

<b>Police Use Only</b>		<b>Commonwealth of Massachusetts</b>				<b>RMV Document Number</b>								
Date of Crash 05/14/2019	Time of Crash 1433 24HR	City/Town <b>Wilmington</b>		<b>Motor Vehicle Crash Police Report</b>		Number Vehicles <b>3</b>	Number Injured <b>1</b>	Speed Limit <b>30</b>	State Police <input type="checkbox"/> Local Police <input type="checkbox"/> MBTA Police <input type="checkbox"/> Campus Police <input type="checkbox"/> Other: <input type="checkbox"/>					
<b>AT INTERSECTION:</b>			<b>&lt; LOCATION &gt;</b>	<b>NOT AT INTERSECTION:</b>										
Route# _____ Direction _____ Name of Roadway/Street _____			Route# <b>668</b> Direction _____ Address # <b>MAIN ST</b> Name of Roadway/Street _____											
At _____			_____ Feet <b>N S E W</b> of _____ or _____											
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			_____ Feet _____ Mile Marker _____ Exit Number _____											
Also at Intersection with _____			_____ Feet <b>N S E W</b> of _____											
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			Route# _____ Intersecting Roadway/Street _____											
			Landmark _____											
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle <b>1</b> #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Crash Report ID# <b>19-167-AC</b>							
License # <b>S62978940</b> St <b>MA</b> DOB/Age _____			Reg # <b>8RHK30</b> Reg Type <b>PC</b> Reg State <b>MA</b>											
Sex <b>M</b> Lic. Class <b>D</b> Lic. Restrictions <b>1</b> CDL _____			Veh Year <b>2010</b> Veh Make <b>CHEVROLET</b> Veh Config. <b>1</b>											
Operator <b>SCOLASTICO, DAVID B</b>			Owner <b>SCOLASTICO, DAVID B</b>											
Address <b>14 ELIZABETH DR</b>			Address <b>14 ELIZABETH DR</b>											
City <b>WILMINGTON</b> State <b>MA</b> Zip <b>01887-3397</b>			City <b>WILMINGTON</b> State <b>MA</b> Zip <b>01887-3397</b>											
Insurance Company <b>COMMERCE INSURANCE</b>			Vehicle Action Prior to Crash <b>2</b>		Damaged Area Code: <b>7 27 27 27</b>									
Vehicle Travel Direction: <b>N S X W</b> Responding to Emergency? <b>2</b>			Event Sequence <b>1 23 23 23 23</b>		Test Status: <b>1 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>1 30</b>									
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____			Driver Distracted by <b>0 26</b>		Susp. Alcohol: <b>2 31</b> Susp. Drug: <b>2 32</b>									
					Towed from scene? <b>1 33</b>									
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>XXXX</del>	<del>XX</del>	<b>1</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>8</b>	<b>2</b>	<b>Lahey Clinic</b>
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle <b>2</b> #Occupants			<input type="checkbox"/> Non-Motorist A		Type <b>15</b>	Action <b>16</b>	Location <b>17</b>	Condition <b>18</b>	<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped			
License # <b>S62835496</b> St <b>MA</b> DOB/Age _____			Reg # <b>28J670</b> Reg Type <b>PC</b> Reg State <b>MA</b>											
Sex <b>F</b> Lic. Class <b>D</b> Lic. Restrictions <b>1</b> CDL _____			Veh Year <b>2005</b> Veh Make <b>GMC</b> Veh Config. <b>1</b>											
Operator <b>PIKE, SABRINA J</b>			Owner <b>BERGERON, ANDREW</b>											
Address <b>14 MINCHIN DR</b>			Address <b>19 ALFRED ST</b>											
City <b>WOBURN</b> State <b>MA</b> Zip <b>01801</b>			City <b>WOBURN</b> State <b>MA</b> Zip <b>01801-1958</b>											
Insurance Company <b>GOVT EMPLOYEE INS</b>			Vehicle Action Prior to Crash <b>1</b>		Damaged Area Code: <b>7 27 27 27</b>									
Vehicle Travel Direction: <b>N X E W</b> Responding to Emergency? <b>2</b>			Event Sequence <b>1 23 23 23 23</b>		Test Status: <b>1 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>1 30</b>									
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____			Driver Distracted by <b>0 26</b>		Susp. Alcohol: <b>31</b> Susp. Drug: <b>2 32</b>									
					Towed from scene? <b>1 33</b>									
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>XXXX</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>	

**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 \_\_\_\_\_ or \_\_\_\_\_ Mile Marker Exit Number

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

Feet  N  S  E  W of \_\_\_\_\_ Landmark

Please Select One of the Following:  Vehicle 3 1 #Occupants  Hit/Run  Moped Crash Report ID# **19-167-AC**

