

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

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

Route# Direction Name of 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# **19-252-AC**

License # **S79824106** St **MA** DOB/Age \_\_\_\_\_ Reg # **8SM913** Reg Type **PC** Reg State **MA**  
 Sex **M** Lic. Class **D** Lic. Restrictions **20** CDL \_\_\_\_\_ Veh Year **2019** Veh Make **Jeep** Veh Config. **1**  
 Operator **LEARY, JOSEPH ARTHUR** Owner **LEARY, JOSEPH ARTHUR**  
 Address **66 FOREST ST** Address **66 FOREST ST**  
 City **WILMINGTON** State **MA** Zip **01887-2825** City **WILMINGTON** State **MA** Zip **01887-2825**  
 Insurance Company **LIBERTY MUTUAL INS** Vehicle Action Prior to Crash **2** Damaged Area Code: **5 27 27 27**  
 Vehicle Travel Direction: **N S E W** Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **28**  
 Citation # (If Issued) \_\_\_\_\_ Most Harmful Event **1 24** Type of Test: **29**  
 Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **1 25 25** BAC Test Result: **30**  
 Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **0 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**  
 Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Towed from scene? **2 33**  
 Viol. 4: Ch/Sec/Sub \_\_\_\_\_

Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator</b>		See Above	<input checked="" type="checkbox"/>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

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

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

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

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

### Crash Diagram:

Lowell St  
(Rt. 129)

**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 stopped at red light on Lowell St. (Rt. 129) westbound. Operator of MV1 and Witness both stated that a small dark colored Mazda (last digits of "B42") rear ended MV1. Operator of MV1 pulled to side of road to exchange info and MV2 drove away at high rate of speed. Operator of MV1 stated he was not injured and vehicle was driveable. Damage to the rear of MV1. A search for the other involved vehicle yielded negative results.

### Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
MERWEDE MELISSA A	8401 INWOOD DR WOBURN MA 01801-5163		

### 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	07/28/2019
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 \_\_\_\_\_  
 2 1  
 Route# \_\_\_\_\_ Direction \_\_\_\_\_ Name of Intersecting Roadway/Street \_\_\_\_\_

2 11  
 Route# **211** Direction \_\_\_\_\_ Address # **LOWELL ST** 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 \_\_\_\_\_

3 Please Select One of the Following:  Vehicle **2** #Occupants  Hit/Run  Moped  
 Crash Report ID# **19-253-AC**

4 3  
 License # **S79945804** St **MA** DOB/Age \_\_\_\_\_ Reg # **151AD** Reg Type **CO** Reg State **MA**  
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL \_\_\_\_\_  
 Operator **RAMIREZ SANTIAGO, MELVIN JUNIOR** Owner **A G QUEALY TOWING INC**  
 Address **16 HERMON ST** Address **BX 490588**  
 City **WINTHROP** State **MA** Zip **02152-3025** City **EVERETT** State **MA** Zip **02149-0010**  
 Insurance Company **COMMERCE** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: 0 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 \_\_\_\_\_ 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 **0** 26 Susp. Alcohol: **2** 31 Susp. Drug: **2** 32  
 Towed from scene? **2** 33

5 1  
 6 1  
 Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator</b>	See Above	<del>_____</del>	<del>_____</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	
<b>MELVIN LARK</b>	<b>313 ESSEX ST LYNN, MA 01902-2325</b>		<b>M</b>	<b>3</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

7 2  
 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  
 9 2  
 License # **S42499564** St **MA** DOB/Age \_\_\_\_\_ Reg # **4AC771** Reg Type **PC** Reg State **MA**  
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL \_\_\_\_\_  
 Operator **MIDDLETON, JOHN J** Owner **DONLEN TRUST**  
 Address **6 COMMONWEALTH AVE** Address **3000 LAKESIDE DR**  
 City **WILMINGTON** State **MA** Zip **01887-2953** City **BANNOCKBURN** State **IL** Zip **60015-0000**  
 Insurance Company **ACE AMERICAN INS** Vehicle Action Prior to Crash **1** 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 \_\_\_\_\_ 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 **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
<b>Operator/Non-Motorist</b>	See Above	<del>_____</del>	<del>_____</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	



