

| | | | | | | | | | | | | | |
|-----------------------------|-------------------------------|--------------------------------------|--|--|--|-----------------------------|----------------------------|-----------------------|---------------------------------------|---------------------------------------|--------------------------------------|--|--------------------------------|
| Police Use Only | | Commonwealth of Massachusetts | | | | RMV Document Number | | | | | | | |
| Date of Crash 08/04/2019 | Time of Crash 0843 24HR | City/Town Wilmington | | Motor Vehicle Crash Police Report | | Number Vehicles 2 | Number Injured 3 | Speed Limit <u>30</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"/> |

| | | |
|---|--|---|
| AT INTERSECTION: | < LOCATION > | NOT AT INTERSECTION: |
| Route# _____ Direction _____ Name of Roadway/Street _____ At _____ | Route# <u>38</u> Direction <u>S</u> Address # <u>193</u> Name of Roadway/Street <u>MAIN ST</u> | Route# _____ Direction _____ Name of Roadway/Street _____ |
| Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____ | _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____ Mile Marker _____ Exit Number _____ | Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ |
| 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 _____ Route# <u>WISSER ST</u> 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 12 #Occupants Hit/Run Moped Crash Report ID# **19-259-AC**

| | |
|---|--|
| License # <u>S22503723</u> St <u>MA</u> DOB/Age _____ | Reg # <u>7RW576</u> Reg Type <u>PC</u> Reg State <u>MA</u> |
| Sex <u>F</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL _____ Endorsement _____ | Veh Year <u>2018</u> Veh Make <u>NISSAN</u> Veh Config. <u>1</u> <u>21</u> |
| Operator <u>KENNEDY, MICHELE L</u> Last First Middle | Owner <u>KENNEDY, MICHELE L</u> Last First Middle |
| Address <u>313 AMES HILL DR</u> | Address <u>313 AMES HILL DR</u> |
| City <u>TEWKSBURY</u> State <u>MA</u> Zip <u>01876-1160</u> | City <u>TEWKSBURY</u> State <u>MA</u> Zip <u>01876-1160</u> |
| Insurance Company <u>PROGRESSIVE DIRECT</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> |
| Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input checked="" type="checkbox"/> W Responding to Emergency? <u>2</u> | Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u> |
| Citation # (If Issued) _____ | Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u> |
| Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ | Driver Contributing Code <u>1</u> <u>25</u> <u>25</u> BAC Test Result: <u>30</u> |
| Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ | 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> |

| 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 | | | | <u>1</u> | <u>1</u> | <u>3</u> | <u>0</u> | <u>1</u> | <u>8</u> | <u>2</u> | Winchester Hospital |
| SCOTT KENNEDY | 1202 ALYSSA DR GROVELAND, MA 01834-1669 | | M | <u>3</u> | <u>1</u> | <u>3</u> | <u>0</u> | <u>0</u> | <u>8</u> | <u>1</u> | |

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

| | |
|---|--|
| License # <u>S17607202</u> St <u>MA</u> DOB/Age _____ | Reg # <u>2698ZM</u> Reg Type <u>PC</u> Reg State <u>MA</u> |
| Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL _____ Endorsement _____ | Veh Year <u>2014</u> Veh Make <u>GMC</u> Veh Config. <u>2</u> <u>21</u> |
| Operator <u>KOUYOUMJIAN, JOSEPH</u> Last First Middle | Owner <u>KOUYOUMJIAN, JOSEPH</u> Last First Middle |
| Address <u>17 MARJORIE RD</u> | Address <u>17 MARJORIE RD</u> |
| City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-3750</u> | City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-3750</u> |
| Insurance Company <u>AMICA MUTUAL INS</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> |
| Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input checked="" type="checkbox"/> W Responding to Emergency? <u>2</u> | Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u> |
| Citation # (If Issued) _____ | Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u> |
| Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ | Driver Contributing Code <u>1</u> <u>25</u> <u>25</u> BAC Test Result: <u>30</u> |
| Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ | 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> |

| 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 | | | | <u>1</u> | <u>1</u> | <u>3</u> | <u>0</u> | <u>0</u> | <u>8</u> | <u>1</u> | |

Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash 08/05/2019 Time of Crash 1809 City/Town WILMINGTON

Motor Vehicle Crash Police Report

Number Vehicles 2 Number Injured 0 Speed Limit 25 State Police Local Police MBTA Police Campus Police Other