License # **S25263734** St **MA** DOB/Age \_\_\_\_\_ Reg # **8SN795** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL \_\_\_\_\_ Veh Year **2016** Veh Make **BMW** Veh Config. **1** 21

Operator **SINGH, AMANPREET** Owner **SINGH, AMANPREET**

Address **83 FOREST PARK RD** Address **83 FOREST PARK RD**

City **WOBURN** State **MA** Zip **01801-2469** City **WOBURN** State **MA** Zip **01801-2469**

Insurance Company **GOVT EMPLOYEE INS** Vehicle Action Prior to Crash **6** 22 Damaged Area Code: 0 27 27 27

Vehicle Travel Direction:  N  S  E  W Responding to Emergency? 2 Event Sequence 1 23 23 23 23 Test Status: 1 28

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

Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code 4 25 25 BAC Test Result: 1 30

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

Towed from scene? 2 33

Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<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>	

Please Select One of the Following:  Vehicle 4 #Occupants  Non-Motorist A Type 15 Action 16 Location 17 Condition 18  Hit/Run  Moped

License # \_\_\_\_\_ St \_\_\_\_\_ DOB/Age \_\_\_\_\_ Reg # \_\_\_\_\_ Reg Type \_\_\_\_\_ Reg State \_\_\_\_\_

Sex \_\_\_\_\_ Lic. Class 19 19 Lic. Restrictions 20 CDL \_\_\_\_\_ Veh Year \_\_\_\_\_ Veh Make \_\_\_\_\_ Veh Config. 21

Operator \_\_\_\_\_ Owner \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Vehicle Travel Direction:  N  S  E  W Responding to Emergency? \_\_\_\_\_ Event Sequence 23 23 23 23 Test Status: 28

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

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

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

Towed from scene? 33

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



Date of Crash 05/15/2019 Time of Crash 1444 24HR City/Town **Wilmington** **Motor Vehicle Crash Police Report** Number Vehicles 2 Number Injured 0 Speed Limit 35 State Police  Local Police  MBTA Police  Campus Police  Other

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

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 Route# Intersecting Roadway/Street

2 Route# Direction Name of Intersecting Roadway/Street

260 MAIN ST  
WILMINGTON PLAZA

Please Select One of the Following:  Vehicle 1 Occupants  Hit/Run  Moped Crash Report ID# **19-168-AC**

License # **S61757114** St **MA** DOB/Age \_\_\_\_\_ Reg # **RS99AV** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** Lic. Restrictions **2** CDL \_\_\_\_\_ Veh Year **2012** Veh Make **NISSAN** Veh Config. **1**

Operator **CARDOOS, GWENDOLYN A** Owner **MAGUIRE, THOMAS ROBERT III**

Address **10 WEST DEXTER AVE** Address **10 WEST DEXTER AVE**

City **WOBURN** State **MA** Zip **01801-0000** City **WOBURN** State **MA** Zip **01801-1618**

Insurance Company **CITIZENS INSURANCE** Vehicle Action Prior to Crash **4** Damaged Area Code: **1 27 10 27 5 27**

Vehicle Travel Direction: **N E W** Responding to Emergency? **2** Event Sequence **1 23 23 23 23 35 1 23 23** Test Status: **28**

Citation # (If Issued) \_\_\_\_\_ Most Harmful Event **35 24** Type of Test: **29**

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

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

Towed from scene? **1 33**

Please fill out for operator and all occupants involved		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>	<b>1</b>	<b>1</b>	<b>2</b>	<b>0</b>	<b>1</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 # **S11520600** St **MA** DOB/Age \_\_\_\_\_ Reg # **3CVC30** Reg Type **PC** Reg State **MA**

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

Operator **FRANCE, DANIELLE L** Owner **FRANCE, DANIELLE L**

Address **87 MAGOUN AVE** Address **87 MAGOUN AVE**

City **MEDFORD** State **MA** Zip **02155-4852** City **MEDFORD** State **MA** Zip **02155-4852**

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

Vehicle Travel Direction: **N E W** Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **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 **0 26** Susp. Alcohol: **31** Susp. Drug: **32**

