

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

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

Route# Direction Address # Name of Roadway/Street
 Feet **NSEW** of _____ or _____ Mile Marker Exit Number
 Feet **NSEW** of _____ Route# Intersecting Roadway/Street
 Feet **NSEW** of _____ Landmark

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped
 Crash Report ID# **19-182-AC**

License # **S76943328** St **MA** DOB/Age _____ Reg # **VT40971** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D** Lic. Restrictions **1** CDL _____ Veh Year **2007** Veh Make **FORD** Veh Config: **1**
 Operator: **TREVISONE, TIMOTHY** Owner: **TREVISONE, RICHARD J**
 Address **1 WEBBER ST** Address **1 WEBBER ST**
 City **WILMINGTON** State **MA** Zip **01887** City **WILMINGTON** State **MA** Zip **01887-3602**
 Insurance Company **GEICO GENERAL INS** Vehicle Action Prior to Crash **1** Damaged Area Code: **5** 27 27 27
 Vehicle Travel Direction: **S E W** Responding to Emergency? **2** Event Sequence **1** 23 23 23 23 Test Status: **1** 28
 Citation # (If Issued) _____ Most Harmful Event **1** 24 Type of Test: **1** 29
 Viol. 1: Ch/Sec/Sub _____ Driver Contributing Code **1** 25 25 BAC Test Result: **1** 30
 Viol. 2: Ch/Sec/Sub _____ Driver Distracted by **0** 26 Susp. Alcohol: **2** 31 Susp. Drug: **2** 32
 Viol. 3: Ch/Sec/Sub _____ Towed from scene? **2** 33
 Viol. 4: Ch/Sec/Sub _____

Please fill out for operator and all occupants involved

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

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

License # **06ROM62151** St **NH** DOB/Age _____ Reg # **4047515** Reg Type **PC** Reg State **NH**
 Sex **F** Lic. Class **D** Lic. Restrictions **1** CDL _____ Veh Year **2015** Veh Make **TOYOTA** Veh Config: **1**
 Operator: **RUGGIERO, MARIA F** Owner: **RUGGIERO, MARIA F**
 Address **20 LAKESIDE DR** Address **20 LAKESIDE DR**
 City **MERRIMACK** State **NH** Zip **03054** City **MERRIMACK** State **NH** Zip **03054**
 Insurance Company **PROGRESSIVE** Vehicle Action Prior to Crash **1** 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: **1** 28
 Citation # (If Issued) _____ Most Harmful Event **1** 24 Type of Test: **1** 29
 Viol. 1: Ch/Sec/Sub _____ Driver Contributing Code **19** 25 25 BAC Test Result: **1** 30
 Viol. 2: Ch/Sec/Sub _____ Driver Distracted by **0** 26 Susp. Alcohol: **2** 31 Susp. Drug: **2** 32
 Viol. 3: Ch/Sec/Sub _____ Towed from scene? **2** 33
 Viol. 4: Ch/Sec/Sub _____

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

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

Police Use Only			Commonwealth of Massachusetts				RMV Document Number					
Date of Crash 05/28/2019	Time of Crash 1423 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 3	Number Injured 0	Speed Limit 30	State Police <input type="checkbox"/>	Local Police <input checked="" type="checkbox"/>	MBTA Police <input type="checkbox"/>	Campus Police <input type="checkbox"/>	Other: <input type="checkbox"/>

AT INTERSECTION:	< LOCATION >	NOT AT INTERSECTION:
Route# _____ Direction _____ Name of Roadway/Street _____ At _____	Route# 52 Direction _____ Address # _____ Name of Roadway/Street MAIN ST	Route# _____ Direction _____ Name of Roadway/Street _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____	_____ Feet N S E W of _____ Mile Marker _____ or _____ Exit Number _____	Route# _____ Direction _____ Name of Intersecting Roadway/Street _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____	_____ Feet N S E W of _____ Mile Marker _____ or _____ Exit Number _____	Route# _____ Direction _____ Name of Intersecting Roadway/Street _____
		Landmark _____