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1 3

2 1

4 2

5 1

6 1

7 2

8 1

9 2

10 2

11 3

12 1

13 1

14 1

GLEN RD BRATTLE ST

Route# Direction Address # Name of Roadway/Street

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

Crash Report ID# 19-260-AC

License # S93695578 St. MA DOB/Age Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement Operator CRUZ, MICHAEL L Address 166 BEDFORD RD City WOBURN State MA Zip 01801 Insurance Company GOVT EMPLOYEE INS Vehicle Travel Direction: [N] [S] [X] [W] Responding to Emergency? 2 Citation # (If Issued) T1682677 Viol. 1: Ch/Sec/Sub 90 23 Viol. 2: Ch/Sec/Sub 90 23 Viol. 3: Ch/Sec/Sub 90 34J Viol. 4: Ch/Sec/Sub

Reg # 7GC344 Reg Type PC Reg State MA Veh Year 2007 Veh Make DODGE Veh Config. 1 21 Owner CRUZ, MICHAEL L Address 166 BEDFORD RD City WOBURN State MA Zip 01801 Vehicle Action Prior to Crash 1 22 Damaged Area Code: 8 27 27 27 Event Sequence 1 23 23 23 23 Test Status: 1 28 Type of Test: 29 Most Harmful Event 1 24 BAC Test Result: 1 30 Driver Contributing Code 19 25 25 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Driver Distracted by 99 26 Towed from scene? 3 33

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. Operator row shows values: See Above, 1, 1, 4, 0, 0, 10, 1.

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 # S66274810 St. MA DOB/Age Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement Operator SULLIVAN, GERALD Address 17 BRATTLE ST City WILMINGTON State MA Zip 01887-3533 Insurance Company MERCHANTS MUTUAL Vehicle Travel Direction: [X] [S] [E] [W] Responding to Emergency? 2 Citation # (If Issued) Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub

Reg # R42787 Reg Type CO Reg State MA Veh Year 2013 Veh Make FORD Veh Config. 2 21 Owner D A SULLIVAN INC Address 29 ASHWOOD AVE City WILMINGTON State MA Zip 01887-4403 Vehicle Action Prior to Crash 97 22 Damaged Area Code: 1 27 27 27 Event Sequence 1 23 23 23 23 Test Status: 1 28 Type of Test: 29 Most Harmful Event 1 24 BAC Test Result: 1 30 Driver Contributing Code 19 25 25 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Driver Distracted by 99 26 Towed from scene? 2 33

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. Operator/Non-Motorist row shows values: See Above, 1, 1, 4, 0, 0, 10, 1.

Wilmington Police Department

Crash Narrative

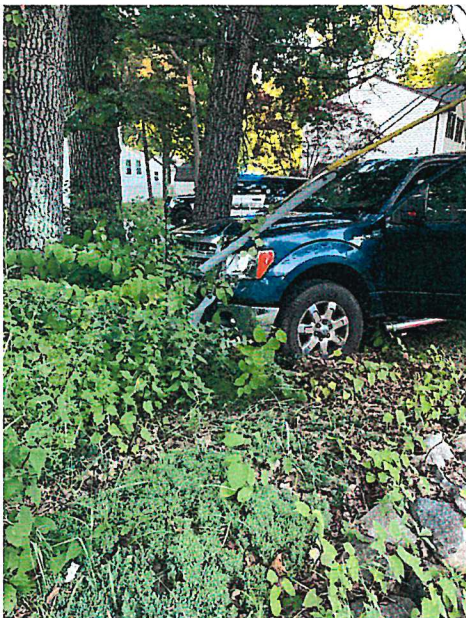
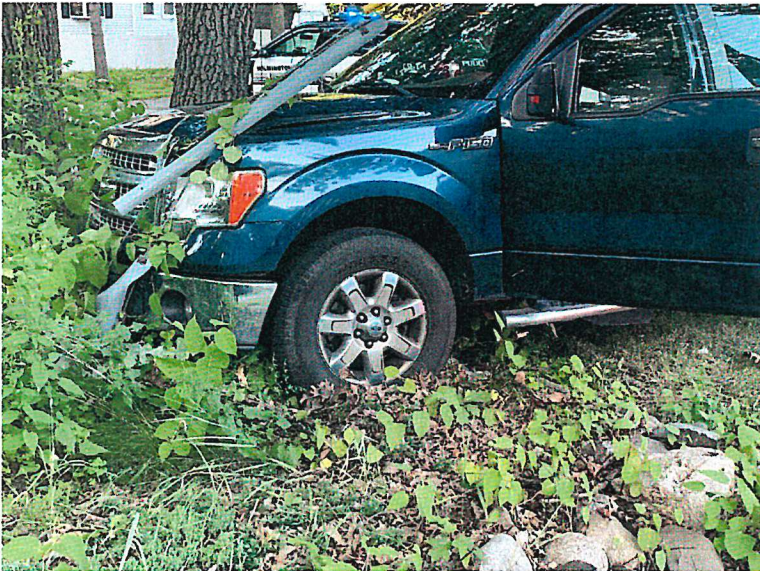
Case # 19-260-AC

