

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 of or
 Mile Marker Exit Number
 Feet of
 Route# Intersecting Roadway/Street
 Feet of
 Landmark

Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped
 Crash Report ID# **19-235-AC**

License # **S91216583** St **MA** DOB/Age Reg # **2WB725** Reg Type **PC** Reg State **MA**
 Sex **F** Lic. Class Lic. Restrictions CDL Veh Year **2012** Veh Make **NISSAN** Veh Config.
 Operator **LE, CHRISTINE** Owner **LE, VIET HOANG**
 Address **8 WING RD** Address **8 WING RD**
 City **WILMINGTON** State **MA** Zip **01887** City **WILMINGTON** State **MA** Zip **01887-2531**
 Insurance Company **LM GENERAL** Vehicle Action Prior to Crash Damaged Area Code:
 Vehicle Travel Direction: Responding to Emergency? Event Sequence Test Status:
 Citation # (If Issued) Most Harmful Event Type of Test:
 Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Driver Contributing Code BAC Test Result:
 Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by Susp. Alcohol: Susp. Drug:

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	1	0	0	10	1	

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

License # **S96813502** St **MA** DOB/Age Reg # **P72058** Reg Type **CO** Reg State **MA**
 Sex **M** Lic. Class Lic. Restrictions CDL Veh Year **2013** Veh Make **DODGE** Veh Config.
 Operator **KENNY, BRIAN P** Owner **GELCO FLEET TRUST**
 Address **10 PETER RD** Address **940 RIDGEBROOK RD**
 City **PLYMOUTH** State **MA** Zip **02360-5023** City **SPARKS** State **MD** Zip **21152-0000**
 Insurance Company **NATL UNION FIRE** Vehicle Action Prior to Crash Damaged Area Code:
 Vehicle Travel Direction: Responding to Emergency? Event Sequence Test Status:
 Citation # (If Issued) **T1152670** Most Harmful Event Type of Test:
 Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Driver Contributing Code BAC Test Result:
 Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by Susp. Alcohol: Susp. Drug:

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	1	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
 _____ **804 WOBURN ST** _____
 _____ Feet **NSEW** of _____ or _____ Exit Number _____
 _____ Feet **NSEW** of _____ Mile Marker _____
 _____ Feet **NSEW** of _____ Route# Intersecting Roadway/Street _____
 _____ Landmark _____

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped
 Crash Report ID# **19-236-AC**

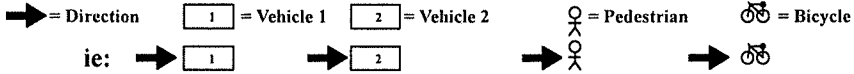
License # **S21894812** St **MA** DOB/Age _____ Reg # **1CV471** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL _____ Veh Year **2016** Veh Make **HONDA** Veh Config. **1** 21
 Operator **RAMOS-ALDEA, LEONARDO** Owner **RAMOS-ALDEA, LEONARDO**
 Address **14 BENNINGTON ST FL APT 3** Address **14 BENNINGTON ST FL APT 3**
 City **LAWRENCE** State **MA** Zip **01841-3125** City **LAWRENCE** State **MA** Zip **01841-3125**
 Insurance Company **GEICO GENERAL INS** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **5** 27 27 27
 Vehicle Travel Direction: **NSEW** Responding to Emergency? **2** Event Sequence **1** 23 23 23 23 Test Status: **28**
 Citation # (If Issued) _____ Most Harmful Event **1** 24 Type of Test: **29**
 Viol. 1: Ch/Sec/Sub _____ Driver Contributing Code **1** 25 25 BAC Test Result: **30**
 Viol. 2: Ch/Sec/Sub _____ Driver Distracted by **0** 26 Susp. Alcohol: **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	<input checked="" type="checkbox"/>	1	1	4	0	0	8	1	

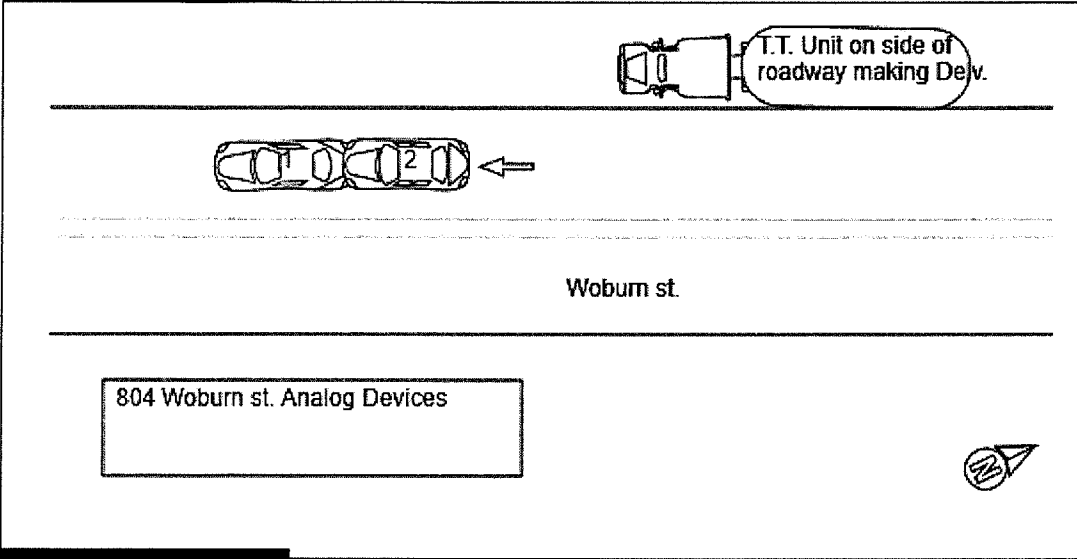
Please Select One of the Following: Vehicle **2** #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