Please Select One of the Following:	<input checked="" type="checkbox"/> Vehicle 3 #Occupants _____	<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped	Crash Report ID# 19-182-AC
-------------------------------------	---	----------------------------------	--------------------------------	-----------------------------------

License # S58751907 St MA DOB/Age _____	Reg # 22FX21 Reg Type PC Reg State MA
Sex F Lic. Class D Lic. Restrictions 1 CDL _____	Veh Year 2015 Veh Make TOYOTA Veh Config. 1
Operator MARTYN, MARY C	Owner MARTYN, MARY C
Address 163 FEDERAL ST	Address 163 FEDERAL ST
City WILMINGTON State MA Zip 01887-2511	City WILMINGTON State MA Zip 01887-2511
Insurance Company CITIZENS INSURANCE	Vehicle Action Prior to Crash 1
Vehicle Travel Direction: <input checked="" type="checkbox"/> S E W Responding to Emergency? 2	Damaged Area Code: 1 27 27 27
Citation # (If Issued) _____	Event Sequence 1 23 23 23 23
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Most Harmful Event 1
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Contributing Code 19 25 25
	Driver Distracted by 0
	Towed from scene? 1 33

Please fill out for operator and all occupants involved											
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above		<input checked="" type="checkbox"/>	1	1	4	0	0	10	1	

Please Select One of the Following:	<input type="checkbox"/> Vehicle 4 #Occupants _____	<input type="checkbox"/> Non-Motorist A	Type 15 Action 16 Location 17 Condition 18	<input type="checkbox"/> Hit/Run	<input type="checkbox"/> 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
Vehicle Travel Direction: <input type="checkbox"/> N S E W Responding to Emergency? _____	Damaged Area Code: 27 27 27
Citation # (If Issued) _____	Event Sequence 23 23 23 23
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Most Harmful Event 24
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Contributing Code 25 25
	Driver Distracted by 26
	Towed from scene? 31 32 33

Please fill out for operator/non-motorist and all occupants involved											
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above		<input checked="" type="checkbox"/>	1							

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

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

Route# Direction Address # **45 MAIN ST** 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# **19-183-AC**

License # **S58195506** St **MA** DOB/Age _____ Reg # **8TR954** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL _____ Veh Year **2003** Veh Make **HONDA** Veh Config. **1** 21
 Operator **ELGERS, NICHOLAS WILLIAM** Owner **PIERCE, NANCY E**
 Address **137 JACKSON ST** Address **137 JACKSON ST**
 City **METHUEN** State **MA** Zip **01844-5060** City **METHUEN** State **MA** Zip **01844-5060**
 Insurance Company **SAFETY INSURANCE** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: 1 27 2 27 8 27
 Vehicle Travel Direction: **N S E** 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 _____ Driver Contributing Code **99** 25 25 BAC Test Result: 30
 Viol. 2: Ch/Sec/Sub _____ Driver Distracted by **99** 26 Susp. Alcohol: **31** Susp. Drug: **32**
 Viol. 3: Ch/Sec/Sub _____ Towed from scene? **2** 33
 Viol. 4: Ch/Sec/Sub _____

Please fill out for operator and all occupants involved

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

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

License # **S78825494** St **MA** DOB/Age _____ Reg # **R78422** Reg Type **CO** Reg State **MA**
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL _____ Veh Year **2015** Veh Make **FORD** Veh Config. **2** 21
 Operator **MARQUARD, JARED W** Owner **RYCA INC**
 Address **8 ENGLEWOOD DR** Address **1768 MAIN ST UNIT APT 2**
 City **WILMINGTON** State **MA** Zip **01887-0000** City **TEWKSBURY** State **MA** Zip **01876-4752**
 Insurance Company **ALLMERICA FINANCIA** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: 2 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 _____ Driver Contributing Code **99** 25 25 BAC Test Result: 30
 Viol. 2: Ch/Sec/Sub _____ Driver Distracted by **99** 26 Susp. Alcohol: **31** Susp. Drug: **32**
 Viol. 3: Ch/Sec/Sub _____ Towed from scene? **2** 33
 Viol. 4: Ch/Sec/Sub _____

