

<b>Police Use Only</b>			<b>Commonwealth of Massachusetts</b>				<b>RMV Document Number</b>								
Date of Crash 09/15/2019	Time of Crash 1140 24HR	City/Town Wilmington	<b>Motor Vehicle Crash Police Report</b>			Number Vehicles 2	Number Injured 0	Speed Limit <u>30</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>
<b>FAULKNER AVE</b>		
Route# _____ Direction _____ Name of Roadway/Street _____	Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____	
At _____		
_____ Feet <b>N S E W</b> of _____ • _____ or _____ Exit Number _____		
<b>GLEN RD</b>		
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____	_____ Feet <b>N S E W</b> of _____ Mile Marker _____ Exit Number _____	
Also at Intersection with _____		
_____ Feet <b>N S E W</b> of _____ Route# _____ Intersecting Roadway/Street _____		
_____ Feet <b>N S E W</b> of _____ Landmark _____		

Please Select One of the Following:	<input checked="" type="checkbox"/> Vehicle <u>13</u> #Occupants _____	<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped	Crash Report ID# <b>19-306-AC</b>
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License # <b>S57690663</b> St. <b>MA</b> DOB/Age _____	Reg # <b>JF530B</b> Reg Type <b>PC</b> Reg State <b>MA</b>
Sex <b>F</b> Lic. Class <b>D</b> 19 19 Lic. Restrictions <b>20</b> CDL Endorsement _____	Veh Year <b>2014</b> Veh Make <b>MAZDA</b> Veh Config. <b>1</b> 21
Operator <b>LARGENTON, AMY BETH</b> Last First Middle	Owner <b>LARGENTON, AMY BETH</b> Last First Middle
Address <b>4 FAULKNER AVE</b>	Address <b>4 FAULKNER AVE</b>
City <b>WILMINGTON</b> State <b>MA</b> Zip <b>01887-3526</b>	City <b>WILMINGTON</b> State <b>MA</b> Zip <b>01887-3526</b>
Insurance Company <b>QUINCY MUTUAL FIRE</b>	Vehicle Action Prior to Crash <b>2</b> 22
Vehicle Travel Direction: <b>N X E W</b> Responding to Emergency? <u>2</u>	Damaged Area Code: <b>1</b> 27 27 27
Citation # (If Issued) _____	Event Sequence <b>1</b> 23 23 23 23
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Test Status: <b>1</b> 28
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Type of Test: <b>1</b> 29
	BAC Test Result: <b>1</b> 30
	Susp. Alcohol: <b>2</b> 31 Susp. Drug: <b>2</b> 32
	Driver Contributing Code <b>1</b> 25 25
	Driver Distracted by <b>0</b> 26
	Towed from scene? <b>2</b> 33

