

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

Route# _____ Direction _____ Name of Roadway/Street _____

Route# _____ Direction _____ Address # 411 Name of Roadway/Street MAIN ST

Feet N S E W of _____ of _____ or _____

Mile Marker _____ Exit Number _____

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

Also at Intersection with _____

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

Feet N S E W of _____ of _____

Route# _____ Intersecting Roadway/Street _____

Landmark _____

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

Crash Report ID# 19-227-AC

License # S00232536 St MA DOB/Age _____ Reg # 2TE565 Reg Type PC Reg State MA

Sex F Lic. Class D Lic. Restrictions 20 CDL _____ Veh Year 2015 Veh Make TOYOTA Veh Config. 1

Operator ATLAS, DALE Owner ATLAS, DALE

Address 16 LINDEN RD Address 16 LINDEN RD

City MELROSE State MA Zip 02176-2306 City MELROSE State MA Zip 02176-2306

Insurance Company AMICA MUTUAL INS Vehicle Action Prior to Crash 5

Vehicle Travel Direction: N X E W Responding to Emergency? 2 Event Sequence 1 23 23 23 23 Damaged Area Code: 3 27 27 27

Citation # (If Issued) _____ Most Harmful Event 1 24 Test Status: 28

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code 4 25 25 Type of Test: 29

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by 99 26 BAC Test Result: 30

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"/>	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 # S14072225 St MA DOB/Age _____ Reg # 8MF789 Reg Type PC Reg State MA

Sex F Lic. Class D Lic. Restrictions 20 CDL _____ Veh Year 2014 Veh Make HONDA Veh Config. 1

Operator HE, TIAN Owner LIU, PENG

Address 324 ARBORETUM WAY Address 324 ARBORETUM WAY

City BURLINGTON State MA Zip 01803-3829 City BURLINGTON State MA Zip 01803

Insurance Company GOVT EMPLOYEE INS Vehicle Action Prior to Crash 1

Vehicle Travel Direction: N X E W Responding to Emergency? 2 Event Sequence 1 23 23 23 23 Damaged Area Code: 7 27 27 27

Citation # (If Issued) _____ Most Harmful Event 1 24 Test Status: 28

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code 1 25 25 Type of Test: 29

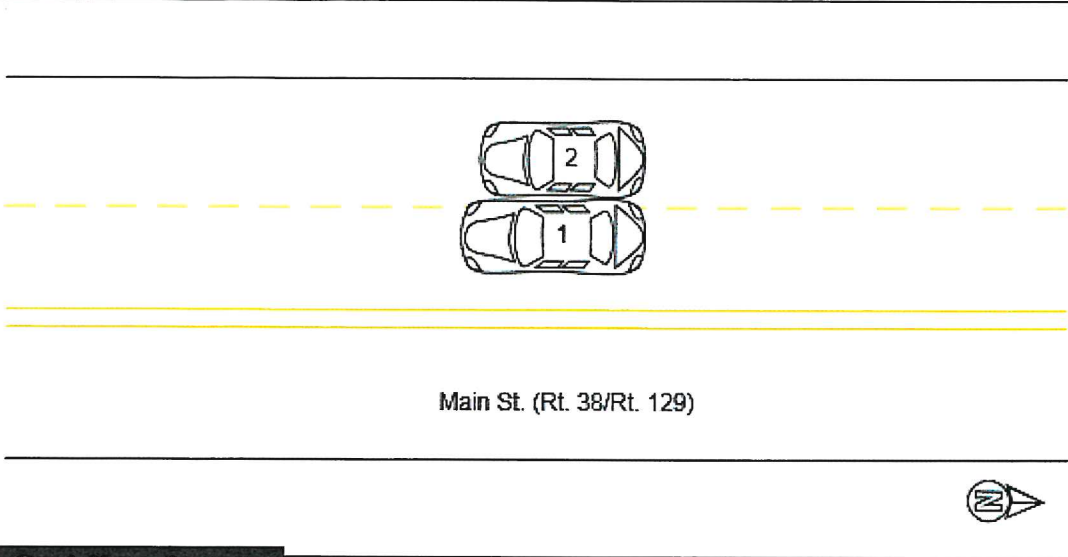
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by 0 26 BAC Test Result: 30

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"/>	1	1	4	0	0	10	1	
				6	4	5	0	0	10	1	

Crash Diagram:



If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow



Crash Narrative:

MV1 and MV2 travelling on Main St. (Rt. 38/129) southbound. MV1 was in left lane and operator stated that there was a vehicle in her lane turning so she changed lanes. Operator of MV1 stated she thought she had enough room and that MV2 was far enough back. When she changed lanes the vehicles collided. Operator of MV2 was in right lane and travelling straight. Operator of MV2 stated that MV1 cut into the lane to avoid another vehicle and drove directly into the side of her vehicle. Damage to the right side of MV1. Damage to the left side of MV2. No injuries. Both vehicles drivable.

