDER, KAYLEE C** Owner **CALDER, KAYLEE C**

Address **7 WING RD** Address **7 WING RD**

City **WILMINGTON** State **MA** Zip **01887-2530** City **WILMINGTON** State **MA** Zip **01887-2530**

Insurance Company **PROGRESSIVE DIRECT** Vehicle Action Prior to Crash **2 22** Damaged Area Code: **7 27 3 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: **1 29**

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

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

Towed from scene? **1 33**

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

**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

Route# Direction Name of Intersecting Roadway/Street

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

Feet **N S E W** of \_\_\_\_\_ of \_\_\_\_\_ Route# 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# **19-155-AC**

License # **S31337354** St **MA** DOB/Age \_\_\_\_\_ Reg # **99KT39** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** Lic. Restrictions **20** CDL \_\_\_\_\_ Veh Year **2012** Veh Make **NISSAN** Veh Config. **1**

Operator **GEMELLARO, THERESA A** Owner **GEMELLARO, THERESA A**

Address **24 NASSAU AVE** Address **24 NASSAU AVE**

City **WILMINGTON** State **MA** Zip **01887-2657** City **WILMINGTON** State **MA** Zip **01887-2657**

Insurance Company **SAFETY INSURANCE** Vehicle Action Prior to Crash **2** Damaged Area Code: **3 27 27 27**

Vehicle Travel Direction: **N X E W** Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **1 28 29 30**

Citation # (If Issued) \_\_\_\_\_ Most Harmful Event **1 24** BAC Test Result: **1 30**

Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **1 25 25** Susp. Alcohol: **2 31** Susp. Drug: **2 32**

Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **0 26** 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 |
|--------------------------|-----------|-------------------|---------------|--------------|------------------|------------------|---------------|--------------|------------------|-----------------|------------------|
| <b>Operator</b>          | See Above | <del>XXXXXX</del> | <del>XX</del> | <b>1</b>     | <b>1</b>         | <b>4</b>         | <b>0</b>      | <b>0</b>     | <b>10</b>        | <b>1</b>        |                  |
|                          |           |                   |               |              |                  |                  |               |              |                  |                 |                  |
|                          |           |                   |               |              |                  |                  |               |              |                  |                 |                  |

Please Select One of the Following:  Vehicle **41** #Occupants  Non-Motorist A Type **15** Action **16** Location **17** Condition **18**  Hit/Run  Moped

License # **100EK74281** St **NH** DOB/Age \_\_\_\_\_ Reg # **2005712** Reg Type **PC** Reg State **NH**

Sex **F** Lic. Class **D** Lic. Restrictions **20** CDL \_\_\_\_\_ Veh Year **2015** Veh Make **GMC** Veh Config. **1**

Operator **OKEEFE, KATHLEEN A** Owner **OKEEFE, TIMOTHY M**

Address **97 VERMONT AVRE** Address **97 VERMONT AVE**

City **NASHUA** State **NH** Zip **03060** City **NASHUA** State **NH** Zip **03060**

Insurance Company **ALLSTATE** Vehicle Action Prior to Crash **2** Damaged Area Code: **3 27 27 27**

Vehicle Travel Direction: **N X E W** Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **1 28 29 30**

Citation # (If Issued) \_\_\_\_\_ Most Harmful Event **1 24** BAC Test Result: **1 30**

Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **1 25 25** Susp. Alcohol: **2 31** Susp. Drug: **2 32**