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

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

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

1 1
 Route# Direction Name of Roadway/Street At
 Route# Direction Name of Intersecting Roadway/Street
 Also at Intersection with
 2 3
 Route# Direction Name of Intersecting Roadway/Street

2 10
 Route# Direction Address # **250 CHESTNUT ST**
 Name of Roadway/Street
 Feet N S E W of _____ or _____
 Mile Marker _____ Exit Number _____
 2 11
 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# **19-184-AC**

License # **S57229890** St **MA** DOB/Age _____ Reg # **6BN572** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL Endorsement _____ Veh Year **1994** Veh Make **TOYOTA** Veh Config. **1** 21
 Operator **DONAHUE, ANTHONY DANIEL** Owner **DONAHUE, ANTHONY DANIEL**
 Last First Middle Last First Middle
 Address **26 GERSHOM AVE** Address **26 GERSHOM AVE**
 City **LOWELL** State **MA** Zip **01854-2802** City **LOWELL** State **MA** Zip **01854-2802**
 Insurance Company **SAFETY INSURANCE**
 Vehicle Travel Direction: S E W Responding to Emergency? **2**
 Citation # (If Issued) _____
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____
 Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **5** 27 27 27
 Event Sequence **1** 23 23 23 23 Test Status: **1** 28
 Type of Test: **1** 29
 Most Harmful Event **1** 24 BAC Test Result: **1** 30
 Driver Contributing Code **1** 25 25 Susp. Alcohol: **2** 31 Susp. Drug: **2** 32
 Driver Distracted by **7** 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
Operator	See Above			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 # **S27164575** St **MA** DOB/Age _____ Reg # **5XZ431** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL Endorsement _____ Veh Year **2013** Veh Make **FORD** Veh Config. **1** 21
 Operator **JEAN, ARAMIS** Owner **JEAN, ARAMIS**
 Last First Middle Last First Middle
 Address **1239 LAWRENCE ST** Address **1239 LAWRENCE ST**
 City **LOWELL** State **MA** Zip **01852-5543** City **LOWELL** State **MA** Zip **01852-5543**
 Insurance Company **COMMERCE INSURANCE**
 Vehicle Travel Direction: S E W Responding to Emergency? **2**
 Citation # (If Issued) _____
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____
 Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **1** 27 27 27
 Event Sequence **1** 23 23 23 23 Test Status: **1** 28
 Type of Test: **1** 29
 Most Harmful Event **1** 24 BAC Test Result: **1** 30
 Driver Contributing Code **1** 25 25 Susp. Alcohol: **2** 31 Susp. Drug: **2** 32
 Driver Distracted by **0** 26 Towed from scene? **1** 33

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

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above			1	99	4	0	0	10	1	

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

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

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

Please Select One of the Following: Vehicle 12 #Occupants Hit/Run Moped
 Crash Report ID# **19-185-AC**

License # **S54450632** St **MA** DOB/Age _____ Reg # **5BP716** Reg Type **PC** Reg State **MA**
 Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **B** 20 CDL _____ Veh Year **2014** Veh Make **HONDA** Veh Config. **1** 21
 Operator **MOTTA-MORETA, SUHEILI MOTTA** Owner **MOTTA-MORETA, SUHEILI MOTTA**
 Address **550 BROADWAY** Address **550 BROADWAY**
 City **LAWRENCE** State **MA** Zip **01841-2467** City **LAWRENCE** State **MA** Zip **01841-2467**
 Insurance Company **PROGRESSIVE DIRECT** Vehicle Action Prior to Crash **2** 22 Damaged Area Code: 6 27 5 27 4 27
 Vehicle Travel Direction: **N S X W** Responding to Emergency? **2** Event Sequence **1** 23 23 23 23 Test Status: 28
 Citation # (If Issued) _____ Most Harmful Event **1** 24 Type of Test: 29
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **1** 25 25 BAC Test Result: 30
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **99** 26 Susp. Alcohol: **2** 31 Susp. Drug: **2** 32
 Towed from scene? **3** 33

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above			1	1	4	0	0	9	2	Winchester Hospital
MARIA MORETA	24 POPLAR ST LAWRENCE, MA 01841		F	3	1	4	0	0	9	2	Winchester Hospital