License # **S73020540** St **MA** DOB/Age _____ Reg # **175VF1** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL _____ Veh Year **2004** Veh Make **LINCOLN** Veh Config. **1** 21
 Operator **FERGUSON, DONALD J** Owner **FERGUSON, DONALD J**
 Address **210 BROADWAY** Address **210 BROADWAY**
 City **WAKEFIELD** State **MA** Zip **01880-3108** City **WAKEFIELD** State **MA** Zip **01880-3108**
 Insurance Company **SAFETY INSURANCE** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **2** 27 1 27 27
 Vehicle Travel Direction: **NSEW** 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 **20** 25 25 BAC Test Result: **30**
 Viol. 2: Ch/Sec/Sub _____ Driver Distracted by **7** 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	<input checked="" type="checkbox"/>	1	1	4	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

804 Woburn st. Analog Devices

Indicate North by Arrow

Crash Narrative:

Oper.#1 related he was traveling south on Woburn st., when m/v#2 came from behind and rearended his m/v#1.

Oper.#2 related as he was traveling south on Woburn st., he was distracted by a T.T.Unit on the side of the roadway that was making a delivery. He didn't realize he was that close to m/v#1, when he realized how close he was it was too late and he rearended m/v#1.

(PWJ/142)

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

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

Hazmat Information:

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

Patrol Officer Paul W Jepson 142 Wilmington Police Department 07/16/2019

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

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
 Route# Direction Name of Intersecting Roadway/Street

2 1
 Route# Direction Name of Intersecting Roadway/Street

3
 Route# Direction Name of Intersecting Roadway/Street
 Landmark

6 **STONE ST**
 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 _____

Please Select One of the Following: Vehicle 10 #Occupants Hit/Run Moped
 Crash Report ID# **19-237-AC**

License # _____ St _____ DOB/Age _____ Reg # **69MP69** Reg Type **PC** Reg State **MA**
 Sex _____ Lic. Class **19 19** Lic. Restrictions **20** CDL Endorsement _____ Veh Year **2007** Veh Make **HONDA** Veh Config. **1 21**
 Operator **Driverless M.V.** Owner **SPENCER, MICHAEL PATRICK**
 Last First Middle Last First Middle
 Address _____ Address **398R CHESTNUT ST**
 City _____ State _____ Zip _____ City **WILMINGTON** State **MA** Zip **01887-1161**
 Insurance Company **ARBELLA MUTUAL INS** Vehicle Action Prior to Crash **11 22** Damaged Area Code: **3 27 27 27**
 Vehicle Travel Direction: **N S E W** Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **1 28**
 Citation # (If Issued) _____ Most Harmful Event **1 24** Type of Test: **29**
 Viol. 1: Ch/Sec/Sub _____ Driver Contributing Code **1 25 25** BAC Test Result: **30**
 Viol. 2: Ch/Sec/Sub _____ Driver Distracted by **0 26** Susp. Alcohol: **99 31** Susp. Drug: **99 32**
 Viol. 3: Ch/Sec/Sub _____ Driver Distracted by **0 26** 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 Trip Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above			1							