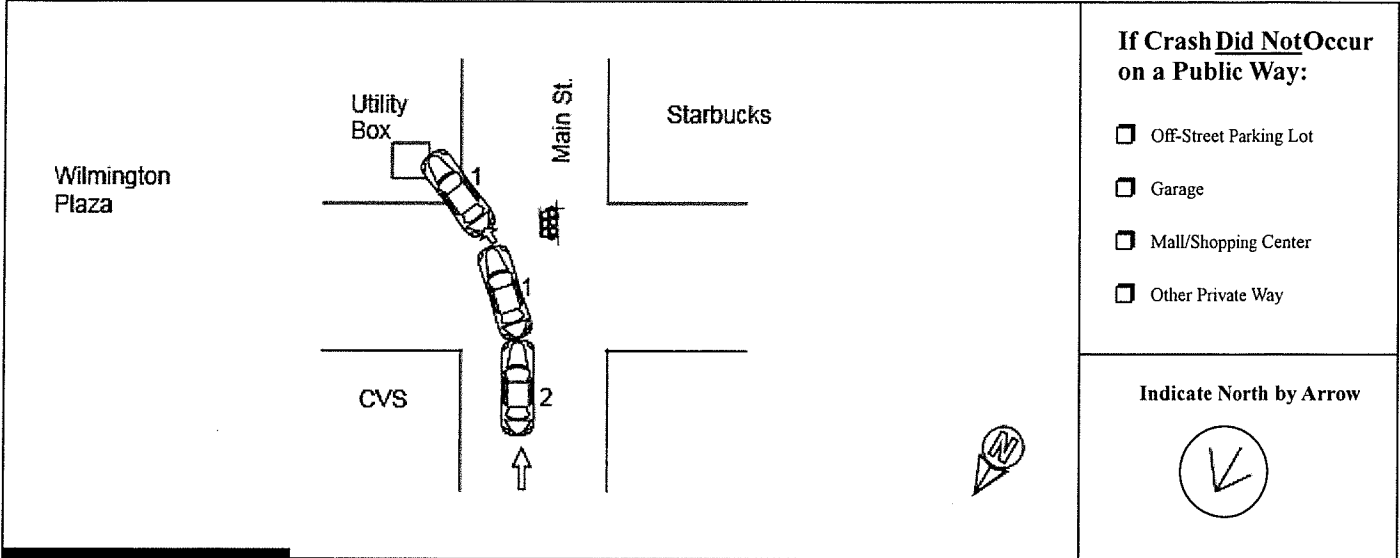
Towed from scene? **2 33**

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

ie: → 1 → 2 → ○ → ○



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

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

Indicate North by Arrow



**Crash Narrative:**

Vehicle # 1 was in the process of making a left turn into the entrance to the Wilmington Plaza when it was struck from behind by vehicle # 2. Vehicle # 1 accelerated after being struck and drove into a utility box located in a ditch at the corner of th plaza entrance. After making impact with the utility box, vehicle # 1 turned onto its right side and came to rest beside the destroyed utility box and concrete base.

**Witnesses:**

Name (Last,First,Middle)	Address	Phone #	Statement
DOWNES JOHN	114 HILL ST Apt. #6 STONEHAM MA 02180-3742		

**Property Damage:**

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
MASS DOT	519 APPLETON ST ARLINGTON MA 02476		1	UTILITIES BOX WITH CONCRETE BASE

**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

Sergeant David J Bradbury

158

Wilmington Police Department

05/15/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Date of Crash 05/15/2019 Time of Crash 1611 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

2 Route# Direction Name of Intersecting Roadway/Street

3 Route# Direction Name of Intersecting Roadway/Street

4 Route# Direction Name of Intersecting Roadway/Street

5 Route# Direction Name of Intersecting Roadway/Street

6 Route# Direction Name of Intersecting Roadway/Street

7 Route# Direction Name of Intersecting Roadway/Street

8 Route# Direction Name of Intersecting Roadway/Street

9 Route# Direction Name of Intersecting Roadway/Street

10 Route# Direction Name of Roadway/Street

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

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

13 Feet [N] [S] [E] [W] of Landmark

Please Select One of the Following:  Vehicle 1 Occupants  Hit/Run  Moped Crash Report ID# **19-169-AC**

License # **S15512466** St **MA** DOB/Age \_\_\_\_\_ Reg # **4XG142** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL \_\_\_\_\_ Veh Year **2009** Veh Make **FORD** Veh Config. **1** 21

Operator **TEMPESTA, MICHELLE M** Owner **TEMPESTA, MICHELLE M**

Address **10 RANCH RD APT B** Address **10 RANCH RD APT B**

City **WILMINGTON** State **MA** Zip **01887-3217** City **WILMINGTON** State **MA** Zip **01887-3217**

Insurance Company **GEICO GENERAL INS** Vehicle Action Prior to Crash **4** 22 Damaged Area Code: **6** 27 27 27

Vehicle Travel Direction: **[N] [S] [X] [W]** Responding to Emergency? **2** Event Sequence **1** 23 23 23 23 Test Status: **1** 28

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

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

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

Towed from scene? **2** 33

Please fill out for operator and all occupants involved

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>X</del>	<b>1</b>	<b>0</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 # **S83560598** St **MA** DOB/Age \_\_\_\_\_ Reg # \_\_\_\_\_ Reg Type \_\_\_\_\_ Reg State \_\_\_\_\_

