

Date of Crash: 06/09/2019 | Time of Crash: 1058 | City/Town: Wilmington | 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 ANDOVER ST  
Route# Direction Name of Roadway/Street

1 ROUTE 125 HWY  
Route# Direction Name of Intersecting Roadway/Street

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

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

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

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

Please Select One of the Following:  Vehicle 12 #Occupants  Hit/Run  Moped | Crash Report ID# 19-197-AC

Licenses: 059253555 St CT DOB/Age \_\_\_\_\_ Reg # AA12088 Reg Type PC Reg State CT

Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL \_\_\_\_\_ Veh Year 2007 Veh Make HONDA Veh Config. 1 21

Operator ORTIZ, MONICA Owner ORTIZ, MONICA

Address 996 STILLWATER RD Address 996 STILLWATER RD

City STAMFORD State CT Zip 06902 City STAMFORD State CT Zip 06902

Insurance Company GEICO General Insurance C

Vehicle Travel Direction: N  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: 5 27 6 27 4 27

Test Status: 28

Type of Test: 29

BAC Test Result: 30

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
Operator	See Above	<del>XXXXXX</del>	<del>X</del>	1	1	4	0	0	10	1	
STEPHEN SCHNEIDER	996 STILLWATER RD CONNECTICUT, CT 06902		M	3	1	4	0	0	10	1	

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

Licenses: S86727151 St MA DOB/Age \_\_\_\_\_ Reg # RT31A Reg Type PC Reg State MA

Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL \_\_\_\_\_ Veh Year 2014 Veh Make NISSAN Veh Config. 1 21

Operator CHEN, SUWEN L Owner CHEN, SUWEN L

Address 16 LANTERN LN Address 16 LANTERN LN

City SHREWSBURY State MA Zip 01545-2006 City SHREWSBURY State MA Zip 01545-2006

Insurance Company AMICA MUTUAL INS

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

Event Sequence 1 23 23 23 23

Most Harmful Event 1 24

Driver Contributing Code 19 25 25

Driver Distracted by 99 26

Damaged Area Code: 2 27 27 27

Test Status: 28

Type of Test: 29

BAC Test Result: 30

Susp. Alcohol: 31 Susp. Drug: 32

Towed from scene? 2 33

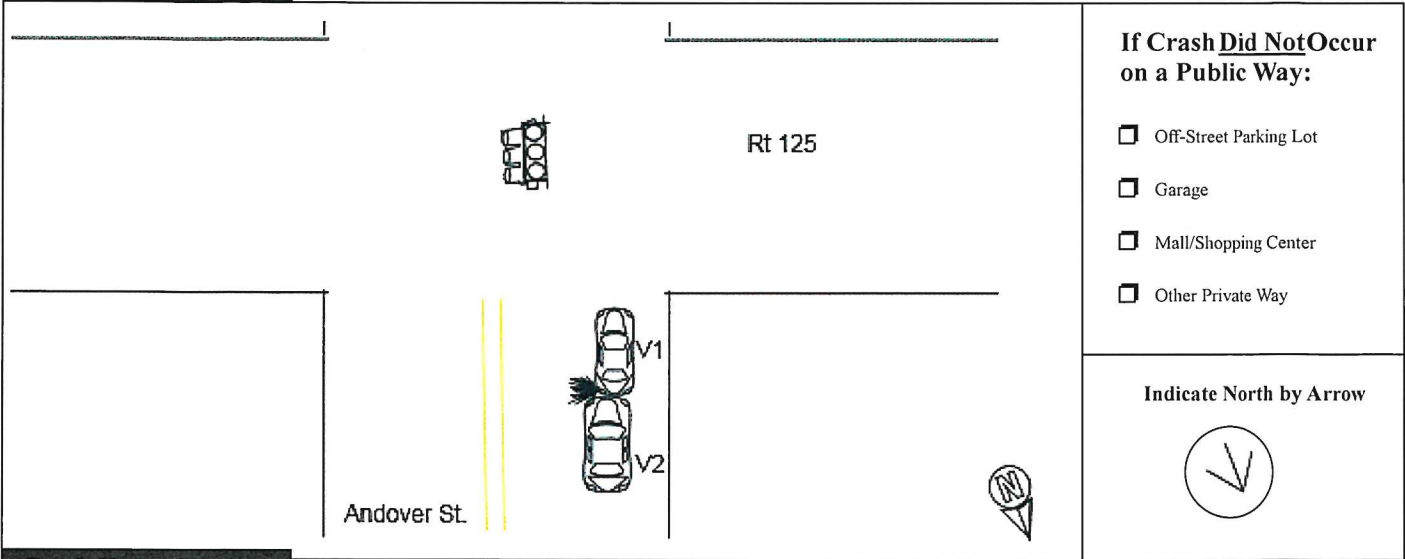
Please fill out for operator/non-motorist and all occupants involved

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
Operator/Non-Motorist	See Above	<del>XXXXXX</del>	<del>X</del>	1	1	4	0	0	10	1	

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

**Crash Diagram:**

ie: → 1    → 2    → ○    → ○



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

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

Indicate North by Arrow



**Crash Narrative:**

V1 stopped at the intersection of Andover St. and Rt 125. Oper. V2 stated that she was looking left in order to make a right hand turn and did not see V1 stopped.

**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

185

Wilmington Police Department

06/09/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Princt/Barracks

Date

<b>Police Use Only</b>			<b>Commonwealth of Massachusetts</b>				<b>RMV Document Number</b>								
Date of Crash 06/10/2019	Time of Crash <b>1252</b> 24HR	City/Town <b>Wilmington</b>	<b>Motor Vehicle Crash Police Report</b>			Number Vehicles <b>1</b>	Number Injured <b>0</b>	Speed Limit <b>10</b>	Latitude _____	Longitude _____	State Police <input type="checkbox"/>	Local Police <input checked="" type="checkbox"/>	MBTA Police <input type="checkbox"/>	Campus Police <input type="checkbox"/>	Other: _____