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

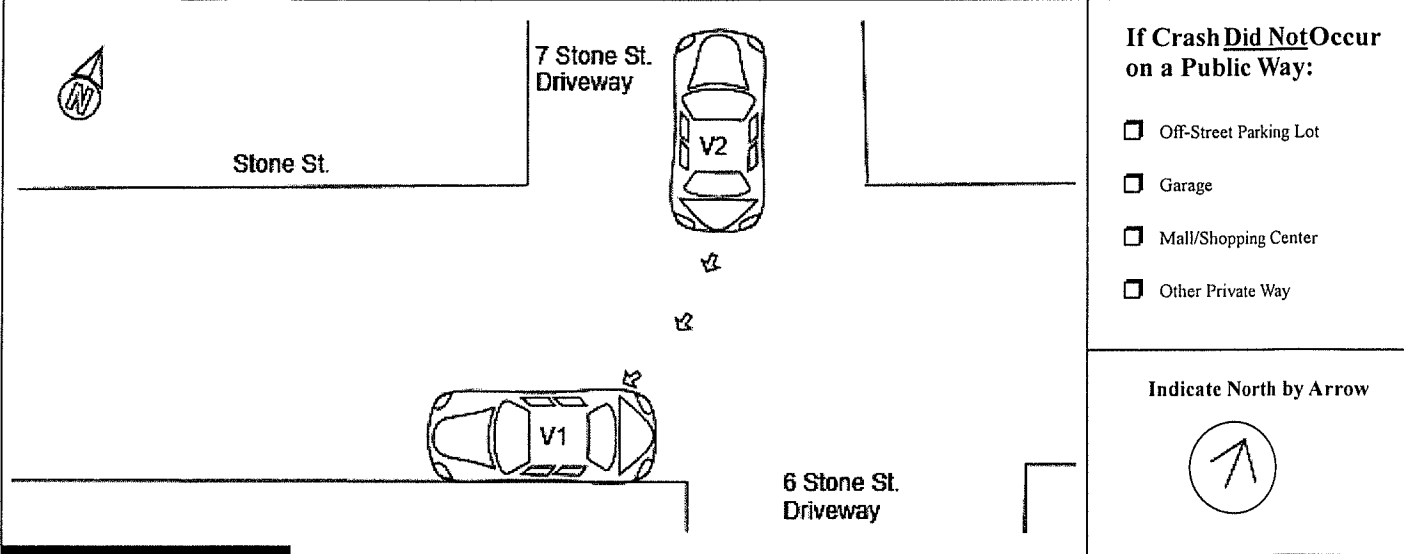
License # **S76794844** St **MA** DOB/Age _____ Reg # **9PBC50** Reg Type **PC** Reg State **MA**
 Sex **F** Lic. Class **D 19 19** Lic. Restrictions **B 20** CDL Endorsement _____ Veh Year **2018** Veh Make **MITSUBISHI** Veh Config. **1 21**
 Operator **PRESTON, ELIZABETH** Owner **PRESTON, MICHAEL R**
 Last First Middle Last First Middle
 Address **370 MANNING ST** Address **370 MANNING ST**
 City **JEFFERSON** State **MA** Zip **01522-1556** City **JEFFERSON** State **MA** Zip **01522-1556**
 Insurance Company **COMMERCE INSURANCE** Vehicle Action Prior to Crash **10 22** Damaged Area Code: **4 27 27 27**
 Vehicle Travel Direction: **N S E W** Responding to Emergency? **2** Event Sequence **2 23 23 23 23** Test Status: **1 28**
 Citation # (If Issued) _____ Most Harmful Event **2 24** Type of Test: **29**
 Viol. 1: Ch/Sec/Sub _____ Driver Contributing Code **99 25 25** BAC Test Result: **30**
 Viol. 2: Ch/Sec/Sub _____ Driver Distracted by **99 26** Susp. Alcohol: **99 31** Susp. Drug: **99 32**
 Viol. 3: Ch/Sec/Sub _____ Driver Distracted by **99 26** 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 Trip Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above			1	99	4	0	0	10	1	

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

Crash Diagram:



Crash Narrative:

Vehicle 1 was parked on Stone St facing west with no occupants. Vehicle 2 was at 7 Stone St. in the driveway. When the operator of V2 was backing out of the driveway they failed to see V1 and then collided with V1. The rear passenger side bumper of V2 struck the area behind the wheel well of V1. There is a large dent on V1 and some minor paint damage. The operator of V2 left her name and phone number with the party responsible for V1, but did not leave any other info. I was able make contact with her via phone and she stated that she did in fact hit V1. The operator of V2 said there was only a small amount of paint damage to V2. I was unable to see V2 in person, but the operator described the damage and it was consistent with what the reporting party stated they saw.

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 Emily L Stebbins 210 Wilmington Police Department 07/16/2019
 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 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# **19-238-AC**

License # _____ St _____ DOB/Age _____ Reg # **LV75606** Reg Type **RV** Reg State **MA**
 Sex _____ Lic. Class **99 19 19** Lic. Restrictions **1 20** CDL _____ Veh Year **2004** Veh Make **TOYOTA** Veh Config. **1 21**
 Operator _____ Owner **VESTA INC**
 Address _____ Address **24 CROSS ST**
 City _____ State **MA** Zip **02766-2325**
 Insurance Company _____ Vehicle Action Prior to Crash **4 22** Damaged Area Code: **2 27 27 27**
 Vehicle Travel Direction: N E W Responding to Emergency? **2** Event Sequence **21 23 23 23 23** Test Status: **1 28**
 Citation # (If Issued) **T1152758** Most Harmful Event **21 24** Type of Test: **29**
 Viol. 1: Ch/Sec/Sub **90 10** Viol. 2: Ch/Sec/Sub **90 24** Driver Contributing Code **10 25 7 25** BAC Test Result: **1 30**
 Viol. 3: Ch/Sec/Sub **90 24** 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	0	4	0	0	10	1	