On 8/5/19, I responded to a two vehicle crash at the intersection of Glen Rd at Brattle St. There were no injuries. Both operators were wearing seatbelts. It was reported by Veh 1 operator that he was traveling straight on Glen Rd towards Middlesex Ave. Veh 2 operator reported he was stopped at the stop sign at Brattle St (Mass Ave side). he stated he looked both ways and pulled out to cross Glen Rd to the other side of Brattle St. He stated he didn't see that Veh 1 was coming. The collision occurred in the middle of the intersection. Glen Rd does not have stop signs. After collision, Veh 2 crossed the road, struck a street sign post that had a street sign and stop sign on it and a guide wire for utility pole 41 then stopped after hitting rock wall. Wall was not damaged but wire and sign was. It also pulled cable line off residence of 106 Glen Rd. Veh 1 operator summoned for suspended license, revoked registration and uninsured operation

Wilmington Police Department
Images Associated with 19-260-AC



Wilmington Police Department
Images Associated with 19-260-AC



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

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

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

Route# Direction Name of Intersecting Roadway/Street

Feet **N S E W** of _____ 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# **19-261-AC**

License # **S09979094** St **MA** DOB/Age _____ Reg # **738VE8** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** Lic. Restrictions **B** CDL Endorsement _____ Veh Year **2017** Veh Make **FORD** Veh Config. **1**

Operator **MARTIN, PATRICK J** Owner **MARTIN, PATRICK J**

Address **15 STARLIGHT AVE** Address **15 STARLIGHT AVE**

City **CHELMSFORD** State **MA** Zip **01824-1633** City **CHELMSFORD** State **MA** Zip **01824-1633**

Insurance Company **COMMERCE INSURANCE** Vehicle Action Prior to Crash **1** Damaged Area Code: **1 27 8 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 _____ Driver Contributing Code **1 25 25** BAC Test Result: **30**

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

Viol. 3: Ch/Sec/Sub _____ 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 | XXXXXX | X | 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 # **06ONR01111** St **NH** DOB/Age _____ Reg # **4269643** Reg Type **PC** Reg State **NH**

Sex **F** Lic. Class **D** Lic. Restrictions **20** CDL Endorsement _____ Veh Year **2007** Veh Make **HONDA** Veh Config. **1**

Operator **OLSEN, REBECCA E** Owner **OLSEN, GEORGE J**

Address **16A CRANE CROSSING RD** Address **16A CRANE CROSSING RD**

City **NEWTON** State **NH** Zip **03858** City **NEWTON** State **NH** Zip **03858**

Insurance Company **AMICA MUTUAL INSURANCE CO** Vehicle Action Prior to Crash **6** Damaged Area Code: **2 27 3 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) **T1153000** Most Harmful Event **1 24** Type of Test: **29**

Viol. 1: Ch/Sec/Sub **89 8** Driver Contributing Code **3 25 4 25** BAC Test Result: **30**

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

Viol. 3: Ch/Sec/Sub _____ 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 | XXXXXX | X | 1 | 99 | 4 | 0 | 0 | 10 | 1 | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

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

1 1 Route# Direction Name of Roadway/Street At Route# Direction Address # **399** **LOWELL ST**

2 1 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

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# **19-262-AC**

License # **S82577328** St. **MA** DOB/Age _____ Reg # **187PW8** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class D M 19 19 Lic. Restrictions 20 CDL _____ Veh Year **2013** Veh Make **FORD** Veh Config. 1 21

Operator **CORMIER, DALE F** Owner **CORMIER, DALE F**

Address **146 COUNTY RD** Address **146 COUNTY RD**

City **TEWKSBURY** State **MA** Zip **01876-2446** City **TEWKSBURY** State **MA** Zip **01876-2446**

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

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

| 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 | XX | 1 | 3 | 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 # **S75877736** St. **MA** DOB/Age _____ Reg # **T26751** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class D M 19 19 Lic. Restrictions 20 CDL _____ Veh Year **2017** Veh Make **CHEVROLET** Veh Config. 1 21

Operator **SILVA, LEONARDO S** Owner **SILVA, NAIARA S**

Address **21 COPELAND ST** Address **21 COPELAND ST**

City **WEST BRIDGEWATER** State **MA** Zip **02379-1258** City **WEST BRIDGEWATER** State **MA** Zip **02379-1258**

Insurance Company **SAFETY INSURANCE** Vehicle Action Prior to Crash 2 22 Damaged Area Code: 1 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 19 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? 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 | XXXXXX | XX | 1 | 1 | 4 | 0 | 0 | 10 | 1 | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