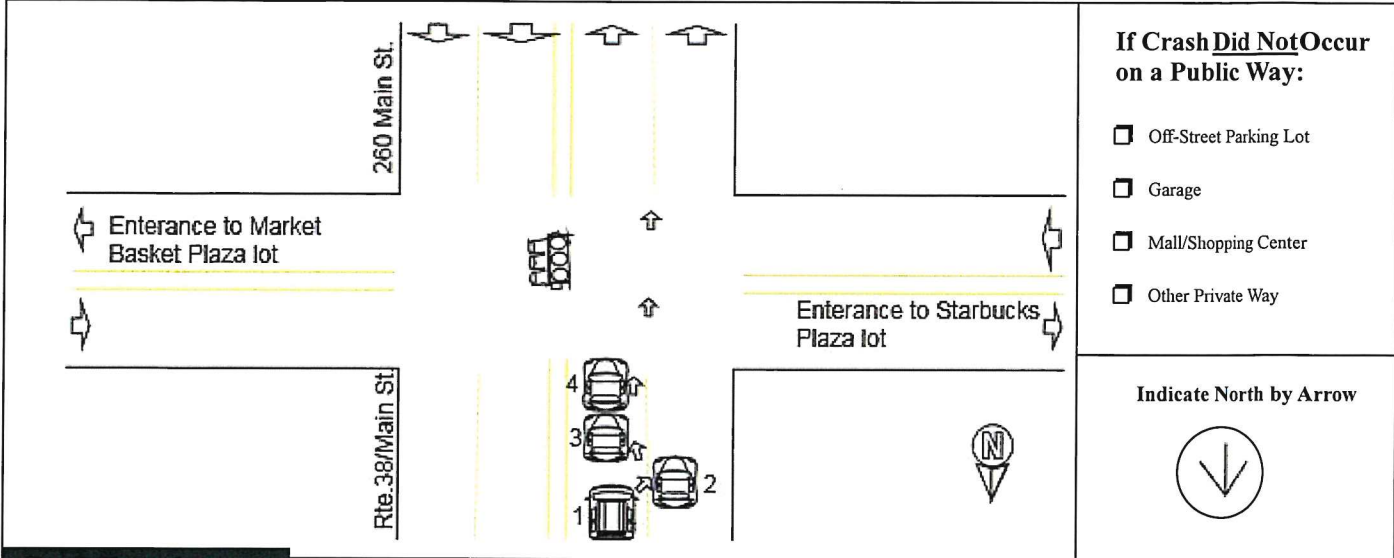
Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **0 26** Towed from scene? **2 33**

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 |
|------------------------------|-----------|-------------------|---------------|--------------|------------------|------------------|---------------|--------------|------------------|-----------------|------------------|
| <b>Operator/Non-Motorist</b> | See Above | <del>XXXXXX</del> | <del>XX</del> | <b>1</b>     | <b>1</b>         | <b>4</b>         | <b>0</b>      | <b>0</b>     | <b>10</b>        | <b>1</b>        |                  |
|                              |           |                   |               |              |                  |                  |               |              |                  |                 |                  |
|                              |           |                   |               |              |                  |                  |               |              |                  |                 |                  |

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

**Crash Diagram:**



**Crash Narrative:**

Op. of MV1, Mike Cherisme, was in the left lane traveling straight on Main St. He attempted to change into the right lane, sideswiped MV2 Op. by Kaylee Calder, and caused her to hit the curb (Front right tire damage). He then sideswiped MV3 Op. by Theresa Gemellaro, and sideswiped MV4 Op. by Kathleen O'Keefe. He then drove away, leaving the scene of an accident. All other involved parties stated that they were stopped at the red light when they were struck by MV1. There were no other passengers inside any of the vehicles. All parties claimed no injuries and refused medical attention. MV2 contacted a private tow. MV3 and MV4 were in drivable condition. See images for photographs of damage to all vehicles. Mr. Cherisme was later located, admitted to the accident, was issued Massachusetts Uniform Citation #T1151594 and will be summons to Woburn District Court for leaving the scene of property damage (See report #19-160-AR).