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

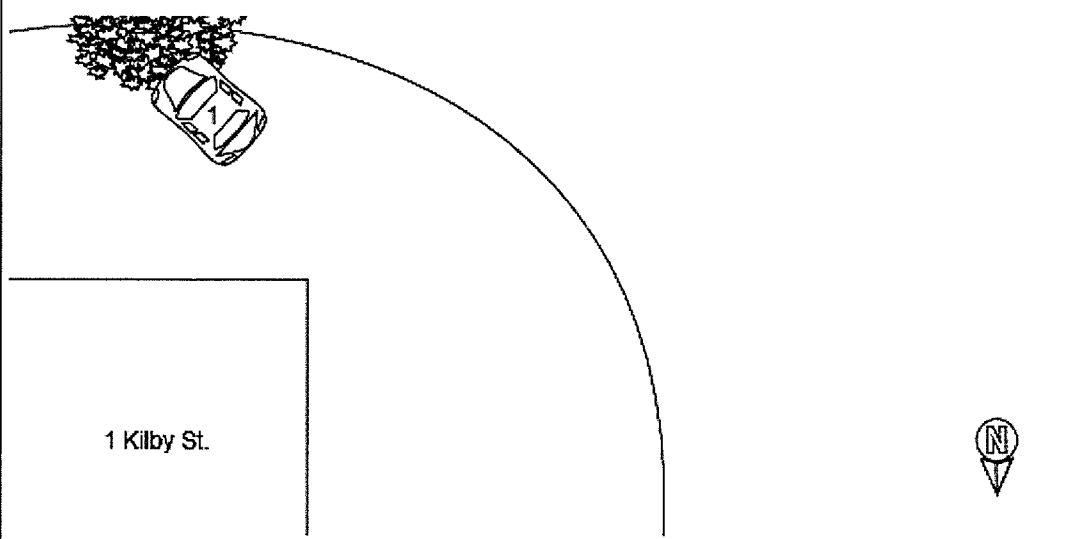
License # _____ St _____ DOB/Age _____ Reg # _____ Reg Type _____ Reg State _____
 Sex _____ Lic. Class **19 19** Lic. Restrictions **20** CDL _____ Veh Year _____ Veh Make _____ Veh Config. **21**
 Operator _____ Owner _____
 Address _____ Address _____
 City _____ State _____ Zip _____ City _____ State _____ Zip _____
 Insurance Company _____ Vehicle Action Prior to Crash **22** Damaged Area Code: **27 27 27**
 Vehicle Travel Direction: 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							

→ = 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:

* See REPORT 19-271-AR and PHOTOS*

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 Brian Tavares

206

Wilmington Police Department

07/17/2019

Police Officer Name (Please Print)

Signature

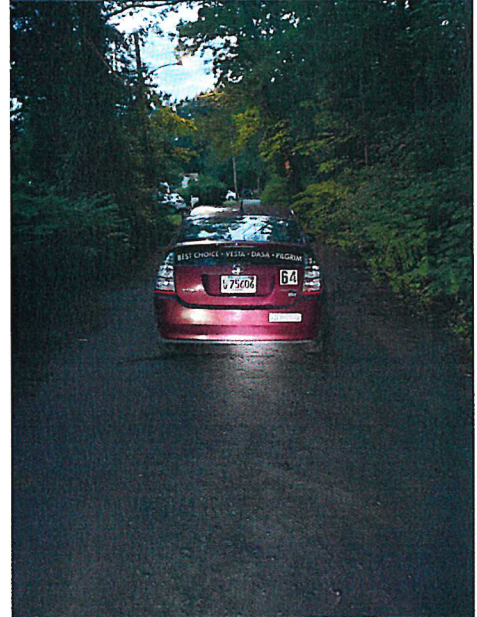
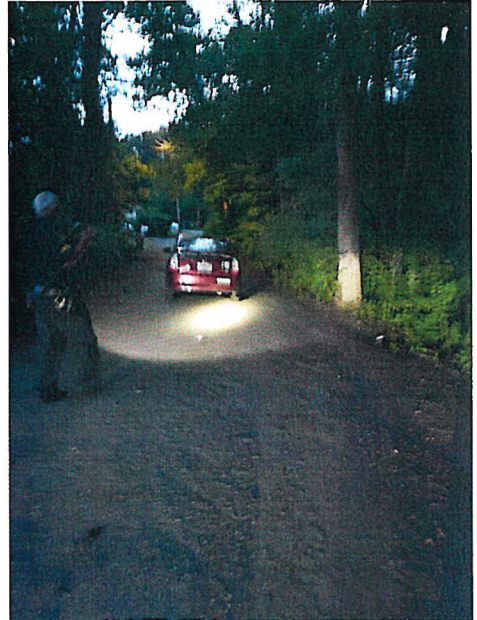
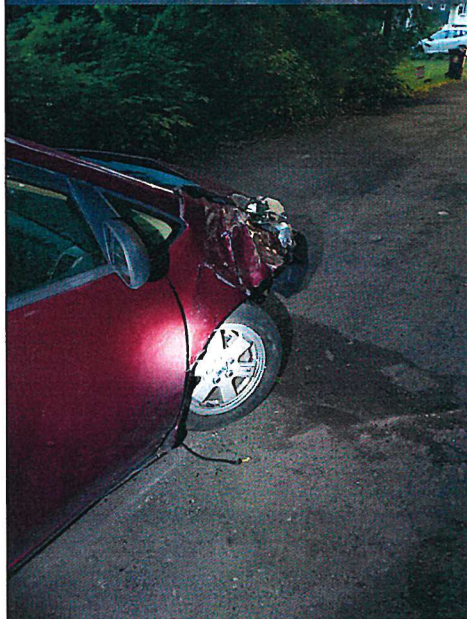
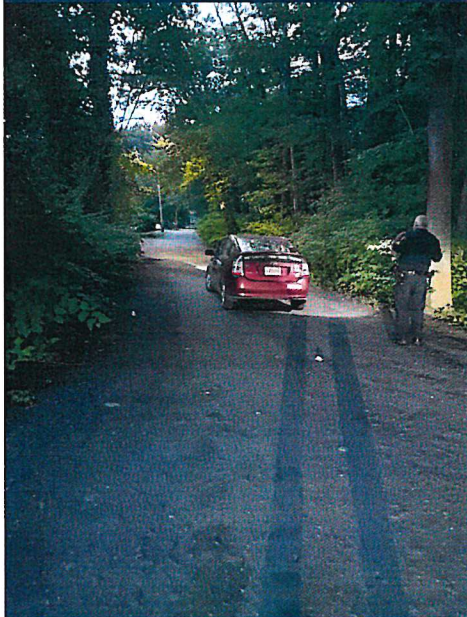
ID/Badge #