Sex **M** Lic. Class **99** 19 19 Lic. Restrictions **20** CDL \_\_\_\_\_ Veh Year \_\_\_\_\_ Veh Make \_\_\_\_\_ Veh Config. **15** 21

Operator **TANGUAY, DEVEN MICHAEL** Owner **TANGUAY, DEVEN MICHAEL**

Address **52 WHITE ST** Address **52 WHITE ST**

City **BOSTON** State **MA** Zip **02128-1350** City **BOSTON** State **MA** Zip **02128-1350**

Insurance Company \_\_\_\_\_ Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **11** 27 27 27

Vehicle Travel Direction: **[N] [S] [E] [X]** 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 **99** 25 25 BAC Test Result: **1** 30

Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **99** 26 Susp. Alcohol: **2** 31 Susp. Drug: **2** 32

Towed from scene? **2** 33

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

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>X</del>	<b>1</b>	<b>0</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	



Police Use Only		<b>Commonwealth of Massachusetts</b>				RMV Document Number				
Date of Crash 05/15/2019	Time of Crash 1619 24HR	City/Town <b>Wilmington</b>		<b>Motor Vehicle Crash Police Report</b>		Number Vehicles 4	Number Injured 1	Speed Limit <u>35</u>	State Police <input type="checkbox"/>	Local Police <input type="checkbox"/>
								Latitude _____	MBTA Police <input type="checkbox"/>	Campus Police <input type="checkbox"/>
								Longitude _____	Other: _____	

AT INTERSECTION:	< LOCATION >	NOT AT INTERSECTION:
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Route# _____ Direction _____ Name of Roadway/Street _____ At _____ Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____ Route# _____ Direction _____ Name of Intersecting Roadway/Street _____	Route# _____ Direction _____ Address # <u>310</u> Name of Roadway/Street <u>MIDDLESEX AVE</u> _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____ Mile Marker _____ Exit Number _____ _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____ _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____
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Please Select One of the Following:	<input checked="" type="checkbox"/> Vehicle <u>1</u> #Occupants	<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped	Crash Report ID# <b>19-170-AC</b>
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License # <u>S73569718</u> St <u>MA</u> DOB/Age _____ Sex <u>F</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL _____ Operator <u>WILLIAMS, ALEXA J</u> Address <u>2 BALAND RD</u> City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-1101</u> Insurance Company <u>ARBELLA MUTUAL INS</u> Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? <u>2</u> Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # <u>5HR838</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2016</u> Veh Make <u>MITSUBISHI</u> Veh Config. <u>1</u> <u>21</u> Owner <u>WILLIAMS, DAVID JAMES</u> Address <u>2 BALAND RD</u> City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-1101</u> Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>1</u> <u>27</u> <u>27</u> <u>27</u> Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u> Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>1</u> <u>29</u> Driver Contributing Code <u>99</u> <u>25</u> <u>25</u> BAC Test Result: <u>1</u> <u>30</u> 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>
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Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator</b>	See Above	<del>XXXXXX</del>	<del>XX</del>	1	99	1	1	0	10	1	

Please Select One of the Following:	<input checked="" type="checkbox"/> Vehicle <u>2</u> #Occupants	<input type="checkbox"/> Non-Motorist A	Type <u>15</u> Action <u>16</u> Location <u>17</u> Condition <u>18</u>	<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped
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License # <u>S68810951</u> St <u>MA</u> DOB/Age _____ Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL _____ Operator <u>PIERCE, BRIAN C</u> Address <u>147 MAIN ST</u> City <u>N READING</u> State <u>MA</u> Zip <u>01864-3101</u> Insurance Company <u>HANOVER INSURANCE</u> Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? <u>2</u> Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # <u>7HA223</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>1998</u> Veh Make <u>CHEVROLET</u> Veh Config. <u>1</u> <u>21</u> Owner <u>PIERCE, BRIAN C</u> Address <u>147 MAIN ST</u> City <u>N READING</u> State <u>MA</u> Zip <u>01864-3101</u> Vehicle Action Prior to Crash <u>2</u> <u>22</u> Damaged Area Code: <u>1</u> <u>27</u> <u>5</u> <u>27</u> <u>27</u> Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u> Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>1</u> <u>29</u> Driver Contributing Code <u>99</u> <u>25</u> <u>25</u> BAC Test Result: <u>1</u> <u>30</u> 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>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>XXXXXX</del>	<del>XX</del>	1	99	1	1	0	8	2	Winchester Hospital