<b>AT INTERSECTION:</b>			<b>&lt; LOCATION &gt;</b>	<b>NOT AT INTERSECTION:</b>		
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			Route# <b>38 S</b> Direction <b>498</b> Address # <b>MAIN ST</b> Name of Roadway/Street _____			
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____			_____ Feet <b>N S E W</b> of _____ Mile Marker _____ or _____ Exit Number _____			
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			_____ Feet <b>N S E W</b> of _____ Route# _____ Intersecting Roadway/Street _____ <b>FIRESTONE</b> 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>19-199-AC</b>
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License # <b>26653899</b> St <b>PA</b> DOB/Ag. _____	Reg # <b>F251HZ</b> Reg Type <b>ZZ</b> Reg State <b>TN</b>
Sex <b>M</b> Lic. Class <b>A</b> <b>19</b> <b>19</b> Lic. Restrictions <b>1</b> <b>20</b> CDL <b>N</b> Endorsement	Veh Year <b>2015</b> Veh Make <b>VOLVO</b> Veh Config. <b>10</b> <b>21</b>
Operator <b>VINACCIA, JUSTIN SCOTT</b>	Owner <b>BRIDGESTONE AMERICAS FLEET OPERATION LLC</b>
Address <b>306 STRONG AL</b>	Address <b>535 MARRIOTT DR</b>
City <b>READING</b> State <b>PA</b> Zip <b>19602</b>	City <b>NASHVILLE</b> State <b>TN</b> Zip _____
Insurance Company <b>Tennessee Insurance</b>	Vehicle Action Prior to Crash <b>6</b> <b>22</b> Damaged Area Code: <b>0</b> <b>27</b> <b>27</b> <b>27</b>
Vehicle Travel Direction: <b>N X E W</b> Responding to Emergency? <b>2</b>	Event Sequence <b>35</b> <b>23</b> <b>23</b> <b>23</b> <b>23</b> Test Status: <b>28</b>
Citation # (If Issued) _____	Type of Test: <b>29</b>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Most Harmful Event <b>35</b> <b>24</b> BAC Test Result: <b>30</b>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Contributing Code <b>1</b> <b>25</b> <b>25</b> Susp. Alcohol: <b>31</b> Susp. Drug: <b>32</b>
	Driver Distracted by <b>0</b> <b>26</b> Towed from scene? <b>2</b> <b>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			<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: <input 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
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License # _____ St _____ DOB/Ag. _____	Reg # _____ Reg Type _____ Reg State _____
Sex _____ Lic. Class <b>19</b> <b>19</b> Lic. Restrictions <b>20</b> CDL _____ Endorsement	Veh Year _____ Veh Make _____ Veh Config. <b>21</b>
Operator _____	Owner _____
Address _____	Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Insurance Company _____	Vehicle Action Prior to Crash <b>22</b> Damaged Area Code: <b>27</b> <b>27</b> <b>27</b>
Vehicle Travel Direction: <b>N S E W</b> Responding to Emergency? _____	Event Sequence <b>23</b> <b>23</b> <b>23</b> <b>23</b> Test Status: <b>28</b>
Citation # (If Issued) _____	Type of Test: <b>29</b>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Most Harmful Event <b>24</b> BAC Test Result: <b>30</b>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Contributing Code <b>25</b> <b>25</b> Susp. Alcohol: <b>31</b> Susp. Drug: <b>32</b>
	Driver Distracted by <b>26</b> Towed from scene? <b>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			<b>1</b>							

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

**Crash Diagram:**

ie: → 1 → 2 → ○ → ○

Firestone

**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:**

Tractor Trailer delivering tires to Firestone on Main St. TT unit was exiting parking lot to travel southbound on Main St. TT unit caught utility wires hanging from pole and pulled wires from pole 95 to pole 97. Utility Poles are property of Verizon. Wires were pulled from support and hanging low. No apparent damage to wires.

**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 # **F251HZ** (From Vehicle Section)

Carrier Name **Bridgestone America** Bus Use  42

Address **200 FOURTH AVE S** City **NASHVILLE** St **TN** Zip **37201**

US DOT #: **072510** State Number \_\_\_\_\_ Issuing State **PA** MC/MX/ICC #: \_\_\_\_\_

Interstate  1<sup>43</sup> Cargo Body Type Code  97<sup>44</sup> GVWR/GCWR  3<sup>45</sup>

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 **Ronald J Alpers** **163** **Wilmington Police Department** **06/10/2019**  
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Date of Crash 06/10/2019 Time of Crash 1900 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:**

Route# Direction Name of Roadway/Street At Route# Direction Address # **FEDERAL ST**

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

Route# Direction Name of Intersecting Roadway/Street

Please Select One of the Following:  Vehicle 1 #Occupants  Hit/Run  Moped Crash Report ID# **19-200-AC**

License # **S76130522** St. **MA** DOB/A<sub>1</sub> Reg # **2E4929** Reg Type **MC** Reg State **MA**

Sex **M** Lic. Class **D** Lic. Restrictions **1** CDL Endorsement Veh Year **2017** Veh Make Veh Config. **3**

Operator **MCCARTHY, KYLE A** Owner **MCCARTHY, KYLE A**

Address **5 HARVARD AVE** Address **5 HARVARD AVE**

City **WILMINGTON** State **MA** Zip **01887-2049** City **WILMINGTON** State **MA** Zip **01887-2049**

Insurance Company **PLYMOUTH ROCK ASSU** Vehicle Action Prior to Crash **2** Damaged Area Code: **5 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 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>X</del>	<b>1</b>	<b>5</b>	<b>5</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 # **S37056505** St. **MA** DOB/Age Reg # **3CZ0048** Reg Type **PC** Reg State **MD**

Sex **M** Lic. Class **D** Lic. Restrictions **1** CDL Endorsement Veh Year **2008** Veh Make **ACURA** Veh Config. **1**

Operator **MUSOKE, JONATHAN K** Owner **SSEMANDA, JOHN KATONGOLE**

Address **8 JOANNE DR** Address **13001 GREENSTONE CT**

City **ASHLAND** State **MA** Zip **01721-2220** City **SILVER SPRING** State **MA** Zip **20904-5322**

Insurance Company **GEICO CHOICE INS** Vehicle Action Prior to Crash **2** 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: **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**

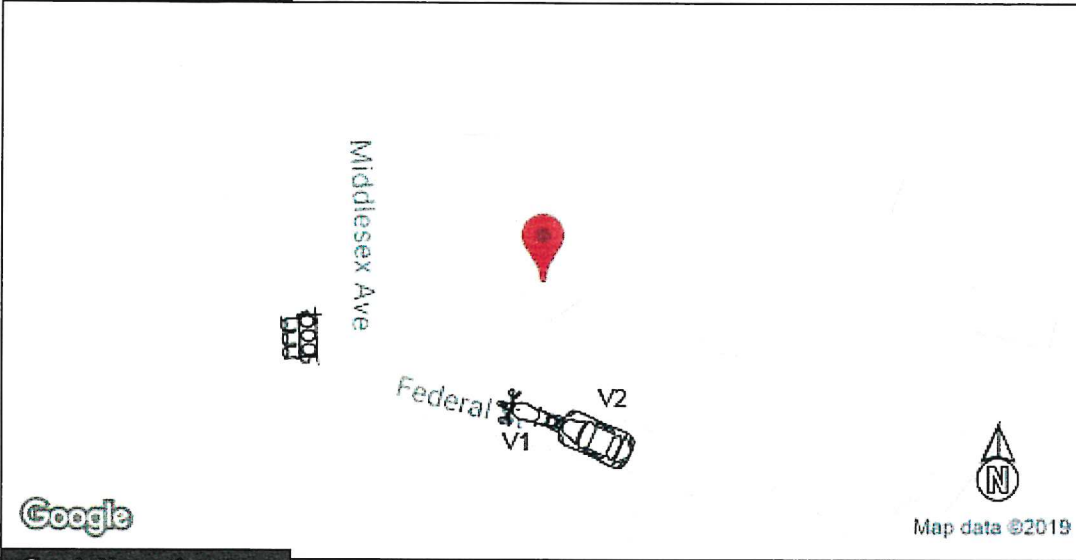
Please fill out for operator/non-motorist and all occupants involved

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>X</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

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:**

Vehicle 1, Motorcycle, was stopped at the red light. Vehicle 2 drove into the rear of vehicle 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 Rafael G Cruz

