

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1 4 | Route# Direction Name of Roadway/Street | Route# Direction Address # Name of Roadway/Street

Route# Direction Name of Roadway/Street | At | Feet N S E W of . . . or . . . Exit Number

Route# Direction Name of Intersecting Roadway/Street | Main St | Feet N S E W of . . . Mile Marker | Exit Number

Also at Intersection with | Route# Intersecting Roadway/Street

2 1 | Route# Direction Name of 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# 19-214-AC

License # S53796202 St MA DOB/Age. Reg # 9BN621 Reg Type PC Reg State MA

Sex M Lic. Class 19 19 Lic. Restrictions 1 20 CDL Endorsement

Operator PIC, PILEAK AARON | Owner HERTZ VEHICLES LLC

Address 27 LEROY ST | Address 450 MCCLELLIAN HWY

City LOWELL State MA Zip 01851-2542 | City BOSTON State MA Zip 02128-1144

Insurance Company ACE INDEMNITY INS | Vehicle Action Prior to Crash 1 22 Damaged Area Code: 10 27 2 27 27

Vehicle Travel Direction: N S E X Responding to Emergency? 2 | Event Sequence 22 23 23 23 23 Test Status: 1 28

Citation # (If Issued) | Most Harmful Event 22 24 Type of Test: 29

Viol. 1: Ch/Sec/Sub | Driver Contributing Code 21 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? 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			1	1	4	0	0	10	3	POLICE DEPARTMENT

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 19 19 Lic. Restrictions 20 CDL Endorsement

Operator _____ | Owner _____

Address _____ | Address _____

City _____ State _____ Zip _____ | City _____ State _____ Zip _____

Insurance Company _____ | Vehicle Action Prior to Crash 22 Damaged Area Code: 27 27 27

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

Citation # (If Issued) _____ | Most Harmful Event 24 Type of Test: 29

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

Viol. 2: Ch/Sec/Sub | Driver Distracted by 26 Susp. Alcohol: 31 Susp. Drug: 32

Viol. 3: Ch/Sec/Sub | 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			1							

Date of Crash 06/24/2019 Time of Crash 0708 24HR City/Town **Wilmington** **Motor Vehicle Crash Police Report** Number Vehicles 2 Number Injured 0 Speed Limit 40 State Police Local Police MBTA Police Campus Police Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

<p>ROUTE 62 HWY</p> <p>Route# _____ Direction _____ Name of Roadway/Street _____</p> <p>At _____</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p> <p>Also at Intersection with _____</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p>	<p>Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____</p> <p>_____ Feet N S E W of _____ • _____ or _____ Mile Marker _____ Exit Number _____</p> <p>_____ Feet N S E W of _____ Route# _____ Intersecting Roadway/Street _____</p> <p>_____ Feet N S E W of _____ Landmark _____</p>
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Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped **Crash Report ID# 19-215-AC**

<p>License # NHL16797886 St. NH DOB/Age _____</p> <p>Sex M Lic. Class D <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____ Endorsement _____</p> <p>Operator BLAKE, STEVEN M</p> <p>Address 462 BAY HILL RD</p> <p>City NORTHFIELD State NH Zip 032764623</p> <p>Insurance Company GEICO</p> <p>Vehicle Travel Direction: <input checked="" type="checkbox"/> S E W Responding to Emergency? <u>2</u></p> <p>Citation # (If Issued) _____</p> <p>Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____</p> <p>Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____</p>	<p>Reg # 4426268 Reg Type PC Reg State NH</p> <p>Veh Year 2015 Veh Make DODGE Veh Config. <u>2</u> <u>21</u></p> <p>Owner BLAKE, STEVEN M</p> <p>Address 462 BAY HILL RD</p> <p>City NORTHFIELD State NH Zip 032764623</p> <p>Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>1</u> <u>27</u> <u>27</u> <u>27</u></p> <p>Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u></p> <p>Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>1</u> <u>29</u></p> <p>Driver Contributing Code <u>1</u> <u>25</u> <u>25</u> BAC Test Result: <u>1</u> <u>30</u></p> <p>Driver Distracted by <u>0</u> <u>26</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u></p> <p>Towed from scene? <u>1</u> <u>33</u></p>
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Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator		See Above	<input checked="" type="checkbox"/>	<u>1</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	