**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

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

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

Feet **N S E W** of \_\_\_\_\_ Landmark

Please Select One of the Following:  Vehicle 31 #Occupants  Hit/Run  Moped Crash Report ID# **19-170-AC**

License # **S10238222** St **MA** DOB/Ag \_\_\_\_\_ Reg # **1TK995** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** Lic. Restrictions **1** CDL \_\_\_\_\_ Veh Year **1999** Veh Make **VOLKSWAGEN** Veh Config. **1**

Operator **MANNING, JANET M** Owner **DERRICKSON, EDWARD J**

Address **16 WINTER ST** Address **16 WINTER ST**

City **WILMINGTON** State **MA** Zip **01887-1710** City **WILMINGTON** State **MA** Zip **01887-0000**

Insurance Company **COMMERCE INSURANCE** Vehicle Action Prior to Crash **2** Damaged Area Code: **1 27 5 27 27**

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

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

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

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

Towed from scene? **1 33**

Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator</b>	See Above			<b>1</b>	<b>99</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 # **S70862943** St **MA** DOB/Ag \_\_\_\_\_ Reg # **8RAJ60** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** Lic. Restrictions **1** CDL \_\_\_\_\_ Veh Year **2014** Veh Make **NISSAN** Veh Config. **1**

Operator **EK, MARGARET C** Owner **EK, MARGARET C**

Address **25 VALE ST** Address **25 VALE ST**

City **TEWKSBURY** State **MA** Zip **01876-1533** City **TEWKSBURY** State **MA** Zip **01876-1533**

Insurance Company **COMMERCE INSURANCE** Vehicle Action Prior to Crash **2** Damaged Area Code: **5 27 27 27**

Vehicle Travel Direction: **N S X 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/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>99</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	



Date of Crash 05/15/2019	Time of Crash 1802 24HR	City/Town Wilmington	<b>Motor Vehicle Crash Police Report</b>	Number Vehicles 1	Number Injured 0	Speed Limit <u>25</u>	State Police <input type="checkbox"/> Local Police <input type="checkbox"/> MBTA Police <input type="checkbox"/> Campus Police <input type="checkbox"/> Other: <input type="checkbox"/>
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**AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:**

<p>Route# <u>          </u> Direction <u>          </u> Name of Roadway/Street <u>SHAWSHEEN AVE</u></p> <p style="text-align: center;">At</p> <p>Route# <u>          </u> Direction <u>          </u> Name of Intersecting Roadway/Street <u>NICHOLS ST</u></p> <p style="text-align: center;">Also at Intersection with</p> <p>Route# <u>          </u> Direction <u>          </u> Name of Intersecting Roadway/Street</p>	<p>Route# <u>          </u> Direction <u>          </u> Address # <u>          </u> Name of Roadway/Street</p> <p>Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of <u>          </u> • <u>          </u> or <u>          </u></p> <p style="text-align: center;">Mile Marker <u>          </u> Exit Number <u>          </u></p> <p>Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of <u>          </u></p> <p>Route# <u>          </u> Intersecting Roadway/Street <u>          </u></p> <p>Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of <u>          </u></p> <p style="text-align: center;">Landmark <u>          </u></p>
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Please Select One of the Following:  Vehicle 1 #Occupants  Hit/Run  Moped Crash Report ID# **19-171-AC**

License # <u>3576123</u> St <u>AL</u> DOB/Age <u>          </u> Sex <u>M</u> Lic. Class <u>A</u> <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL <u>H</u> Operator <u>CLARKE, OLLIE</u> Address <u>1310 AIR TERMINAL DR</u> City <u>MOBILE</u> State <u>AL</u> Zip <u>36695-6133</u> Insurance Company <u>GREAT WEST CASUALTY</u> Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u> Citation # (If Issued) <u>          </u> Viol. 1: Ch/Sec/Sub <u>          </u> Viol. 2: Ch/Sec/Sub <u>          </u> Viol. 3: Ch/Sec/Sub <u>          </u> Viol. 4: Ch/Sec/Sub <u>          </u>	Reg # <u>A435615</u> Reg Type <u>AP</u> Reg State <u>MS</u> Veh Year <u>2017</u> Veh Make <u>Other-not listed</u> Veh Config. <u>10</u> <u>21</u> Owner <u>WRIGHT TRANSPORTATION INC</u> Address <u>5509 INDUSTRIAL RD</u> City <u>PASCAGOULA</u> State <u>MS</u> Zip <u>39581</u> Vehicle Action Prior to Crash <u>8</u> <u>22</u> Damaged Area Code: <u>0</u> <u>27</u> <u>27</u> <u>27</u> Event Sequence <u>35</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u> Most Harmful Event <u>35</u> <u>24</u> Type of Test: <u>29</u> Driver Contributing Code <u>9</u> <u>25</u> <u>25</u> BAC Test Result: <u>1</u> <u>30</u> Driver Distracted by <u>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>2</u> <u>33</u>
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Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator</b>	See Above	<del>          </del>	<del>          </del>	<u>1</u>	<u>99</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	