Department

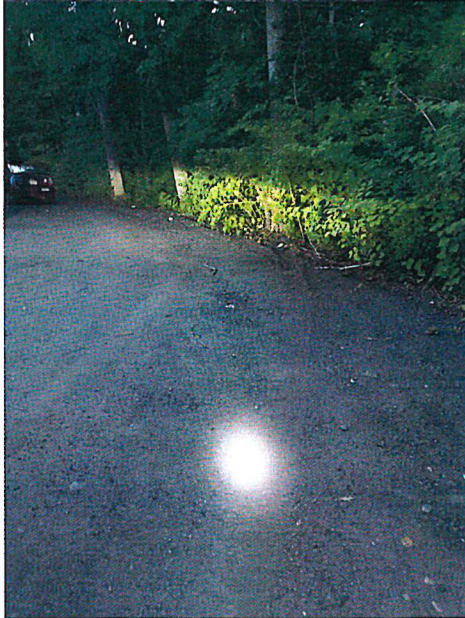
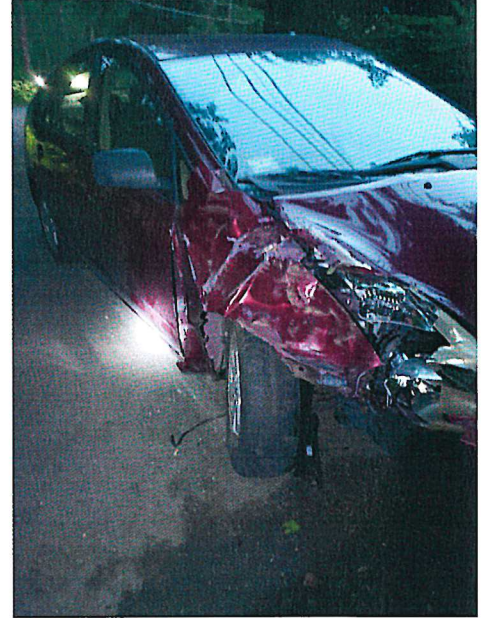
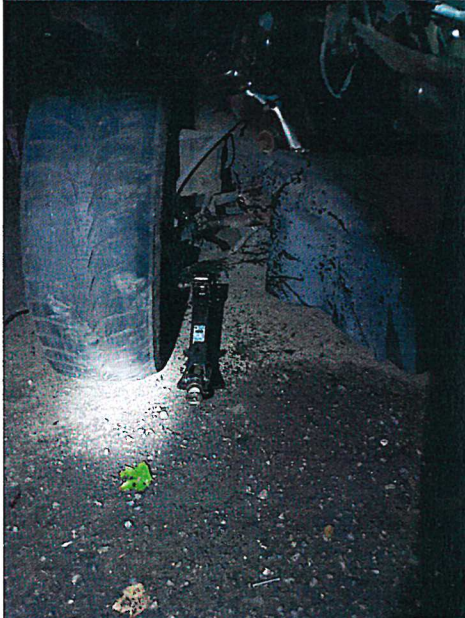
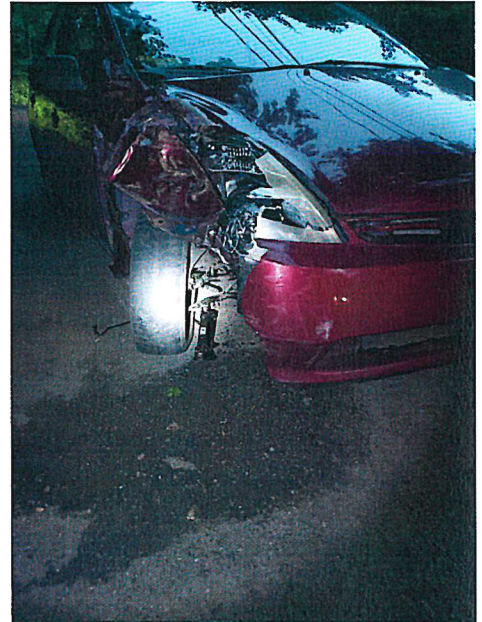
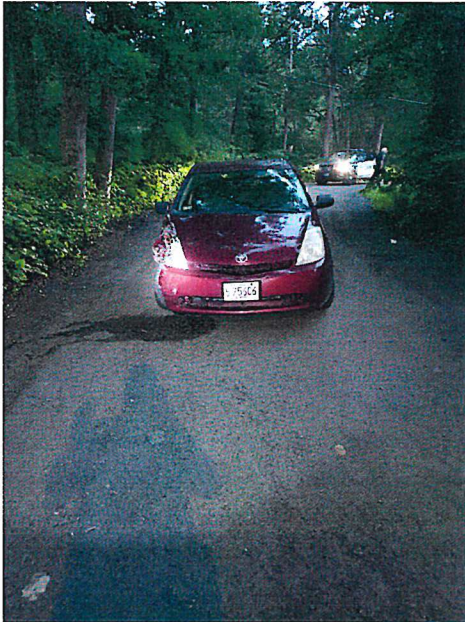
Precinct/Barracks

