

<b>Police Use Only</b>			<b>Commonwealth of Massachusetts</b>				<b>RMV Document Number</b>					
Date of Crash 09/01/2019	Time of Crash 2127 24HR	City/Town Wilmington	<b>Motor Vehicle Crash Police Report</b>		Number Vehicles 2	Number Injured 1	Speed Limit <u>40</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>ROUTE 62 HWY</b> Route# _____ Direction _____ Name of Roadway/Street _____ At _____ <b>WOBURN ST</b> 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 <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____ 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 _____ Route# _____ Intersecting Roadway/Street _____ 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# <b>19-292-AC</b>
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License # <b>S21809682</b> St <b>MA</b> DOB/Age _____ Sex <b>M</b> Lic. Class <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL _____ Operator <b>SMISSEN, MICHAEL V</b> Last First Middle Address <b>315 A ST APT 1706</b> City <b>BOSTON</b> State <b>MA</b> Zip <b>02210</b> Insurance Company <b>JP MORGAN</b> Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> S <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 # <b>7CBZ835</b> Reg Type <b>PC</b> Reg State <b>CA</b> Veh Year <b>2011</b> Veh Make <b>SUBARU</b> Veh Config. <u>1</u> <u>21</u> Owner <b>SMISSEN, REBECCA ANNE</b> Last First Middle Address <b>21462 OAKBROOK CITY</b> City <b>MISSION VIEJO</b> State <b>CA</b> Zip <b>92692</b> Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>8</u> <u>27</u> <u>1</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>1</u> <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>1</u> <u>30</u> 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>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
<b>Operator</b>	See Above			<u>1</u>	<u>1</u>	<u>1</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
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License # <b>S64971250</b> St <b>MA</b> DOB/Age _____ Sex <b>M</b> Lic. Class <u>M</u> <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL _____ Operator <b>DULLEA, PATRICK J</b> Last First Middle Address <b>29 WILSON ST</b> City <b>WILMINGTON</b> State <b>MA</b> Zip <b>01887-2540</b> Insurance Company <b>ARBELLA MUTUAL INS</b> Vehicle Travel Direction: <input type="checkbox"/> N <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 # <b>2H2082</b> Reg Type <b>MC</b> Reg State <b>MA</b> Veh Year <b>2013</b> Veh Make <b>HONDA</b> Veh Config. <u>3</u> <u>21</u> Owner <b>DULLEA, PATRICK J</b> Last First Middle Address <b>29 WILSON ST</b> City <b>WILMINGTON</b> State <b>MA</b> Zip <b>01887-2540</b> Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>11</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>1</u> <u>28</u> Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u> Driver Contributing Code <u>3</u> <u>25</u> <u>25</u> BAC Test Result: <u>1</u> <u>30</u> Driver Distracted by <u>99</u> <u>26</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <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
<b>Operator/Non-Motorist</b>	See Above			<u>1</u>	<u>5</u>	<u>5</u>	<u>3</u>	<u>0</u>	<u>7</u>	<u>2</u>	<b>Lahey Clinic</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:**

Operator of Vehicle 1 was traveling east on Rte 62. The Operator of Vehicle 2 was traveling south on Woburn Street. Vehicle 1 had the green light. The witness, who was with the operator of Vehicle 2, stated that the light was red and he stopped at the light. His friend, Operator of Vehicle 2, blew passed him and ran the red light. Vehicle 1 struck the rear of Vehicle 2.

**Witnesses:**

Name (Last,First,Middle)	Address	Phone #	Statement
BALESTRIERI DYLAN O	124 EAMES ST WILMINGTON MA 01887-3372		2

**Property Damage:**

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
TOWN OF WILMINGTON	WOBURN ST WILMINGTON MA 01887		3	POTTED PLANTS AND ISLAND

**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 Rafael G Cruz

198

Wilmington Police Department

09/01/2019

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 09/05/2019	Time of Crash 0711 24HR	City/Town Wilmington	<b>Motor Vehicle Crash Police Report</b>		Number Vehicles 2	Number Injured 0	Speed Limit <u>35</u>	Latitude _____	Longitude _____	<input type="checkbox"/> State Police <input type="checkbox"/> Local Police <input type="checkbox"/> MBTA Police <input type="checkbox"/> Campus Police <input type="checkbox"/> Other: _____

<b>AT INTERSECTION:</b>	<b>&lt; LOCATION &gt;</b>	<b>NOT AT INTERSECTION:</b>
<b>CONCORD ST</b>		
Route# _____ Direction _____	Name of Roadway/Street _____	
At _____		
<b>WOBURN ST</b>		
Route# _____ Direction _____	Name of Intersecting Roadway/Street _____	
Also at Intersection with _____		
Route# _____ Direction _____	Name of Intersecting Roadway/Street _____	
Landmark _____		