**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

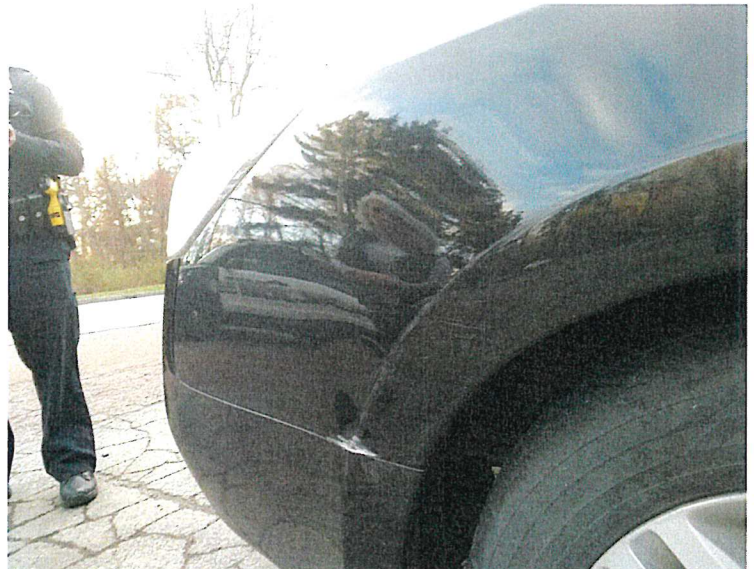
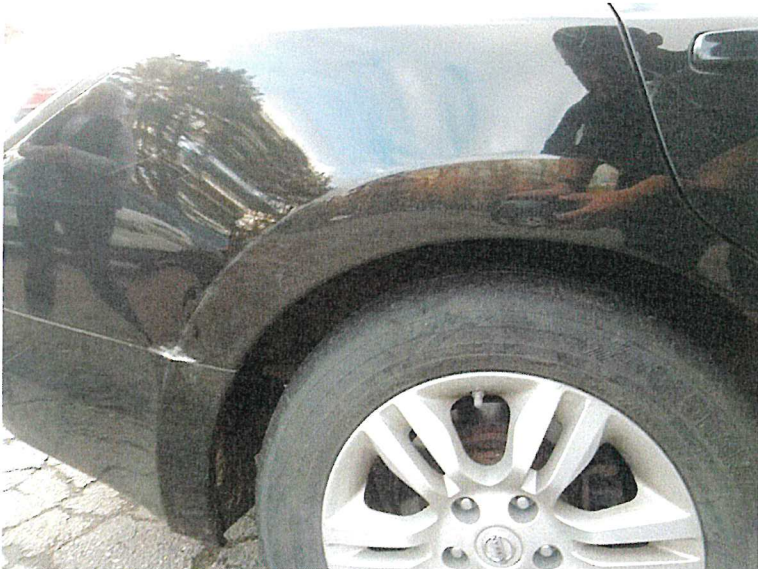
Trailer Reg #: \_\_\_\_\_ Reg Type \_\_\_\_\_ Reg State \_\_\_\_\_ Reg Year \_\_\_\_\_ Trailer Length  46

**Hazmat Information:**

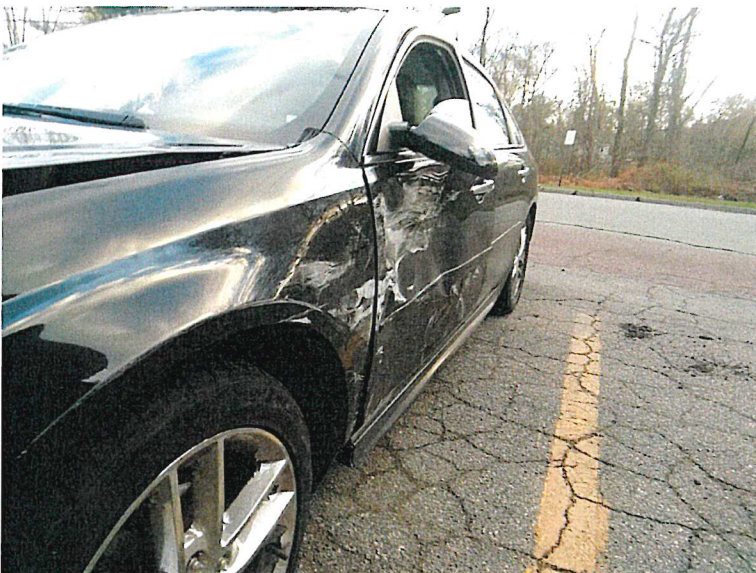
Placard  47    Material 1 digit #  48    Material Name \_\_\_\_\_    Material 4 digit # \_\_\_\_\_    Release code  49

Patrol Officer **Julio J Quiles**    **197**    **Wilmington Police Department**    **04/24/2019**  
 Police Officer Name (Please Print)    Signature    ID/Badge #    Department    Precinct/Barracks    Date

Wilmington Police Department  
Images Associated with 19-155-AC



Wilmington Police Department  
Images Associated with 19-155-AC





Date of Crash 04/25/2019 Time of Crash 1616 24HR City/Town **Wilmington** **Motor Vehicle Crash Police Report** Number Vehicles 2 Number Injured 0 Speed Limit 5 State Police  Local Police  MBTA Police  Campus Police  Other:

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

|   |                           |           |                                     |  |           |           |                        |
|---|---------------------------|-----------|-------------------------------------|--|-----------|-----------|------------------------|
| 1 | Route#                    | Direction | Name of Roadway/Street              | Route#   | Direction | Address # | Name of Roadway/Street |
|   | At                        |           |                                     | 1 <b>PROGRESS WAY</b>  |           |           |                        |
| 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 _____ Mile Marker _____ or _____ Exit Number _____   |           |           |                        |
|   | Also at Intersection with |           |                                     | Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ 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# **19-156-AC**

|   |   |
|---|---|
| License # <b>S25208822</b> St <b>MA</b> DOB/Age _____   | Reg # <b>859WB8</b> Reg Type <b>PC</b> Reg State <b>MA</b>                        |
| Sex <b>M</b> Lic. Class <b>D</b> Lic. Restrictions <b>20</b> CDL _____  | Veh Year <b>2004</b> Veh Make <b>GMC</b> Veh Config. <b>97</b>                    |
| Operator <b>RHAZI, ELMOKHTAR</b>  | Owner <b>RHAZI, ELMOKHTAR</b>   |
| Address <b>34 ROSE ST</b>   | Address <b>34 ROSE ST</b>   |
| City <b>REVERE</b> State <b>MA</b> Zip <b>02151-4409</b>  | City <b>REVERE</b> State <b>MA</b> Zip <b>02151-4409</b>                          |
| Insurance Company <b>COMMERCE INSURANCE</b>   | Vehicle Action Prior to Crash <b>10</b> Damaged Area Code: <b>4 27 27 27</b>      |
| Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <b>2</b> | Event Sequence <b>2 23 23 23 23</b> Test Status: <b>28</b>                        |
| Citation # (If Issued) _____  | Most Harmful Event <b>2 24</b> Type of Test: <b>29</b>                            |
| Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____   | Driver Contributing Code <b>19 25 25</b> BAC Test Result: <b>30</b>               |
| Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____   | Driver Distracted by <b>99</b> Susp. Alcohol: <b>2 31</b> Susp. Drug: <b>2 32</b> |
|   | Towed from scene? <b>2 33</b>   |

| 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 |
|---|-----------|---------|-----|--------------|------------------|------------------|---------------|--------------|------------------|-----------------|------------------|
| <b>Operator</b>   | See Above |         |     | <b>1</b>     | <b>1</b>         | <b>4</b>         | <b>0</b>      | <b>0</b>     | <b>10</b>        | <b>1</b>        |                  |

Please Select One of the Following:  Vehicle 20 Occupants  Non-Motorist A Type  15 Action  16 Location  17 Condition  18  Hit/Run  Moped