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

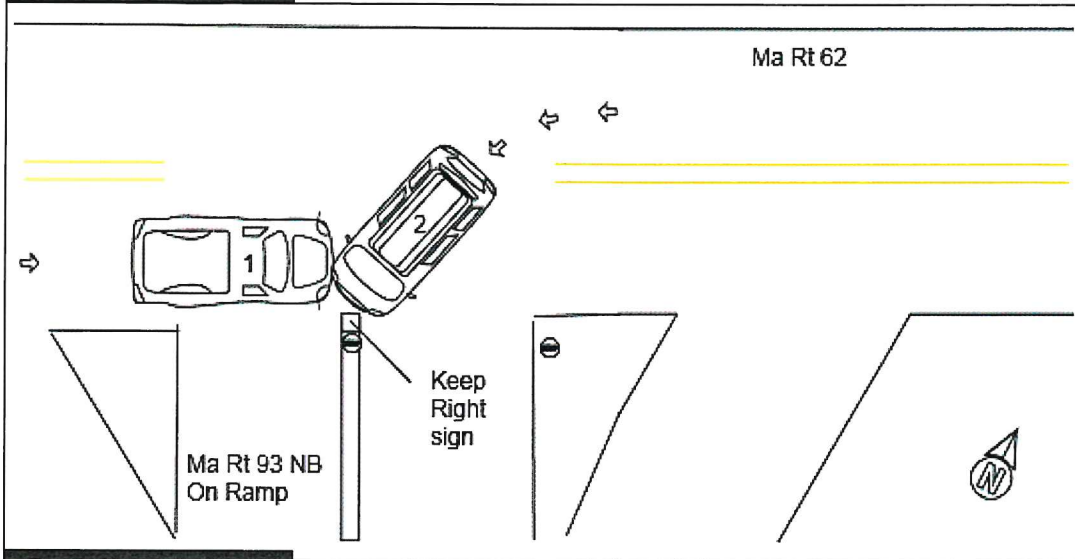
<p>License # S64080678 St. MA DOB/Age _____</p> <p>Sex F Lic. Class D <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____ Endorsement _____</p> <p>Operator ETHTRAN, PHALLY</p> <p>Address 300 WOBURN ST APT 1</p> <p>City WILMINGTON State MA Zip 01887</p> <p>Insurance Company GEICO GENERAL INS</p> <p>Vehicle Travel Direction: <input checked="" type="checkbox"/> N E W Responding to Emergency? <u>2</u></p> <p>Citation # (If Issued) _____</p> <p>Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____</p> <p>Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____</p>	<p>Reg # 5KB273 Reg Type PC Reg State MA</p> <p>Veh Year 2016 Veh Make HYUNDAI Veh Config. <u>1</u> <u>21</u></p> <p>Owner ETHTRAN, PHALLY</p> <p>Address 300 WOBURN ST APT 1</p> <p>City WILMINGTON State MA Zip 01887</p> <p>Vehicle Action Prior to Crash <u>4</u> <u>22</u> Damaged Area Code: <u>1</u> <u>27</u> <u>27</u> <u>27</u></p> <p>Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u></p> <p>Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>1</u> <u>29</u></p> <p>Driver Contributing Code <u>19</u> <u>25</u> <u>4</u> <u>25</u> BAC Test Result: <u>1</u> <u>30</u></p> <p>Driver Distracted by <u>99</u> <u>26</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u></p> <p>Towed from scene? <u>1</u> <u>33</u></p>
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Please fill out for operator/non-motorist and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist		See Above	<input checked="" type="checkbox"/>	<u>1</u>	<u>1</u>	<u>3</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○



If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow



Crash Narrative:

On 6/24/19, I located a crash at the intersection of Ma Rt 62 and Ma Rt 93NB on ramp. Both operators were wearing seat belts at time of crash. Veh 2 operator reported minor injuries. Wilmington Fire was dispatched, checked out operator and she refused medical assistance. Veh 1 operator reported traveling straight and Veh 2 turned left in front of him. He reported he was unable to stop to avoid crash. Veh 1 suffered damage to front bumper, engine compartment, grill and hood. Veh 2 operator reported she thought Veh 1 traffic light allowed her to go and she turned left. She stated she realised too late that there were no traffic lights. Veh 2 suffered damage to front bumper, front right quarter, hood and grill. There are no traffic lights at this intersection. A stop sign is present but was not for either vehicle. Cains Towing arrived and removed both vehicles. 1 Mass Highway sign (Keep right) minor damage.