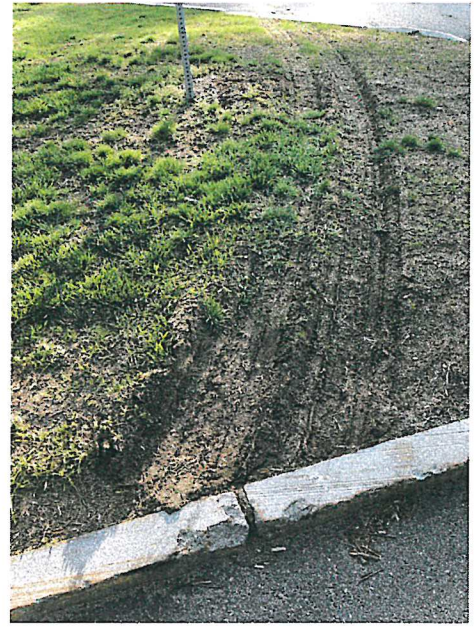
Please Select One of the Following:  Vehicle 2 #Occupants  Non-Motorist A Type 15 Action 16 Location 17 Condition 18  Hit/Run  Moped

License # <u>          </u> St <u>          </u> DOB/Age <u>          </u> Sex <u>          </u> Lic. Class <u>          </u> <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL <u>          </u> Operator <u>          </u> Address <u>          </u> City <u>          </u> State <u>          </u> Zip <u>          </u> Insurance Company <u>          </u> Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>          </u> Citation # (If Issued) <u>          </u> Viol. 1: Ch/Sec/Sub <u>          </u> Viol. 2: Ch/Sec/Sub <u>          </u> Viol. 3: Ch/Sec/Sub <u>          </u> Viol. 4: Ch/Sec/Sub <u>          </u>	Reg # <u>          </u> Reg Type <u>          </u> Reg State <u>          </u> Veh Year <u>          </u> Veh Make <u>          </u> Veh Config. <u>21</u> Owner <u>          </u> Address <u>          </u> City <u>          </u> State <u>          </u> Zip <u>          </u> Vehicle Action Prior to Crash <u>22</u> Damaged Area Code: <u>27</u> <u>27</u> <u>27</u> Event Sequence <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>28</u> Most Harmful Event <u>24</u> Type of Test: <u>29</u> Driver Contributing Code <u>25</u> <u>25</u> BAC Test Result: <u>30</u> Driver Distracted by <u>26</u> Susp. Alcohol: <u>31</u> Susp. Drug: <u>32</u> Towed from scene? <u>33</u>
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Please fill out for operator/non-motorist and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator/Non-Motorist</b>	See Above	<del>          </del>	<del>          </del>	<u>1</u>							



Wilmington Police Department  
Images Associated with 19-171-AC



Date of Crash 05/16/2019	Time of Crash 0916 24HR	City/Town <b>Wilmington</b>	<b>Motor Vehicle Crash Police Report</b>	Number Vehicles 2	Number Injured 0	Speed Limit <u>35</u>	State Police <input type="checkbox"/>
						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><b>INDUSTRIAL WAY</b></p> <p>Route# _____ Direction _____ Name of Roadway/Street _____</p> <p style="text-align: center;">At _____</p> <p><b>WEST ST</b></p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p> <p style="text-align: center;">Also at Intersection with _____</p>	<p>Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____</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>_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____</p> <p style="text-align: center;">Route# _____ Intersecting Roadway/Street _____</p> <p style="text-align: center;">Landmark _____</p>
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Please Select One of the Following:  Vehicle 1 #Occupants  Hit/Run  Moped Crash Report ID# **19-172-AC**

License # <b>S39757896</b> St <b>MA</b> DOB/Age _____ Sex <b>M</b> Lic. Class <b>D</b> <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____ Operator <b>MARTINEZ, JOSE L</b> Address <b>89 CROSS ST</b> City <b>LAWRENCE</b> State <b>MA</b> Zip <b>01841-3531</b> Insurance Company <b>PROTECTIVE INS CO</b> Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u> Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # <b>T30636</b> Reg Type <b>CO</b> Reg State <b>MA</b> Veh Year <b>2017</b> Veh Make <b>Other-not listed</b> Veh Config. <u>2</u> <u>21</u> Owner <b>MGD INC</b> Address <b>ZERO PARK DR</b> City <b>BURLINGTON</b> State <b>MA</b> Zip <b>01810-0000</b> Vehicle Action Prior to Crash <u>3</u> <u>22</u> Damaged Area Code: <u>3</u> <u>27</u> <u>27</u> <u>27</u> Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>28</u> Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u> Driver Contributing Code <u>1</u> <u>25</u> <u>25</u> BAC Test Result: <u>30</u> Driver Distracted by <u>0</u> <u>26</u> Susp. Alcohol: <u>31</u> Susp. Drug: <u>32</u> Towed from scene? <u>2</u> <u>33</u>
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Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator</b>	See Above	<del>XXXXXX</del>	<del>X</del>	1	1	4	0	0	10	1	