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

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

At

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 _____ or _____ Exit Number

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

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

Please Select One of the Following: Vehicle 1 Occupants Hit/Run Moped Crash Report ID# **19-263-AC**

License # **S39391710** St. **MA** DOB/Age _____ Reg # **487YD2** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** Lic. Restrictions **20** CDL Endorsement _____ Veh Year **2010** Veh Make **GMC** Veh Config. **1**

Operator **ROBARGE, JULIANN M** Owner **ROBARGE, JOHN R**

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

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

Insurance Company **METROPOLITAN PROP** Vehicle Action Prior to Crash **1** Damaged Area Code: **B 27 1 27 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**

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 | X | 1 | 1 | 1 | 0 | 2 | 8 | 2 | Lahey Clinic |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

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

License # **S73623612** St. **MA** DOB/Age _____ Reg # **8BB643** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** Lic. Restrictions **20** CDL Endorsement _____ Veh Year **2017** Veh Make **FORD** Veh Config. **2**

Operator **OHEARN, PATRICK M** Owner **OHEARN, PATRICK M**

Address **97 W HIGHLAND AVE** Address **97 W HIGHLAND AVE**

City **MELROSE** State **MA** Zip **02176-1249** City **MELROSE** State **MA** Zip **02176-1249**

Insurance Company **ARBELLA MUTUAL INS** Vehicle Action Prior to Crash **4** Damaged Area Code: **1 27 B 27 27**

Vehicle Travel Direction: **X 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 **4 25 6 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? **1 33**

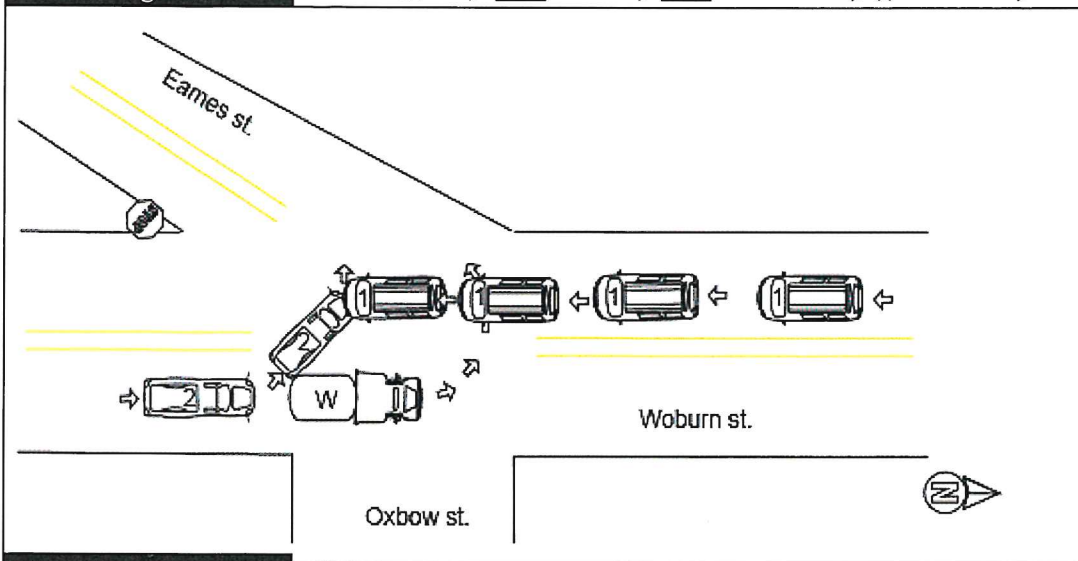
Please fill out for operator/non-motorist and all occupants involved

| 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 | X | 1 | 1 | 4 | 0 | 0 | 10 | 1 | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○



If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow



Crash Narrative:

Oper.#1 related she was travel south on Woburn st., by Eames st., when m/v#2 came out from behind a box truck=W that was stopped to make a left turn. M/V#2 made an emproper left turn causing M/V#1 and 2 to crash.