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

Crash Report ID# **19-293-AC**

License # <b>S34877328</b> St <b>MA</b> DOB/Age _____	Reg # <b>7THP60</b> Reg Type <b>PC</b> Reg State <b>MA</b>
Sex <b>F</b> Lic. Class <b>D</b> Lic. Restrictions <b>20</b> CDL _____	Veh Year <b>2017</b> Veh Make <b>FORD</b> Veh Config. <b>1</b>
Operator <b>ELLIOTT, NANCY L</b>	Owner <b>ELLIOTT, NANCY L</b>
Address <b>4 LUCAYA CIR</b>	Address <b>4 LUCAYA CIR</b>
City <b>WILMINGTON</b> State <b>MA</b> Zip <b>01887-1555</b>	City <b>WILMINGTON</b> State <b>MA</b> Zip <b>01887-1555</b>
Insurance Company <b>SAFETY INSURANCE</b>	Vehicle Action Prior to Crash <b>1</b>
Vehicle Travel Direction: <b>N S E X</b> Responding to Emergency? <u>2</u>	Damaged Area Code: <b>8</b>
Citation # (If Issued) _____	Event Sequence <b>1</b> <b>23</b> <b>23</b> <b>23</b> <b>23</b>
Viol. 1: Ch/Sec/Sub _____	Most Harmful Event <b>1</b> <b>24</b>
Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code <b>1</b> <b>25</b> <b>25</b>
Viol. 3: Ch/Sec/Sub _____	Driver Distracted by <b>0</b> <b>26</b>
Viol. 4: Ch/Sec/Sub _____	Test Status: <b>28</b>
	Type of Test: <b>29</b>
	BAC Test Result: <b>30</b>
	Susp. Alcohol: <b>31</b> Susp. Drug: <b>32</b>
	Towed from scene? <b>2</b> <b>33</b>

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

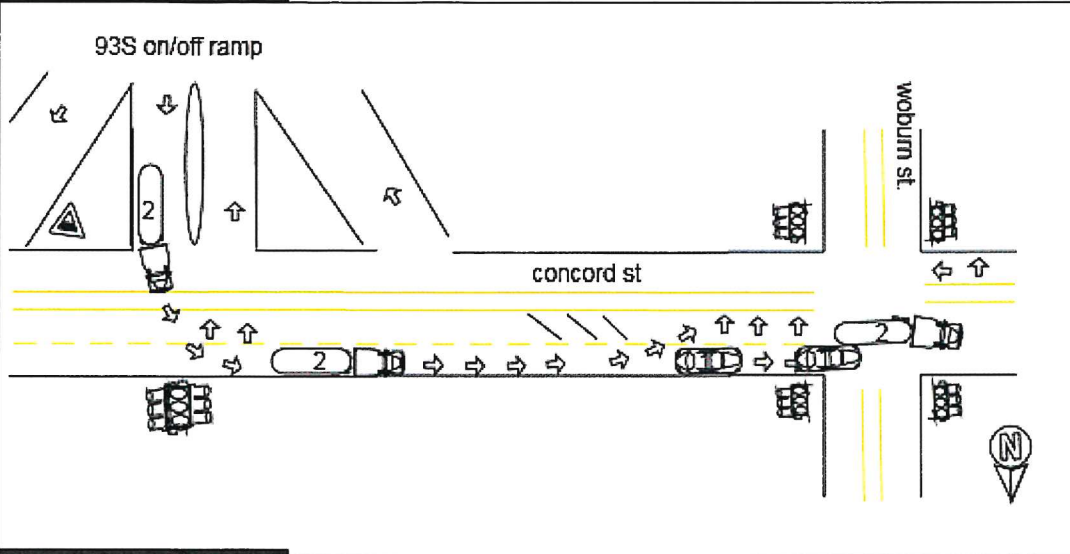
License # <b>M6225-040554-03</b> St <b>QC</b> DOB/Age _____	Reg # <b>L600788</b> Reg Type <b>TL</b> Reg State <b>QC</b>
Sex <b>M</b> Lic. Class <b>A</b> Lic. Restrictions <b>20</b> CDL _____	Veh Year <b>2015</b> Veh Make <b>Other-not listed</b> Veh Config. <b>10</b>
Operator <b>MARCOUX, JACQUES</b>	Owner <b>R.A. EXPRESS INC</b>
Address <b>277 ST LEON DE STANDON</b>	Address <b>26 RUE INDUSTRIELLE</b>
City <b>OTTAWA</b> State <b>QC</b> Zip <b>G0R4L0</b>	City <b>ST-CAMILLE-DE-LELLIS</b> State <b>QC</b> Zip <b>G0R2S0</b>
Insurance Company <b>BFL CANADA</b>	Vehicle Action Prior to Crash <b>1</b>
Vehicle Travel Direction: <b>N S E X</b> Responding to Emergency? <u>2</u>	Damaged Area Code: <b>4</b>
Citation # (If Issued) _____	Event Sequence <b>1</b> <b>23</b> <b>23</b> <b>23</b> <b>23</b>
Viol. 1: Ch/Sec/Sub _____	Most Harmful Event <b>1</b> <b>24</b>
Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code <b>99</b> <b>25</b> <b>25</b>
Viol. 3: Ch/Sec/Sub _____	Driver Distracted by <b>99</b> <b>26</b>
Viol. 4: Ch/Sec/Sub _____	Test Status: <b>28</b>
	Type of Test: <b>29</b>
	BAC Test Result: <b>30</b>
	Susp. Alcohol: <b>31</b> Susp. Drug: <b>32</b>
	Towed from scene? <b>2</b> <b>33</b>

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>5</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

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

ie: → 1 → 2 → ○ → ○

**Crash Diagram:**



**If Crash Did Not Occur on a Public Way:**

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

Indicate North by Arrow



**Crash Narrative:**

Oper.#1 Related she was traveling straight on Concord st, as she began going through the intersection of Concord/Woburn st., A T.T.unit that she believes was in the left turn only lane continued to go straight instead of turning. As the T.T.unit began going straight, it turned into m/v#1 travel lane and side swiped her drivers side mirror and right front fender. M/V#1 then had to follow T.T. unit into Lopez rd., to inform the T.T. units driver that he struck her m/v#1.