198

Wilmington Police Department

06/10/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

<b>Police Use Only</b>			<b>Commonwealth of Massachusetts</b>				<b>RMV Document Number</b>							
Date of Crash 06/11/2019	Time of Crash 1127 24HR	City/Town Wilmington	<b>Motor Vehicle Crash Police Report</b>				Number Vehicles 2	Number Injured 0	Speed Limit <u>35</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"/>

<b>AT INTERSECTION:</b>			<b>&lt; LOCATION &gt;</b>	<b>NOT AT INTERSECTION:</b>		
Route# _____	Direction _____	Name of Roadway/Street _____		Route# <u>239</u>	Direction _____	Address # <u>ANDOVER ST</u>
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 1 #Occupants  Hit/Run  Moped  Crash Report ID# **19-201-AC**

License # <u>NHL19997745</u> St. <u>NH</u> DOB/Agv _____	Reg # <u>4329949</u> Reg Type <u>PC</u> Reg State <u>NH</u>
Sex <u>F</u> Lic. Class <u>B</u> <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____	Veh Year <u>2018</u> Veh Make <u>Other-not listed</u> Veh Config. <u>6</u> <u>21</u>
Operator <u>FRAZIER, JAYLENE M</u>	Owner <u>ROCHESTER TRUCK</u>
Address <u>224 BLAKES HILL RD</u>	Address <u>8 FLAGG RD</u>
City <u>NORTHWOOD</u> State <u>NH</u> Zip <u>03261</u>	City <u>ROCHESTER</u> State <u>NH</u> Zip <u>03867</u>
Insurance Company <u>SELECTIVE INSURANCE</u>	Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>2</u> <u>27</u> <u>3</u> <u>27</u> <u>27</u>
Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u>	Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>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>30</u>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	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>

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>	<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

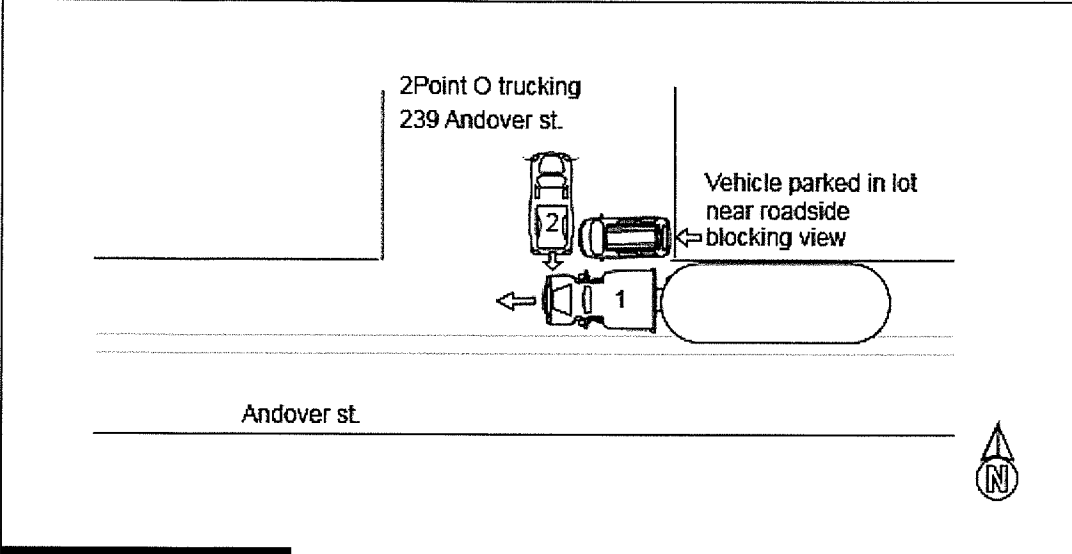
License # <u>NHL17264595</u> St. <u>NH</u> DOB/Agv _____	Reg # <u>M54707</u> Reg Type <u>CO</u> Reg State <u>MA</u>
Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____	Veh Year <u>2011</u> Veh Make <u>CHEVROLET</u> Veh Config. <u>6</u> <u>21</u>
Operator <u>ROY, JOHN A</u>	Owner <u>DELUCA, MARK N</u>
Address <u>22 RIVER AVE</u>	Address <u>52 BURROUGHS RD</u>
City <u>HAMPTON</u> State <u>NH</u> Zip <u>03842</u>	City <u>N READING</u> State <u>MA</u> Zip <u>01864-1157</u>
Insurance Company <u>SAFETY INSURANCE</u>	Vehicle Action Prior to Crash <u>10</u> <u>22</u> Damaged Area Code: <u>4</u> <u>27</u> <u>5</u> <u>27</u> <u>6</u> <u>27</u>
Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u>	Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>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>18</u> <u>25</u> <u>25</u> BAC Test Result: <u>30</u>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by <u>7</u> <u>26</u> Susp. Alcohol: <u>31</u> Susp. Drug: <u>32</u>
	Towed from scene? <u>2</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	<del>XXXXXX</del>	<del>X</del>	<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:**

ic: → 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:**

Oper.#1 related she was traveling straight on Andover st., as she was going past 239 Andover st. M/V#2 backed into the right/front/side of her truck/#1

Oper.#2 Related he was attempting to back up out onto Andover st. from parking lot, as he was doing so other people from the lot were telling him it was ok to back up. As he did he backed into M/V#1 that was passing by. (PWJ/142)

**Witnesses:**

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

**Property Damage:**

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

**Truck and Bus Information:**

Registration # \_\_\_\_\_ (From Vehicle Section)

Carrier Name \_\_\_\_\_ Bus Use  42

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

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

Interstate  43 Cargo Body Type Code  44 GVWR/GCWR  45

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

**Hazmat Information:**

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

Patrol Officer Paul W Jepson 142 Wilmington Police Department 06/11/2019

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



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

Route# Direction Name of Roadway/Street At Route# Direction Address # **20 CENTRAL ST** Name of Roadway/Street

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

Route# Direction Name of Intersecting Roadway/Street 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 **1** #Occupants  Hit/Run  Moped Crash Report ID# **19-202-AC**

License # **S14388751** St **MA** DOB/Age \_\_\_\_\_ Reg # **625AK3** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** Lic. Restrictions **20** CDL \_\_\_\_\_ Veh Year **2010** Veh Make **CHEVROLET** Veh Config. **1**

Operator **ABRUZI, JOSEPH ARMAND** Owner **ABRUZI, DONNA M**

Address **20 MCLAREN RD** Address **20 MCLAREN RD**

City **TEWKSBURY** State **MA** Zip **01876-3317** City **TEWKSBURY** State **MA** Zip **01876-3317**

Insurance Company **COMMERCE INSURANCE** 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 29 30**

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

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

Viol. 3: 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>X</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 # **S82964434** St **MA** DOB/Agr \_\_\_\_\_ Reg # **8MR888** Reg Type **PC** Reg State **MA**

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

Operator **MURRAY, JOHN R** Owner **MURRAY, JOHN R**

Address **229 PARK ST** Address **229 PARK ST**

City **NORTH READING** State **MA** Zip **01864-3230** City **NORTH READING** State **MA** Zip **01864-3230**