Wilmington Police Department  
Crash Narrative  
Case # 19-253-AC

On July 29, 2019 I, Officer Stebbins, responded to the Lucci's parking lot for a crash with no injuries. Upon my arrival, the operator of the tow truck (V1) stated that he was traveling westbound on Lowell St. in the right lane. He stated that the driver of V2 had pulled up beside him and was trying to "race past him" to get into the intersection before him. Operator of V1 stated he did not realize that he was in the wrong lane and he was trying to get back into the correct lane, but V2 was not allowing that to happen. The operator of V2 was also yelling and waving his arm angrily. At that point V2 collided with the rear driver's side corner of V1. There was no damage to V1 and the area struck was the corner of the flatbed. I then spoke with the operator of V2. He stated that the crash actually happened in the intersection. He said that V1 came up the right lane and then did not take a right like most cars do. This is not officially a lane, but the...

SUPPLEMENTAL NARRATIVE FOR PATROL OFFICER EMILY L STEBBINS

Ref: 19-253-AC

Entered: 07/29/2019 @ 1518      Entry ID: 210  
 Modified: 07/29/2019 @ 1523      Modified ID: 210  
 Approved: 08/02/2019 @ 1510      Approval ID: 184

(cont.) majority of commuters use this lane to turn right onto Woburn St. The operator of V2 said that V1 was trying to continue straight and then V1 collided with V2. V2 had minor paint damage on the upper passenger side door. The mirror was facing inwards, and the rain guard was cracked.

Upon looking at the damage it appears that the operator of V2's story is implausible. Had V1 hit V2, there would have been much more damage due to the durability of the tow truck's flatbed. Also, the mirror would have been crushed, rather than folded inward. In addition, the passenger of V1 had the same exact story at the driver of V1.

Both parties were advised to fill out their own crash forms and follow up with insurance. There were no injuries and no vehicles were towed.

Respectfully,  
 Officer Emily L. Stebbins

Attachments for 19-253-AC

Description	Type
JJMIDDLETONOPERCRAHRPT	PDF
Attachment#: AD0EDDE8D8CD4604B86040224B5365A5	

**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

38 N 193 MAIN ST  
 Route# Direction Address # Name of Roadway/Street  
 Feet N S E W of \_\_\_\_\_ or \_\_\_\_\_ Mile Marker Exit Number  
 Feet N S E W of \_\_\_\_\_ Intersecting Roadway/Street  
 Feet N S E W of \_\_\_\_\_ Landmark

Please Select One of the Following:  Vehicle 1 #Occupants  Hit/Run  Moped Crash Report ID# **19-254-AC**

License # **S23507141** St **MA** DOB/Age \_\_\_\_\_ Reg # **3DY329** Reg Type **PC** Reg State **MA**  
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL \_\_\_\_\_ Veh Year **2018** Veh Make **FORD** Veh Config. **2** 21  
 Operator **RESTUCCIA, WILLIAM F JR** Owner **RESTUCCIA, WILLIAM F JR**  
 Address **99 SHAWSHEEN AVE** Address **99 SHAWSHEEN AVE**  
 City **WILMINGTON** State **MA** Zip **01887-0000** City **WILMINGTON** State **MA** Zip **01887-0000**  
 Insurance Company **QUINCY MUTUAL FIRE** Vehicle Action Prior to Crash **4** 22 Damaged Area Code: **8** 27 **7** 27 **27**  
 Vehicle Travel Direction:  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 **18** 25 **4** 25 BAC Test Result: **30**  
 Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **0** 26 Susp. Alcohol: **2** 31 Susp. Drug: **2** 32  
 Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Towed from scene? **2** 33  
 Viol. 4: Ch/Sec/Sub \_\_\_\_\_

Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator</b>		See Above	<input checked="" type="checkbox"/>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

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

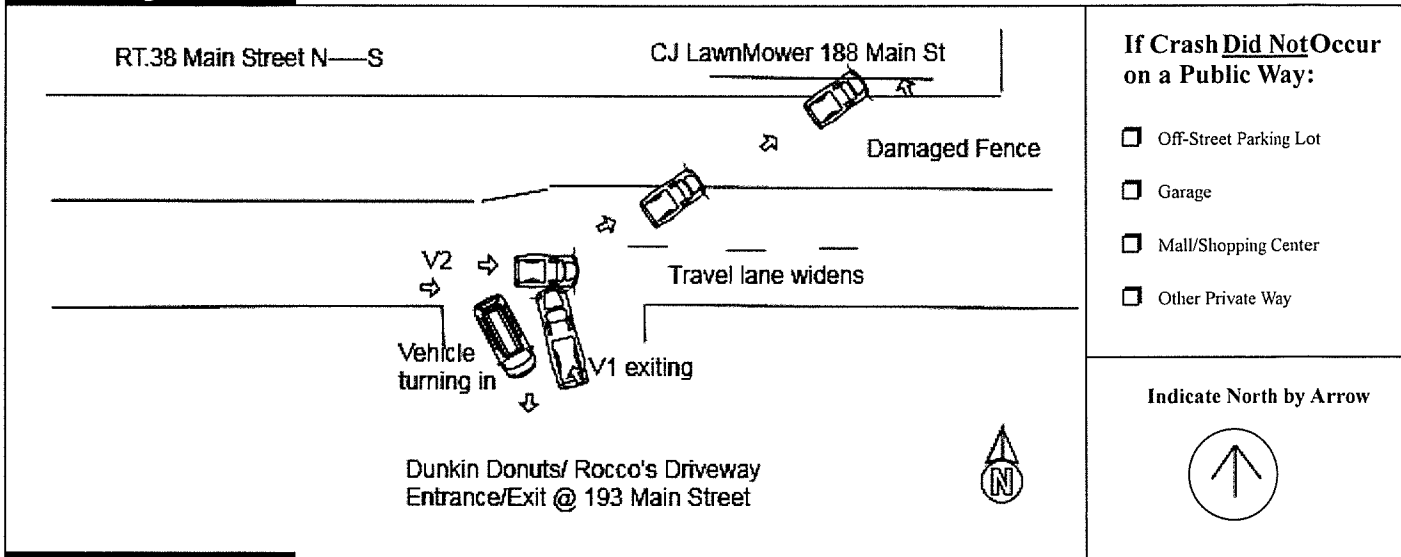
License # **S86198315** St **MA** DOB/Age \_\_\_\_\_ Reg # **1RBC91** Reg Type **PC** Reg State **MA**  
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL \_\_\_\_\_ Veh Year **2017** Veh Make **NISSAN** Veh Config. **1** 21  
 Operator **GUSSO, BRIAN D** Owner **GUSSO, BRIAN D**  
 Address **20 PRESIDENTIAL DR** Address **20 PRESIDENTIAL DR**  
 City **WILMINGTON** State **MA** Zip **01887-2867** City **WILMINGTON** State **MA** Zip **01887-2867**  
 Insurance Company **LM GENERAL** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **1** 27 **3** 27 **27**  
 Vehicle Travel Direction:  N  E  W Responding to Emergency? **2** Event Sequence **1** 23 **41** 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: **2** 31 Susp. Drug: **2** 32  
 Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Towed from scene? **1** 33  
 Viol. 4: Ch/Sec/Sub \_\_\_\_\_

Please fill out for operator/non-motorist and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator/Non-Motorist</b>		See Above	<input checked="" type="checkbox"/>	<b>1</b>	<b>1</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

→ = Direction    [1] = Vehicle 1    [2] = Vehicle 2    [Person] = Pedestrian    [Bicycle] = Bicycle

**Crash Diagram:**

ie: → [1] → [2] → [Person] → [Bicycle]



**Crash Narrative:**

V1 (Ristuccia) attempted left turn from 193 Main Street and collided with V2 which was passing by. V1 opr. stated he saw another vehicle turn in driveway and thought he could turn he did not see V2. V2 then drove off the road to the left and hit white vinyl fence belonging to 188 Main Street. Three sections damaged. V1 damaged on left front end. V2 damaged on front end and right side. No injuries observed or reported. V2 towed by Forrest Towing.