Oper.#2 Related that he had just come off of rte.93 and made a left turn onto Concord st., and was traveling straight and was in the proper lane and he never went into the left turn only lane. He continued going straight through the intersection of Concord/Woburn st. He was unaware at the time that his trailer struck another m/v#1. The only damage on the trailer was to the right rear tire. (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 # **L600788** (From Vehicle Section)

Carrier Name **R.A. Express inc.et** Bus Use **0** <sup>42</sup>

Address **26 RUE INDUSTRIELLE** City **ST.CAMILLE DE LELLIS** St **QC** Zip **GOR250**

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

Interstate **43** Cargo Body Type Code **44** GVWR/GCWR **45**

Trailer Reg #: **RG6586R** Reg Type **TR** Reg State **QC** Reg Year **2017** 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 09/05/2019  
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Date of Crash: 09/05/2019 | Time of Crash: 1657 24HR | City/Town: Wilmington | Number Vehicles: 2 | Number Injured: 0 | Speed Limit: 30 | State Police Local Police MBTA Police Campus Police Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1 | 1 | 2 | 1 | 1 | 10 | 11 | 12

**HARDIN ST**  
Route# \_\_\_\_\_ Direction \_\_\_\_\_ Name of Roadway/Street \_\_\_\_\_  
At \_\_\_\_\_  
**JACQUITH RD**  
Route# \_\_\_\_\_ Direction \_\_\_\_\_ Name of Intersecting Roadway/Street \_\_\_\_\_  
Also at Intersection with \_\_\_\_\_  
Route# \_\_\_\_\_ Direction \_\_\_\_\_ Name of Intersecting Roadway/Street \_\_\_\_\_

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

Please Select One of the Following:  Vehicle 1 #Occupants  Hit/Run  Moped | Crash Report ID# 19-294-AC

License # S13008183 St MA DOB/Age \_\_\_\_\_ Reg # 163XA2 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 MORIARTY, KATHLEEN E Owner MORIARTY, GEORGE J  
Address 26 ELM ST Address 11 SHERIDAN ST  
City ANDOVER State MA Zip 01810-3633 City HAVERHILL State MA Zip 01830-3318  
Insurance Company LM GENERAL  
Vehicle Travel Direction: N  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 \_\_\_\_\_

Event Sequence 1 23 23 23 23  
Most Harmful Event 1 24  
Driver Contributing Code 1 25 25  
Driver Distracted by 0 26  
Vehicle Action Prior to Crash 1 22  
Damaged Area Code: 1 27 27 27  
Test Status: 1 28  
Type of Test: 29  
BAC Test Result: 1 30  
Susp. Alcohol: 2 31 Susp. Drug: 2 32  
Towed from scene? 1 33

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above	<del>XXXXXX</del>	<del>X</del>	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 # S82334448 St MA DOB/Age \_\_\_\_\_ Reg # 6YH398 Reg Type PC Reg State MA  
Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL \_\_\_\_\_ Veh Year 2007 Veh Make BMW Veh Config 1 21  
Operator MARTIN, MATTHEW Owner MATTHEW MARTIN  
Address 16 COURT ST Address 16 COURT ST  
City WOBURN State MA Zip 01801-5013 City WOBURN State MA Zip 01801-5013  
Insurance Company ARBELLA PROTECTION  
Vehicle Travel Direction: N  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 \_\_\_\_\_