Please fill out for operator and all occupants involved											
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator</b>	See Above			<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	
				<b>6</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	
				<b>4</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:	<input checked="" type="checkbox"/> Vehicle <u>21</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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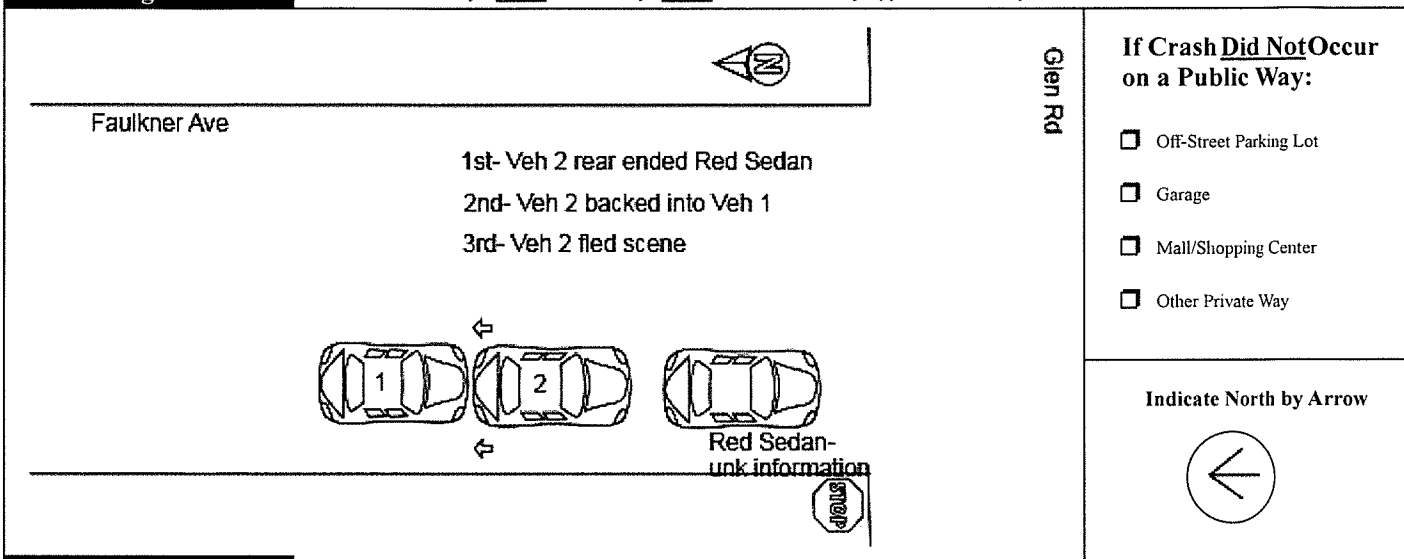
License # <b>S02027170</b> St. <b>MA</b> DOB/Age _____	Reg # <b>8MFJ10</b> Reg Type <b>PC</b> Reg State <b>MA</b>
Sex <b>F</b> Lic. Class <b>D</b> 19 19 Lic. Restrictions <b>20</b> CDL Endorsement _____	Veh Year <b>2017</b> Veh Make <b>MITSUBISHI</b> Veh Config. <b>1</b> 21
Operator <b>STANCATO, MICHELLE</b> Last First Middle	Owner <b>STANCATO, MICHELLE</b> Last First Middle
Address <b>70A BURROUGHS RD</b>	Address <b>70A BURROUGHS RD</b>
City <b>NORTH READING</b> State <b>MA</b> Zip <b>01864-1103</b>	City <b>NORTH READING</b> State <b>MA</b> Zip <b>01864-1103</b>
Insurance Company <b>COMMERCE INSURANCE</b>	Vehicle Action Prior to Crash <b>10</b> 22
Vehicle Travel Direction: <b>N X E W</b> Responding to Emergency? <u>2</u>	Damaged Area Code: <b>5</b> 27 27 27
Citation # (If Issued) <b>T1683074</b>	Event Sequence <b>1</b> 23 23 23 23
Viol. 1: Ch/Sec/Sub <b>90 24</b> Viol. 2: Ch/Sec/Sub <b>90 24</b>	Test Status: <b>1</b> 28
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Type of Test: <b>1</b> 29
	BAC Test Result: <b>1</b> 30
	Susp. Alcohol: <b>2</b> 31 Susp. Drug: <b>1</b> 32
	Driver Contributing Code <b>14</b> 25 <b>10</b> 25
	Driver Distracted by <b>99</b> 26
	Towed from scene? <b>2</b> 33

Please fill out for operator/non-motorist and all occupants involved											
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator/Non-Motorist</b>	See Above			<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>2</b>	Winchester Hospital

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

**Crash Diagram:**

ie: → 1 → 2 → ○ → ○



**Crash Narrative:**

On 9/15/19, I was responding to the area of Faulkner Ave and Glen Rd for a report of a three vehicle crash. There were no injuries and everyone involved was wearing the appropriate safety devices. Upon arrival, two of the three vehicles had already left the scene. I spoke to the operator of Veh 1 who was still on scene. She reported she was behind Veh 2. Veh 2 was behind a red sedan. Veh 1 Operator reported that she witnessed Veh 2 rear end the red sedan. She reported Veh 2 then backed into her vehicle and fled the scene turning left onto Glen Rd. The red sedan left shortly after. Her vehicle suffered damage to the front bumper. Veh 2 was located and operator identified. Damage on Veh 2 matched damage to Veh 1. Veh 2 was summoned for leaving the scene of property damage and reckless operation. See 19-353-AR. No tow was required.