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

License # **NHL19494605** St **NH** DOB/Age _____ Reg # **4439340** Reg Type **PC** Reg State **NH**
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions _____ Veh Year **2014** Veh Make **HONDA** Veh Config. **1** 21
 Operator **PORTER, STEPHEN EARLE** Owner **PORTER, STEPHEN EARLE**
 Address **19 UPLAND RD** Address **19 UPLAND RD**
 City **ATKINSON** State **NH** Zip **038112543** City **ATKINSON** State **NH** Zip **038112543**
 Insurance Company _____ Vehicle Action Prior to Crash **1** 22 Damaged Area Code: 8 27 1 27 2 27
 Vehicle Travel Direction: **N X E W** Responding to Emergency? **2** Event Sequence **1** 23 23 23 23 Test Status: 28
 Citation # (If Issued) _____ Most Harmful Event **1** 24 Type of Test: 29
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **5** 25 **19** 25 BAC Test Result: 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? **1** 33

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

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

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

Crash Diagram:

If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow

Crash Narrative:

MV1 was traveling southbound on Lowell Street in heavy traffic. MV2 was also traveling southbound on Lowell Street. MV1 was stopped in traffic. MV2 was traveling straight ahead and did not stop in time as MV1 came to stop in front of it. MV2 collided with rear of MV1 causing minor damage to the rear of MV1. MV2 also suffered minor damage to the front end of the vehicle. Both the operator and passenger of MV1 were transported from the scene for additional medical evaluation and treatment. The operator of MV2 declined any medical treatment. MV1 was towed from the scene by A&S Towing since both occupants were transported from the scene. MV2 was also towed from the scene, because it was disabled and would not longer start after the accident.

Witnesses:

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

Property Damage:

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

Truck and Bus Information: Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

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

Hazmat Information:

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

Patrol Officer Michael A Wilson 209 Wilmington Police Department 05/28/2019
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1 MAIN ST
Route# Direction Name of Roadway/Street
At
GLEN RD
Route# Direction Name of Intersecting Roadway/Street
Also at Intersection with

2 Route# Direction Name of Intersecting Roadway/Street

3 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 _____ of _____
Landmark

Please Select One of the Following: Vehicle 1 Occupants Hit/Run Moped | Crash Report ID# 19-186-AC

License # 38405306 St TX DOB/Age _____ Reg # DHR7857 Reg Type PC Reg State TX

Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement _____ Veh Year 2010 Veh Make MERCURY Veh Config. 1 21

Operator VENEZUELA, DANIEL DAVIS Owner VENEZUELA, DANIEL DAVIS

Address 225 TOWN CENTER LN APT 4108 Address 225 TOWN CENTER LN APT 4108

City KELLER State TX Zip 76248 City KELLER State TX Zip 76248

Insurance Company COOPERATIVE

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

Citation # (If Issued) _____

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

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

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

Event Sequence 1 23 23 23 23 Test Status: 1 28

Most Harmful Event 1 24 Type of Test: 29

Driver Contributing Code 1 25 25 BAC Test Result: 1 30

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

Towed from scene? 2 33

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above			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 # 09MDC78051 St NH DOB/Age _____ Reg # 3266296 Reg Type PC Reg State NH

Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement _____ Veh Year 2016 Veh Make VOLKSWAGEN Veh Config. 1 21

Operator MACLEOD, CHRISTINA M Owner MACLEOD, CHRISTINA M

Address 62 HORSESHOE RD Address 62 HORSESHOE RD

City WINDHAM State NH Zip 03087 City WINDHAM State NH Zip 03087

Insurance Company TRAVELERS

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

Citation # (If Issued) _____

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

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

Vehicle Action Prior to Crash 1 22 Damaged Area Code: 6 27 27 27

Event Sequence 1 23 23 23 23 Test Status: 1 28

Most Harmful Event 1 24 Type of Test: 29

Driver Contributing Code 1 25 25 BAC Test Result: 1 30

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

Towed from scene? 2 33

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

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above			1	99	4	0	0	10	1	

AT INTERSECTION: **CONCORD ST** **WOBURN ST**
 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