Witnesses:

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

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
COMMONWEALTH OF MASSACHUSETTS	10 PARK PLZ Apt. #4160 BOSTON MA		1	KEEP RIGHT SIGN/POST

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

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

Hazmat Information:

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

Patrol Officer Daniel P Furbush

196

Wilmington Police Department

06/24/2019

Police Officer Name (Please Print)

Signature

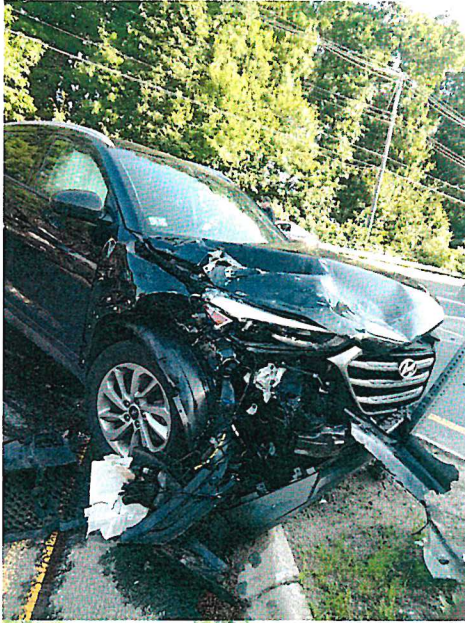
ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department
Images Associated with 19-215-AC



Commonwealth of Massachusetts

Motor Vehicle Crash Police Report

Police Use Only: Date of Crash 06/28/2019, Time of Crash 0924 (24HR), City/Town Wilmington

RMV Document Number: Speed Limit 35, State Police , Local Police , MBTA Police , Campus Police , Other

Number Vehicles 2, Number Injured 0, Latitude _____, Longitude _____

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

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

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

2 1 Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

2 10 Route# 411 Direction _____ Address # 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# **19-217-AC**

License # S55243982 St. MA DOB/Agv. _____ Reg # 787LF6 Reg Type PC Reg State MA

Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL _____ Veh Year 2014 Veh Make CHEVROLET Veh Config. 1 21

Operator ROGERS, RANDALL S Owner ROGERS, RANDALL S

Address 20 BROAD ST Address 20 BROAD ST

City WILMINGTON State MA Zip 01887-1946 City WILMINGTON State MA Zip 01887-1946

Insurance Company GEICO GENERAL INS Vehicle Action Prior to Crash 2 22 Damaged Area Code: 0 27 27 27

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

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

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code 99 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? 2 33

Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator		See Above	<input checked="" type="checkbox"/>	<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 # S32091232 St. MA DOB/Agv. _____ Reg # RS13PA Reg Type PC Reg State MA

Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL _____ Veh Year 2015 Veh Make HONDA Veh Config. 1 21

Operator DEVLIN, PAUL THOMAS Owner DEVLIN, THOMAS W

Address 5 APPLETREE LN Address 5 APPLETREE LN

City WILMINGTON State MA Zip 01887-3916 City WILMINGTON State MA Zip 01887-3916

Insurance Company SAFETY INSURANCE Vehicle Action Prior to Crash 2 22 Damaged Area Code: 5 27 27 27

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

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

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

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

Towed from scene? 2 33

Please fill out for operator/non-motorist and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist		See Above	<input checked="" type="checkbox"/>	<u>1</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	
HANNAH DEVLIN		<u>5 APPLE TREE LN WILMINGTON, MA 01887</u>	<u>F</u>	<u>3</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	

Date of Crash 06/28/2019 Time of Crash 1217 City/Town Wilmington **Motor Vehicle Crash** Number Vehicles 1 Number Injured 1 Speed Limit 15 State Police
 24HR **Police Report** Latitude _____ MBTA Police
 Longitude _____ Other: _____

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

<p>Route# _____ Direction _____ Name of Roadway/Street _____</p> <p style="text-align: center;">At</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p> <p style="text-align: center;">Also at Intersection with</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p>	<p style="text-align: center;">340 BALLARDVALE ST</p> <p>Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____</p> <p>_____ Feet N S E W of _____ or _____</p> <p style="text-align: center;">Mile Marker _____ Exit Number _____</p> <p>_____ Feet N S E W of _____</p> <p>_____ Feet N S E W of _____</p> <p style="text-align: center;">Route# _____ Intersecting Roadway/Street _____</p> <p style="text-align: center;">Landmark _____</p>
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Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped Crash Report ID# **19-218-AC**