**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 Daniel P Furbush

196

Wilmington Police Department

09/15/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department  
Images Associated with 19-306-AC



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

Route# Direction Name of Roadway/Street At Route# Direction Address # Name of Roadway/Street  
 352 MIDDLESEX AVE  
 Feet N S E W of \_\_\_\_\_ or \_\_\_\_\_ Mile Marker Exit Number  
 Route# Direction Name of Intersecting Roadway/Street  
 Also at Intersection with  
 Route# Direction Name of Intersecting Roadway/Street  
 Feet N S E W of \_\_\_\_\_ Route# Intersecting Roadway/Street  
 Feet N S E W of \_\_\_\_\_  
 Landmark

Please Select One of the Following:  Vehicle 13 #Occupants  Hit/Run  Moped Crash Report ID# 19-307-AC

License # **S96055866** St. **MA** DOB/Age **19** Reg # **4YR570** Reg Type **PC** Reg State **MA**  
 Sex **M** Lic. Class **D** Lic. Restrictions **1** CDL \_\_\_\_\_ Veh Year **2009** Veh Make **MAZDA** Veh Config. **1**  
 Operator **VECCHI, ANGELO M** Owner **VECCHI, ANGELO M**  
 Address **7 SHADY LANE DR** Address **7 SHADY LANE DR**  
 City **WILMINGTON** State **MA** Zip **01887-1909** City **WILMINGTON** State **MA** Zip **01887-1909**  
 Insurance Company **SAFETY INSURANCE** Vehicle Action Prior to Crash **4** Damaged Area Code: **2** 27 27 27  
 Vehicle Travel Direction:  N  E  W Responding to Emergency? **2** Event Sequence **1** 23 23 23 23 Test Status: **1** 28  
 Citation # (If Issued) \_\_\_\_\_ Most Harmful Event **1** 24 Type of Test: **1** 29  
 Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **19** 25 25 BAC Test Result: **1** 30  
 Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **0** 26 Susp. Alcohol: **2** 31 Susp. Drug: **2** 32  
 Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Towed from scene? **2** 33  
 Viol. 4: Ch/Sec/Sub \_\_\_\_\_

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator</b>	See Above	<del>XXXXXX</del>	<del>XXXX</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	
<b>NICOLE VECCHI</b>	7 SHADY LANE DR WILMINGTON, MA 01887-1909			<b>3</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	
				<b>6</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 21 #Occupants  Non-Motorist A Type **15** Action **16** Location **17** Condition **18**  Hit/Run  Moped

License # **S61673066** St. **MA** DOB/Age **19** Reg # **2ZB854** Reg Type **PC** Reg State **MA**  
 Sex **F** Lic. Class **D** Lic. Restrictions **1** CDL \_\_\_\_\_ Veh Year **2015** Veh Make **HYUNDAI** Veh Config. **1**  
 Operator **SHEPARD, TRACEY L** Owner **SHEPARD, TRACEY L**  
 Address **9 PLUFF AVE** Address **9 PLUFF AVE**  
 City **N READING** State **MA** Zip **01864-1342** City **N READING** State **MA** Zip **01864-1342**  
 Insurance Company **HANOVER INSURANCE** Vehicle Action Prior to Crash **1** Damaged Area Code: **3** 27 27 27  
 Vehicle Travel Direction:  N  S  E  W Responding to Emergency? **2** Event Sequence **1** 23 23 23 23 Test Status: **1** 28  
 Citation # (If Issued) \_\_\_\_\_ Most Harmful Event **1** 24 Type of Test: **1** 29  
 Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **1** 25 25 BAC Test Result: **1** 30  
 Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **0** 26 Susp. Alcohol: **2** 31 Susp. Drug: **2** 32  
 Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Towed from scene? **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
<b>Operator/Non-Motorist</b>	See Above	<del>XXXXXX</del>	<del>XXXX</del>	<b>1</b>	<b>1</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	



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

Route# Direction Name of Roadway/Street 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 12 #Occupants  Hit/Run  Moped Crash Report ID# **19-308-AC**

License # **S61452020** St **MA** DOB/Age \_\_\_\_\_ Reg # **1EF424** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** Lic. Restrictions **20** CDL \_\_\_\_\_ Veh Year **2019** Veh Make **HONDA** Veh Config. **1**

Operator **SOLORZANO, TANYA R** Owner **PAPAPORFIRIOU, DEMETRI**

Address **82 SWAIN RD** Address **82 SWAIN RD**

City **WILMINGTON** State **MA** Zip **01887-2862** City **WILMINGTON** State **MA** Zip **01887-2862**