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

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

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

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

3 Route# Direction Name of Intersecting Roadway/Street

Feet **N S E W** of _____ of _____ or _____

Feet **N S E W** of _____ Mile Marker _____ Exit Number _____

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

Landmark _____

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

Crash Report ID# **19-228-AC**

License # _____ St **MA** DOB/Age _____ Reg # **1CYE54** Reg Type **PC** Reg State **MA**

Sex _____ Lic. Class **D** 19 19 Lic. Restrictions **I** 20 CDL _____ Veh Year **2006** Veh Make **VOLVO** Veh Config. **1** 21

Operator _____ Owner **DEFEO, JENNIFER R**

Address _____ Address **25 LIBERTY ST**

City _____ State **MA** Zip **01887-2545**

Insurance Company **COMMERCE INSURANCE** Vehicle Action Prior to Crash **4** 22 Damaged Area Code: 1 27 2 27 3 27

Vehicle Travel Direction: **S E W** Responding to Emergency? **2** Event Sequence **22** 23 1 23 23 23 Test Status: 28

Citation # (If Issued) **T1152990** Most Harmful Event **1** 24 Type of Test: 29

Viol. 1: Ch/Sec/Sub **89 4A** Viol. 2: Ch/Sec/Sub **90 13** Driver Contributing Code **20 25 10 25** BAC Test Result: 30

Viol. 3: Ch/Sec/Sub **90 24** Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **5** 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	XXXXXX	XXXX	1	99	4	0	0	10	1	

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

License # **2832547** St **RI** DOB/Age **07/23/1945** Reg # **605345** Reg Type **PC** Reg State **RI**

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

Operator **ZUEHLKE, STEPHEN D** Owner **ZUEHLKE, JESSICA B**

Address **484 BRISTOL FERRY RD** Address **484 BRISTOL FERRY RD**

City **PORTSMOUTH** State **RI** Zip **02871** City **PORTSMOUTH** State **RI** Zip **02871**

Insurance Company **OLD DOMINION** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: 6 27 1 27 2 27

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

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

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

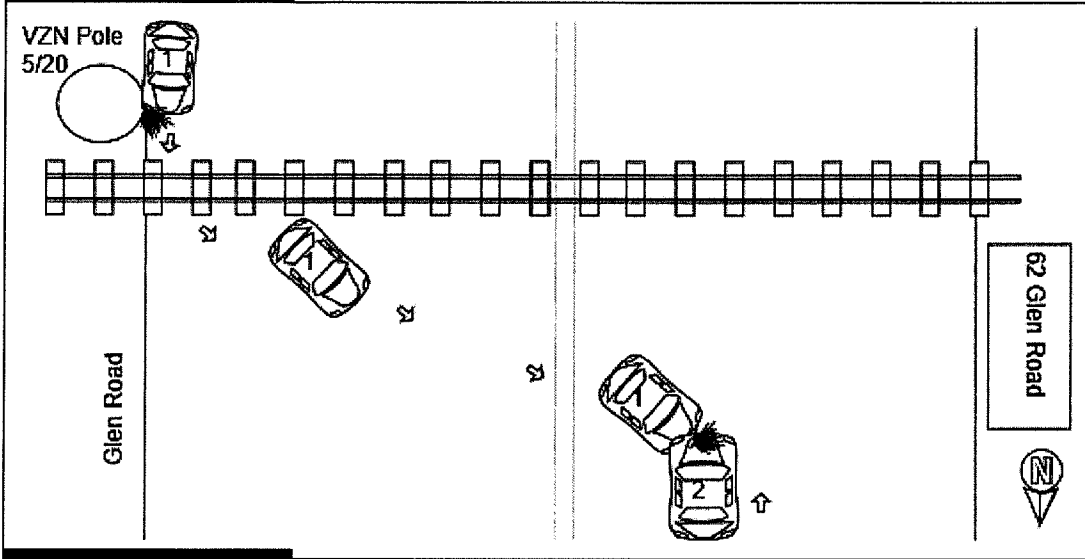
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0** 26 Susp. Alcohol: **2** 31 Susp. Drug: **2** 32

Towed from scene? **1** 33

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

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


Crash Diagram:



If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow



Crash Narrative:

MV1 was traveling northbound on Glen Road. MV2 was traveling southbound on Glen Road. A dog, unsecured and seated in the front passenger of seat of MV1, attempted to jump out the open front passenger window. The operator of MV1 attempted to close the open passenger window and grab hold of the dog while still traveling down Glen Rd. The dog was pulled back into MV1 and fell into the steering wheel causing MV1 to veer off the road to the right and strike Verizon utility pole #5/20. The collision with the pole caused the front right tire of MV1 to burst and then MV1 swerved back across the roadway, crossed the double yellow line, and collided head-on with MV2 who was traveling straight ahead in the southbound travel lane. Both vehicles suffered heavy front end damage, were disabled, and were towed from the scene by A&S Towing. Both operators refused transport to the hospital by the WFD. The operator of MV1 was also cited and

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
WILEY JAMIE D	5 LAITE RD WILMINGTON MA 01887-0000		

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
VERIZON	MAIN ST WILMINGTON MA 01887			UTILITY POLE 5/20

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** **07/08/2019**
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Crash Narrative
Case # 19-228-AC

MV1 was traveling northbound on Glen Road. MV2 was traveling southbound on Glen Road. A dog, unsecured and seated in the front passenger seat of MV1, attempted to jump out the open front passenger window. The operator of MV1 attempted to close the open passenger window and grab hold of the dog while still traveling down Glen Rd. The dog was pulled back into MV1 and fell into the steering wheel causing MV1 to veer off the road to the right and strike Verizon utility pole #5/20. The collision with the pole caused the front right tire of MV1 to burst and then MV1 swerved back across the roadway, crossed the double yellow line, and collided head-on with MV2 who was traveling straight ahead in the southbound travel lane. Both vehicles suffered heavy front end damage, were disabled, and were towed from the scene by A&S Towing. Both operators refused transport to the hospital by the WFD. The operator of MV1 was also cited and charged (See Report 19-261-AR).

Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash 07/09/2019 Time of Crash 1106 24HR City/Town WILMINGTON

Motor Vehicle Crash Police Report

Number Vehicles 3 Number Injured 1 Speed Limit 30 State Police Local Police MBTA Police Campus Police Other

AT INTERSECTION:

LOCATION

NOT AT INTERSECTION:

1

Route# Direction Name of Roadway/Street At

Route# Direction Address # 207 MAIN ST Name of Roadway/Street

2 10

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

Feet N S E W of Mile Marker Exit Number

2 11

2

Route# Direction Name of Intersecting Roadway/Street

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

2 11

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

Crash Report ID# 19-229-AC

3

License # S41267012 St MA DOB/Age

Reg # 39KK77 Reg Type PC Reg State MA

1 12

Sex F Lic. Class D 19 19 Lic. Restrictions 99 20 CDL Endorsement

Veh Year 2017 Veh Make NISSAN Veh Config. 1 21

Operator HIGGINS, SUSAN S Last First Middle

Owner HIGGINS, SUSAN S Last First Middle

4

Address 42 TOWPATH DR

Address 42 TOWPATH DR

City WILMINGTON State MA Zip 01887-3923

City WILMINGTON State MA Zip 01887-3923

Insurance Company GEICO GENERAL INS

Vehicle Action Prior to Crash 2 22 Damaged Area Code: 4 27 5 27 6 27

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

Event Sequence 1 23 23 23 23 Test Status: 28

Citation # (If Issued)

Most Harmful Event 1 24 Type of Test: 29

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

Driver Contributing Code 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

1 13

6

Please fill out for operator and all occupants involved Name (Last First Middle) Address DOB/Age Sex

34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code Medical Facility

Operator See Above

1 99 4 0 0 10 1

7

Please Select One of the Following: Vehicle 2 Occupants Non-Motorist A

Type 15 Action 16 Location 17 Condition 18 Hit/Run Moped

License # S79641578 St MA DOB/Age

Reg # 5MH719 Reg Type PC Reg State MA

1 14

Sex M Lic. Class D 19 19 Lic. Restrictions 99 20 CDL Endorsement

Veh Year 2016 Veh Make TOYOTA Veh Config. 1 21

Operator ZAGWYN, DAVID LEO Last First Middle

Owner MCBRIDE, MEGAN E Last First Middle

Address 19 FAY ST

Address 19 FAY ST

City WILMINGTON State MA Zip 01887

City WILMINGTON State MA Zip 01887-1849

Insurance Company SAFETY INSURANCE

Vehicle Action Prior to Crash 2 22 Damaged Area Code: 1 27 3 27 5 27

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

Event Sequence 1 23 23 23 23 Test Status: 28

Citation # (If Issued)

Most Harmful Event 1 24 Type of Test: 29

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

Driver Contributing Code 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

9

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 3 0 0 10 1

MEGAN MCBRIDE 19 FAY ST WILMINGTON, MA 01887-1849

F 3 99 3 0 0 9 2 Lahey Clinic

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

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

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

Route# Direction Name of Intersecting Roadway/Street

Feet **N S E W** of Mile Marker Exit Number

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

Feet **N S E W** of Landmark

Please Select One of the Following: Vehicle 31 #Occupants Hit/Run Moped Crash Report ID# **19-229-AC**

License # **S97954937** St **MA** DOB/Age Reg # **5SD251** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D 19 19** Lic. Restrictions **I 20** CDL Endorsement Veh Year **1994** Veh Make **BUICKS** Veh Config. **1 21**

Operator **DALTON, CHRISTOPHER JOSEPH** Owner **DALTON, CHRISTOPHER JOSEPH**

Address **14 BIRCHWOOD RD** Address **14 BIRCHWOOD RD**

City **WILMINGTON** State **MA** Zip **01887-1924** City **WILMINGTON** State **MA** Zip **01887-1924**

Insurance Company **PROGRESSIVE DIRECT** Vehicle Action Prior to Crash **1 22** Damaged Area Code: **1 27 2 27 B 27**

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

Citation # (If Issued) **T1153146** Most Harmful Event **1 24** Type of Test: **29**

Viol. 1: Ch/Sec/Sub **90 10** Viol. 2: Ch/Sec/Sub **90 20** Driver Contributing Code **22 25 25** BAC Test Result: **30**

Viol. 3: Ch/Sec/Sub **90 7** Viol. 4: Ch/Sec/Sub Driver Distracted by **99 26** Susp. Alcohol: **31** Susp. Drug: **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	99	4	0	0	10	1	

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

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

Sex Lic. Class **19 19** Lic. Restrictions **20** CDL 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**