<p>License # <u>S23289770</u> St. <u>MA</u> DOB/Age _____</p> <p>Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL _____</p> <p>Operator <u>ROSARIO, DARWIN</u></p> <p>Address <u>27 CARLETON ST</u></p> <p>City <u>METHUEN</u> State <u>MA</u> Zip <u>01844-4305</u></p> <p>Insurance Company <u>NORFOLK DEDHAM MUT</u></p> <p>Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? <u>2</u></p> <p>Citation # (If Issued) _____</p> <p>Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____</p> <p>Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____</p>	<p>Reg # <u>CS9762</u> Reg Type <u>PC</u> Reg State <u>MA</u></p> <p>Veh Year <u>2000</u> Veh Make <u>HONDA</u> Veh Config. <u>2</u></p> <p>Owner <u>ROSARIO, DARWIN</u></p> <p>Address <u>27 CARLETON ST</u></p> <p>City <u>METHUEN</u> State <u>MA</u> Zip <u>01844-4305</u></p> <p>Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>3</u> <u>27</u> <u>27</u> <u>27</u></p> <p>Event Sequence <u>10</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u></p> <p>Most Harmful Event <u>10</u> <u>24</u> Type of Test: <u>1</u> <u>29</u></p> <p>Driver Contributing Code <u>10</u> <u>25</u> <u>1</u> <u>25</u> BAC Test Result: <u>1</u> <u>30</u></p> <p>Driver Distracted by <u>99</u> <u>26</u> Susp. Alcohol: <u>31</u> Susp. Drug: <u>32</u></p> <p>Towed from scene? <u>1</u> <u>33</u></p>
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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			<u>1</u>	<u>99</u>	<u>3</u>	<u>99</u>	<u>0</u>	<u>9</u>	<u>2</u>	Winchester Hospital

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

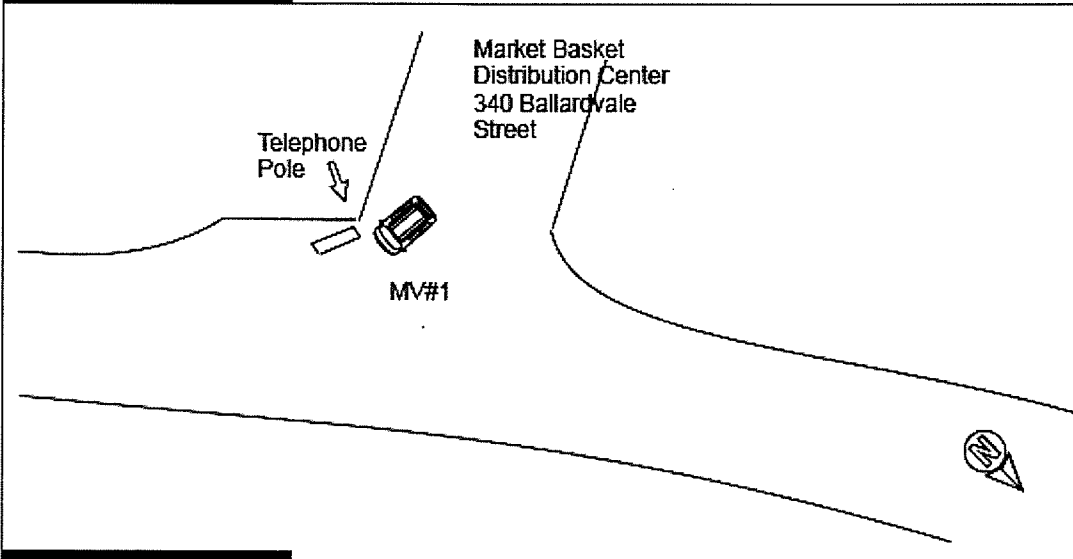
<p>License # _____ St. _____ DOB/Age _____</p> <p>Sex _____ Lic. Class <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____</p> <p>Operator _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Insurance Company _____</p> <p>Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____</p> <p>Citation # (If Issued) _____</p> <p>Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____</p> <p>Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____</p>	<p>Reg # _____ Reg Type _____ Reg State _____</p> <p>Veh Year _____ Veh Make _____ Veh Config. <u>21</u></p> <p>Owner _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Vehicle Action Prior to Crash <u>22</u> Damaged Area Code: <u>27</u> <u>27</u> <u>27</u></p> <p>Event Sequence <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>28</u></p> <p>Most Harmful Event <u>24</u> Type of Test: <u>29</u></p> <p>Driver Contributing Code <u>25</u> <u>25</u> BAC Test Result: <u>30</u></p> <p>Driver Distracted by <u>26</u> Susp. Alcohol: <u>31</u> Susp. Drug: <u>32</u></p> <p>Towed from scene? <u>33</u></p>
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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			<u>1</u>							