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

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

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

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

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

Towed from scene? **2** **33**

Please fill out for operator and all occupants involved

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

Please Select One of the Following:  Vehicle 23 #Occupants  Non-Motorist A Type **15** Action **16** Location **17** Condition **18**  Hit/Run  Moped

License # **S34947982** St **MA** DOB/Age \_\_\_\_\_ Reg # **2AK526** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** Lic. Restrictions **B** CDL \_\_\_\_\_ Veh Year **2013** Veh Make **MAZDA** Veh Config. **1**

Operator **CLIFFORD, KAYLA L** Owner **CLIFFORD, ERIC C**

Address **120 APACHE WAY** Address **120 APACHE WAY**

City **TEWKSBURY** State **MA** Zip **01876-4618** City **TEWKSBURY** State **MA** Zip **01876**

Insurance Company **GOVT EMPLOYEE INS** Vehicle Action Prior to Crash **1** Damaged Area Code: **1** **27** **27** **27**

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

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

Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **20** **25** **5** **25** BAC Test Result: **30**

Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **6** **26** Susp. Alcohol: **2** **31** Susp. Drug: **2** **32**

Towed from scene? **2** **33**

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

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



Date of Crash: 09/16/2019 | Time of Crash: 1542 (24HR) | City/Town: **Wilmington** | **Motor Vehicle Crash Police Report** | Number Vehicles: 1 | Number Injured: 2 | Speed Limit: 15 | Latitude: +042.5972 | Longitude: -071.145 | State Police  | Local Police  | MBTA Police  | Campus Police  | Other:

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

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

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

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

Route# 255 Direction \_\_\_\_\_ Address # \_\_\_\_\_ Name of Roadway/Street ANDOVER ST

\_\_\_\_\_ Feet      of \_\_\_\_\_ or \_\_\_\_\_ Mile Marker \_\_\_\_\_ Exit Number \_\_\_\_\_

\_\_\_\_\_ Feet      of \_\_\_\_\_ Route# \_\_\_\_\_ Intersecting Roadway/Street \_\_\_\_\_

\_\_\_\_\_ Feet      of \_\_\_\_\_ Landmark \_\_\_\_\_

Please Select One of the Following:  Vehicle 1 #Occupants \_\_\_\_\_  Hit/Run  Moped **Crash Report ID# 19-309-AC**

License # 01AU073281 St. NH DOB/Agc \_\_\_\_\_ Reg # Y2556 Reg Type MC Reg State NH

Sex M Lic. Class A 19 19 Lic. Restrictions \_\_\_\_\_ CDL \_\_\_\_\_ Veh Year 2008 Veh Make YAMAHA Veh Config. 3 21

Operator ABREU, OMAR E Owner ABREU, OMAR E

Address 111A BABOOSIC LAKE RD Address 111A BABOOSIC LAKE RD

City MERRIMACK State NH Zip 03054 City MERRIMACK State NH Zip 03054

Insurance Company GEICO Vehicle Action Prior to Crash 1 22 Damaged Area Code: 1 27 7 27 27

Vehicle Travel Direction:  N  E  W Responding to Emergency? 2 Event Sequence 43 23 23 23 23 Test Status: 1 28

Citation # (If Issued) \_\_\_\_\_ Most Harmful Event 43 24 Type of Test: 29

Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code 7 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		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>XXXX</del>	1	5	5	1	0	7	2	Lahey Clinic

Please Select One of the Following:  Vehicle 2 #Occupants \_\_\_\_\_  Non-Motorist A Type 1 15 Action 7 16 Location 4 17 Condition 1 18  Hit/Run  Moped

License # 05VSC66201 St. NH DOB/Agc \_\_\_\_\_ Reg # \_\_\_\_\_ Reg Type \_\_\_\_\_ Reg State \_\_\_\_\_

Sex M Lic. Class \_\_\_\_\_ Lic. Restrictions \_\_\_\_\_ CDL \_\_\_\_\_ Veh Year \_\_\_\_\_ Veh Make \_\_\_\_\_ Veh Config. 21

Operator VYNORIUS, CHRISTOPHER J Owner \_\_\_\_\_

Address 15 MARGARET AVE Address \_\_\_\_\_

City RAYMOND State NH Zip 03077 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Insurance Company \_\_\_\_\_ Vehicle Action Prior to Crash 22 Damaged Area Code: 27 27 27