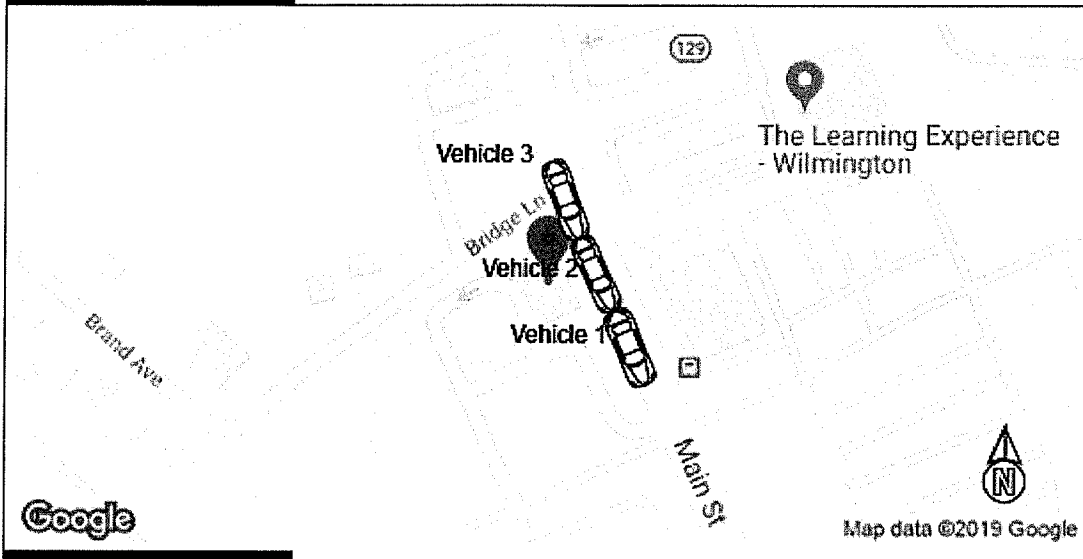
Please fill out for operator/non-motorist and all occupants involved

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							

→ = 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 stopped in traffic along with Vehicle 2. Vehicle 3 then struck Vehicle 2 that resulted in Vehicle 2 striking Vehicle 1. Vehicle 2 suffered significant front end damage and the rear of the vehicle. Vehicle 2's air bags were deployed. Vehicle 3 operator stated that he had brake issues and they do not work correctly. Vehicle 3 operator/owner also had an expired license. Vehicle 2 and 3 were both towed. Vehicle 2 due to damage and vehicle 3 due to safety concerns with the brakes and the license status. Vehicle 2 passenger was transported to the hospital due to impact with air bag. Vehicle 3 operator was issued a citation and criminal complaint for the unlicensed operation and defective brakes.

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

07/09/2019

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

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# **19-230-AC**

License # **S20946908** St **MA** DOB/Age _____ Reg # **5CN981** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** Lic. Restrictions **20** CDL _____ Veh Year **2002** Veh Make **HONDA** Veh Config. **1**

Operator **DIBELLO, ROCCO** Owner **DIBELLO, ROCCO**

Address **60 NEWMAN ST** Address **60 NEWMAN ST**

City **REVERE** State **MA** Zip **02151-5620** City **REVERE** State **MA** Zip **02151-5620**

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

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

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

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

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

Viol. 3: Ch/Sec/Sub _____ Towed from scene? **2 33**

Viol. 4: Ch/Sec/Sub _____

Please fill out for operator and all occupants involved

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

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

License # **S28723744** St **MA** DOB/Age _____ Reg # **4600630** Reg Type **PC** Reg State **NH**

Sex **M** Lic. Class **D** Lic. Restrictions **20** CDL _____ Veh Year **2003** Veh Make **DODGE** Veh Config. **1**

Operator **DEERING, BRIAN J** Owner **BIRCHALL, JUSTIN M**

Address **13 BEACON ST** Address **146 CANTERBURY LN**

City **WILMINGTON** State **MA** Zip **01887-2409** City **LONDONDERRY** State **NH** Zip **03053**

Insurance Company _____ Vehicle Action Prior to Crash **1** Damaged Area Code: **6 27 27 27**

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

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

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

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

Viol. 3: Ch/Sec/Sub _____ Towed from scene? **2 33**

Viol. 4: Ch/Sec/Sub _____

Please fill out for operator/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 07/09/2019 Time of Crash 1856 City/Town 24HR WILMINGTON

Motor Vehicle Crash Police Report

Number Vehicles 2 Number Injured 0 Speed Limit 30 State Police Local Police MBTA Police Campus Police Other

AT INTERSECTION:

LOCATION

NOT AT INTERSECTION:

1

2 10

Route# Direction CHURCH ST Name of Roadway/Street

Route# Direction Address # Name of Roadway/Street

At

Feet N S E W of Mile Marker Exit Number

Route# Direction ADAMS ST Name of Intersecting Roadway/Street

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

Also at Intersection with

Route# Direction Name of Intersecting Roadway/Street

Feet N S E W of

Landmark

2 1

3 11

Please Select One of the Following: [X] Vehicle 1 Occupants [] Hit/Run [] Moped

Crash Report ID# 19-231-AC

3

License # S49248110 St MA DOB/Age

Reg # 871ZTH Reg Type PC Reg State MA

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

Veh Year 2004 Veh Make PONTIAC Veh Config. 1 21

Operator YOUNG, JOHN J Last First Middle

Owner YOUNG, NANCY E Last First Middle

4 2

Address 16 STONEHAM ST

Address 7124 AVALON DR

City WOBURN State MA Zip 01801

City WILMINGTON State MA Zip 01887-1167

Insurance Company COMMERCE INSURANCE

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

Vehicle Travel Direction: N S [X] W Responding to Emergency? 2

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

Citation # (If Issued)

Most Harmful Event 1 24 Type of Test: 29

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

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

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

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

6 1

1 13

Please fill out for operator and all occupants involved

Table with columns: 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. Row 1: Operator, See Above, [X], [X], 1, 99, 4, 0, 0, 10, 1.