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

License # <b>S55705228</b> St <b>MA</b> DOB/Age _____ Sex <b>M</b> Lic. Class <b>D</b> <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____ Operator <b>SANTIAGO, FRANCISCO</b> Address <b>7 CHELMSFORD ST APT FL1</b> City <b>METHUEN</b> State <b>MA</b> Zip <b>01844-4333</b> Insurance Company <b>AMERICAN FIRE CASU</b> Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u> Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # <b>7LP368</b> Reg Type <b>PC</b> Reg State <b>MA</b> Veh Year <b>2018</b> Veh Make <b>TOYOTA</b> Veh Config. <u>1</u> <u>21</u> Owner <b>FLEET INSTALLATIONS INC</b> Address <b>65C INDUSTRIAL WAY</b> City <b>WILMINGTON</b> State <b>MA</b> Zip <b>01887-3499</b> Vehicle Action Prior to Crash <u>3</u> <u>22</u> Damaged Area Code: <u>8</u> <u>27</u> <u>27</u> <u>27</u> Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>28</u> Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u> Driver Contributing Code <u>97</u> <u>25</u> <u>25</u> BAC Test Result: <u>30</u> Driver Distracted by <u>0</u> <u>26</u> Susp. Alcohol: <u>31</u> Susp. Drug: <u>32</u> Towed from scene? <u>2</u> <u>33</u>
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Please fill out for operator/non-motorist and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator/Non-Motorist</b>	See Above	<del>XXXXXX</del>	<del>X</del>	1	1	4	0	0	10	1	



AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1 **MAIN ST** Route# Direction Name of Roadway/Street

At

2 **BUTTERSROW** Route# Direction Name of Intersecting Roadway/Street

Also at Intersection with

3 Route# Direction Name of Intersecting Roadway/Street

Route# Direction Address # Name of Roadway/Street

Feet  N  S  E  W of \_\_\_\_\_ or \_\_\_\_\_

Mile Marker \_\_\_\_\_ Exit Number \_\_\_\_\_

Feet  N  S  E  W of \_\_\_\_\_

Route# \_\_\_\_\_ Intersecting Roadway/Street \_\_\_\_\_

Feet  N  S  E  W of \_\_\_\_\_

Landmark \_\_\_\_\_

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

Crash Report ID# **19-173-AC**

License # **S56819395** St **MA** DOB/Age \_\_\_\_\_ Reg # **7306HW** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL \_\_\_\_\_ Veh Year **2011** Veh Make **KIA** Veh Config. **1** 21

Operator **CASALINUOVO, SUSAN L** Owner **CASALINUOVO, MICHAEL R**

Address **3 ARCHSTONE CIR APT 410** Address **3 ARCHSTONE CIR**

City **READING** State **MA** Zip **01867-3799** City **READING** State **MA** Zip **01867-3799**

Insurance Company **GOVT EMPLOYEE INS**

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

Event Sequence **1** 23 23 23 23

Most Harmful Event **1** 24

Driver Contributing Code **1** 25 25

Driver Distracted by **0** 26

Damaged Area Code: **3** 27 27 27

Test Status: **1** 28

Type of Test: **1** 29

BAC Test Result: **1** 30

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	<del>XXXXXX</del>	<del>X</del>	<b>1</b>	<b>0</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 # **S42652830** St **MA** DOB/Age \_\_\_\_\_ Reg # **EV522N** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **99** 19 19 Lic. Restrictions **1** 20 CDL \_\_\_\_\_ Veh Year **2018** Veh Make \_\_\_\_\_ Veh Config. **1** 21

Operator **DEVINCENTIS, JOSEPH WILLIAM JR** Owner **GORITYALA, SANTHOSH KUMAR**

Address **12 SAUNDERS ST** Address **321 MADISON PL**

City **SALEM** State **MA** Zip **01970-3955** City **SHREWSBURY** State **MA** Zip **01545-4286**