Vehicle Travel Direction:  N  S  E  W Responding to Emergency? \_\_\_\_\_ Event Sequence 23 23 23 23 Test Status: 28

Citation # (If Issued) \_\_\_\_\_ Most Harmful Event 24 Type of Test: 29

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

Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by 26 Susp. Alcohol: 31 Susp. Drug: 32

Towed from scene? 33

Please fill out for operator/non-motorist and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator/Non-Motorist</b>	See Above	<del>XXXXXX</del>	<del>XXXX</del>	1					8	2	Lahey Clinic





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

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

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

Please Select One of the Following:  Vehicle 1 #Occupants  Hit/Run  Moped  
 Crash Report ID# **19-310-AC**

License # **S86211676** St **MA** DOB/Age \_\_\_\_\_ Reg # **7GP254** Reg Type **PC** Reg State **MA**  
 Sex **F** Lic. Class **D** Lic. Restrictions **20** CDL Endorsement \_\_\_\_\_ Veh Year **2014** Veh Make **FORD** Veh Config. **1**  
 Operator **CONDELL, PAULETTE** Owner **CONDELL, PAULETTE**  
 Address **5 TOWPATH DR** Address **5 TOWPATH DR**  
 City **WILMINGTON** State **MA** Zip **01887-3917** City **WILMINGTON** State **MA** Zip **01887-3917**  
 Insurance Company **ARBELLA MUTUAL INS** Vehicle Action Prior to Crash **1** Damaged Area Code: **2 27 27 27**  
 Vehicle Travel Direction: **N S E** Responding to Emergency? **2** Event Sequence **24 23 23 23 23** Test Status: **1 28 29**  
 Citation # (If Issued) \_\_\_\_\_ Most Harmful Event **24 24** Type of Test: **1 30**  
 Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **11 25 12 25** BAC Test Result: **1 30**  
 Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **99 26** Susp. Alcohol: **1 31** Susp. Drug: **2 32**  
 Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Towed from scene? **1 33**  
 Viol. 4: Ch/Sec/Sub \_\_\_\_\_

Please fill out for operator 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>XXXX</del>	<b>1</b>	<b>99</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>8</b>	<b>2</b>	Winchester Hospital

