

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

1 1 Route# Direction Name of Roadway/Street At
 Route# Direction Name of Intersecting Roadway/Street Also at Intersection with
 2 1 Route# Direction Name of Intersecting Roadway/Street
 3 Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped Crash Report ID# **19-223-AC**

License # **S87209085** St **MA** DOB/Age _____ Reg # **S59482** Reg Type **CO** Reg State **MA**
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL _____ Veh Year **2017** Veh Make **International** Veh Config. **1** 21
 Operator **PHINNEY, DEREK F** Owner **EAN HOLDINGS LLC**
 Address **9A HOBSON ST** Address **14002 EAST 21ST ST ST APT 1500**
 City **LAWRENCE** State **MA** Zip **01841-4909** City **TULSA** State **OK** Zip **74134-0000**
 Insurance Company **SAFETY INSURANCE** Vehicle Action Prior to Crash **11** 22 Damaged Area Code: **6** 27 7 27 27
 Vehicle Travel Direction: N E W Responding to Emergency? **2** Event Sequence **2** 23 23 23 23 Test Status: **28**
 Citation # (If Issued) _____ Most Harmful Event **2** 24 Type of Test: **29**
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **99** 25 25 BAC Test Result: **30**
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **99** 26 Susp. Alcohol: **31** Susp. Drug: **32**
 Driver Distracted by **99** 26 Towed from scene? **2** 33

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above			1	3	4	0	0	10	1	

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

8 1 License # **S69541268** St **MA** DOB/Age _____ Reg # **1GL759** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL _____ Veh Year **2009** Veh Make **TOYOTA** Veh Config. **1** 21
 Operator **RODRIGUEZ, MARCOS J** Owner **RODRIGUEZ, MARCOS J**
 Address **276 LOWELL ST** Address **276 LOWELL ST**
 City **WILMINGTON** State **MA** Zip **01887-3023** City **WILMINGTON** State **MA** Zip **01887-3023**
 Insurance Company **AMICA MUTUAL INS** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **7** 27 6 27 27
 Vehicle Travel Direction: S E W Responding to Emergency? **2** Event Sequence **1** 23 23 23 23 Test Status: **28**
 Citation # (If Issued) _____ Most Harmful Event **1** 24 Type of Test: **29**
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **1** 25 25 BAC Test Result: **30**
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0** 26 Susp. Alcohol: **31** Susp. Drug: **32**
 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
Operator/Non-Motorist	See Above			1	99	4	0	0	10	1	

Police Use Only		Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 07/05/2019	Time of Crash 2331 24HR	City/Town Wilmington		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 35	State Police <input type="checkbox"/>	Local Police <input type="checkbox"/>	MBTA Police <input type="checkbox"/>	Campus Police <input type="checkbox"/>	Other: <input type="checkbox"/>

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

Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 1 #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped		Crash Report ID# 19-224-AC
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License # S55687642 St MA DOB/Age _____		Reg # 9GD466 Reg Type PC Reg State MA	
Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL _____	Veh Year 2014 Veh Make SUBARU Veh Config. 1 21		
Operator KATCHER, WILLIAM COLE Last First Middle		Owner KATCHER, DANIEL I Last First Middle	
Address 25 STANDISH RD		Address 25 STANDISH RD	
City NEEDHAM State MA Zip 02492-1115		City NEEDHAM State MA Zip 02492-1115	
Insurance Company USAA CASUALTY INS		Vehicle Action Prior to Crash 4 22 Damaged Area Code: 7 27 27	
Vehicle Travel Direction: N X E W Responding to Emergency? 2		Event Sequence 1 23 23 23 23 Test Status: 1 28	
Citation # (If Issued) _____		Type of Test: 29	
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____		BAC Test Result: 1 30	
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____		Driver Contributing Code 97 25 25 Susp. Alcohol: 2 31 Susp. Drug: 2 32	
		Driver Distracted by 99 26 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	1	

Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 #Occupants <input type="checkbox"/> Non-Motorist A Type 15 Action 16 Location 17 Condition 18 <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped	
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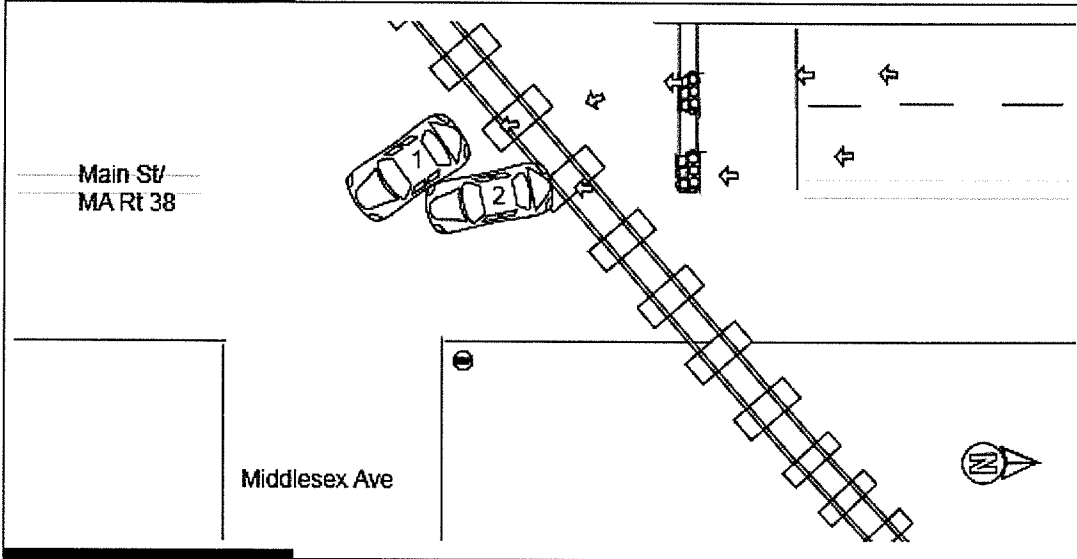
License # S36646854 St MA DOB/Age _____		Reg # 3TM625 Reg Type PC Reg State MA	
Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL _____	Veh Year 2018 Veh Make NISSAN Veh Config. 1 21		
Operator KEDDIE, CORINNE A Last First Middle		Owner KEDDIE, CORINNE A Last First Middle	
Address 74 WASHINGTON ST		Address 74 WASHINGTON ST	
City WOBURN State MA Zip 01801-4663		City WOBURN State MA Zip 01801-4663	
Insurance Company LM GENERAL		Vehicle Action Prior to Crash 1 22 Damaged Area Code: 2 27 27 27	
Vehicle Travel Direction: N X E W Responding to Emergency? 2		Event Sequence 1 23 23 23 23 Test Status: 1 28	
Citation # (If Issued) _____		Type of Test: 29	
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____		BAC Test Result: 1 30	
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____		Driver Contributing Code 4 25 25 Susp. Alcohol: 2 31 Susp. Drug: 2 32	
		Driver Distracted by 99 26 Towed from scene? 1 33	

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

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

Crash Diagram:

ie: → 1 → 2 → OXOX → ☺



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 7/5/19, I responded to a two car crash at the intersection of Main St at Middlesex Ave. It was reported that Vehicle 1 was traveling on the right SB lane. After crossing into the intersection, the car crossed over into the left lane and then proceeded to turn left onto Middlesex Ave. Vehicle 1 had its left directional on. Vehicle 2 was on the left SB lane. The vehicle ran the red light (as reported by witness) and struck vehicle 1. Veh 2 operator reported that she hadn't noticed the light because she was concerned with a car behind her. Veh 1 had damage to left driver's and passenger doors. Veh 2 had damage to front passenger side bumper and fender. No injuries. Everyone was wearing seatbelt. Cains Towing towed both vehicles.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
CABRAL MICHAEL	1 ADELAIDE ST WILMINGTON MA 01887	978-658-5071	

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 _____ MCMX/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

07/05/2019

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 _____ 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# **19-225-AC**

License # **S41874547** St **MA** DOB/Age _____ Reg # **6YV261** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D** **19** **19** Lic. Restrictions **1** **20** CDL Endorsement _____ Veh Year **2011** Veh Make **MERCEDES-BENZ** Veh Config. **1** **21**
 Operator **NELSON, LEE M** Owner **NELSON, LEE M**
 Address **52 MOONLIGHT DR** Address **52 MOONLIGHT DR**
 City **TEWKSBURY** State **MA** Zip **01876-2209** City **TEWKSBURY** State **MA** Zip **01876-2209**
 Insurance Company **COMMERCE INSURANCE** Vehicle Action Prior to Crash **1** **22** Damaged Area Code: **1** **27** **0** **27** **27**
 Vehicle Travel Direction: N S E W Responding to Emergency? **2** Event Sequence **31** **23** **31** **23** **21** **23** **23** Test Status: **1** **28**
 Citation # (If Issued) **T1152753** Most Harmful Event **21** **24** Type of Test: **97** **29**
 Viol. 1: Ch/Sec/Sub **90** **24** Viol. 2: Ch/Sec/Sub **90** **24** Driver Contributing Code **10** **25** **9** **25** BAC Test Result: **1** **30**
 Viol. 3: Ch/Sec/Sub **89** **4A** 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