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

Crash Diagram:

ie: → 1 → 2 → →



If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow



Crash Narrative:

Oper. of MV#1 was leaving the parking lot at 340 Ballardvale Street Andover Mass. As MV#1 was nearing the exit onto Ballardvale Street Wilmington he struck a jersey barrier with the front right side of MV#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 Daniel C Cadigan

178

Wilmington Police Department

06/28/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

<p>1 1 Route# _____ Direction _____ Name of Roadway/Street _____ At _____ Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____ 2 1 Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p>	<p>2 10 Route# _____ Direction _____ Address # 507 Name of Roadway/Street WOBURN ST _____ Feet N S E W of _____ or _____ Exit Number _____ 3 11 _____ Feet N S E W of _____ Mile Marker _____ _____ Feet N S E W of _____ Route# _____ Intersecting Roadway/Street _____ _____ Landmark _____</p>
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Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped
 Crash Report ID# **19-219-AC**

<p>3 License # S49330236 St MA DOB/Age _____ Sex M Lic. Class M 19 19 Lic. Restrictions 20 CDL _____ Endorsement _____ Operator RIPIANZI, ALEX L Last First Middle Address 55 ASHWOOD AVE City WILMINGTON State MA Zip 01887-4403 Insurance Company PROGRESSIVE DIRECT Vehicle Travel Direction: <input checked="" type="checkbox"/> 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 _____</p>	<p>1 12 Reg # 1H7290 Reg Type MC Reg State MA Veh Year 2012 Veh Make KAWASAKI Veh Config. 3 21 Owner RIPIANZI, JOSEPH S Last First Middle Address 55 ASHWOOD AVE City WILMINGTON State MA Zip 01887-4403 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 Most Harmful Event 1 24 Type of Test: 1 29 Driver Contributing Code 99 25 25 BAC Test Result: 1 30 Driver Distracted by 99 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Towed from scene? 2 33</p>
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Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator		See Above	<input checked="" type="checkbox"/>	1	0	5	2	0	8	2	Winchester Hospital

7 1 Please Select One of the Following: Vehicle 2 #Occupants Non-Motorist A Type 15 Action 16 Location 17 Condition 18 Hit/Run Moped

<p>8 1 License # S57357940 St MA DOB/Age _____ Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL _____ Endorsement _____ Operator SHEERIN, MICHAEL T Last First Middle Address 507 WOUBURN ST City WILMINGTON State MA Zip 01887 Insurance Company SAFETY INSURANCE Vehicle Travel Direction: <input checked="" type="checkbox"/> 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 _____</p>	<p>1 14 Reg # 1YBY11 Reg Type PC Reg State MA Veh Year 2005 Veh Make CHEVROLET Veh Config. 1 21 Owner SHEERIN, THOMAS PATRICK Last First Middle Address 507 WOUBURN ST City WILMINGTON State MA Zip 01887-2534 Vehicle Action Prior to Crash 10 22 Damaged Area Code: 3 27 27 27 Event Sequence 1 23 23 23 23 Test Status: 1 28 Most Harmful Event 1 24 Type of Test: 1 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</p>
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Please fill out for operator/non-motorist and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist		See Above	<input checked="" type="checkbox"/>	1	99	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:

Vehicle 2 was backing out of driveway. Vehicle 1 was coming around the corner. Both Operators did not see each other. Vehicle 1 struck the rear of vehicle 2.