Insurance Company **LM GENERAL**

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

Event Sequence **1** 23 23 23 23

Most Harmful Event **1** 24

Driver Contributing Code **4** 25 25

Driver Distracted by **99** 26

Damaged Area Code: **2** 27 27 27

Test Status: **1** 28

Type of Test: **1** 29

BAC Test Result: **1** 30

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

Towed from scene? **1** 33

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

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>X</del>	<b>1</b>	<b>0</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	
<b>VALERIE CALAMESE</b>	<b>12 SAUNDERS ST SALEM, MA 01970-3955</b>		<b>F</b>	<b>3</b>	<b>0</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	





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

1 1 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

2 1 Route# Direction Name of Intersecting Roadway/Street

Route# Direction Name of Roadway/Street

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

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

Feet N S E W of \_\_\_\_\_ Landmark

Please Select One of the Following:  Vehicle 12 #Occupants  Hit/Run  Moped Crash Report ID# **19-174-AC**

License # **S51317298** St **MA** DOB/Age \_\_\_\_\_ Reg # **2VF227** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **99** 20 CDL \_\_\_\_\_ Veh Year **2015** Veh Make **NISSAN** Veh Config. **2** 21

Operator **CORNELL, JESSICA L** Owner **CORNELL, JESSICA L**

Address **3 RING AVE** Address **3 RING AVE**

City **WILMINGTON** State **MA** Zip **01887-4002** City **WILMINGTON** State **MA** Zip **01887-4002**

Insurance Company **GEICO GENERAL INS** Vehicle Action Prior to Crash **4** 22 Damaged Area Code: 1 27 27 27

Vehicle Travel Direction:  S  E  W Responding to Emergency? **2** Event Sequence 1 23 23 23 23 Test Status: 28

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

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

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

Towed from scene? **2** 33

Please fill out for operator and all occupants involved

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>	

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

License # **S63541298** St **MA** DOB/Age \_\_\_\_\_ Reg # **1JEY11** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **99** 20 CDL \_\_\_\_\_ Veh Year **2005** Veh Make **NISSAN** Veh Config. **1** 21

Operator **TAYLOR, ASHLEE A** Owner **TAYLOR, DIANE CAROL**

Address **16 CHARLOTTE RD** Address **16 CHARLOTTE RD**

City **TEWKSBURY** State **MA** Zip **01876-3202** City **TEWKSBURY** State **MA** Zip **01876-3202**

Insurance Company **CITIZENS INSURANCE** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: 3 27 27 27

Vehicle Travel Direction:  N  S  W Responding to Emergency? **2** Event Sequence 1 23 23 23 23 Test Status: 28

Citation # (If Issued) **T1152665** Most Harmful Event **1** 24 Type of Test: 29

Viol. 1: Ch/Sec/Sub **89 4A** Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **9** 25 25 BAC Test Result: 30

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

Towed from scene? **2** 33

Please fill out for operator/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>	



**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

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

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

Feet N S E W of \_\_\_\_\_ Landmark

Please Select One of the Following:  Vehicle 12 #Occupants  Hit/Run  Moped Crash Report ID# **19-175-AC**

License # **S92023666** St **MA** DOB/Ag. Reg # **4AH973** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL Endorsement Veh Year **2000** Veh Make **TOYOTA** Veh Config. **1** 21

Operator **BOUDREAU, MARILYN C** Owner **BOUDREAU, GARY J**

Address **47 WALNUT RD** Address **47 WALNUT RD**

City **TEWKSBURY** State **MA** Zip **01876-4025** City **TEWKSBURY** State **MA** Zip **01876-4025**

Insurance Company **LIBERTY MUTUAL INS** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **8** 27 27 27

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

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

Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **99** 25 25 BAC Test Result: **30**

Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **99** 26 Susp. Alcohol: **31** Susp. Drug: **32**

Towed from scene? **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>XXXX</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	
<b>MATHEW BOUDREAU</b>	47 WALNUT ST TEWKSBURY, MA 01876		<b>M</b>	<b>3</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 21 #Occupants  Non-Motorist A Type **15** Action **16** Location **17** Condition **18**  Hit/Run  Moped

License # **S34804938** St **MA** DOB/Ag. Reg # **3DM970** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **99** 20 CDL Endorsement Veh Year **2011** Veh Make **TOYOTA** Veh Config. **2** 21

Operator **MACNEILL, GREGORY P** Owner **MACNEILL, GREGORY P**

Address **9 FANEUIL DR** Address **9 FANEUIL DR**

City **WILMINGTON** State **MA** Zip **01887-2034** City **WILMINGTON** State **MA** Zip **01887-2034**

Insurance Company **COMMERCE INSURANCE** Vehicle Action Prior to Crash **4** 22 Damaged Area Code: **1** 27 27 27

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

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

Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **99** 25 25 BAC Test Result: **30**

Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **99** 26 Susp. Alcohol: **31** Susp. Drug: **32**

Towed from scene? **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>XXXX</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