Date

Wilmington Police Department
Images Associated with 19-238-AC



Wilmington Police Department
Images Associated with 19-238-AC



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
 205 **MAIN ST**
 Feet **NSEW** of _____ or _____ Exit Number
 Mile Marker
 Feet **NSEW** of _____ Route# Intersecting Roadway/Street
 Feet **NSEW** of _____
 Landmark

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped
 Crash Report ID# **19-239-AC**

License # **S02718732** St **MA** DOB/Age **09/06/1969** Reg # **418YVJ** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **A** **19** **19** Lic. Restrictions **1** **20** CDL _____ Veh Year **2015** Veh Make **FORD** Veh Config. **1** **21**
 Operator **STICKNEY, BRIAN J** Owner **STICKNEY, BRIAN J**
 Address **6 KIRK ST** Address **6 KIRK ST**
 City **WILMINGTON** State **MA** Zip **01887-3222** City **WILMINGTON** State **MA** Zip **01887-3222**
 Insurance Company **COMMERCE INSURANCE** Vehicle Action Prior to Crash **10** **22** Damaged Area Code: **4** **27** **5** **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**
 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	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 # **S68962474** St **MA** DOB/Age **04/29/1993** Reg # **LV69514** Reg Type **RV** Reg State **MA**
 Sex **F** Lic. Class **D** **19** **19** Lic. Restrictions **99** **20** CDL _____ Veh Year **2015** Veh Make **FORD** Veh Config. **1** **21**
 Operator **BUSH, CHRISTIANA A** Owner **SURRIMASSINI INC**
 Address **10 AUBURN AVE** Address **100 CORPORATE PL ST APT 101**
 City **WILMINGTON** State **MA** Zip **01887-2611** City **PEABODY** State **MA** Zip **01960-3809**
 Insurance Company **SAFETY INSURANCE** Vehicle Action Prior to Crash **4** **22** Damaged Area Code: **3** **27** **27** **27**
 Vehicle Travel Direction: **N** **E** **W** Responding to Emergency? **2** Event Sequence **1** **23** **23** **23** **23** Test Status: **28**
 Citation # (If Issued) _____ Most Harmful Event **1** **24** Type of Test: **29**
 Viol. 1: Ch/Sec/Sub _____ 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**
 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	XXXXXX	XXXX	1	99	4	0	0	10	1	

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

ie: → 1 → 2 → ○ → ○

Crash Diagram:

Cumberland Farms



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 backing into the parking spot in front of Cumberland Farms. Vehicle 2 operator was pulling into the same spot and didn't see vehicle 1 backing up. Vehicle 2 continued into the parking spot and due to Vehicle 2 not stopping, Vehicle 1 made contact with the passenger door. Vehicle 1 suffered damage to the rear tailgate and the rear bumper. Vehicle 2 suffered damage to the front passenger door and side mirror. Both parties stated they were not injured and refused medical treatment. Vehicle 2 required a tow due to the passenger door not being able to secure safely.

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

07/17/2019

Police Officer Name (Please Print)

Signature

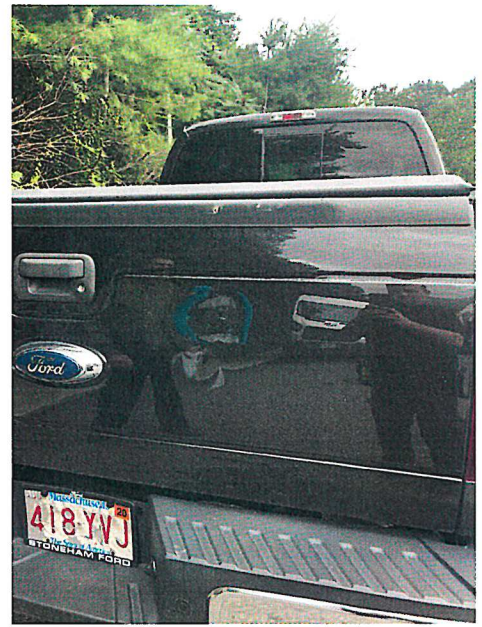
ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department
Images Associated with 19-239-AC



Date of Crash 07/17/2019 Time of Crash 1934 City/Town Wilmington **Motor Vehicle Crash** Number Vehicles 2 Number Injured 0 Speed Limit 30 State Police Local Police MBTA Police Campus Police Other:

Police Report

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 _____	_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____ _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Mile Marker _____ Exit Number _____ _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____ _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____	

Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped Crash Report ID# **19-240-AC**