Fence is owned by CJ Equipment 188 Main Street. Owner Charlie Hannoosh on scene & advised to get estimate and that report would be on file. No immediate dollar value for replacement & installation available.

**Witnesses:**

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

**Property Damage:**

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
CJ EQUIPMENT	188 MAIN ST WILMINGTON MA 01887		97	3 SECTIONS WHITE VINYL FENCE

**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    07/30/2019  
 Police Officer Name (Please Print)    Signature    ID/Badge #    Department    Precinct/Barracks    Date



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

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

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

Route# Direction Name of 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# **19-255-AC**

License # **S53378734** St **MA** DOB/Age \_\_\_\_\_ Reg # **7RM813** Reg Type **PC** Reg State **MA**  
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL \_\_\_\_\_ Veh Year **2001** Veh Make **HONDA** Veh Config. **1** 21  
 Operator **GUZMAN, FREDDY S** Owner **GUZMAN, FREDDY S**  
 Address **36 WESLEY ST** Address **36 WESLEY ST**  
 City **LAWRENCE** State **MA** Zip **01841-1424** City **LAWRENCE** State **MA** Zip **01841-1424**  
 Insurance Company **CITIZENS INSURANCE** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: 5 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: **1** 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
<b>Operator</b>	See Above	<del>XXXXXX</del>	<del>X</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

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

License # **S20627518** St **MA** DOB/Age \_\_\_\_\_ Reg # **2TYH31** Reg Type **PC** Reg State **MA**  
 Sex \_\_\_\_\_ Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL \_\_\_\_\_ Veh Year **2015** Veh Make **NISSAN** Veh Config. **1** 21  
 Operator \_\_\_\_\_ Owner **MASELLI, MARK F**  
 Address \_\_\_\_\_ Address **25 NORTH ST**  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City **WILMINGTON** State **MA** Zip **01887-2135**  
 Insurance Company **COMMERCE INSURANCE** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: 5 27 4 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: **1** 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
<b>Operator/Non-Motorist</b>	See Above	<del>XXXXXX</del>	<del>X</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

**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 \_\_\_\_\_

2 10 Route# 219 Direction \_\_\_\_\_ Address # MIDDLESEX AVE 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 3 Occupants  Hit/Run  Moped Crash Report ID# **19-255-AC**

License # S37997860 St MA DOB/Age \_\_\_\_\_ Reg # RS466X Reg Type PC Reg State MA  
 Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL \_\_\_\_\_ Veh Year 2009 Veh Make HONDA Veh Config. 1 21  
 Operator BENARD, SCOTT MATTHEW Owner BENARD, EDWARD R  
 Address 22R EDSON ST Address 22 ALLGROVE LN  
 City LOWELL State MA Zip 01851-2403 City WILMINGTON State MA Zip 01887-2156  
 Insurance Company LM GENERAL Vehicle Action Prior to Crash 4 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 19 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  
 Towed from scene? 2 33

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator</b>	See Above	<del>_____</del>	<del>_____</del>	<u>1</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	
			<u>M</u>	<u>6</u>	<u>4</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	

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 \_\_\_\_\_ 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

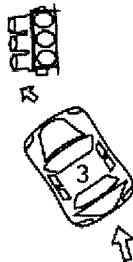
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator/Non-Motorist</b>	See Above	<del>_____</del>	<del>_____</del>	<u>1</u>							

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

**Crash Diagram:**

ie: → 1    → 2    → ○    → ○

205 Middlesex Ave.



Glen Road



**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:**

MV 1, 2, and 3 were traveling on Middlesex Ave after turning left from Glen Road. MV 3 rearended MV 2 which caused MV 2 to rearend MV 1. Op of MV 3 stated that he wasn't used to the intersection and took his eye off the roadway when he rearended MV 2 causing the accident. No injuries were reported. No Tow. Denied medical treatment.