Oper.#2 related he was making a left turn onto Eames st. from Woburn st., a box truck=W was stopped in front of him blocking his view and he crashed into M/V#1

Witness=W=box truck/ Oper. of box truck related he had stopped for m/v#1 to pass by before turning left. As m/v#1 started to go by he saw m/v#2 come from behind him and made a left turn and crashed into m/v#1

Witnesses:

| Name (Last,First,Middle) | Address | Phone # | Statement |
|--------------------------|----------------------------------|---------|-----------|
| JACKSON EDWARD H JR | 43 OAK ST PLYMOUTH MA 02360-3951 | | |
| | | | |

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

08/07/2019

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 Mile Marker Exit Number

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# **19-264-AC**

License # **SA0500405** St. **MA** DOB/Ag: Reg # **P69584** Reg Type **CO** Reg State **MA**

Sex **M** Lic. Class **D** Lic. Restrictions **20** CDL Endorsement Veh Year **2006** Veh Make **FORD** Veh Config. **1**

Operator **MARTINEZ, JHONATAN** Owner **PODS ENTERPRISES LLC**

Address **13 UNION ST** Address **5585 RIO VISTA DR**

City **HAVERHILL** State **MA** Zip **01830-5018** City **CLEARWATER** State **FL** Zip **33760-0000**

Insurance Company **CONTINENTAL CASUAL INS** Vehicle Action Prior to Crash **2** Damaged Area Code: **6 27 5 27 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: **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 | XXXXXX | X | 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 # **S70091547** St. **MA** DOB/Ag: Reg # **8KJ923** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** Lic. Restrictions **20** CDL Endorsement Veh Year **2015** Veh Make **TOYOTA** Veh Config. **1**

Operator **ANDON, ROBERT M** Owner **ANDON, ROBERT M**

Address **12 GOODWIN AVE** Address **12 GOODWIN AVE**

City **MALDEN** State **MA** Zip **02148-1520** City **MALDEN** State **MA** Zip **02148-1520**

Insurance Company **GEICO GENERAL INS** Vehicle Action Prior to Crash **1** Damaged Area Code: **8 27 1 27 2 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 **20 25 19 25** BAC Test Result: **30**

Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by **4 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 | X | 1 | 1 | 4 | 0 | 0 | 10 | 1 | |

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

1 **LOWELL ST**
Route# Direction Name of Roadway/Street

At

1 **WOBURN ST**
Route# Direction Name of Intersecting Roadway/Street

Also at Intersection with

2 **WOBURN ST**
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# 19-265-AC**

License # **S43782961** St. **MA** DOB/Ag _____ Reg # **3XK698** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement _____ Veh Year **2016** Veh Make **HONDA** Veh Config. **2**

Operator **PALMER, KATIE L** Owner **PALMER, KATIE L**
Last First Middle Last First Middle

Address **224 SHAW SHEEN AVE** Address **224 SHAW SHEEN AVE**
City **WILMINGTON** State **MA** Zip **01887-2221** City **WILMINGTON** State **MA** Zip **01887-2221**

Insurance Company **VERMONT MUTUAL INS** Vehicle Action Prior to Crash **3** 22 Damaged Area Code: **8** 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) **T1152672** Most Harmful Event **1** 24 Type of Test: **29**

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **4** 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? **3** 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 | X | 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 # **S66338894** St. **MA** DOB/Ag _____ Reg # **7AW736** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement _____ Veh Year **2018** Veh Make **HONDA** Veh Config. **1**

Operator **DAVILA-DIAZ, LUIS JAVIER** Owner **DAVILA-DIAZ, LUIS JAVIER**
Last First Middle Last First Middle

Address **364 ANDOVER ST** Address **364 ANDOVER ST**
City **LAWRENCE** State **MA** Zip **01843-2123** City **LAWRENCE** State **MA** Zip **01843-2123**

Insurance Company **GOVT EMPLOYEE INS** Vehicle Action Prior to Crash **1** 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 _____ 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