License # <u>S13233343</u> St. <u>MA</u> DOB/Age _____ Sex <u>F</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL Endorsement _____ Operator <u>PERENICK, OLIVIA A</u> Address <u>22 PERNOKAS DR</u> City <u>WOBURN</u> State <u>MA</u> Zip <u>01801</u> Insurance Company <u>PLYMOUTH ROCK ASSU</u> Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u> Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # <u>9LA875</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2004</u> Veh Make <u>BUICKS</u> Veh Config. <u>1</u> <u>21</u> Owner <u>PERENICK, MELINDA A</u> Address <u>22A G PERNOKAS DR APT G PE</u> City <u>WOBURN</u> State <u>MA</u> Zip <u>01801-0000</u> 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> Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>28</u> Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u> Driver Contributing Code <u>1</u> <u>25</u> <u>25</u> BAC Test Result: <u>30</u> Driver Distracted by <u>0</u> <u>26</u> Susp. Alcohol: <u>31</u> Susp. Drug: <u>32</u> Towed from scene? <u>1</u> <u>33</u>
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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	XXXXXX	XX	1	1	1	0	0	10	1	

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

License # <u>S72359734</u> St. <u>MA</u> DOB/Age _____ Sex <u>F</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL Endorsement _____ Operator <u>ROONEY, ASHLEY R</u> Address <u>419 CHESTNUT ST</u> City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-3317</u> Insurance Company <u>GEICO GENERAL INS</u> Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u> Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # <u>57A290</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2015</u> Veh Make <u>Jeep</u> Veh Config. <u>2</u> <u>21</u> Owner <u>ROONEY, TIMOTHY A</u> Address <u>419 CHESTNUT ST</u> City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-3317</u> Vehicle Action Prior to Crash <u>4</u> <u>22</u> Damaged Area Code: <u>7</u> <u>27</u> <u>27</u> <u>27</u> Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>28</u> Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u> Driver Contributing Code <u>99</u> <u>25</u> <u>25</u> BAC Test Result: <u>30</u> Driver Distracted by <u>0</u> <u>26</u> Susp. Alcohol: <u>31</u> Susp. Drug: <u>32</u> Towed from scene? <u>1</u> <u>33</u>
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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	XXXXXX	XX	1	1	1	0	0	10	1	

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

Crash Diagram:

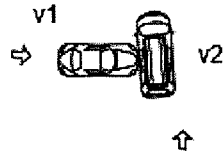
ie: → 1 → 2 → ○ → ⚙

Lowell Street

If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow



Parker Street



Crash Narrative:

The driver of v1 stated that she was traveling north on Lowell Street, when V2 pulled in front of her suddenly from Parker Street, cutting her off, causing the accident .

The driver of v2 stated that she had pulled out of Parker street to take a left turn, when V1 struck her. V2 has a stop sign at the end of Parker Street.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
HOWE DONNA M	2 ALTON ST BILLERICA MA 01821		2

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 Brian D Thornton

190

Wilmington Police Department

07/17/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Date of Crash: 07/18/2019 Time of Crash: 1532 24HR City/Town: **Wilmington** **Motor Vehicle Crash Police Report** Number Vehicles: 2 Number Injured: 1 Speed Limit: 30 State Police Local Police MBTA Police Campus Police Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

<p>Route# <u> </u> Direction <u> </u> Name of Roadway/Street <u>WEST ST</u></p> <p style="text-align: center;">At</p> <p>Route# <u> </u> Direction <u> </u> Name of Intersecting Roadway/Street <u>INDUSTRIAL WAY</u></p> <p style="text-align: center;">Also at Intersection with</p> <p>Route# <u> </u> Direction <u> </u> Name of Intersecting Roadway/Street <u> </u></p>	<p>Route# <u> </u> Direction <u> </u> Address # <u> </u> Name of Roadway/Street <u> </u></p> <p>Feet <u> </u> <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of <u> </u> • <u> </u> or <u> </u> Exit Number <u> </u></p> <p>Feet <u> </u> <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of <u> </u> Mile Marker <u> </u> Exit Number <u> </u></p> <p>Feet <u> </u> <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of <u> </u> Route# <u> </u> Intersecting Roadway/Street <u> </u></p> <p style="text-align: center;">Landmark <u> </u></p>
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Please Select One of the Following: Vehicle 1 Occupants Hit/Run Moped Crash Report ID# **19-241-AC**

<p>License # <u>S57467660</u> St <u>MA</u> DOB/Age <u> </u></p> <p>Sex <u>F</u> Lic. Class <u>D</u> Lic. Restrictions <u>20</u> CDL <u> </u> Endorsement <u> </u></p> <p>Operator <u>CHABOT, ABIGAIL</u></p> <p>Address <u>39 BROAD ST APT 4</u></p> <p>City <u>NEWBURYPORT</u> State <u>MA</u> Zip <u>01950-2142</u></p> <p>Insurance Company <u>ARBELLA MUTUAL INS</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) <u> </u></p> <p>Viol. 1: Ch/Sec/Sub <u> </u> Viol. 2: Ch/Sec/Sub <u> </u></p> <p>Viol. 3: Ch/Sec/Sub <u> </u> Viol. 4: Ch/Sec/Sub <u> </u></p>	<p>Reg # <u>625WS1</u> Reg Type <u>PC</u> Reg State <u>MA</u></p> <p>Veh Year <u>2007</u> Veh Make <u>FORD</u> Veh Config. <u>1</u></p> <p>Owner <u>CAPOBIANCO PETRAS, JENNIFER CHABOT</u></p> <p>Address <u>26 MYOPIA RD</u></p> <p>City <u>STONEHAM</u> State <u>MA</u> Zip <u>02180-2260</u></p> <p>Vehicle Action Prior to Crash <u>6</u></p> <p>Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u></p> <p>Most Harmful Event <u>1</u></p> <p>Driver Contributing Code <u>19</u> <u>25</u> <u>3</u> <u>25</u></p> <p>Driver Distracted by <u>99</u></p> <p>Damaged Area Code: <u>4</u> <u>27</u> <u>3</u> <u>27</u> <u>27</u></p> <p>Test Status: <u>28</u></p> <p>Type of Test: <u>29</u></p> <p>BAC Test Result: <u>30</u></p> <p>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	 	 	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