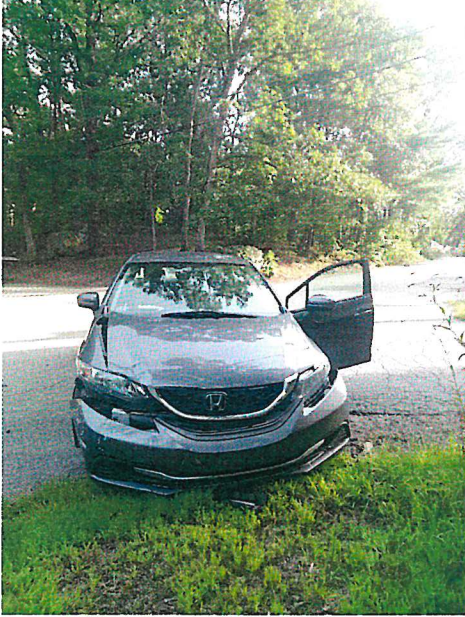
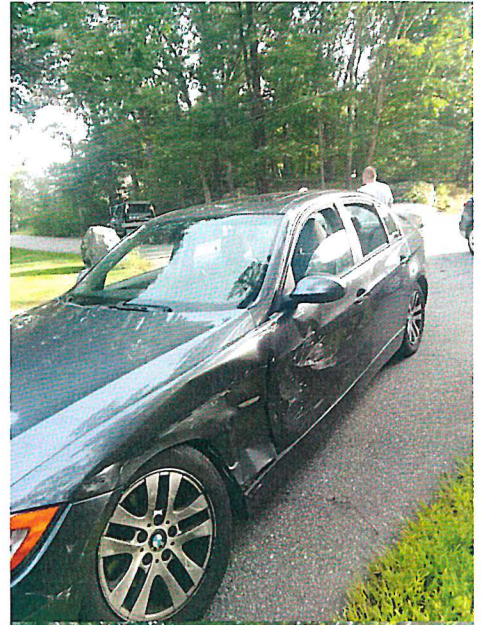
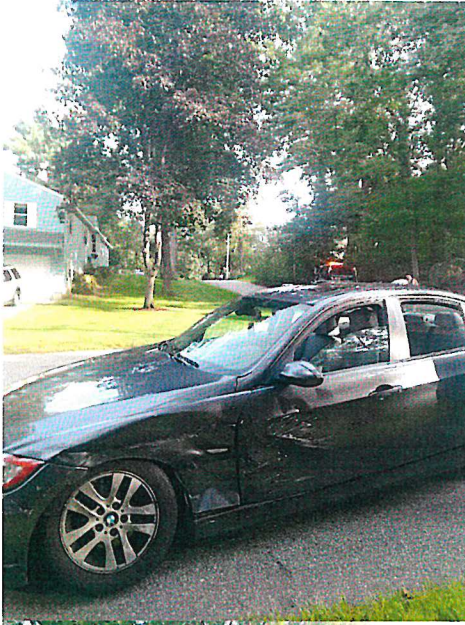
Event Sequence 1 23 23 23 23  
Most Harmful Event 1 24  
Driver Contributing Code 4 25 25  
Driver Distracted by 0 26  
Vehicle Action Prior to Crash 1 22  
Damaged Area Code: 8 27 7 27 27  
Test Status: 1 28  
Type of Test: 29  
BAC Test Result: 1 30  
Susp. Alcohol: 2 31 Susp. Drug: 2 32  
Towed from 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	<del>XXXXXX</del>	<del>X</del>	1	0	4	0	0	10	1	
ARAS SALAYI	579 LINCOLN AVE SAUGUS, MA 01906-3809		M	1	1	4	0	0	10	1	



Wilmington Police Department  
Images Associated with 19-294-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 \_\_\_\_\_ 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# **19-295-AC**

License # **01GIR54011** St **NH** DOB/Agc \_\_\_\_\_ Reg # **SUPRBE** Reg Type **PC** Reg State **NH**

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

Operator **GOBBI, RONALD R** Owner **GOBBI, RONALD R**

Address **47 ADAMS POND RD** Address **47 ADAMS POND RD**

City **DERRY** State **NH** Zip **03038** City **DERRY** State **NH** Zip **03038**

Insurance Company **STATE FARM** Vehicle Action Prior to Crash **1** 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: **1 28 29 30**

Citation # (If Issued) \_\_\_\_\_ Most Harmful Event **1 24** BAC Test Result: **30**

Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **19 25 25** Susp. Alcohol: **2 31** Susp. Drug: **2 32**

Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **5 26** Towed from scene? **2 33**

Viol. 3: Ch/Sec/Sub \_\_\_\_\_ 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>9</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 # **S81500476** St **MA** DOB/Agc \_\_\_\_\_ Reg # **26SC21** Reg Type **PC** Reg State **MA**

Sex **U** Lic. Class **D** Lic. Restrictions **1** CDL \_\_\_\_\_ Veh Year **2011** Veh Make **FORD** Veh Config. **2**

Operator **QUINN, WILLIAM F** Owner **QUINN, WILLIAM F**

Address **21 WOODLAND AVE** Address **21 WOODLAND AVE**

City **SAUGUS** State **MA** Zip **01906-1243** City **SAUGUS** State **MA** Zip **01906-1243**

Insurance Company **COMMERCE INSURANCE** Vehicle Action Prior to Crash **1** 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: **1 28 29 30**

Citation # (If Issued) \_\_\_\_\_ Most Harmful Event **1 24** BAC Test Result: **30**

Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **1 25 25** Susp. Alcohol: **2 31** Susp. Drug: **2 32**

Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **0 26** Towed from scene? **2 33**