Insurance Company **COMMERCE INSURANCE** Vehicle Action Prior to Crash **4** Damaged Area Code: **7 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 29 30**

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

Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **20 25 4 25** Susp. Alcohol: **2 31** Susp. Drug: **2 32**

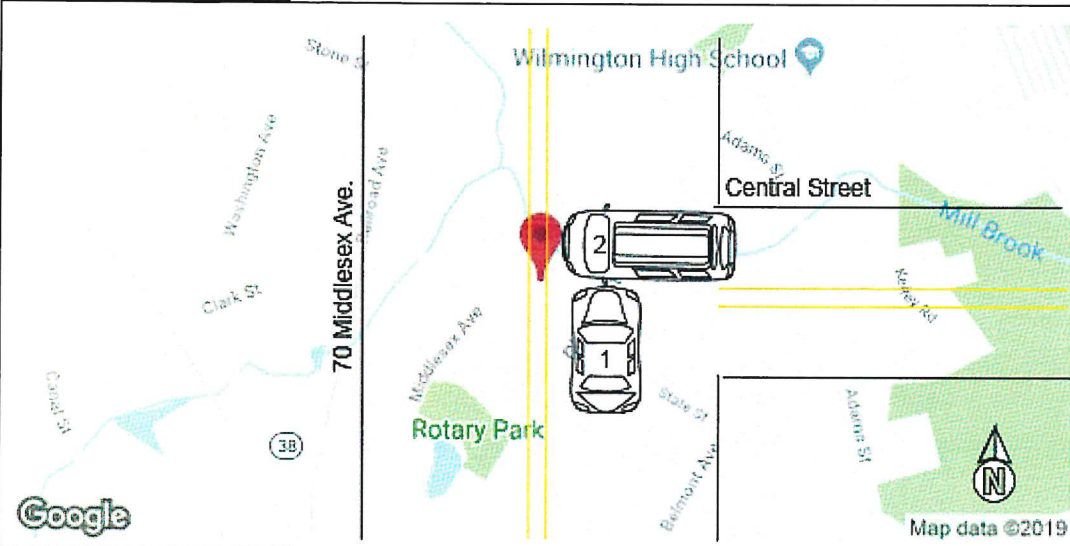
Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **4 26** Towed from scene? **1 33**

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
<b>Operator/Non-Motorist</b>	See Above	<del>XXXXXX</del>	<del>X</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>9</b>	<b>2</b>	Lahey Clinic

**Crash Diagram:**

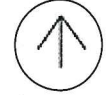
ie: → 1    → 2    → OOK    → ☺



**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:**

Operator of motor vehicle number 1, Joseph Abruzi was traveling straight ahead north on Middlesex Ave. Operator of MV2, John Murray was traveling west on Central Street and attempting to turn onto Middlesex Ave when vehicles collided (See images). Mr. Murray stated that he was looking down at his GPS. He also stated he feels that he sustained injuries and was then transported by members of the Wilmington Fire Dept. His vehicle was towed by Cain's (See attachments for inventory report). Mr. Abruzi stated no injuries.

**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 06/11/2019

Police Officer Name (Please Print)

Signature

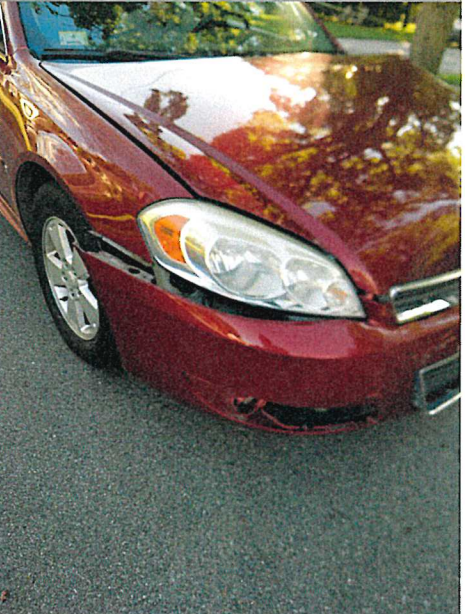
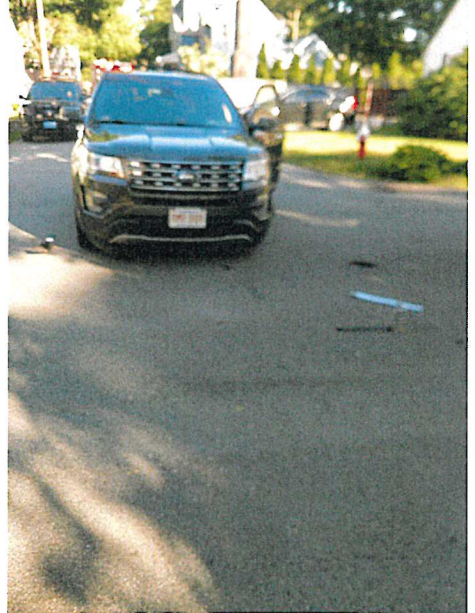
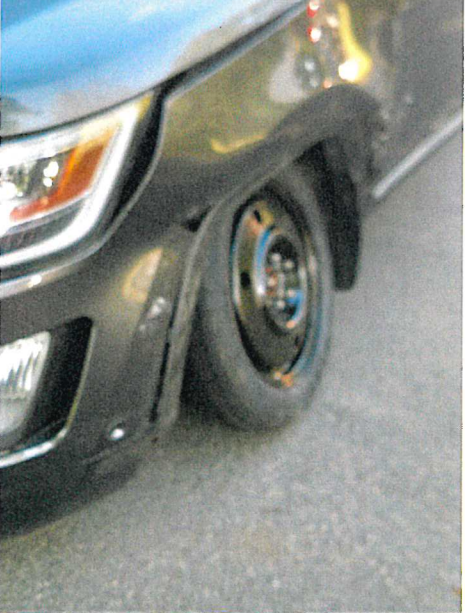
ID/Badge #

Department

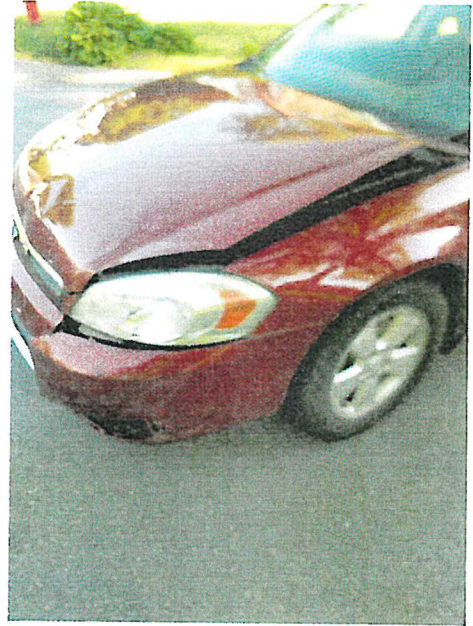
Precinct/Barracks

Date

Wilmington Police Department  
Images Associated with 19-202-AC



Wilmington Police Department  
Images Associated with 19-202-AC



<b>Police Use Only</b>			<b>Commonwealth of Massachusetts</b>				<b>RMV Document Number</b>								
Date of Crash 06/12/2019	Time of Crash 0540 24HR	City/Town Wilmington	<b>Motor Vehicle Crash Police Report</b>			Number Vehicles 2	Number Injured 0	Speed Limit <u>40</u>	Latitude _____	Longitude _____	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"/>