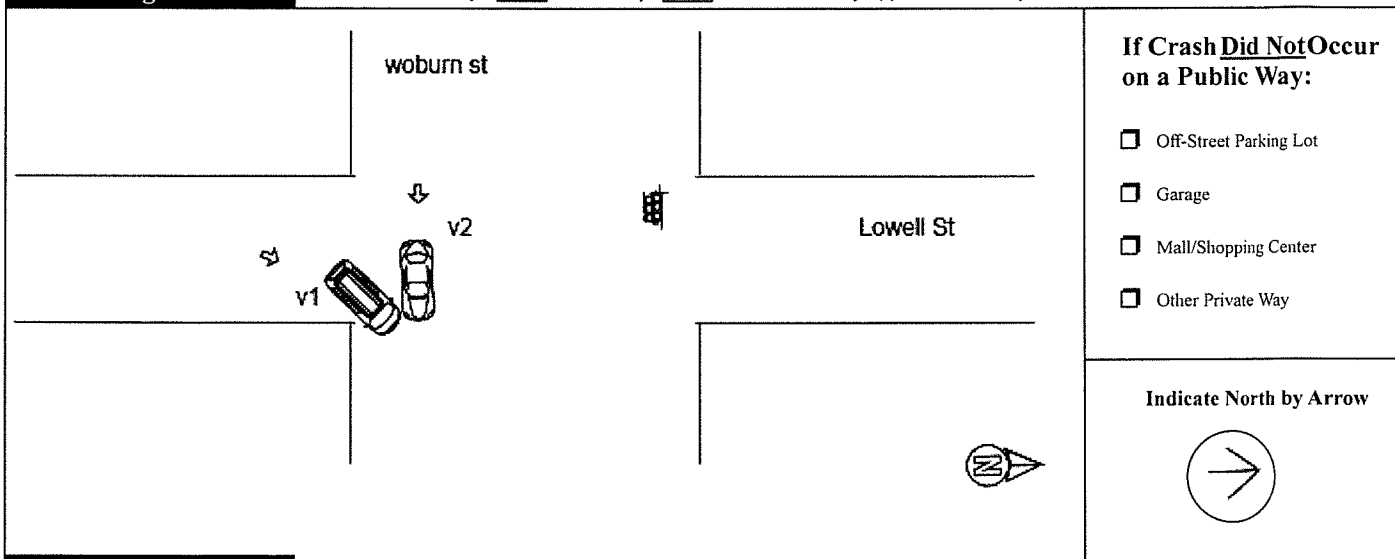
Please fill out for operator/non-motorist and all occupants involved

| 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 | X | 1 | 1 | 4 | 0 | 0 | 10 | 1 | |
| JOHANNA DAVILA-DIAZ | 362 ANDOVER STREET 2ND FL LAWRENCE, MA 01843-2123 | | F | 3 | 1 | 4 | 0 | 0 | 10 | 1 | |
| JEREMIAH MARTINEZ | 362 ANDOVER ST LAWRENCE, MA 01843 | | M | 6 | 1 | 4 | 0 | 0 | 10 | 1 | |

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

Crash Diagram:

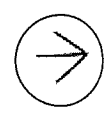
ie: → 1 → 2 → ○ → ○



If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow



Crash Narrative:

the driver of v1 stated that she was on Lowell street, and had a red light. She attempted to take a right on a red light as allowed. As she entered the intersection of Woburn St, she hit V2

issued citation T1152672 red light violation

driver of v2 stated that he was traveling straight, east down Woburn street with a green light when V1 pulled out in front of him. V2 had a note with witness contact number

Mike loranger

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 D Thornton

190

Wilmington Police Department

08/08/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

| | | | | | | | | | | | | | | | | |
|-----------------------------|-------------------------------|-------------------------|--|--|--|--|----------------------------|---------------------|-----------------------|----------------|-----------------|---------------------------------------|---------------------------------------|--------------------------------------|--|--------------------------------|
| Police Use Only | | | Commonwealth of Massachusetts | | | | RMV Document Number | | | | | | | | | |
| Date of Crash 08/08/2019 | Time of Crash 2349 24HR | City/Town Wilmington | Motor Vehicle Crash Police Report | | | | Number Vehicles 2 | Number Injured 0 | Speed Limit <u>35</u> | Latitude _____ | Longitude _____ | State Police <input type="checkbox"/> | Local Police <input type="checkbox"/> | MBTA Police <input type="checkbox"/> | Campus Police <input type="checkbox"/> | Other <input type="checkbox"/> |

| | | | | | | | | | | | |
|---|--|--|--|-------------|-----------------|--|-----------------------------|--|--|--|--|
| AT INTERSECTION: | | | | < | LOCATION | > | NOT AT INTERSECTION: | | | | |
| Route# _____ Direction _____ Name of Roadway/Street <u>SALEM ST</u> At _____ Route# _____ Direction _____ Name of Intersecting Roadway/Street <u>MIDDLESEX AVE</u> Also at Intersection with _____ Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ | | | | | | Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____ Exit Number _____ _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Mile Marker _____ _____ 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: | | <input checked="" type="checkbox"/> Vehicle <u>1</u> #Occupants _____ | <input type="checkbox"/> Hit/Run | <input type="checkbox"/> Moped | Crash Report ID# 19-266-AC |
|-------------------------------------|--|---|----------------------------------|--------------------------------|-----------------------------------|