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

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

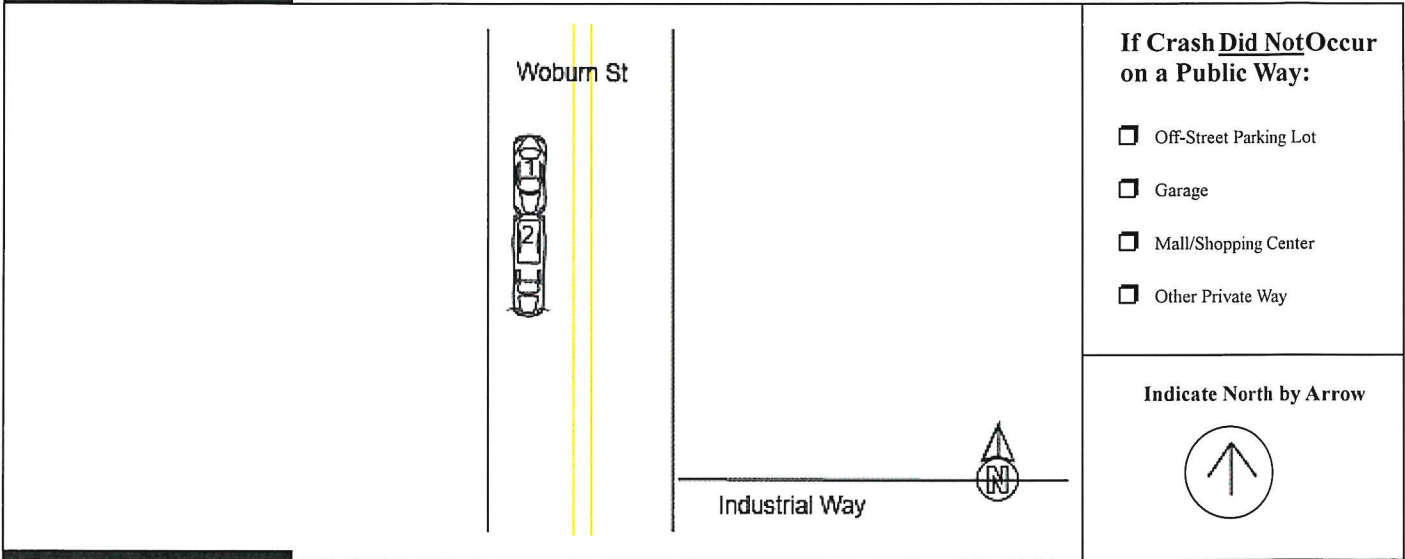
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator/Non-Motorist</b>	See Above	<del>XXXXXX</del>	<del>X</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>9</b>	<b>1</b>	



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

**Crash Diagram:**

ie: → 1    → 2    → ○    → ○



**Crash Narrative:**

Vehicle #1 was traveling south on Woburn St as well as vehicle #2. The operator of vehicle #1 became distracted while adjusting his eye glasses. Vehicle #1 struck vehicle #2 in the rear. Operator of vehicle #1 had blood on his hand and the operator of vehicle #2 complained about his neck tightening up. Both parties did refuse medical care and/or the ambulance service.

**Witnesses:**

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

**Property Damage:**

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

**Truck and Bus Information:**

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

Carrier Name \_\_\_\_\_ Bus Use  42

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

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

Interstate  43    Cargo Body Type Code  44    GVWR/GCWR  45

Trailer Reg #: \_\_\_\_\_ Reg Type \_\_\_\_\_ Reg State \_\_\_\_\_ Reg Year \_\_\_\_\_ Trailer Length  46

**Hazmat Information:**

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

**Sergeant David A Sugrue**

**152**

**Wilmington Police Department**

**09/05/2019**

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 09/05/2019	Time of Crash <b>1651</b> 24HR	City/Town <b>Wilmington</b>	<b>Motor Vehicle Crash Police Report</b>				Number Vehicles <b>3</b>	Number Injured <b>3</b>	Speed Limit <b>30</b>	Latitude _____	Longitude _____	State Police <input type="checkbox"/>	Local Police <input checked="" type="checkbox"/>	MBTA Police <input type="checkbox"/>	Campus Police <input type="checkbox"/>	Other _____ <input type="checkbox"/>

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

<p>Route# _____ Direction _____ Name of Roadway/Street _____</p> <p style="text-align: center;">At</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p> <p style="text-align: center;">Also at Intersection with</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p>	<p>Route# _____ Direction _____ Address # <b>399</b> Name of Roadway/Street <b>LOWELL ST</b></p> <p>_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____</p> <p style="text-align: center;">Mile Marker _____ Exit Number _____</p> <p>_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____</p> <p style="text-align: center;">Route# _____ Intersecting Roadway/Street _____</p> <p>_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____</p> <p style="text-align: center;">Landmark _____</p>
---	---

Please Select One of the Following:  Vehicle **1** #Occupants  Hit/Run  Moped  Crash Report ID# **19-296-AC**

License # <b>NHL11282365</b> St. <b>NH</b> DOB/Age _____	Reg # <b>693569</b> Reg Type <b>PC</b> Reg State <b>NH</b>
Sex <b>M</b> Lic. Class <b>D</b> Lic. Restrictions <b>B</b> CDL _____	Veh Year <b>2015</b> Veh Make <b>ACURA</b> Veh Config. <b>1</b>
Operator <b>MILLER, MARK WILLIAM</b>	Owner <b>MILLER, MARK WILLIAM</b>
Address <b>15 OAK RIDGE DR</b>	Address <b>15 OAK RIDGE DR</b>
City <b>ATKINSON</b> State <b>NH</b> Zip <b>03811</b>	City <b>ATKINSON</b> State <b>NH</b> Zip <b>03811</b>
Insurance Company _____	Vehicle Action Prior to Crash <b>2</b>
Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> S <input type="checkbox"/> W Responding to Emergency? <b>2</b>	Damaged Area Code: <b>4</b> <b>27</b> <b>5</b> <b>27</b> <b>6</b> <b>27</b>
Citation # (If Issued) _____	Event Sequence <b>1</b> <b>23</b> <b>23</b> <b>23</b> <b>23</b>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Most Harmful Event <b>1</b> <b>24</b>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Contributing Code <b>1</b> <b>25</b> <b>25</b>
	Driver Distracted by <b>0</b> <b>26</b>
	Towed from scene? <b>1</b> <b>33</b>