<b>AT INTERSECTION:</b>			<b>&lt; LOCATION &gt;</b>	<b>NOT AT INTERSECTION:</b>		
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			Route# <u>326</u> Direction _____ Address # <u>BALLARDVALE ST</u>			
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____			_____ Feet <u>NSEW</u> of _____ Mile Marker _____ or _____ Exit Number _____			
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			_____ Feet <u>NSEW</u> of _____ Route# _____ Intersecting Roadway/Street _____			
			Landmark _____			

Please Select One of the Following:  Vehicle 1 #Occupants  Hit/Run  Moped Crash Report ID# **19-203-AC**

License # <u>S84445053</u> St. <u>MA</u> DOB/Age _____	Reg # <u>2834497</u> Reg Type <u>TL</u> Reg State <u>ME</u>
Sex <u>M</u> Lic. Class <u>A</u> <u>19</u> <u>19</u> Lic. Restrictions <u>99</u> <u>20</u> CDL _____	Veh Year <u>2018</u> Veh Make <u>Other-not listed</u> Veh Config. <u>11</u> <u>21</u>
Operator <u>AGUILAR, QUERI A</u>	Owner <u>MAC TRAILER LEASING LLC</u>
Address <u>116 CHESTNUT ST APT 1</u>	Address <u>3 GATEWAY CENTER 100 MULBER ST APT E 11</u>
City <u>CHELSEA</u> State <u>MA</u> Zip <u>02150-3831</u>	City <u>NEWARK</u> State <u>NJ</u> Zip <u>07102</u>
Insurance Company <u>EMPIRE FIRE</u>	Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>7</u> <u>27</u> <u>6</u> <u>27</u> <u>27</u>
Vehicle Travel Direction: <input checked="" type="checkbox"/> <u>S</u> <input type="checkbox"/> <u>E</u> <input type="checkbox"/> <u>W</u> 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>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>30</u>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	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>

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>	<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

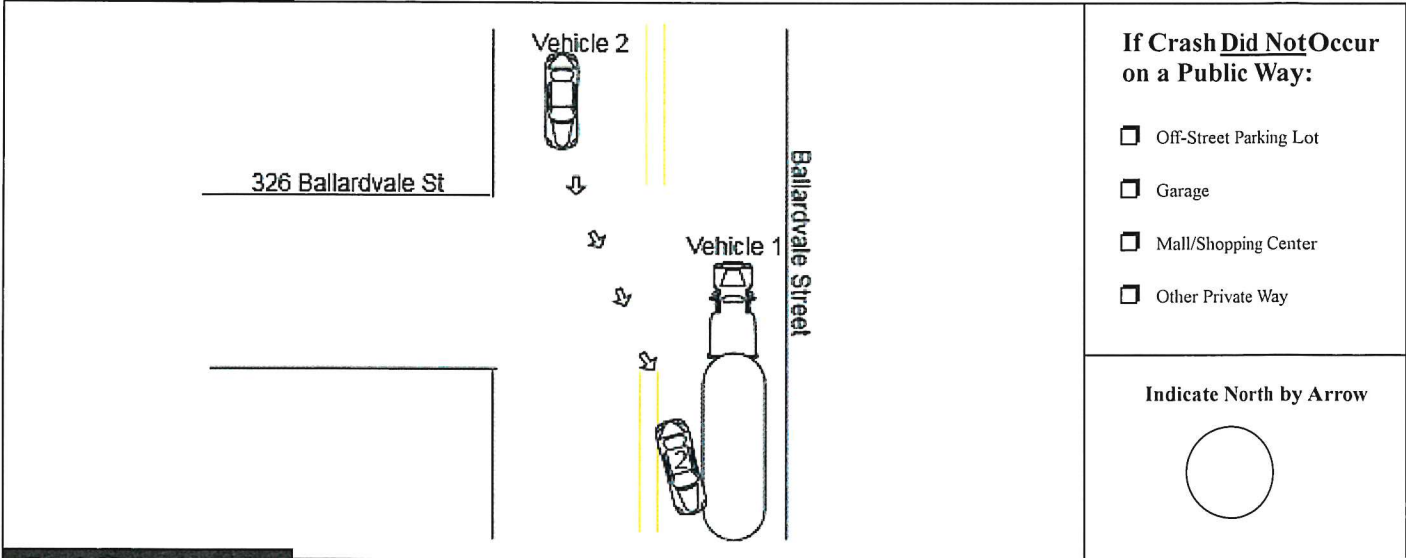
License # <u>S88986007</u> St. <u>MA</u> DOB/Age _____	Reg # <u>4569127</u> Reg Type <u>PC</u> Reg State <u>NH</u>
Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>99</u> <u>20</u> CDL _____	Veh Year <u>2019</u> Veh Make <u>Jeep</u> Veh Config. <u>1</u> <u>21</u>
Operator <u>DOHERTY, JEFFREY M</u>	Owner <u>EAN HOLDINGS LLC</u>
Address <u>66 HIGH ST APT 2</u>	Address <u>526 SECOND ST</u>
City <u>WOBURN</u> State <u>MA</u> Zip <u>01801-4248</u>	City <u>MANCHESTER</u> State <u>NH</u> Zip <u>03102</u>
Insurance Company <u>UNKNOWN</u>	Vehicle Action Prior to Crash <u>97</u> <u>22</u> Damaged Area Code: <u>11</u> <u>27</u> <u>27</u> <u>27</u>
Vehicle Travel Direction: <input type="checkbox"/> <u>N</u> <input checked="" type="checkbox"/> <u>E</u> <input type="checkbox"/> <u>W</u> 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>28</u>
Citation # (If Issued) <u>T1152658</u>	Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u>
Viol. 1: Ch/Sec/Sub <u>90</u> <u>24</u> Viol. 2: Ch/Sec/Sub <u>90</u> <u>23</u>	Driver Contributing Code <u>21</u> <u>25</u> <u>25</u> BAC Test Result: <u>30</u>
Viol. 3: Ch/Sec/Sub <u>89</u> <u>4A</u> Viol. 4: Ch/Sec/Sub _____	Driver Distracted by <u>5</u> <u>26</u> Susp. Alcohol: <u>31</u> Susp. Drug: <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	<del>XXXXXX</del>	<del>X</del>	<u>1</u>	<u>99</u>	<u>3</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	
RACHEL ADAMS	501 HURON AVE CAMBRIDGE, MA 02138-2168		F	3	99	3	0	0	10	1	

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

**Crash Diagram:**

ie: → 1 → 2 → ○ → ○



**Crash Narrative:**

Vehicle 1 was travelling North on Ballardvale Street when Vehicle 2 crossed over the double yellow line into Vehicle 1's lane of travel. Vehicle 2 then struck the back left tires of Vehicle 1. Both parties in Vehicle 2 denied medical treatment. Operator of Vehicle 2 had a suspended license and warrants (he was arrested). Vehicle 1 operator denied medical treatment. Vehicle 2 was towed due to the damage.