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

Address _____ City _____ St _____ Zip _____

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

Interstate Cargo Body Type Code GVWR/GCWR

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

Hazmat Information:

Placard Material 1 digit # Material Name _____ Material 4 digit # _____ Release code

Patrol Officer Rafael G Cruz

198

Wilmington Police Department

06/28/2019

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 # **1 AVALON DR**

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

Route# Direction Name of Intersecting Roadway/Street

Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped Crash Report ID# **19-220-AC**

License # **S73494888** St. **MA** DOB/Age _____ Reg # **842BW2** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** Lic. Restrictions **20** CDL Endorsement _____ Veh Year **2016** Veh Make **MITSUBISHI** Veh Config. **1**

Operator **BELDING, HENRY M** Owner **BELDING, HENRY M**

Address **25 PARKER ST** Address **25 PARKER ST**

City **WILMINGTON** State **MA** Zip **01887-4100** City **WILMINGTON** State **MA** Zip **01887-4100**

Insurance Company **PLYMOUTH ROCK ASSU** Vehicle Action Prior to Crash **1** Damaged Area Code: **8 27 27 27**

Vehicle Travel Direction: **NSE** 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** Type of Test: **1 30**

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

Viol. 2: Ch/Sec/Sub _____ Driver Distracted by **99 26** Susp. Alcohol: **2 31** Susp. Drug: **99 32**

Viol. 3: Ch/Sec/Sub _____ 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	<input checked="" type="checkbox"/>	1	1	3	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 # **S56123787** St. **MA** DOB/Age _____ Reg # **3WE943** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** Lic. Restrictions **20** CDL Endorsement _____ Veh Year **2011** Veh Make **TOYOTA** Veh Config. **1**

Operator **GERARDI, SARINA M** Owner **GERARDI, SARINA M**

Address **8 EVERGREEN AVE** Address **8 EVERGREEN AVE**

City **BURLINGTON** State **MA** Zip **01803-2304** City **BURLINGTON** State **MA** Zip **01803-2304**

Insurance Company **PLYMOUTH ROCK ASSU** Vehicle Action Prior to Crash **1** Damaged Area Code: **1 27 8 27 27**

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

Citation # (If Issued) _____ Most Harmful Event **1 24** Type of Test: **1 30**

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

Viol. 2: Ch/Sec/Sub _____ Driver Distracted by **99 26** Susp. Alcohol: **2 31** Susp. Drug: **1 32**

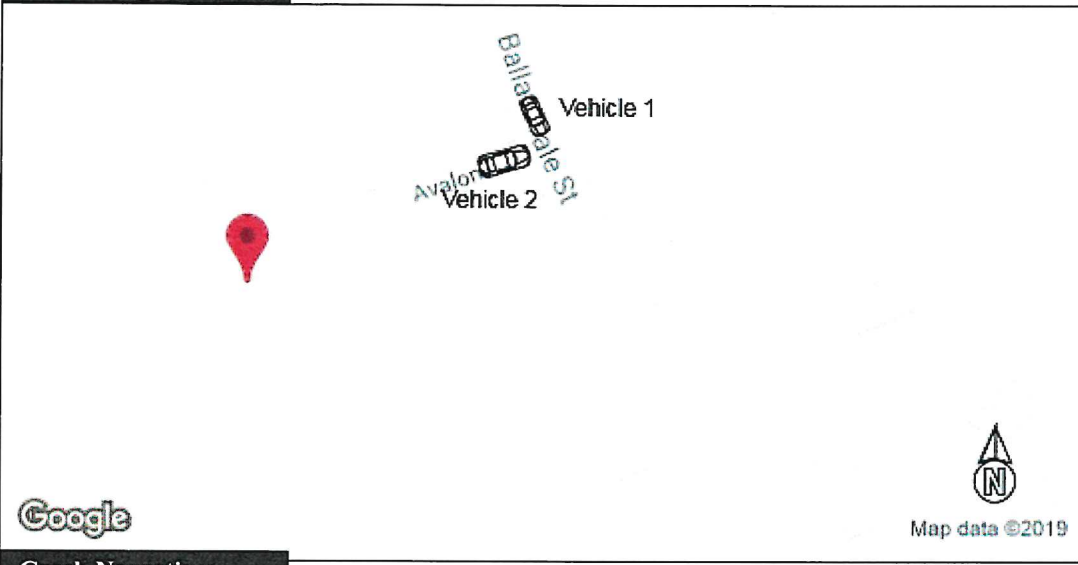
Viol. 3: Ch/Sec/Sub _____ Towed from scene? **1 33**

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	<input checked="" type="checkbox"/>	1	0	3	0	0	8	2	Lahey Clinic

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○



If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow



Crash Narrative:

Vehicle 1 was traveling south on Ballardvale Street. Vehicle 2 was exiting Avalon Drive. The operator of Vehicle 2 stated she did not see Vehicle 1 and drove into him. The operator of Vehicle 2 admitted to smoking marijuana in her vehicle.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
NELSON RYAN	40A HENRY BRIDGE RD GOFFSTOWN NH 03045		