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>XXXXXX</del>	<del>XX</del>	<b>1</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>9</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 # <b>S49392464</b> St. <b>MA</b> DOB/Age _____	Reg # <b>7YNN30</b> Reg Type <b>PC</b> Reg State <b>MA</b>
Sex <b>M</b> Lic. Class <b>D</b> Lic. Restrictions <b>B</b> CDL _____	Veh Year <b>2016</b> Veh Make <b>HONDA</b> Veh Config. <b>1</b>
Operator <b>BENTAOUS, HICHAM</b>	Owner <b>BENTAOUS, HICHAM</b>
Address <b>47 CLIFTON RD</b>	Address <b>47 CLIFTON RD</b>
City <b>METHUEN</b> State <b>MA</b> Zip <b>01844-1644</b>	City <b>METHUEN</b> State <b>MA</b> Zip <b>01844-1644</b>
Insurance Company <b>PROGRESSIVE DIRECT</b>	Vehicle Action Prior to Crash <b>2</b>
Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> S <input type="checkbox"/> W Responding to Emergency? <b>2</b>	Damaged Area Code: <b>4</b> <b>27</b> <b>5</b> <b>27</b> <b>6</b> <b>27</b>
Citation # (If Issued) _____	Event Sequence <b>1</b> <b>23</b> <b>23</b> <b>23</b> <b>23</b>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Most Harmful Event <b>1</b> <b>24</b>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Contributing Code <b>1</b> <b>25</b> <b>25</b>
	Driver Distracted by <b>0</b> <b>26</b>
	Towed from scene? <b>1</b> <b>33</b>

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>XXXXXX</del>	<del>XX</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>9</b>	<b>1</b>	

Police Use Only

# Commonwealth of Massachusetts

RMV Document Number

Date of Crash 09/05/2019 Time of Crash 1651 City/Town **Wilmington**  
 24HR

## Motor Vehicle Crash Police Report

Number Vehicles 3 Number Injured 3 Speed Limit 30  
 Latitude Longitude State Police Local Police MBTA Police Campus Police Other.

AT INTERSECTION:

< LOCATION >

NOT AT INTERSECTION:

1

Route# Direction Name of Roadway/Street  
 At

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

2 10

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

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

2 11

2

Route# Direction Name of Intersecting Roadway/Street

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

Feet **N S E W** of Landmark

Please Select One of the Following:  Vehicle 3 **1** #Occupants  Hit/Run  Moped

Crash Report ID# **19-296-AC**

3

License # **S85072300** St **MA** DOB/Age  
 Sex **M** Lic. Class **D** **19** **19** Lic. Restrictions **I** **20** CDL Endorsement

Reg # **17HL34** Reg Type **PC** Reg State **MA**  
 Veh Year **2017** Veh Make **DODGE** Veh Config. **1** **21**

1 12

Operator **MAGAZZU, ROBERT J**  
 Last First Middle

Owner **MAGAZZU, SALVATORE**  
 Last First Middle

4

Address **105 ARCADIA AVE**

Address **105 ARCADIA AVE**

City **READING** State **MA** Zip **01867-0000**

City **READING** State **MA** Zip **01867-2207**

Insurance Company **CITIZENS INSURANCE**

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

5

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

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

Citation # (If Issued) **T1682487**

Most Harmful Event **1** **24** Type of Test: **29**

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

Driver Contributing Code **19** **25** **7** **25** BAC Test Result: **30**

1 13

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

Driver Distracted by **5** **26** Susp. Alcohol: **31** Susp. Drug: **99** **32**

Towed from scene? **1** **33**

6

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Post.	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>XXXX</del>	<b>1</b>	<b>1</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>9</b>	<b>1</b>	