**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 J Skinner

200

Wilmington Police Department

07/30/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

<b>Police Use Only</b>			<b>Commonwealth of Massachusetts</b>				<b>RMV Document Number</b>		
Date of Crash 07/31/2019	Time of Crash 1401 24HR	City/Town Wilmington	<b>Motor Vehicle Crash Police Report</b>			Number Vehicles 2	Number Injured 0	Speed Limit <u>25</u>	State Police <input type="checkbox"/>
Local Police <input type="checkbox"/> MBTA Police <input type="checkbox"/> Campus Police <input type="checkbox"/> Other: <input type="checkbox"/>									

<b>AT INTERSECTION:</b>	<b>&lt; LOCATION &gt;</b>	<b>NOT AT INTERSECTION:</b>
<b>GLEN RD</b>		
Route# _____ Direction _____	Name of Roadway/Street _____	Route# _____ Direction _____ Address # _____
At _____		Name of Roadway/Street _____
_____ Feet <b>N S E W</b> of _____ or _____		
Mile Marker _____ Exit Number _____		
<b>BRATTLE ST</b>		
Route# _____ Direction _____	Name of Intersecting Roadway/Street _____	_____ Feet <b>N S E W</b> of _____
Also at Intersection with _____		Route# _____ Intersecting Roadway/Street _____
Route# _____ Direction _____	Name of Intersecting Roadway/Street _____	_____ Feet <b>N S E W</b> of _____
Landmark _____		

Please Select One of the Following:	<input checked="" type="checkbox"/> Vehicle <u>2</u> #Occupants	<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped	Crash Report ID# <b>19-256-AC</b>
-------------------------------------	---	----------------------------------	--------------------------------	-----------------------------------

License # <b>S39624582</b> St <b>MA</b> DOB/Age _____ Sex <b>M</b> Lic. Class <b>D</b> 19 19 Lic. Restrictions <b>1</b> 20 CDL _____ Endorsement _____ Operator <b>BEANE, DONALD F</b> Last First Middle Address <b>69 SOUTHWICK RD</b> City <b>N READING</b> State <b>MA</b> Zip <b>01864-2113</b> Insurance Company <b>ARBELLA MUTUAL INS</b> Vehicle Travel Direction: <b>N X E W</b> 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 # <b>3XL696</b> Reg Type <b>PC</b> Reg State <b>MA</b> Veh Year <b>2016</b> Veh Make <b>FORD</b> Veh Config. <b>1</b> 21 Owner <b>BEANE, DONALD F</b> Last First Middle Address <b>69 SOUTHWICK RD</b> City <b>N READING</b> State <b>MA</b> Zip <b>01864-2113</b> Vehicle Action Prior to Crash <b>1</b> 22 Damaged Area Code: <b>1</b> 27 <b>10</b> 27 <b>27</b> Event Sequence <b>1</b> 23 <b>23</b> <b>23</b> <b>23</b> Test Status: <b>1</b> 28 Type of Test: <b>29</b> Most Harmful Event <b>1</b> 24 BAC Test Result: <b>30</b> Driver Contributing Code <b>1</b> 25 <b>25</b> Susp. Alcohol: <b>2</b> 31 Susp. Drug: <b>2</b> 32 Driver Distracted by <b>0</b> 26 Towed from scene? <b>1</b> 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
<b>Operator</b>		See Above	<del>X</del>	<del>X</del>	<b>1</b>	<b>1</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>
<b>ELIZABETH BEANE</b>	69 SOUTHWICK RD NORTH READING, MA 01864-2113		<b>F</b>	<b>3</b>	<b>1</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