7 3

Please Select One of the Following: [X] Vehicle 24 Occupants [] Non-Motorist A Type 15 Action 16 Location 17 Condition 18 [] Hit/Run [] Moped

License # S16207566 St MA DOB/Age

Reg # 469LPO Reg Type PC Reg State MA

Sex Lic. Class D 19 19 Lic. Restrictions I 20 CDL Endorsement

Veh Year 2002 Veh Make BUICKS Veh Config. 1 21

Operator Last First Middle

Owner HAMILTON, MICHELLE MARIE Last First Middle

8 1

Address

Address 30 ARCADIA RD

City State Zip

City BILLERICA State MA Zip 01821-5231

Insurance Company METROPOLITAN PROP

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

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

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

Citation # (If Issued) T1682481

Most Harmful Event 1 24 Type of Test: 29

Viol. 1: Ch/Sec/Sub 89 9 Viol. 2: Ch/Sec/Sub 90 8

Driver Contributing Code 4 25 25 BAC Test Result: 1 30

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

Driver Distracted by 99 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32

9 2

1 14

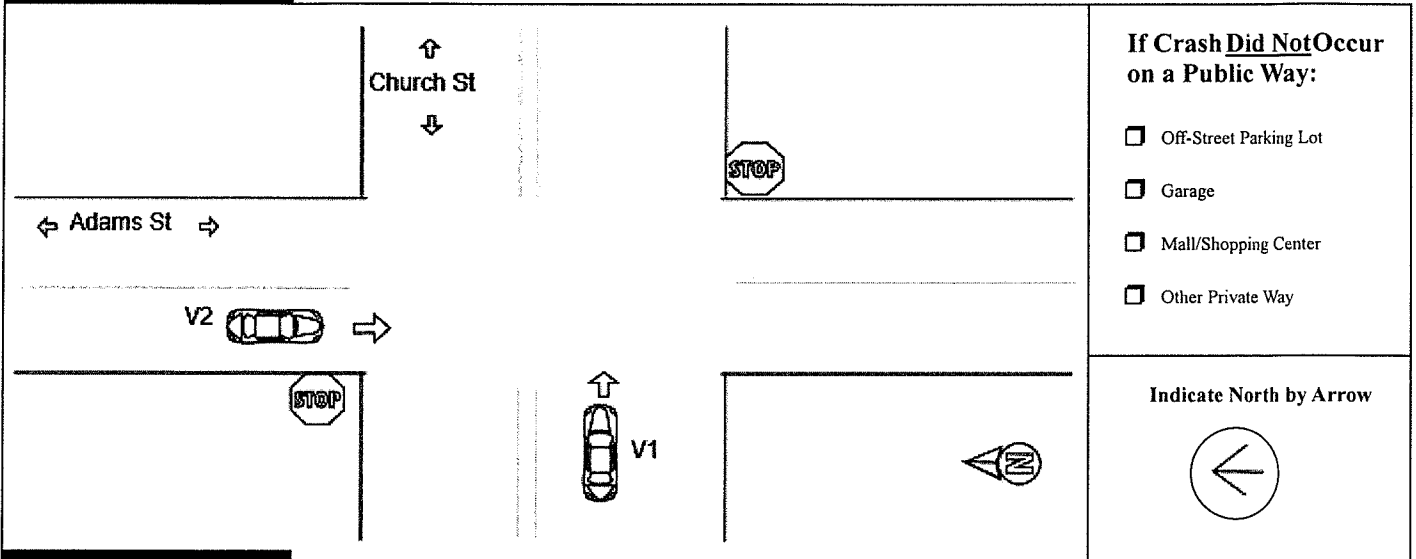
Please fill out for operator/non-motorist and all occupants involved

Table with columns: 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. Row 1: Operator/Non-Motorist, See Above, [X], [X], 1, 99, 4, 0, 0, 10, 1. Row 2: 3, 99, 4, 0, 0, 10, 1. Row 3: 4, 99, 4, 0, 0, 10, 1. Row 4: 6, 99, 4, 0, 0, 10, 1.

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

Crash Diagram:

ie: ➔ 1 ➔ 2 ➔ ○ ➔ ⚡



Crash Narrative:

While traveling eastbound on Church St V1 approached the intersection of Church and Adams St. V2 which was traveling on Adams St. Failed to stop at the stop sign and entered the intersection resulting in the two vehicles to collide. Both vehicles then pulled onto Adams St to await police and EMS response. Once on scene Opr 2 admitted to not stopping at the stop sign advised that his occupants had left the vehicle and went to the Wilmington High School. These passengers were told to return and all parties involved refused medical treatment offered to them by WFD. Both vehicles were towed from the scene by A&S towing to their facility. The Opr of V2 was issued MA citation T1682481 for stop sign violation and JOL violation.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
SANTO ANDREW F	2 PINEWOOD RD WILMINGTON MA 01887-1930		

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 E Johnson 199 Wilmington Police Department 07/09/2019
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash 07/11/2019 Time of Crash 1217 City/Town 24HR Wilmington

Motor Vehicle Crash Police Report

Number Vehicles 2 Number Injured 0 Speed Limit 30 State Police Local Police MBTA Police Campus Police Other

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1

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

Route# Direction Address # 270 MIDDLESEX AVE Name of Roadway/Street Feet N S E W of Mile Marker Exit Number

2 10

10 11

2 1

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

Crash Report ID# 19-232-AC

3

License # S11872593 St MA DOB/Age Sex F Lic. Class D 19 19 Lic. Restrictions 99 20 CDL Endorsement

Reg # 7LS516 Reg Type PC Reg State MA Veh Year 2018 Veh Make FORD Veh Config. 1 21