7

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

License # Reg # Reg Type Reg State

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

Veh Year Veh Make Veh Config. **21**

1 14

Operator Address

Owner Address

City State Zip

City State Zip

Insurance Company

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

8

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**

9

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

Driver Distracted by **26** Susp. Alcohol: **31** Susp. Drug: **32**

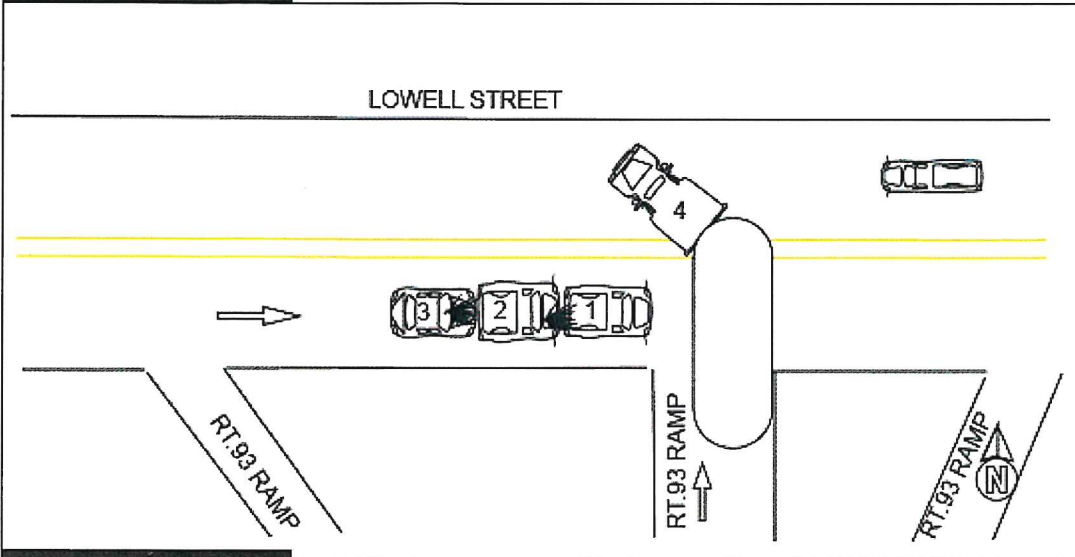
Towed from scene? **33**

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

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Post.	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>XXXX</del>	<b>1</b>							

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

**Crash Diagram:**



**If Crash Did Not Occur on a Public Way:**

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

Indicate North by Arrow



**Crash Narrative:**

OP.#1 & OP.#2 BOTH STATE THEY WERE STOPPED (5+ SECONDS) IN TRAFFIC BEHIND ONE ANOTHER ON LOWELL STREET ALLOWING TT UNIT (#4) TO EXIT FROM RT.93 RAMP. WHILE DOING SO OP.#3 APPROACHED TRAVELING IN THE SAME DIRECTION FROM BEHIND THEM, DROVE STRAIGHT CRASHING INTO THE REAR OF M/V#2 WITH SUCH FORCE CAUSED A CHAIN REACTION, PUSHING M/V#2 IN M/V#1 CAUSING FURTHER DAMAGE. OP.#2 STATED THAT JUST PRIOR (APPROX. 20 SECONDS) HE CAME FROM WEST STREET. TURNED RIGHT ONTO LOWELL FROM A STOP. HE NOTED THAT M/V#3 APPROACHED HIM VERY RAPIDLY WHEN HE WAS STOPPED THERE, COULD HEAR THE LOUD EXHAUST WINDING DOWN CAUSING CONCERN, SHORTLY AFTER THEN STRUCK BY THAT VEHICLE. WHILE ON SCENE OPERATOR OF THE TT UNIT (4) RETURNED TO PROVIDE THE FOLLOWING STATEMENT. M/V'S #1&2 WERE STOPPED TO ALLOW HIM TO EXIT RAMP. HE LOOKED LEFT AND OBSERVED THE BLACK CHARGER APPROACH FAST, TRAVELING STRAIGHT, OP#3'S HEAD LOOKING DOWN, OP#3 DROVE/CRASHED STRAIGHT INTO REAR M/V #2 W/O BREAKING. OP#3 CITED-FAIL

**Witnesses:**

Name (Last,First,Middle)	Address	Phone #	Statement
JOHNSON GLEN CHRISTIAN	68 AMES ST METHUEN MA 01844-7602		1

**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]

Detective Christopher J Dindo

170

Wilmington Police Department

09/05/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department  
Crash Narrative  
Case # 19-296-AC

OP.#1 & OP.#2 BOTH STATE THEY WERE STOPPED (5+ SECONDS) IN TRAFFIC BEHIND ONE ANOTHER ON LOWELL STREET ALLOWING TT UNIT (#4) TO EXIT FROM RT.93 RAMP. WHILE DOING SO OP.#3 APPROACHED TRAVELING IN THE SAME DIRECTION FROM BEHIND THEM, DROVE STRAIGHT CRASHING INTO THE REAR OF M/V#2 WITH SUCH FORCE CAUSED A CHAIN REACTION, PUSHING M/V#2 IN M/V#1 CAUSING FURTHER DAMAGE. OP.#2 STATED THAT JUST PRIOR (APPROX. 20 SECONDS) HE CAME FROM WEST STREET. TURNED RIGHT ONTO LOWELL FROM A STOP. HE NOTED THAT M/V#3 APPROACHED HIM VERY RAPIDLY WHEN HE WAS STOPPED THERE, COULD HEAR THE LOUD EXHAUST WINDING DOWN CAUSING CONCERN, SHORTLY AFTER THEN STRUCK BY THAT VEHICLE. WHILE ON SCENE OPERATOR OF THE TT UNIT (4) RETURNED TO PROVIDE THE FOLLOWING STATEMENT. M/V'S #1 & #2 WERE STOPPED TO ALLOW HIM TO EXIT RAMP. HE LOOKED LEFT AND OBSERVED THE BLACK CHARGER APPROACH FAST, TRAVELING STRAIGHT, OP#3'S HEAD LOOKING DOWN, OP#3 DROVE/CRASHED STRAIGHT INTO REAR M/V #2 W/O BREAKING. OP#3 CITED-FAIL TO USE CARE STOPPING

<b>Police Use Only</b>			<b>Commonwealth of Massachusetts</b>				<b>RMV Document Number</b>								
Date of Crash 09/06/2019	Time of Crash 1231 24HR	City/Town Wilmington	<b>Motor Vehicle Crash Police Report</b>			Number Vehicles 1	Number Injured 0	Speed Limit <u>20</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"/>