LOCATION

NOT AT INTERSECTION:
 Route# Direction Address # Name of Roadway/Street
 Feet **N S E W** of _____ or _____ Exit Number
 Mile Marker
 Feet **N S E W** of _____ Route# Intersecting Roadway/Street
 Feet **N S E W** of _____
 Landmark

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped
 Crash Report ID# **19-187-AC**

License # **S82625012** St **MA** DOB/Age _____ Reg # **5BD129** Reg Type **PC** Reg State **MA**
 Sex **F** Lic. Class **D** Lic. Restrictions **20** CDL _____ Veh Year **2017** Veh Make **CHRYSLER** Veh Config. **1**
 Operator **JOYCE, AMANDA M** Owner **JOYCE, PATRICK J**
 Address **2 CAROLYN RD** Address **2 CAROLYN RD**
 City **WILMINGTON** State **MA** Zip **01887-1438** City **N WILMINGTON** State **MA** Zip **01887-1438**
 Insurance Company **LM GENERAL** Vehicle Action Prior to Crash **1** 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: 1 28
 Citation # (If Issued) _____ Most Harmful Event **1** 24 Type of Test: 29
 Viol. 1: Ch/Sec/Sub _____ Driver Contributing Code **1** 25 25 BAC Test Result: 1 30
 Viol. 2: Ch/Sec/Sub _____ Driver Distracted by **0** 26 Susp. Alcohol: **2** 31 Susp. Drug: **2** 32
 Viol. 3: Ch/Sec/Sub _____ Towed from scene? **1** 33
 Viol. 4: Ch/Sec/Sub _____

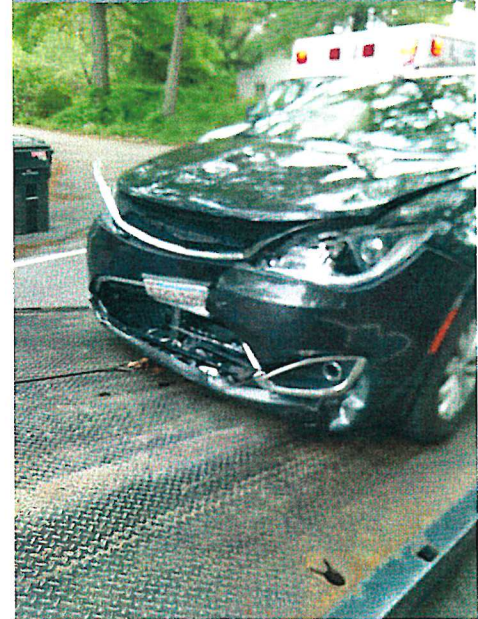
Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator		See Above	<input checked="" type="checkbox"/>	1	1	1	0	0	10	1	

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

License # **S86281226** St **MA** DOB/Age _____ Reg # **2HF420** Reg Type **PC** Reg State **MA**
 Sex **F** Lic. Class **D** Lic. Restrictions **20** CDL _____ Veh Year **2009** Veh Make **TOYOTA** Veh Config. **1**
 Operator **BURKE, JULIA T** Owner **BURKE, ROBERT LOUIS**
 Address **43 PARK ST** Address **43 PARK ST**
 City **WILMINGTON** State **MA** Zip **01887-1510** City **WILMINGTON** State **MA** Zip **01887-1510**
 Insurance Company **METROPOLITAN PROP** Vehicle Action Prior to Crash **4** 22 Damaged Area Code: 1 27 2 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 _____ Driver Contributing Code **19** 25 **4** 25 BAC Test Result: 1 30
 Viol. 2: Ch/Sec/Sub _____ Driver Distracted by **99** 26 Susp. Alcohol: **2** 31 Susp. Drug: **2** 32
 Viol. 3: Ch/Sec/Sub _____ Towed from scene? **1** 33
 Viol. 4: Ch/Sec/Sub _____

Please fill out for operator/non-motorist and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist		See Above	<input checked="" type="checkbox"/>	1	1	3	0	0	8	2	Winchester Hospital