1 12

4 3

Operator DEMPSEY, KORRIE L Address 60 BALDWINVILLE ST R City WINCHENDON State MA Zip 01475-0000

Owner GELCO FLEET TRUST Address 940 RIDGEBROOK RD City SPARKS State MD Zip 21152-0000

5 1

Insurance Company OLD REPUBLIC INS Vehicle Travel Direction: [N] [S] [X] [W] Responding to Emergency? 2

Vehicle Action Prior to Crash 2 22 Damaged Area Code: 4 27 27 27 Event Sequence 1 23 23 23 23 Test Status: 1 28 29 30

1 13

6 1

Table with 10 columns: Name, 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 row: See Above, 1, 1, 4, 0, 0, 10, 1

7 3

Please Select One of the Following: [X] Vehicle 2 #Occupants [] Non-Motorist A

Type 15 Action 16 Location 17 Condition 18 [] Hit/Run [] Moped

License # S55058835 St MA DOB/Age Sex F Lic. Class D 19 19 Lic. Restrictions 99 20 CDL Endorsement

Reg # 6CC736 Reg Type PC Reg State MA Veh Year 2014 Veh Make TOYOTA Veh Config. 1 21

1 14

8 1

Operator DIORIO, LISAMARIE M Address 6 CASTLE DR City WILMINGTON State MA Zip 01887-3187

Owner DIORIO, LISAMARIE M Address 6 CASTLE DR City WILMINGTON State MA Zip 01887-3187

9 2

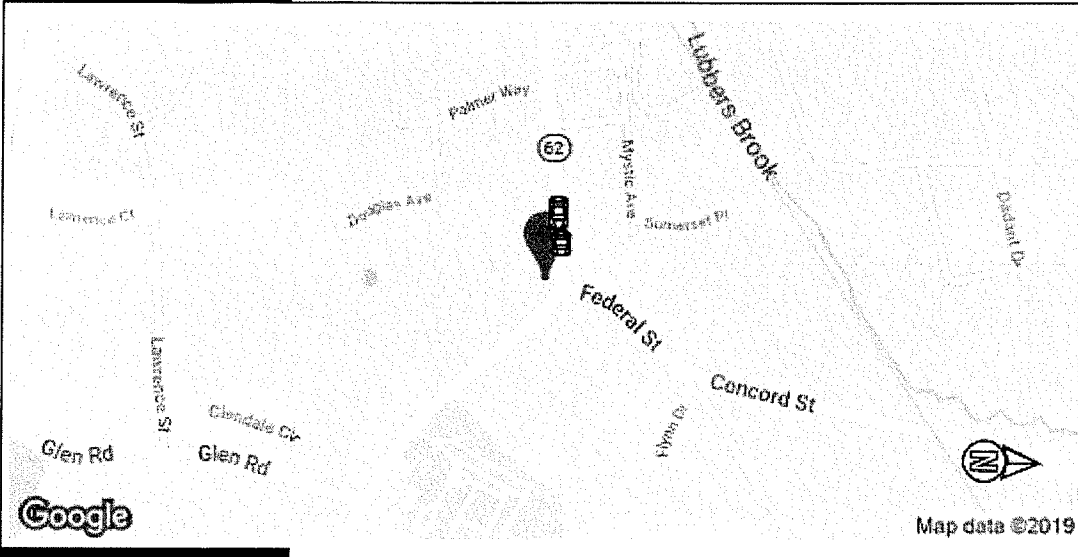
Insurance Company ARBELLA MUTUAL INS Vehicle Travel Direction: [N] [S] [X] [W] Responding to Emergency? 2

Vehicle Action Prior to Crash 2 22 Damaged Area Code: 0 27 27 27 Event Sequence 1 23 23 23 23 Test Status: 1 28 29 30

Table with 10 columns: Name, 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 row: See Above, 1, 1, 4, 0, 0, 10, 1

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

Crash Diagram:



If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow



Crash Narrative:

Vehicle's 1 and 2 were both slowing to stop at a red light. Vehicle #2 misjudged the distance of the vehicle in front and crashed into the rear of vehicle #1.

No reported injuries at this time.

Damage to Vehicle #1: rear bumper scrapes and paint transfer.

Damage to Vehicle #2: no damage reported.

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

Sergeant Christopher J Ahern

184

Wilmington Police Department

07/11/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

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

Route# Direction Name of Roadway/Street **129 E 35 LOWELL ST**

Route# Direction Name of Intersecting Roadway/Street

Route# Direction 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# **19-233-AC**

License # **S01213277** St. **MA** DOB/Age _____ Reg # **T99014** Reg Type **CO** Reg State **MA**

Sex **M** Lic. Class **D** Lic. Restrictions **20** CDL _____ Veh Year **2019** Veh Make **FORD** Veh Config. **6**

Operator **FISHER, KEVIN M** Owner **COMCAST CONN GA MA NH NY NC VA VT LLC**

Address **35 HANOVER ST** Address **9 NORTHEASTERN BLVD**

City **WILMINGTON** State **MA** Zip **01887-2457** City **SALEM** State **NH** Zip **03079-0000**

Insurance Company **ACE AMERICAN INS** Vehicle Action Prior to Crash **3** Damaged Area Code: **3 27 27 27**

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

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

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

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

Towed from scene? **2 33**

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above			1	1	4	3	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 # **S93184987** St. **MA** DOB/Age _____ Reg # **759ZK7** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** Lic. Restrictions **20** CDL _____ Veh Year **2010** Veh Make **ACURA** Veh Config. **1**