<b>AT INTERSECTION:</b>			<b>&lt; LOCATION &gt;</b>	<b>NOT AT INTERSECTION:</b>		
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			Route# <u>14</u> Direction _____ Address # _____ Name of Roadway/Street <u>CLARK ST</u>			
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____			_____ Feet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of _____ Mile Marker _____ Exit Number _____			
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			_____ Feet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of _____ Route# _____ Intersecting Roadway/Street <u>WASHINGTON ST</u> 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# <b>19-297-AC</b>
---	--	----------------------------------	--------------------------------	-----------------------------------

License # <u>S32209948</u> St <u>MA</u> DOB/Age _____	Reg # <u>8RKL50</u> Reg Type <u>PC</u> Reg State <u>MA</u>
Sex <u>F</u> Lic. Class <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL _____	Veh Year <u>2015</u> Veh Make <u>HONDA</u> Veh Config. <u>1</u> <u>21</u>
Operator <u>DENNEHY, ELIZABETH ANNE</u>	Owner <u>DENNEHY, ELIZABETH ANNE</u>
Address <u>50 BARBARA D LN</u>	Address <u>50 BARBARA D LN</u>
City <u>TEWKSBURY</u> State <u>MA</u> Zip <u>01876-2408</u>	City <u>TEWKSBURY</u> State <u>MA</u> Zip <u>01876-2408</u>
Insurance Company <u>STATE FARM MUTUAL</u>	Vehicle Action Prior to Crash <u>11</u> <u>22</u> Damaged Area Code: <u>3</u> <u>27</u> <u>27</u> <u>27</u>
Vehicle Travel Direction: <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Responding to Emergency? <u>2</u>	Event Sequence <u>11</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>28</u>
Citation # (If Issued) _____	Most Harmful Event <u>35</u> <u>24</u> Type of Test: <u>29</u>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code <u>19</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>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											
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>XX</del>	<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 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
--	--	---	--	----------------------------------	--------------------------------

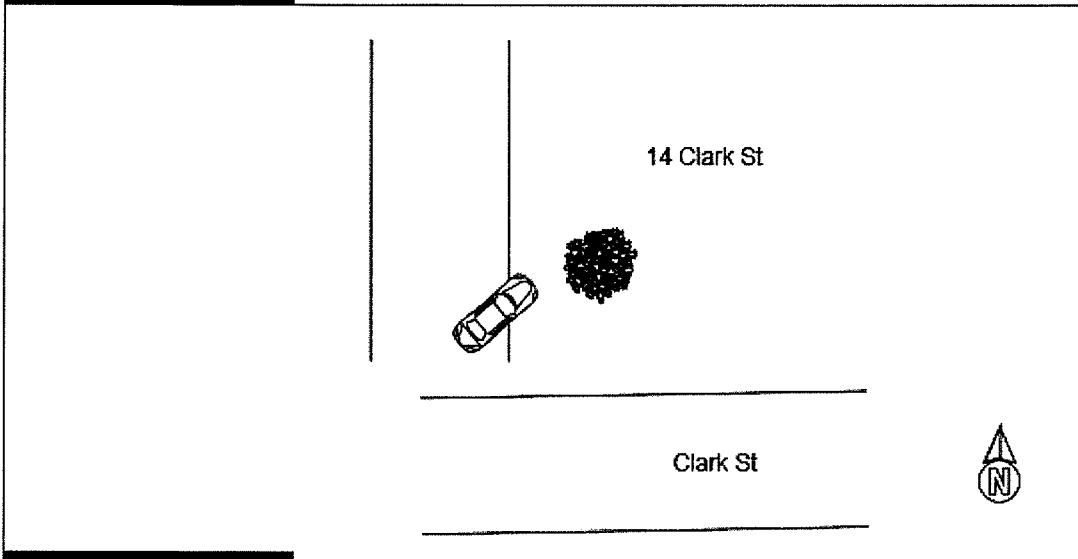
License # _____ St _____ DOB/Age _____	Reg # _____ Reg Type _____ Reg State _____
Sex _____ Lic. Class <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____	Veh Year _____ Veh Make _____ Veh Config. <u>21</u>
Operator _____	Owner _____
Address _____	Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Insurance Company _____	Vehicle Action Prior to Crash <u>22</u> Damaged Area Code: <u>27</u> <u>27</u> <u>27</u>
Vehicle Travel Direction: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Responding to Emergency? _____	Event Sequence <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>28</u>
Citation # (If Issued) _____	Most Harmful Event <u>24</u> Type of Test: <u>29</u>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code <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>26</u> Susp. Alcohol: <u>31</u> Susp. Drug: <u>32</u>
	Towed from scene? <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
<b>Operator/Non-Motorist</b>	See Above	<del>XXXXXX</del>	<del>XX</del>	<u>1</u>							

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

**Crash Diagram:**

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



**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 turned onto Washington Ave and was attempting to park on side of road which abutts property owned by 14 Clark St. Operator drove through fence and crashed into tree on property of 14 Clark St.

**Witnesses:**

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

**Property Damage:**

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
DICKINSON MARYANNE	14 CLARK ST WILMINGTON MA 01887	781-710-6113	97	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 Ronald J Alpers    Signature    163    ID/Badge #    Wilmington Police Department    Department    09/06/2019    Precinct/Barracks    Date