| | |
|--|--|
| License # <u>SA1640015</u> St. <u>MA</u> DOB/Age _____ | Reg # <u>7DL418</u> Reg Type <u>PC</u> Reg State <u>MA</u> |
| Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL _____ | Veh Year <u>2005</u> Veh Make <u>HONDA</u> Veh Config. <u>1</u> <u>21</u> |
| Operator <u>DUARTE RIBEIRO, RAFAEL A</u> | Owner <u>RIBEIRO, RUDI</u> |
| Address <u>16 BUCKNAM ST</u> | Address <u>82 SARGENT RD</u> |
| City <u>EVERETT</u> State <u>MA</u> Zip <u>02149-2609</u> | City <u>BROOKLINE</u> State <u>MA</u> Zip <u>02445-7571</u> |
| Insurance Company <u>GEICO GENERAL INS</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> |
| Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u> | Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u> |
| Citation # (If Issued) _____ | Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u> |
| Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ | Driver Contributing Code <u>1</u> <u>25</u> <u>25</u> BAC Test Result: <u>1</u> <u>30</u> |
| Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ | Driver Distracted by <u>0</u> <u>26</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u> |
| | Towed from scene? <u>2</u> <u>33</u> |

| 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 | XX | <u>1</u> | <u>1</u> | <u>4</u> | <u>0</u> | <u>0</u> | <u>10</u> | <u>1</u> | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

| | | | | | | |
|-------------------------------------|--|---|---|--|----------------------------------|--------------------------------|
| Please Select One of the Following: | | <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 |
|-------------------------------------|--|---|---|--|----------------------------------|--------------------------------|

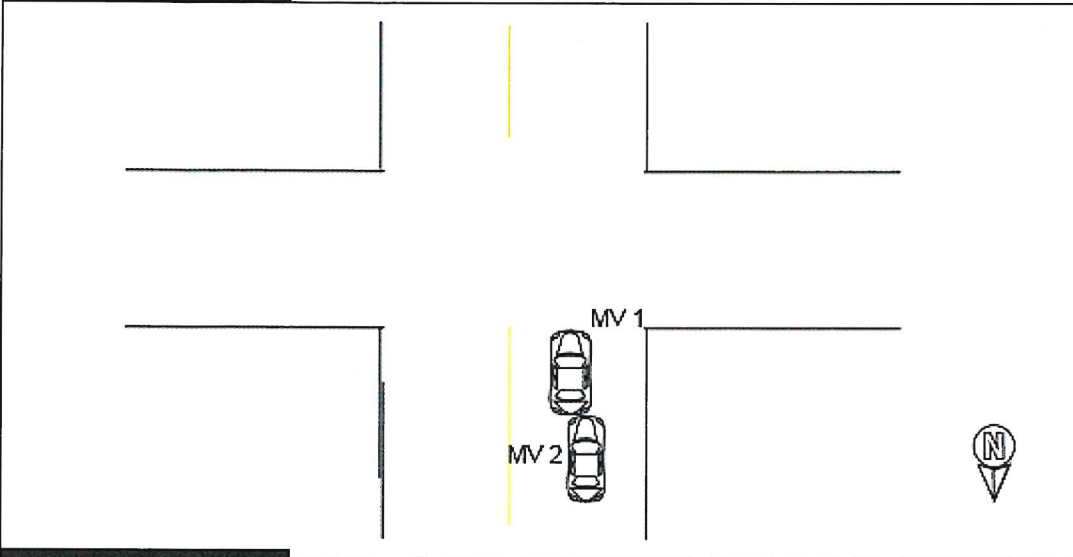
| | |
|--|--|
| License # <u>NHL12832504</u> St. <u>NH</u> DOB/Age _____ | Reg # <u>3330398</u> Reg Type <u>PC</u> Reg State <u>NH</u> |
| Sex <u>F</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL _____ | Veh Year <u>2006</u> Veh Make <u>FORD</u> Veh Config. <u>1</u> <u>21</u> |
| Operator <u>MAURO, CYNTHIA ALICE</u> | Owner <u>MAURO, CYNTHIA ALICE</u> |
| Address <u>103 CLUFF XING RD APT U7</u> | Address <u>103 CLUFF XING RD APT U7</u> |
| City <u>SALEM</u> State <u>NH</u> Zip <u>03079</u> | City <u>SALEM</u> State <u>NH</u> Zip <u>03079</u> |
| Insurance Company _____ | Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>8</u> <u>27</u> <u>27</u> <u>27</u> |
| Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u> | Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u> |
| Citation # (If Issued) _____ | Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u> |
| Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ | Driver Contributing Code <u>20</u> <u>25</u> <u>25</u> BAC Test Result: <u>1</u> <u>30</u> |
| Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ | Driver Distracted by <u>5</u> <u>26</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u> |
| | Towed from scene? <u>2</u> <u>33</u> |

| 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 | XX | <u>1</u> | <u>1</u> | <u>4</u> | <u>0</u> | <u>0</u> | <u>10</u> | <u>1</u> | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○



If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow



Crash Narrative:

MV 1 was travelling southbound on rt 62 approaching the intersection of High St and Middlesex Ave. The light transitioned to red and MV 1 came to a stop. MV 2 was also travelling southbound approaching the light when she became disoriented because she was not familiar with the area and realized she was lost. She was not able to stop her vehicle and rear ended MV 1.