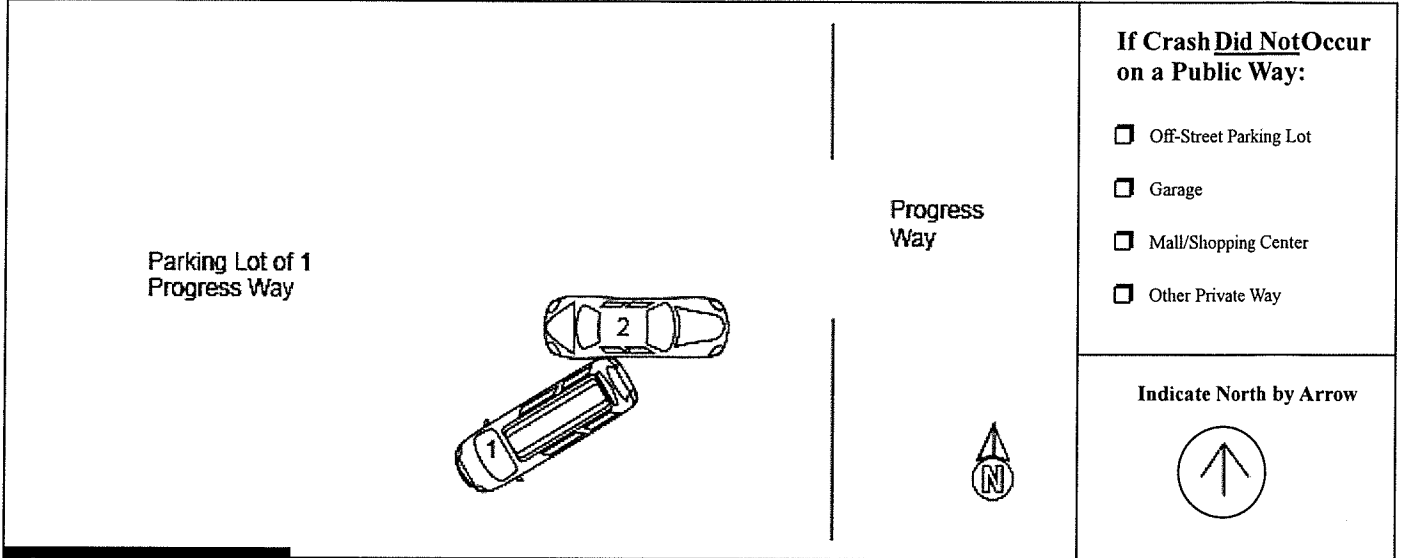
|   |  |
|---|--|
| License # _____ St _____ DOB/Age _____  | Reg # <b>OS22</b> Reg Type <b>PC</b> Reg State <b>MA</b>                         |
| Sex _____ Lic. Class <b>19 19</b> Lic. Restrictions <b>20</b> CDL _____   | Veh Year <b>2018</b> Veh Make <b>MERCURY</b> Veh Config. <b>1</b>                |
| Operator <b>Driverless M.V.</b>   | Owner <b>POTHIER, DEBRA ANN</b>  |
| Address _____   | Address <b>1059 PLEASANT ST</b>  |
| City _____ State _____ Zip _____  | City <b>LEOMINSTER</b> State <b>MA</b> Zip <b>01453-5011</b>                     |
| Insurance Company <b>COMMERCE INSURANCE</b>   | Vehicle Action Prior to Crash <b>11</b> Damaged Area Code: <b>3 27 27 27</b>     |
| Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? <b>2</b> | Event Sequence <b>1 23 23 23 23</b> Test Status: <b>28</b>                       |
| Citation # (If Issued) _____  | Most Harmful Event <b>1 24</b> Type of Test: <b>29</b>                           |
| Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____   | Driver Contributing Code <b>1 25 25</b> BAC Test Result: <b>30</b>               |
| Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____   | Driver Distracted by <b>0</b> Susp. Alcohol: <b>2 31</b> Susp. Drug: <b>2 32</b> |
|   | Towed from scene? <b>2 33</b>  |

| 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 |
|--|-----------|---------|-----|--------------|------------------|------------------|---------------|--------------|------------------|-----------------|------------------|
| <b>Operator/Non-Motorist</b>   | See Above |         |     | <b>1</b>     |                  |                  |               |              |                  |                 |                  |

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

**Crash Diagram:**

ie: →    →    →    →



**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 parked in the lot at 1 Progress Way. MV1 making a delivery at business and backing up. Operator of MV1 stated he didn't notice the other vehicle and backed into it. Damage to right rear door of MV2. Minor damage to rear right bumper of MV1.

**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 P Cavanaugh

195

Wilmington Police Department

04/25/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Date of Crash 04/26/2019 Time of Crash 0641 24HR City/Town **Wilmington** **Motor Vehicle Crash Police Report** Number Vehicles 2 Number Injured 0 Speed Limit 25 State Police Local Police MBTA Police Campus Police Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

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

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

3 Route# Direction Name of Intersecting Roadway/Street

2 10

2 11

Please Select One of the Following:  Vehicle 1 #Occupants  Hit/Run  Moped Crash Report ID# **19-157-AC**

License # **NHL16323024** St **NH** DOB/Age \_\_\_\_\_ Reg # **4408167** Reg Type **PC** Reg State **NH**

Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL \_\_\_\_\_ Veh Year **2003** Veh Make **CHEVROLET** Veh Config. **1** 21

Operator **BARTLETT, JAMES JOSEPH** Owner **BARTLETT, JAMES JOSEPH**

4 5 Address **37 FORDWAY ST** Address **37 FORDWAY ST**

City **ATKINSON** State **NH** Zip **030382624** City **ATKINSON** State **NH** Zip **030382624**

Insurance Company \_\_\_\_\_ Vehicle Action Prior to Crash **2** 22 Damaged Area Code: **5** 27 27 27

5 1 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**

6 2 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 |
|--------------------------|-----------|---------|-----|--------------|------------------|------------------|---------------|--------------|------------------|-----------------|------------------|
| <b>Operator</b>          | See Above |         |     | <b>1</b>     | <b>1</b>         | <b>4</b>         | <b>0</b>      | <b>0</b>     | <b>10</b>        | <b>1</b>        |                  |
|                          |           |         |     |              |                  |                  |               |              |                  |                 |                  |
|                          |           |         |     |              |                  |                  |               |              |                  |                 |                  |