Please Select One of the Following:	<input checked="" type="checkbox"/> Vehicle <u>2</u> #Occupants	<input type="checkbox"/> Non-Motorist A	Type <u>15</u>	Action <u>16</u>	Location <u>17</u>	Condition <u>18</u>	<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped
-------------------------------------	---	---	----------------	------------------	--------------------	---------------------	----------------------------------	--------------------------------

License # <b>S97322334</b> St <b>MA</b> DOB/Age _____ Sex <b>M</b> Lic. Class <b>D</b> 19 19 Lic. Restrictions <b>1</b> 20 CDL _____ Endorsement _____ Operator <b>AZEMZI-CHAPAJONG, BONIFACE C</b> Last First Middle Address <b>630 WASHINGTON ST</b> City <b>HAVERHILL</b> State <b>MA</b> Zip <b>01832-4533</b> Insurance Company <b>COMMERCE INSURANCE</b> Vehicle Travel Direction: <b>N S X W</b> Responding to Emergency? <u>2</u> Citation # (If Issued) <b>T1152212</b> Viol. 1: Ch/Sec/Sub <b>89</b> <b>9</b> Viol. 2: Ch/Sec/Sub <b>89</b> <b>8</b> Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # <b>243PY1</b> Reg Type <b>PC</b> Reg State <b>MA</b> Veh Year <b>2011</b> Veh Make <b>GMC</b> Veh Config. <b>1</b> 21 Owner <b>AZEMZI-CHAPAJONG, BONIFACE C</b> Last First Middle Address <b>630 WASHINGTON ST</b> City <b>HAVERHILL</b> State <b>MA</b> Zip <b>01832-4533</b> Vehicle Action Prior to Crash <b>6</b> 22 Damaged Area Code: <b>8</b> 27 <b>10</b> 27 <b>7</b> 27 Event Sequence <b>1</b> 23 <b>23</b> <b>23</b> <b>23</b> Test Status: <b>1</b> 28 Type of Test: <b>29</b> Most Harmful Event <b>1</b> 24 BAC Test Result: <b>30</b> Driver Contributing Code <b>3</b> 25 <b>4</b> 25 Susp. Alcohol: <b>2</b> 31 Susp. Drug: <b>2</b> 32 Driver Distracted by <b>99</b> 26 Towed from scene? <b>1</b> 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
<b>Operator/Non-Motorist</b>		See Above	<del>X</del>	<del>X</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>



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

1 **LOWELL ST**  
 Route# Direction Name of Roadway/Street  
 At  
**WEST ST**  
 Route# Direction Name of Intersecting Roadway/Street  
 Also at Intersection with  
 2 **1** Route# Direction Name of Intersecting Roadway/Street  
 3 \_\_\_\_\_ 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 **1** #Occupants  Hit/Run  Moped  
 Crash Report ID# **19-257-AC**

License # **S46901640** St **MA** DOB/Age \_\_\_\_\_ Reg # **9KA616** Reg Type **PC** Reg State **MA**  
 Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL \_\_\_\_\_ Veh Year **2014** Veh Make **HONDA** Veh Config. **1** 21  
 Operator **PIERRE, JESSICA L** Owner **PIERRE, JESSICA L**  
 Address **10 WING RD** Address **10 WING RD**  
 City **WILMINGTON** State **MA** Zip **01887-2531** City **WILMINGTON** State **MA** Zip **01887-2531**  
 Insurance Company **ALLSTATE INSURANCE** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **8** 27 **1** 27 **2** 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 \_\_\_\_\_ Driver Contributing Code **99** 25 **25** BAC Test Result: **30**  
 Viol. 3: 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		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator</b>		See Above	<input checked="" type="checkbox"/>	<b>1</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>8</b>	<b>2</b>	Winchester Hospital