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	0	1	0	0	10	1	

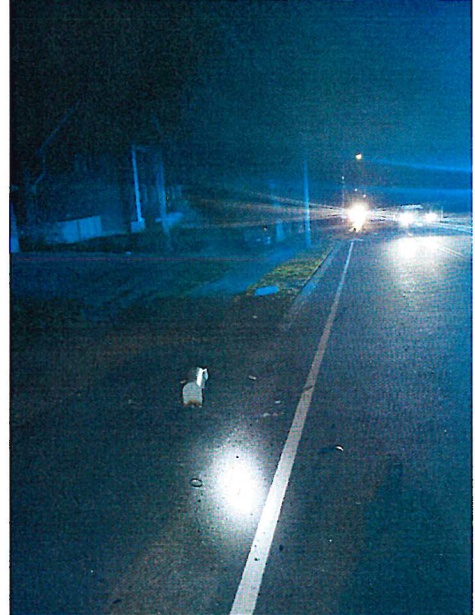
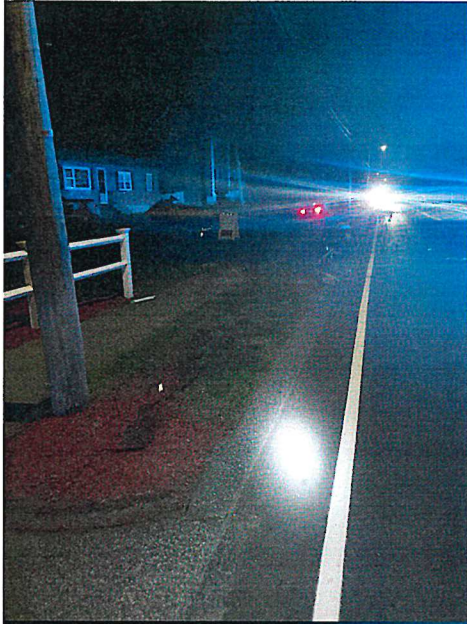
Please Select One of the Following: Vehicle 2 #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

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

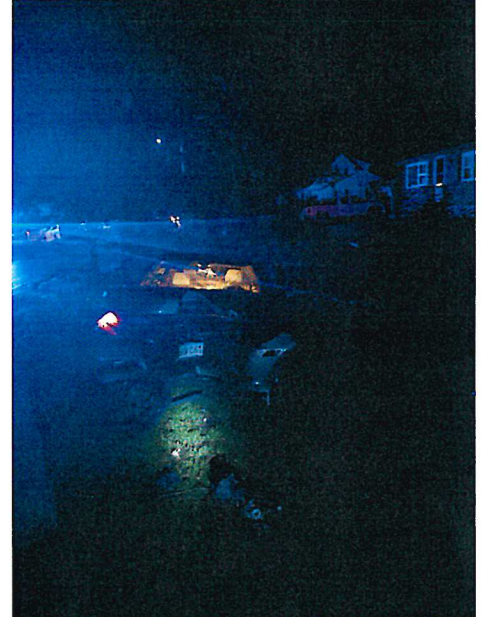
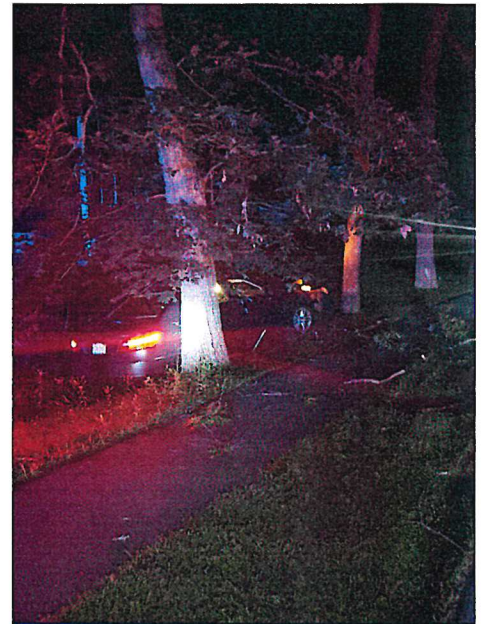
Please fill out for operator/non-motorist and all occupants involved

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							

Wilmington Police Department
Images Associated with 19-225-AC



Wilmington Police Department
Images Associated with 19-225-AC



Wilmington Police Department
Images Associated with 19-225-AC



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

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

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

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

Route# Direction Name of Intersecting Roadway/Street Landmark

Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped Crash Report ID# **19-226-AC**

License # **S93203823** St **MA** DOB/Age **01/19/1989** Reg # **6ST478** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** Lic. Restrictions **20** CDL Endorsement Veh Year **2004** Veh Make **KIA** Veh Config. **1**

Operator **TENTERS, STEPHANIE N** Owner **TENTERS, STEPHANIE N**

Address **28 KENMAR DR APT 283** Address **28 KENMAR DR APT 283**

City **BILLERICA** State **MA** Zip **01821-0000** City **BILLERICA** State **MA** Zip **01821-0000**

Insurance Company **GOVT EMPLOYEE INS** Vehicle Action Prior to Crash **1** Damaged Area Code: **2 27 7 27 3 27**

Vehicle Travel Direction: **N S E W** Responding to Emergency? **2** Event Sequence **41 23 31 23 31 23 35 23** Test Status: **1 28**

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

Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Driver Contributing Code **2 25 19 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	<input checked="" type="checkbox"/>	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 # St DOB/Age Reg # Reg Type Reg State

Sex Lic. Class Lic. Restrictions CDL Endorsement Veh Year Veh Make Veh Config. **21**

Operator Owner

Address Address

City State Zip City State Zip

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

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

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

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

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

Towed from scene? **33**

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