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

License # **S78759863** St **MA** DOB/Age \_\_\_\_\_ Reg # **6GD232** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL \_\_\_\_\_ Veh Year **2018** Veh Make **HONDA** Veh Config. **1** 21

Operator **JIMENEZ, LUIS A JR** Owner **JIMENEZ, LUIS A JR**

8 4 Address **27 VICTOR ST** Address **27 VICTOR ST**

City **HAVERHILL** State **MA** Zip **01832-0000** City **HAVERHILL** State **MA** Zip **01832-0000**

Insurance Company **PROGRESSIVE DIRECT** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **1** 27 27 27

9 2 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 **20** 25 25 BAC Test Result: **30**

Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **7** 26 Susp. Alcohol: **31** Susp. Drug: **32**

Towed from scene? **2** 33

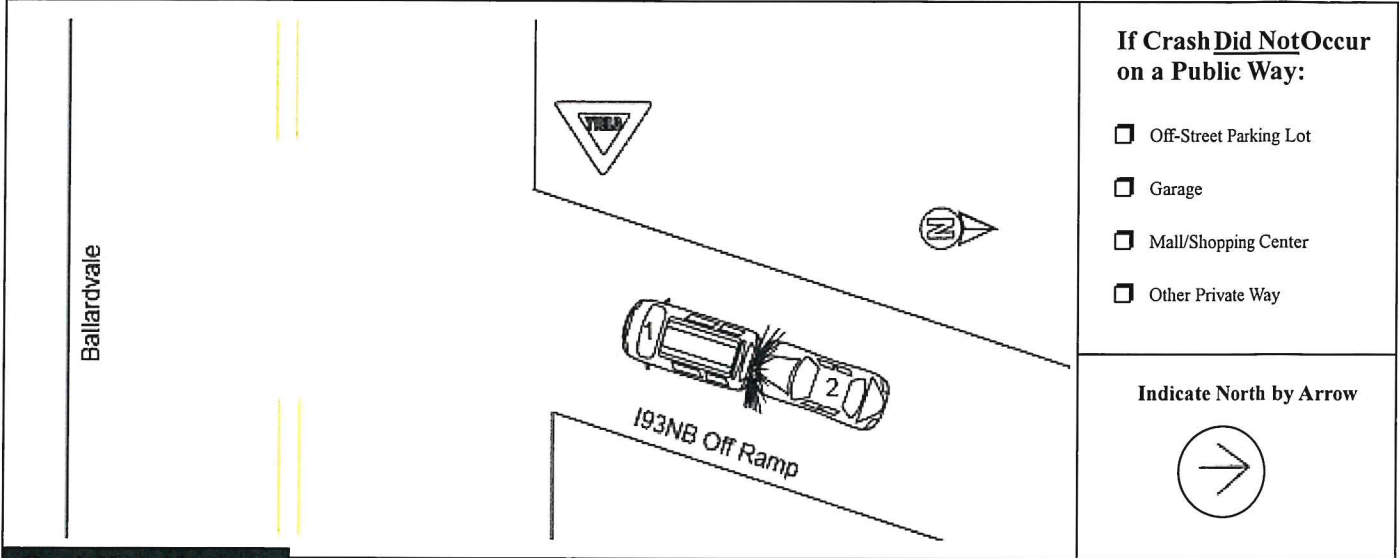
Please fill out for operator/non-motorist and all occupants involved

| 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 |
|------------------------------|-----------|---------|-----|--------------|------------------|------------------|---------------|--------------|------------------|-----------------|------------------|
| <b>Operator/Non-Motorist</b> | See Above |         |     | <b>1</b>     | <b>1</b>         | <b>4</b>         | <b>0</b>      | <b>0</b>     | <b>10</b>        | <b>1</b>        |                  |
|                              |           |         |     |              |                  |                  |               |              |                  |                 |                  |
|                              |           |         |     |              |                  |                  |               |              |                  |                 |                  |

→ = 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:**

On 04/26/19 at 0648hrs car 1 while coming to a stop at the end of the I93 NB off ramp to Ballardvale St. was rear-ended by Car 2. The operator of car 2 explained a state police cruiser was passing by and distracted him. He said he watched the cruiser pass by on Ballardvale and then proceeded to rear end car 1.

**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      04/26/2019

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

Wilmington Police Department  
Images Associated with 19-157-AC