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

License # **S47137683** St **MA** DOB/Age \_\_\_\_\_ Reg # **5ZG234** Reg Type **PC** Reg State **MA**  
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL \_\_\_\_\_ Veh Year **2018** Veh Make **HONDA** Veh Config. **1** 21  
 Operator **BELKNAP, JORDAN DESHANE** Owner **BELKNAP, JORDAN DESHANE**  
 Address **545 SCHOOL ST** Address **545 SCHOOL ST**  
 City **LOWELL** State **MA** Zip **01851-2513** City **LOWELL** State **MA** Zip **01851-2513**  
 Insurance Company **GOVT EMPLOYEE INS** Vehicle Action Prior to Crash **4** 22 Damaged Area Code: **2** 27 **27** 27  
 Vehicle Travel Direction:  **N S**  **W** Responding to Emergency? **2** Event Sequence **1** 23 **23** 23 **23** Test Status: **28**  
 Citation # (If Issued) \_\_\_\_\_ Most Harmful Event **1** 24 Type of Test: **29**  
 Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **99** 25 **25** BAC Test Result: **30**  
 Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **99** 26 Susp. Alcohol: **31** Susp. Drug: **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
<b>Operator/Non-Motorist</b>		See Above	<input checked="" type="checkbox"/>	<b>1</b>	<b>0</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	



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

Route# \_\_\_\_\_ Direction \_\_\_\_\_ Name of Roadway/Street \_\_\_\_\_ **JEFFERSON RD**

Route# \_\_\_\_\_ Direction \_\_\_\_\_ Name of 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# **19-258-AC**

License # **S34387570** St **MA** DOB/Age \_\_\_\_\_ Reg # **8PZ557** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** Lic. Restrictions **20** CDL Endorsement \_\_\_\_\_ Veh Year **2010** Veh Make **LINCOLN** Veh Config. **1**

Operator **ROBARGE, MEGHAN CHRISTINE** Owner **ROBARGE, JULIANN M**

Address **24A PARKER ST** Address **24A PARKER ST**

City **WILMINGTON** State **MA** Zip **01887-0000** City **WILMINGTON** State **MA** Zip **01887-2918**

Insurance Company **METROPOLITAN PROP** Vehicle Action Prior to Crash **1**

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

Citation # (If Issued) \_\_\_\_\_ Most Harmful Event **1** 24

Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **1** 25 25

Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **0** 26

Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator</b>		See Above	<input checked="" type="checkbox"/>	<b>1</b>	<b>99</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

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

License # **S14904881** St **MA** DOB/Age \_\_\_\_\_ Reg # **34ZY37** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** Lic. Restrictions **20** CDL Endorsement \_\_\_\_\_ Veh Year **2007** Veh Make **FORD** Veh Config. **1**

Operator **CARD, THOMAS C** Owner **CARD, THOMAS C**

Address **4 WEST ST** Address **4 WEST ST**

City **WILMINGTON** State **MA** Zip **01887-3008** City **WILMINGTON** State **MA** Zip **01887-3008**

Insurance Company **COMMERCE INSURANCE** Vehicle Action Prior to Crash **1**

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

Citation # (If Issued) \_\_\_\_\_ Most Harmful Event **1** 24

Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **1** 25 25

Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **0** 26

Please fill out for operator/non-motorist and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator/Non-Motorist</b>		See Above	<input checked="" type="checkbox"/>	<b>1</b>	<b>99</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	



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

**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 one was traveling from a parking area unto Jefferson Road. Vehicle two was traveling on Jefferson Road when the vehicles collided.

**Witnesses:**

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

**Property Damage:**

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

**Truck and Bus Information:**

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

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

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

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

Interstate  Cargo Body Type Code  GVWR/GCWR

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

**Hazmat Information:**

Placard  Material 1 digit #  Material Name \_\_\_\_\_ Material 4 digit # \_\_\_\_\_ Release code

Patrol Officer Rafael G Cruz

198

Wilmington Police Department

08/01/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date