**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 R Cabral

207

Wilmington Police Department

06/12/2019

Police Officer Name (Please Print)

Signature

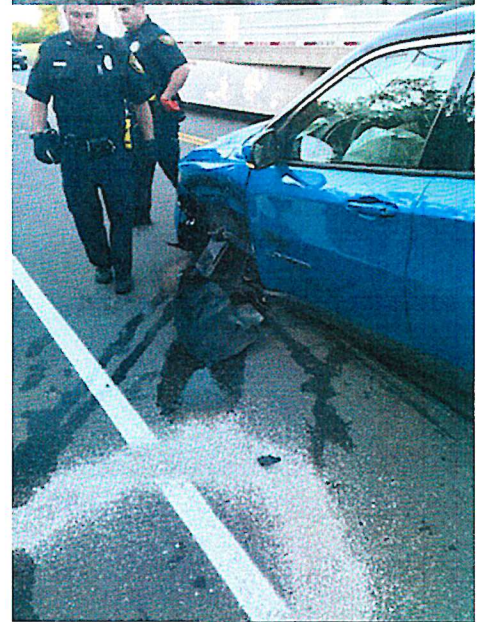
ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department  
Images Associated with 19-203-AC



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

1 **LOWELL ST**  
 Route# Direction Name of Roadway/Street  
 At  
**CROSS ST**  
 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  
 Landmark

Please Select One of the Following:  Vehicle 2 #Occupants  Hit/Run  Moped Crash Report ID# **19-204-AC**

License # **S70604514** St **MA** DOB/Age \_\_\_\_\_ Reg # **5AK244** Reg Type **PC** Reg State **MA**  
 Sex **F** Lic. Class **D** Lic. Restrictions **20** CDL Endorsement \_\_\_\_\_ Veh Year **2009** Veh Make **TOYOTA** Veh Config. **1**  
 Operator **REYES, GABRIELA A** Owner **SANTANA, NIEVES C**  
 Address **83 GREENWOOD ST** Address **83 GREENWOOD APT 3**  
 City **LAWRENCE** State **MA** Zip **01841-4624** City **LAWRENCE** State **MA** Zip **01841-4624**  
 Insurance Company **PLYMOUTH ROCK ASSU** Vehicle Action Prior to Crash **4** Damaged Area Code: **6 27 5 27 4 27**  
 Vehicle Travel Direction: **NSE** 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 **4 25 25** BAC Test Result: **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		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"/>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	
<b>MELISSA REYES</b>	<b>83 GREENWOOD ST LAWRENCE, MA 01841-4624</b>		<b>F</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 2 #Occupants  Non-Motorist A Type **15** Action **16** Location **17** Condition **18**  Hit/Run  Moped

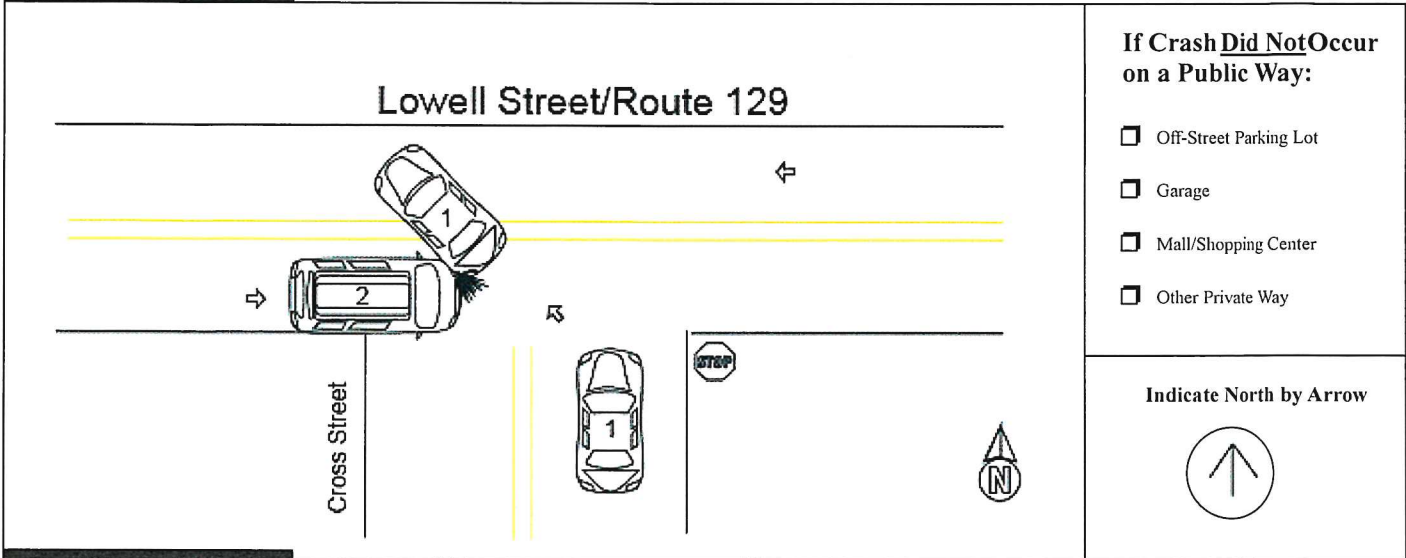
License # **S47197326** St **MA** DOB/Age \_\_\_\_\_ Reg # **4LF416** Reg Type **PC** Reg State **MA**  
 Sex **M** Lic. Class **D** Lic. Restrictions **20** CDL Endorsement \_\_\_\_\_ Veh Year **2008** Veh Make **HONDA** Veh Config. **1**  
 Operator **MENN, DMITRI C** Owner **MENN, DMITRI C**  
 Address **20 LEGGS HILL RD** Address **20 LEGGS HILL RD**  
 City **MARBLEHEAD** State **MA** Zip **01945-1009** City **MARBLEHEAD** State **MA** Zip **01945-1009**  
 Insurance Company **METROPOLITAN PROP** Vehicle Action Prior to Crash **1** Damaged Area Code: **8 27 7 27 1 27**  
 Vehicle Travel Direction: **NSW** 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 **1 25 25** BAC Test Result: **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		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"/>	<b>1</b>	<b>99</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  
 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:**

MV2 was traveling eastbound on Lowell Street/Route 129. MV1 was stopped at the stop sign at the intersection of Cross Street and Lowell Street/Route 129 waiting to turn left onto Lowell Street/Route 129 westbound. MV2 was traveling straight ahead. MV1 pulled out and attempted to take a left across traffic into the westbound lane. MV1 was unable to stop in time and collided with the left side and left rear end of MV1 and completely detaching the rear bumper from MV2. MV1 suffered damage to the left rear and entire rear end. MV2 suffered damage to the left side and left front end of the vehicle. There were no injuries and both vehicles were able to driven from the scene.