Operator **PANTALEON, LUIS RUBEN** Owner **PANTALEON, LUIS RUBEN**

Address **192 MAPLE ST** Address **192 MAPLE ST**

City **LAWRENCE** State **MA** Zip **01841-3758** City **LAWRENCE** State **MA** Zip **01841-3758**

Insurance Company **COMMERCE INSURANCE** Vehicle Action Prior to Crash **3** Damaged Area Code: **8 27 27 27**

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

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

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **4 25 9 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**

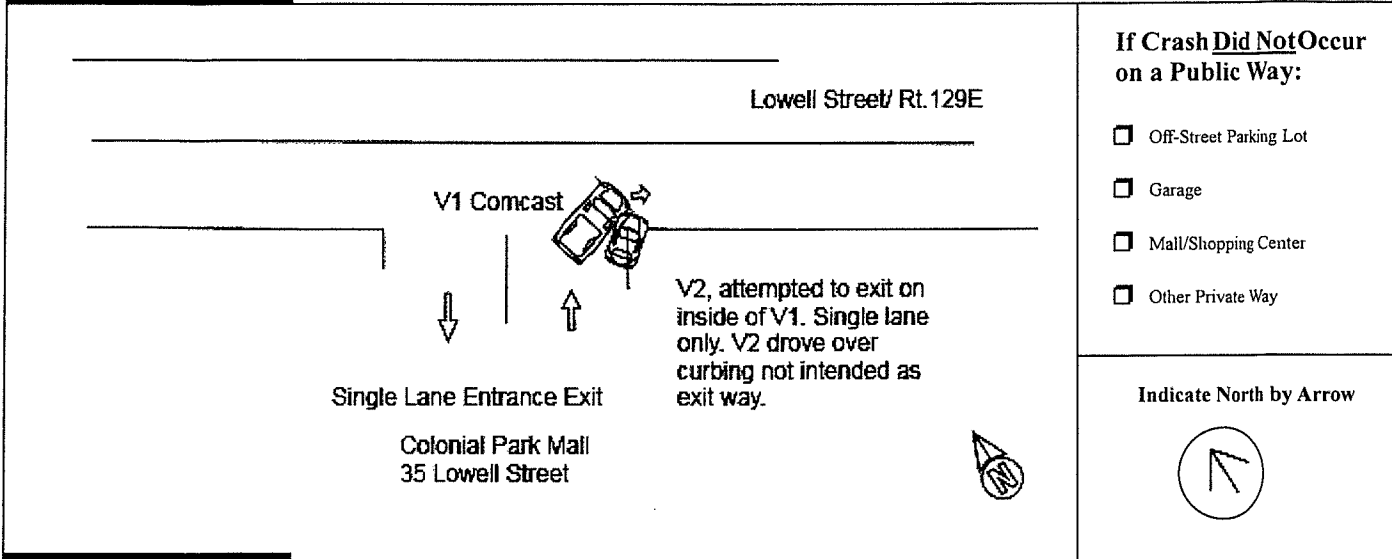
Towed from scene? **2 33**

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

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	

Crash Diagram:

ie: → [1] → [2] → [O] → [B]



If Crash Did Not Occur on a Public Way:

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

Crash Narrative:

V1 (Comcast) began right turn from Colonial Park Mall to Lowell Street. Exit/Entrance is single lane only. V2 also attempted right turn and collision occurred. V2 was pushed approx. 2 feet but was still over curbing far enough to indicate that the operator did not negotiate exit properly. V1 opr. stated he signaled and was not making wide turn. V1 location indicated regular turn ratio. V2 position suggests tight turn over curbing. V2 opr stated he thought V1 was turning left so he made right turn. Failure to complete proper exit and or yielding to V1 probable factors in crash. No injuries observed/ reported. No obvious damage to V1. V2 damaged on right front fender and right side.

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] _____

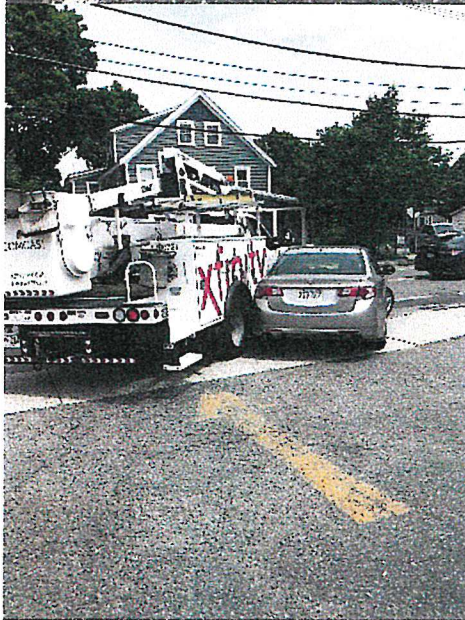
Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length [46] _____

Hazmat Information:

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

Patrol Officer Richard DiPerri **173** **Wilmington Police Department** **07/11/2019**
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Images Associated with 19-233-AC



Date of Crash 07/12/2019 Time of Crash 1445 City/Town 24HR Wilmington

Motor Vehicle Crash Police Report

Number Vehicles 2 Number Injured 0 Speed Limit 35 State Police Local Police MBTA Police Campus Police Other

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1

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

Route# Direction Address # Name of Roadway/Street Feet N S E W of Mile Marker Exit Number