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

06/29/2019

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

Route# Direction Address # Name of Roadway/Street
 Feet **N S E W** of Mile Marker Exit Number
 Feet **N S E W** of Route# Intersecting Roadway/Street
 Feet **N S E W** of **PARKING LOT** Landmark

Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped Crash Report ID# **19-221-AC**

License # **S10260888** St **MA** DOB/Ag _____ Reg # **33MB72** Reg Type **PC** Reg State **MA**
 Sex **F** Lic. Class **D** Lic. Restrictions **1** CDL Endorsement _____ Veh Year **2005** Veh Make **TOYOTA** Veh Config. **1**
 Operator **WOLFE, JANET LEE** Owner **WOLFE, JANET LEE**
 Address **1 FAIRVIEW AVE** Address **1 FAIRVIEW AVE**
 City **WILMINGTON** State **MA** Zip **01887-2444** City **WILMINGTON** State **MA** Zip **01887-2444**
 Insurance Company **NORFOLK DEDHAM MUT** Vehicle Action Prior to Crash **3** 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 _____ Driver Contributing Code **99 25 25** BAC Test Result: **30**
 Viol. 2: Ch/Sec/Sub _____ Driver Distracted by **0 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		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 # **S17687834** St **MA** DOB/Ag _____ Reg # **8WA886** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D** Lic. Restrictions **1** CDL Endorsement _____ Veh Year **2018** Veh Make **ROVER** Veh Config. **2**
 Operator **KING, DANIEL J** Owner **KING, DANIEL J**
 Address **2111 HORSESHOE LN** Address **2111 HORSESHOE LN**
 City **WILMINGTON** State **MA** Zip **01887-3096** City **WILMINGTON** State **MA** Zip **01887-3096**
 Insurance Company **GOVT EMPLOYEE INS** Vehicle Action Prior to Crash **97** Damaged Area Code: **6 27 27 27**
 Vehicle Travel Direction: **N S X W** Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **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 **0 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		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	

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 _____ Exit Number
 Feet **NSEW** of _____ Route# Intersecting Roadway/Street
 Feet **NSEW** of _____
 Landmark

Please Select One of the Following: Vehicle 13 #Occupants Hit/Run Moped
 Crash Report ID# **19-222-AC**

License # **S17845585** St **MA** DOB/Age _____ Reg # **6RH684** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D** Lic. Restrictions **20** CDL _____ Veh Year **2018** Veh Make **HYUNDAI** Veh Config. **1**
 Operator **KINITI, LAWRENCE** Owner **COOPERATIVE FOR HUMAN SERVICES INC**
 Address **105 FELKER ST APT 9** Address **420 BEDFORD ST ST APT 100**
 City **LOWELL** State **MA** Zip **01852-5831** City **LEXINGTON** State **MA** Zip **02042-0000**
 Insurance Company **PHILADELPHIA INDEM** Vehicle Action Prior to Crash **1** Damaged Area Code: **1 27 27 27**
 Vehicle Travel Direction: **NSE** Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **1 28**
 Citation # (If Issued) _____ Most Harmful Event **1 24** Type of Test: **29**
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **19 25 11 25** BAC Test Result: **1 30**
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **99 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**
 Towed from scene? **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				1	1	4	0	0	9	2	Lahey Clinic
RICHARD ROSENBERGER	19 INDEPENDENCE DR WOBURN, MA 01801-3857		M	3	1	4	0	0	9	2	Lahey Clinic
DANIEL PHIPPS	292 MIDDLESEX AVE WILMINGTON, MA 01887-0000		M	6	1	4	0	0	9	2	Lahey Clinic

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 **19 19** Lic. Restrictions **20** CDL _____ Veh Year _____ Veh Make _____ Veh Config. **21**
 Operator _____ Owner _____
 Address _____ Address _____
 City _____ State _____ Zip _____ City _____ State _____ Zip _____
 Insurance Company _____ Vehicle Action Prior to Crash **22** Damaged Area Code: **27 27 27**
 Vehicle Travel Direction: **NSEW** Responding to Emergency? _____ Event Sequence **23 23 23 23** Test Status: **28**
 Citation # (If Issued) _____ Most Harmful Event **24** Type of Test: **29**
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **25 25** BAC Test Result: **30**
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **26** Susp. Alcohol: **31** Susp. Drug: **32**
 Towed from scene? **33**

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