**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                                      06/12/2019  
 Police Officer Name (Please Print)                                      Signature                                      ID/Badge #                                      Department                                      Precinct/Barracks                                      Date

**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

482 MIDDLESEX AVE

500 Feet N S E W of SALEM ST

Please Select One of the Following:  Vehicle 1 #Occupants  Hit/Run  Moped Crash Report ID# 19-205-AC

License # S46693541 St. MA DOB/Age Reg # 54L430 Reg Type PC Reg State MA

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

Operator DERRICO, LYNNE M Owner DERRICO, LYNNE M

Address 189 LITTLETON RD APT 66 Address 189 LITTLETON RD APT 66

City CHELMSFORD State MA Zip 01824-2658 City CHELMSFORD State MA Zip 01824-2658

Insurance Company ARBELLA MUTUAL INS

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

Citation # (If Issued)

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

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

Vehicle Action Prior to Crash 1 22 Damaged Area Code: 4 27 3 27 27

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

Most Harmful Event 1 24 Type of Test: 29

Driver Contributing Code 1 25 25 BAC Test Result: 30

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

Towed from scene? 2 33

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above			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 # S74343398 St. MA DOB/Age Reg # 3GM393 Reg Type PC Reg State MA

Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement Veh Year 2002 Veh Make TOYOTA Veh Config. 1 21

Operator JEAN-FRANCOIS, CURTIS Owner JEAN-FRANCOIS, JEANCHESNEL CHESNEL

Address 9 GEARTY ST Address 9 GEARTY ST

City WILMINGTON State MA Zip 01887-1346 City WILMINGTON State MA Zip 01887-1346

Insurance Company AMICA MUTUAL INS

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

Citation # (If Issued)

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

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

Vehicle Action Prior to Crash 1 22 Damaged Area Code: 8 27 27 27

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

Most Harmful Event 1 24 Type of Test: 29

Driver Contributing Code 1 25 25 BAC Test Result: 30

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

Towed from scene? 2 33

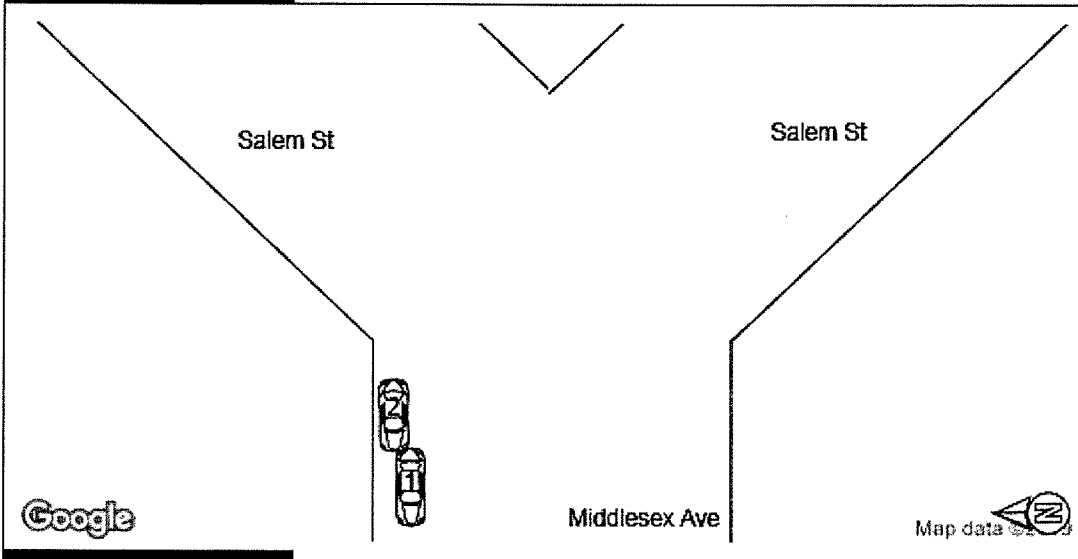
Please fill out for operator/non-motorist and all occupants involved

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

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

**Crash Diagram:**

ie: → 1 → 2 → ○ → ○



**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:**

Both vehicles 1 and 2 were traveling west on Middlesex Ave. Both operators stated a utility truck was stopped, pulled off to the right side of the roadway. They both stated the utility truck then pulled into their lane of travel without signaling, or notice causing vehicle 1 to stop short then causing vehicle 2 to crash into vehicle 1. The utility truck continued west on Middlesex Ave without stopping.

**Witnesses:**

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

**Property Damage:**

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

**Truck and Bus Information:**

Registration # \_\_\_\_\_ (From Vehicle Section)

Carrier Name \_\_\_\_\_ Bus Use  42

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

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

Interstate  43    Cargo Body Type Code  44    GVWR/GCWR  45

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

**Hazmat Information:**

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

Patrol Officer Michael W Wandell

174

Wilmington Police Department

06/13/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

<b>Police Use Only</b>			<b>Commonwealth of Massachusetts</b>				<b>RMV Document Number</b>							
Date of Crash 06/14/2019	Time of Crash 1611 24HR	City/Town <b>Wilmington</b>	<b>Motor Vehicle Crash Police Report</b>		Number Vehicles <b>1</b>	Number Injured <b>1</b>	Speed Limit <u>25</u>	Latitude <u>+042.5418</u>	Longitude <u>-071.180</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"/>

<b>AT INTERSECTION:</b>	<b>&lt; LOCATION &gt;</b>	<b>NOT AT INTERSECTION:</b>
Route# _____ Direction _____ Name of Roadway/Street _____ At _____	Route# _____ Direction _____ Address # <u>103</u> Name of Roadway/Street <u>BURLINGTON AVE</u>	Route# _____ Direction _____ Name of Roadway/Street _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____	Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____ Mile Marker _____ Exit Number _____	Route# _____ Intersecting Roadway/Street _____
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 _____	Route# _____ Intersecting Roadway/Street _____
	Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____	Landmark _____

Please Select One of the Following:  Vehicle 1 #Occupants  Hit/Run  Moped  Crash Report ID# **19-206-AC**

License # <u>S51794017</u> St <u>MA</u> DOB/Age _____ Reg # <u>BC10AM</u> Reg Type <u>PC</u> Reg State <u>MA</u>	Sex <u>M</u> Lic. Class <u>D</u> Lic. Restrictions <u>B</u> CDL _____ Veh Year <u>2017</u> Veh Make <u>TOYOTA</u> Veh Config. <u>1</u>
Operator <u>DONOVAN, SHAWN P</u> Address <u>7 EMERSON RD</u> City <u>BILLERICA</u> State <u>MA</u> Zip <u>01821-1422</u>	Owner <u>DONOVAN, MARIAN LAURICE</u> Address <u>6 EMERSON RD</u> City <u>BILLERICA</u> State <u>MA</u> Zip <u>01821-1436</u>
Insurance Company <u>ALLSTATE INSURANCE</u>	Vehicle Action Prior to Crash <u>1</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"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u>	Event Sequence <u>24</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>28</u>
Citation # (If Issued) _____	Most Harmful Event <u>24</u> Type of Test: <u>29</u>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code <u>20</u> <u>25</u> <u>25</u> BAC Test Result: <u>30</u>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by <u>5</u> Susp. Alcohol: <u>31</u> Susp. Drug: <u>32</u>
	Towed from scene? <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 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			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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