Wilmington Police Department
Images Associated with 19-187-AC



Wilmington Police Department
Images Associated with 19-187-AC



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

Route# Direction Name of Roadway/Street At Route# Direction Address # Name of Roadway/Street
 1 17 **BOUTWELL ST**
 Feet **NSEW** of _____ or _____ Mile Marker Exit Number
 Route# Direction Name of Intersecting Roadway/Street Also at Intersection with
 Feet **NSEW** of _____ Route# Intersecting Roadway/Street
 Route# Direction Name of Intersecting Roadway/Street
 Feet **NSEW** of _____
 Landmark

Please Select One of the Following: Vehicle 12 #Occupants Hit/Run Moped Crash Report ID# **19-188-AC**

License # **S97402968** St **MA** DOB/Age _____ Reg # **687WJ3** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL _____ Veh Year **2017** Veh Make **FORD** Veh Config. **1** 21
 Operator **DION, PETER O** Owner **DION, PETER O**
 Address **410 SALEM ST APT 806** Address **410 SALEM ST APT 806**
 City **WAKEFIELD** State **MA** Zip **01880-4980** City **WAKEFIELD** State **MA** Zip **01880-4980**
 Insurance Company **NORFLK DEDHAM MUT** Vehicle Action Prior to Crash **10** 22 Damaged Area Code: 0 27 27 27
 Vehicle Travel Direction: **NSE** Responding to Emergency? **2** Event Sequence **3** 23 23 23 23 Test Status: **1** 28
 Citation # (If Issued) _____ Most Harmful Event **3** 24 Type of Test: **1** 29
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **19** 25 25 BAC Test Result: **1** 30
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **3** 26 Susp. Alcohol: **2** 31 Susp. Drug: **2** 32
 Towed from scene? **2** 33

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above	XXXXXX	X	1	1	4	0	0	10	1	
DIANE DION	410 SALEM ST WAKEFIELD, MA 01880		F	3	1	4	0	0	10	1	

Please Select One of the Following: Vehicle 2 #Occupants Non-Motorist A Type **1** 15 Action **2** 16 Location **4** 17 Condition **1** 18 Hit/Run Moped

License # **04PAM53201** St **NH** DOB/Age _____ Reg # _____ Reg Type _____ Reg State _____
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL _____ Veh Year _____ Veh Make _____ Veh Config. **21**
 Operator **PROVITOLA, MICHAEL P** Owner _____
 Address **5 S COVE RD** Address _____
 City **WAKEFIELD** State **NH** Zip **03872** City _____ State _____ Zip _____
 Insurance Company _____ Vehicle Action Prior to Crash **22** Damaged Area Code: **27** **27** **27**
 Vehicle Travel Direction: **NSEW** Responding to Emergency? _____ Event Sequence **23** **23** **23** **23** Test Status: **1** **28**
 Citation # (If Issued) _____ Most Harmful Event **24** Type of Test: **1** **29**
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **25** **25** BAC Test Result: **1** **30**
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **26** Susp. Alcohol: **2** **31** Susp. Drug: **2** **32**
 Towed from scene? **33**

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

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

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

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

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

Please Select One of the Following: Vehicle 1 Occupants Hit/Run Moped
 Crash Report ID# **19-189-AC**

License # **S17255693** St **MA** DOB/Age _____ Reg # **47JG78** Reg Type **PC** Reg State **MA**
 Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL _____ Veh Year **2016** Veh Make **Jeep** Veh Config. **1** 21
 Operator **MAKHOLM-LAVINA, RANDI D** Owner **MAKHOLM-LAVINA, RANDI D**
 Address **114 LAKESHORE DR** Address **114 LAKESHORE DR**
 City **GEORGETOWN** State **MA** Zip **01833-1927** City **GEORGETOWN** State **MA** Zip **01833-1927**
 Insurance Company **GOVT EMPLOYEE INS** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: 1 27 27 27
 Vehicle Travel Direction: **N S X W** Responding to Emergency? **2** Event Sequence **1** 23 23 23 23 Test Status: 28
 Citation # (If Issued) _____ Most Harmful Event **1** 24 Type of Test: 29
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **1** 25 25 BAC Test Result: 30
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0** 26 Susp. Alcohol: **2** 31 Susp. Drug: **2** 32
 Towed from scene? **1** 33