2 10

3 11

2 3

Please Select One of the Following: [X] Vehicle 12 #Occupants [] Hit/Run [] Moped

Crash Report ID# 19-234-AC

3

License # R163783843350 St FL DOB/Age Sex M Lic. Class A 19 19 Lic. Restrictions 20 CDL Endorsement Operator ROBERTS, STEEVE C Address 451 NE 160 TER APT 1 City MIAMI State FL Zip 33162 Insurance Company ROCKHILL INS #28053

Reg # CA96LT Reg Type AP Reg State FL Veh Year 2016 Veh Make VOLVO Veh Config. 10 21 Owner FLORIDA BEAUTY EXPRESS Address 3400 NW 74TH AVE City MIAMI State FL Zip 33122-1210 Vehicle Action Prior to Crash 1 22 Damaged Area Code: 97 27 9 27 27 Test Status: 1 28 Type of Test: 29 BAC Test Result: 30 Driver Contributing Code 1 25 25 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Driver Distracted by 0 26 Towed from scene? 2 33

1 12

30 13

6 2

Table with columns: 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

7 1

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

License # S50621685 St MA DOB/Age Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement Operator CAHILL-MORICONI, REGINA M Address 3101 POULIOT PL City WILMINGTON State MA Zip 01887-4572 Insurance Company METROPOLITAN PROP

Reg # 7FZ969 Reg Type PC Reg State MA Veh Year 2014 Veh Make BUICKS Veh Config. 1 21 Owner MORICONI, DENNIS STEVEN SR Address 3101 POULIOT PL City WILMINGTON State MA Zip 01887-0000 Vehicle Action Prior to Crash 1 22 Damaged Area Code: 2 27 3 27 27 Test Status: 1 28 Type of Test: 29 BAC Test Result: 30 Driver Contributing Code 1 25 25 Susp. Alcohol: 1 31 Susp. Drug: 2 32 Driver Distracted by 0 26 Towed from scene? 2 33

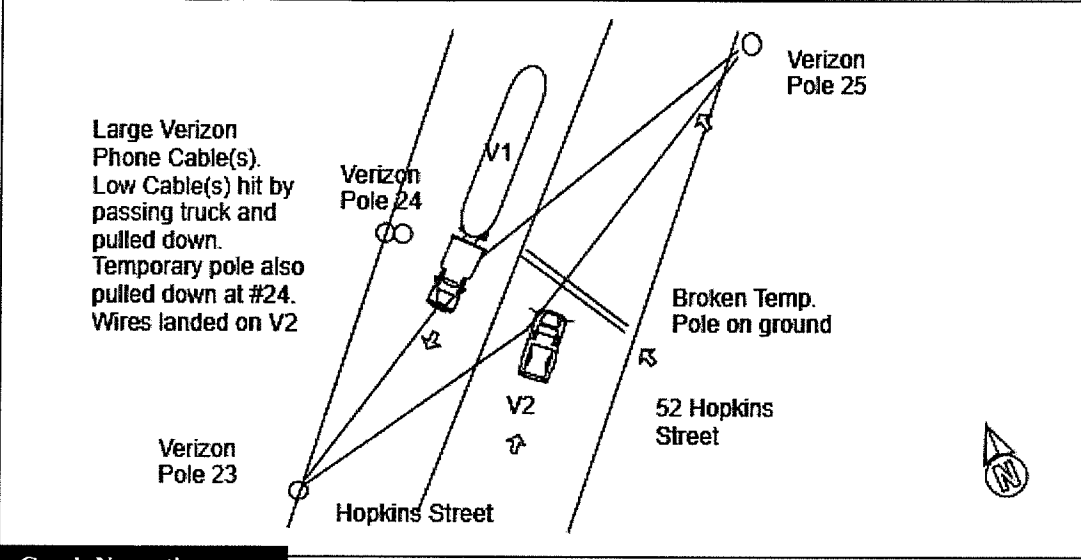
1 14

9 2

Table with columns: 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

→ = 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:

V1 (TT unit) hit large low hanging overhead phone cables. Wires caught on cab roof and then hit trailer damaging refrigerator unit. New bracing pole snapped at support arm, and hit truck along with wires further damaging trailer (FL-4188CR, permanent) along right front and side. Wires then fell onto passing V2 causing minor damage to front right fender and side. No injuries observed/reported. Reading Light and Verizon notified. Temporary road closure. Truck/trailer (Great Dane VIN 1GRA0628GE70199) height 13.6, and did not appear modified. Low Wires hit high on cab and trailer under 13.6 mark.

Possible second address for truck/insured is Florida Beauty Express Inc., Tempest Transportation Inc. & Optimized Leasing 3100-3400 NW 74th Avenue Miami, FL 33122.

Witnesses:

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

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
VERIZON	28 DIANE LN DRACUT MA 01826		4	VERIZON POLES 25,24,23 & PHONE CABLES

Truck and Bus Information:

Registration # **CA96LT** (From Vehicle Section)

Carrier Name **Florida Beauty Express Inc.** Bus Use 42

Address **1351 NW 78TH AVE** City **DORAL** St **FL** Zip _____

US DOT #: **109043** State Number _____ Issuing State **FL** MC/MX/ICC #: **453152**

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

Trailer Reg #: **4188CR** Reg Type **TL** Reg State **FL** Reg Year **2016** Trailer Length 46

Hazmat Information:

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

Patrol Officer **Richard DiPerri** **173** **Wilmington Police Department** **07/12/2019**
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date