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

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

Hazmat Information:

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

Patrol Officer Shane A Foley

211

Wilmington Police Department

08/09/2019

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

60 **CONCORD ST**

20 Feet N E W of 93 **I93NB EXT39**

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

Landmark

Please Select One of the Following: Vehicle 12 #Occupants Hit/Run Moped Crash Report ID# **19-267-AC**

License # **S91958728** St **MA** DOB/Age _____ Reg # **9PD983** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL _____ Veh Year **2020** Veh Make **TOYOTA** Veh Config. **1** 21

Operator **DEROO, MELISSA ANNE** Owner **HERTZ VEHICLES LLC**

Address **15 WELLS RD** Address **450 MCCLELLAN HWY**

City **READING** State **MA** Zip **01867-1361** City **BOSTON** State **MA** Zip **02128-1144**

Insurance Company **westchester fire** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: 1 27 7 27 8 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 **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? **1** 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 | XXXXXX | X | 1 | 1 | 3 | 0 | 0 | 8 | 2 | Lahey Clinic |
| RACHEL BROWN | 1 WELLS RD READING, MA 01867-1361 | 02/01/1998 | F | 3 | 1 | 3 | 0 | 0 | 8 | 2 | Lahey Clinic |

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

License # **S80329325** St **MA** DOB/Age _____ Reg # **59EB71** Reg Type **PC** Reg State **MA**

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

Operator **MULLANE, TRACY A** Owner **MULLANE, TRACY A**

Address **9 CAPTAIN PARKER ARMS** Address **9 CAPTAIN PARKER ARMS**

City **LEXINGTON** State **MA** Zip **02421-7038** City **LEXINGTON** State **MA** Zip **02421-7038**

Insurance Company **LIBERTY MUTUAL INS** Vehicle Action Prior to Crash **4** 22 Damaged Area Code: 1 27 7 27 27

Vehicle Travel Direction: N S E 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 **4** 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? **1** 33

Viol. 4: Ch/Sec/Sub _____

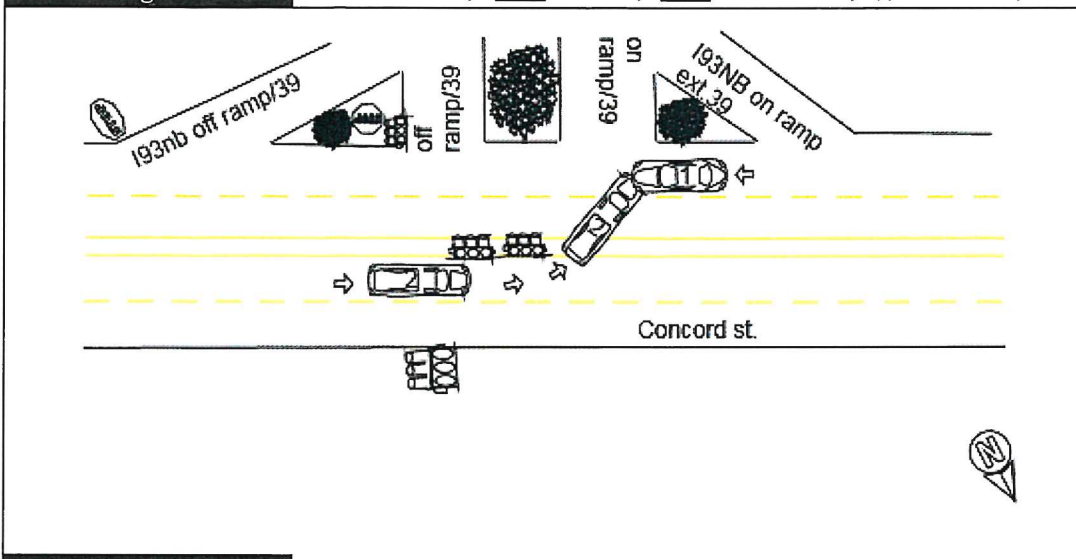
Please fill out for operator/non-motorist and all occupants involved

| 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 | XXXXXX | X | 1 | 1 | 3 | 0 | 0 | 8 | 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:

Oper.#1 related she was traveling straight on Concord st. passing I93n on ramp and she saw that she had a green light. As she proceeded to go through the intersection, m/v#2 came into her travel lane and crashed into m/v#1.

Oper.#2 related that she was attempting to make a left turn onto I93nb ramp/39 when she collided with m/v#1. She also related that she never saw m/v#1 and doesn't know what happened. (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

08/10/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date