License # _____ St _____ DOB/Age _____ Reg # _____ Reg Type _____ Reg State _____	Sex _____ Lic. Class <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____ Veh Year _____ Veh Make _____ Veh Config. <u>21</u>
Operator _____ Address _____ City _____ State _____ Zip _____	Owner _____ Address _____ City _____ State _____ Zip _____
Insurance Company _____	Vehicle Action Prior to Crash <u>22</u> Damaged Area Code: <u>27</u> <u>27</u> <u>27</u>
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____	Event Sequence <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>28</u>
Citation # (If Issued) _____	Most Harmful Event <u>24</u> Type of Test: <u>29</u>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code <u>25</u> <u>25</u> BAC Test Result: <u>30</u>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by <u>26</u> Susp. Alcohol: <u>31</u> Susp. Drug: <u>32</u>
	Towed from scene? <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 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			<input checked="" type="checkbox"/>							



<b>Police Use Only</b>			<b>Commonwealth of Massachusetts</b>				<b>RMV Document Number</b>									
Date of Crash 06/15/2019	Time of Crash 1014 24HR	City/Town Wilmington	<b>Motor Vehicle Crash Police Report</b>				Number Vehicles 2	Number Injured 0	Speed Limit <u>15</u>	Latitude _____	Longitude _____	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 _____ At _____			Route# <u>211</u> Direction _____ Address # <u>LOWELL ST</u> Name of Roadway/Street _____			
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____			_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Mile Marker _____ Exit Number _____			
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 _____ Route# _____ Intersecting Roadway/Street _____			
			Landmark _____			

Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle <u>1</u> #Occupants _____		<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped	Crash Report ID# <b>19-207-AC</b>
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License # <u>S46144757</u> St. <u>MA</u> DOB/Ag. _____		Reg # <u>4564A</u> Reg Type <u>AP</u> Reg State <u>MA</u>	
Sex <u>M</u> Lic. Class <u>B</u> <u>19</u> <u>19</u> Lic. Restrictions <u>99</u> <u>20</u> CDL _____	Veh Year <u>2018</u> Veh Make <u>Other-not listed</u> Veh Config. <u>6</u> <u>21</u>		
Operator <u>OBRIEN, JOSEPH A</u> Last First Middle		Owner <u>RYDER TRUCK RENTAL LT</u> Last First Middle	
Address <u>121 SOUTH ST</u>		Address <u>329 JEFFERSON RD</u>	
City <u>AUBURN</u> State <u>MA</u> Zip <u>01501-2728</u>		City <u>ROCHESTER</u> State <u>NY</u> Zip <u>14623-0000</u>	
Insurance Company <u>ARBELLA PROTECTION</u>		Vehicle Action Prior to Crash <u>2</u> <u>22</u> Damaged Area Code: <u>3</u> <u>27</u> <u>27</u> <u>27</u>	
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u>		Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>28</u>	
Citation # (If Issued) <u>R7136636</u>		Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u>	
Viol. 1: Ch/Sec/Sub <u>89</u> <u>4A</u> Viol. 2: Ch/Sec/Sub _____		Driver Contributing Code <u>9</u> <u>25</u> <u>25</u> BAC Test Result: <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>31</u> Susp. Drug: <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	<del>XXXXXX</del>	<del>X</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: <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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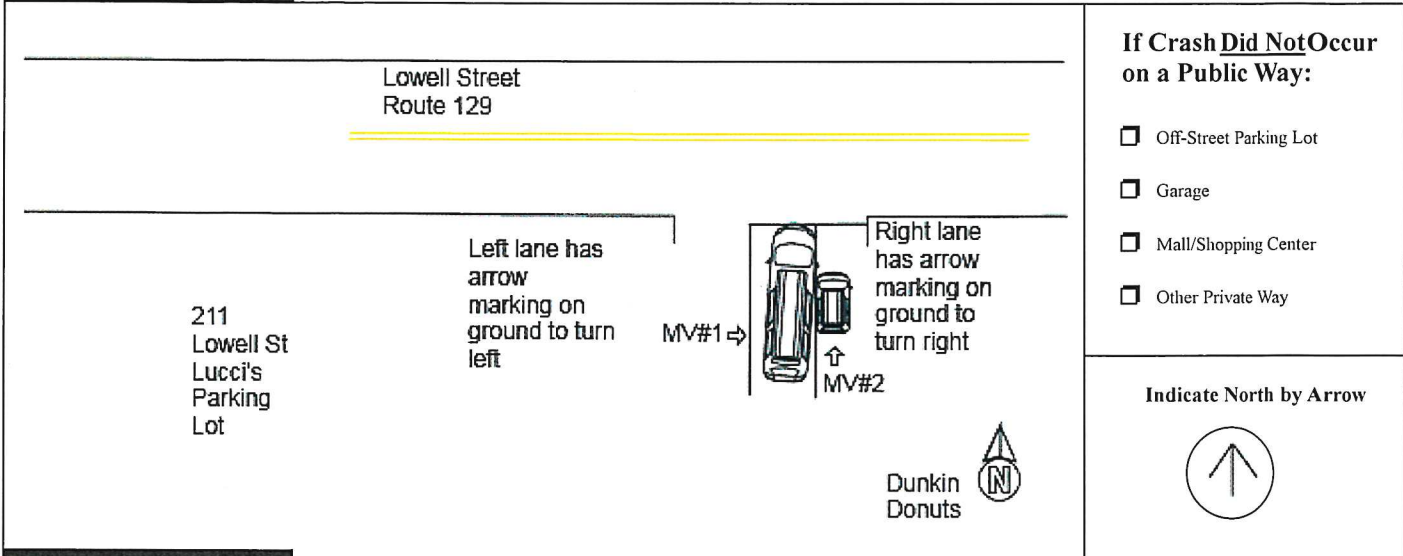
License # <u>S73871732</u> St. <u>MA</u> DOB/Ag. _____		Reg # <u>VB9716</u> Reg Type <u>PC</u> Reg State <u>MA</u>	
Sex <u>F</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL _____	Veh Year <u>2019</u> Veh Make <u>GMC</u> Veh Config. <u>2</u> <u>21</u>		
Operator <u>AMENDOLA, CHRISTINE M</u> Last First Middle		Owner <u>AMENDOLA, CHRISTINE M</u> Last First Middle	
Address <u>6 DARTMOUTH AVE</u>		Address <u>6 DARTMOUTH AVE</u>	
City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-2952</u>		City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-2952</u>	
Insurance Company <u>UNITED SERVICES</u>		Vehicle Action Prior to Crash <u>2</u> <u>22</u> Damaged Area Code: <u>8</u> <u>27</u> <u>27</u> <u>27</u>	
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u>		Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>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>30</u>	
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____		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>	

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>	<u>1</u>	<u>99</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:**

Oper. of MV#1 pulled up to the Luccis Parking lot exit for Lowell Street where there are yellow arrow marked on the pavement indicating left turn. MV#2 pull up to the Luccis Parking lot exit for Lowell Street where there are yellow arrows marked on the pavement indicating right turn. MV#1 then began to turn right from the lane where you are suppose to turn left and struck MV#2 driverside front fender, hood and rim. Oper of MV#1 also indicated that he had not put on his blinker to turn right.

**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 C Cadigan

178

Wilmington Police Department

06/15/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date