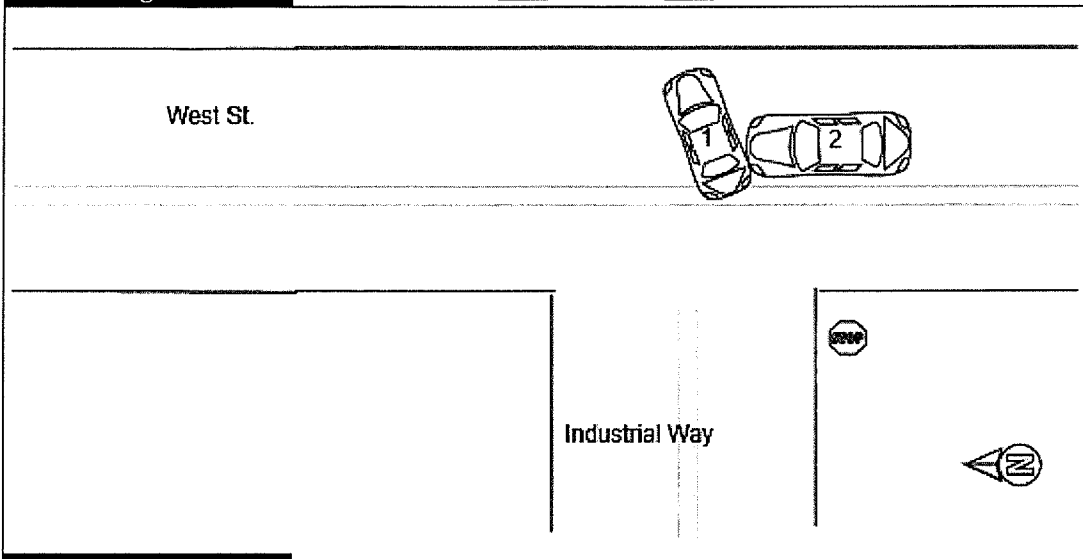
<p>License # <u>S14560733</u> St <u>MA</u> DOB/Age <u> </u></p> <p>Sex <u>M</u> Lic. Class <u>D</u> Lic. Restrictions <u>20</u> CDL <u> </u> Endorsement <u> </u></p> <p>Operator <u>WEISSE, DARREN E</u></p> <p>Address <u>28 FOREST RD</u></p> <p>City <u>TEWKSBURY</u> State <u>MA</u> Zip <u>01876-2327</u></p> <p>Insurance Company <u>EMPIRE FIRE</u></p> <p>Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u></p> <p>Citation # (If Issued) <u> </u></p> <p>Viol. 1: Ch/Sec/Sub <u> </u> Viol. 2: Ch/Sec/Sub <u> </u></p> <p>Viol. 3: Ch/Sec/Sub <u> </u> Viol. 4: Ch/Sec/Sub <u> </u></p>	<p>Reg # <u>7NTC90</u> Reg Type <u>PC</u> Reg State <u>MA</u></p> <p>Veh Year <u>2019</u> Veh Make <u>CADILLAC</u> Veh Config. <u>1</u></p> <p>Owner <u>GORDON COLONIAL INC</u></p> <p>Address <u>201 CAMBRIDGE RD</u></p> <p>City <u>WOBURN</u> State <u>MA</u> Zip <u>01801-4705</u></p> <p>Vehicle Action Prior to Crash <u>1</u></p> <p>Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u></p> <p>Most Harmful Event <u>1</u></p> <p>Driver Contributing Code <u>1</u> <u>25</u> <u>25</u></p> <p>Driver Distracted by <u>0</u></p> <p>Damaged Area Code: <u>1</u> <u>27</u> <u>27</u> <u>27</u></p> <p>Test Status: <u>28</u></p> <p>Type of Test: <u>29</u></p> <p>BAC Test Result: <u>30</u></p> <p>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	 	 	1	1	3	0	0	9	1	

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 O X O X = Pedestrian 🚲 = Bicycle

Crash Diagram:

ie: → 1 → 2 → O X O X → 🚲



If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow



Crash Narrative:

MV2 travelling northbound on West St. at the intersection of Industrial Way. MV1 travelling on Industrial Way, turning onto West St. Operator of MV1 stated that she did not stop at the stop sign and just went straight through it. Operator of MV2 stated that MV1 never stopped at the stop sign and came into the lane directly in front of his vehicle. Damage to the front of MV2. Damage to the right side of MV1. Both vehicles towed by Forrest Towing.

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

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

Hazmat Information:

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

Patrol Officer Kevin P Cavanaugh

195

Wilmington Police Department

07/18/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date