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

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

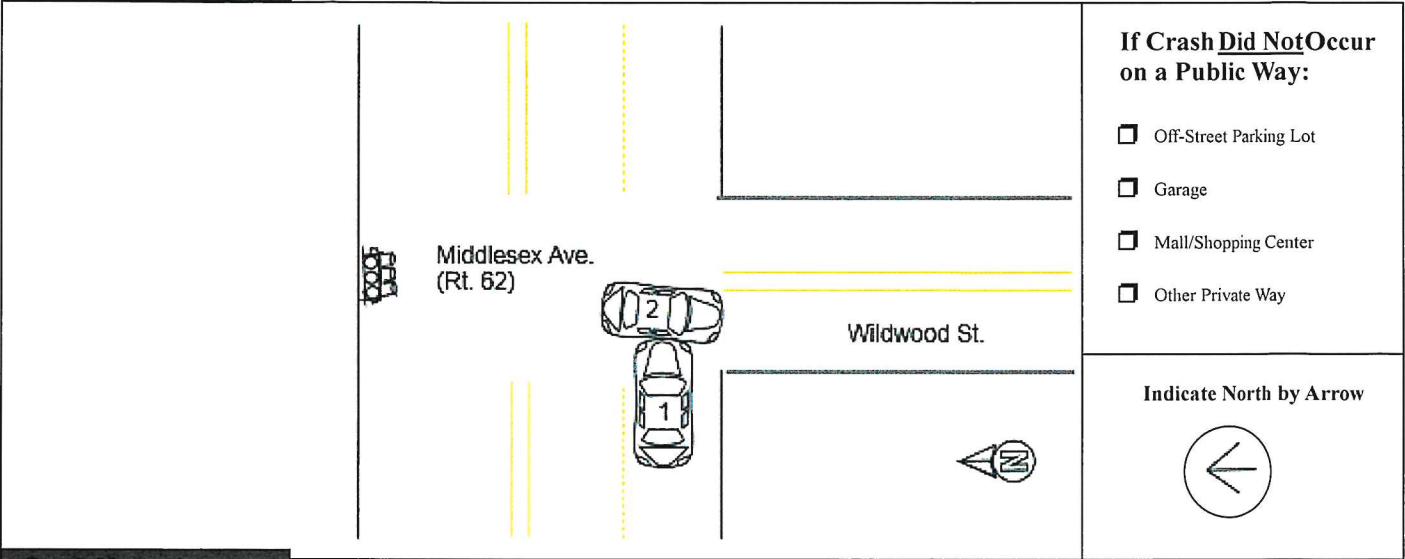
License # **S37570195** St **MA** DOB/Age _____ Reg # **5JC342** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL _____ Veh Year **2018** Veh Make **Jeep** Veh Config. **1** 21
 Operator **BAILEY, DAVID J** Owner **BAILEY, LAURIE BETH**
 Address **30 OAKDALE RD** Address **30 OAKDALE RD**
 City **WILMINGTON** State **MA** Zip **01887-4016** City **WILMINGTON** State **MA** Zip **01887-4016**
 Insurance Company **PLYMOUTH ROCK ASSU** Vehicle Action Prior to Crash **4** 22 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: 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 **19** 25 BAC Test Result: 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? **1** 33

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

➔ = Direction 1 = Vehicle 1 2 = Vehicle 2 = Pedestrian = Bicycle

Crash Diagram:

ie: ➔ 1 ➔ 2 ➔ ➔



Crash Narrative:

MV1 travelling eastbound on Middlesex Ave (Rt. 62) at the intersection of Wildwood St. MV2 turning left onto Wildwood St. southbound from Middlesex Ave. MV2 had red light, MV1 had green light. Operator of MV2 stated that his light turned red and he was already into the intersection, stated he thought that opposing traffic also had a red light so he went through the intersection. Operator of MV1 stated that she was continuing through the green light and MV2 pulled directly in front of her. Damage to the front of MV1. Damage to the right side of MV2. No injuries. Both vehicles moved off roadway and taken 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 Kevin P Cavanaugh

195

Wilmington Police Department 05/31/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date