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

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

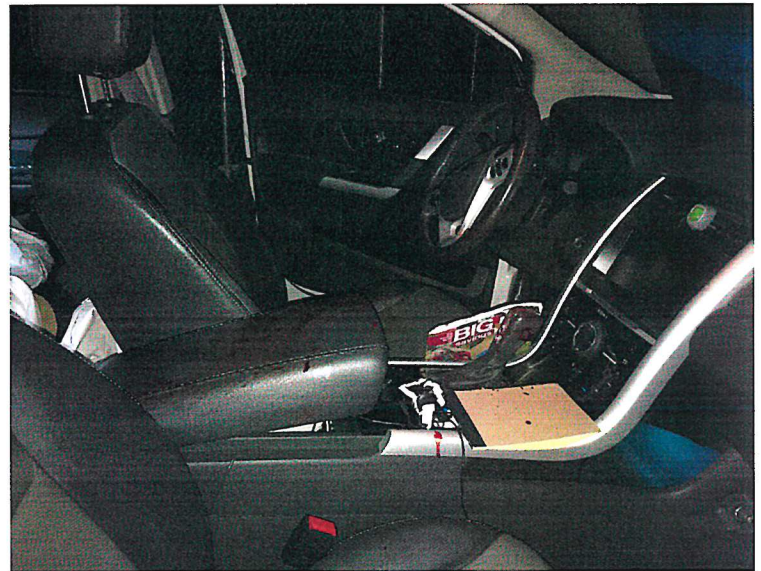
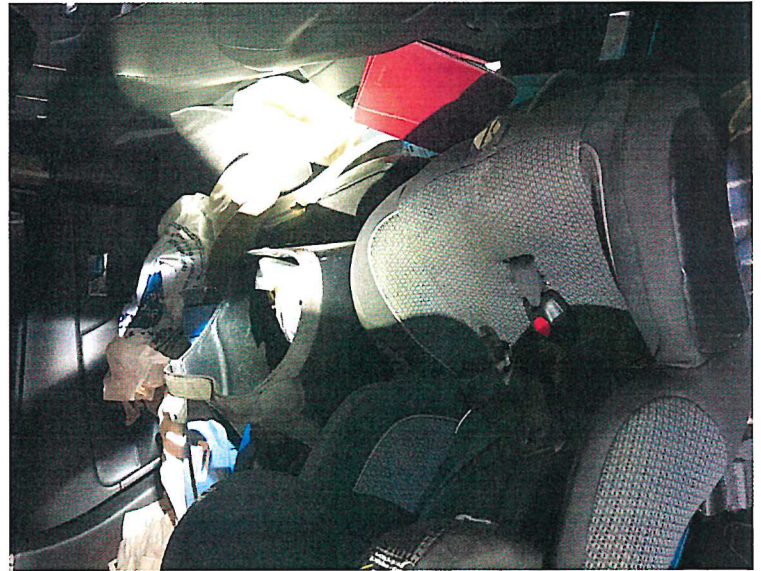
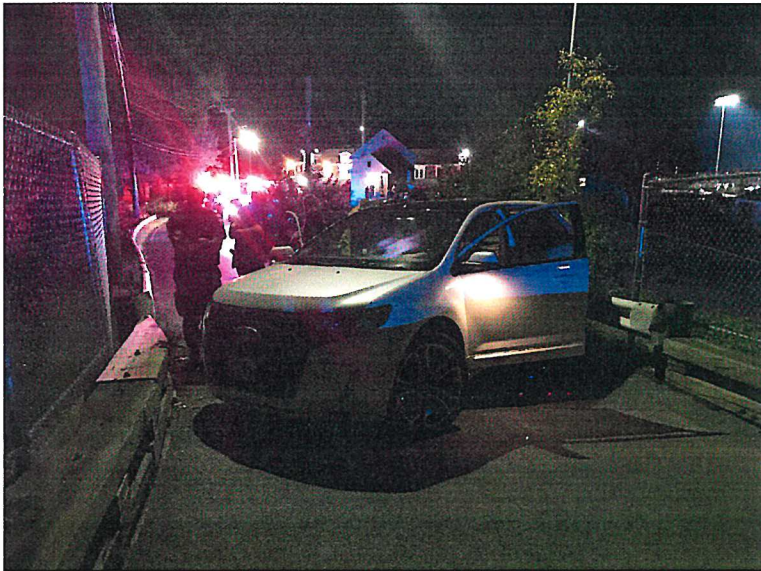
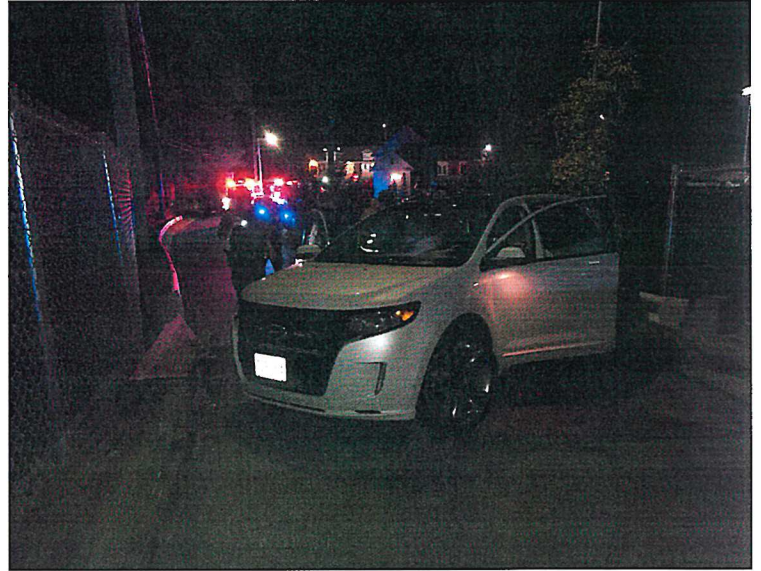
Please fill out for operator/non-motorist and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator/Non-Motorist</b>	See Above	<del>XXXXXX</del>	<del>XXXX</del>	<b>1</b>							



Wilmington Police Department  
Crash Narrative  
Case # 19-310-AC

Operator of MV1, Paulette Condell, was traveling straight ahead attempting to go over the Butters Row Bridge. Mrs. Condell stated that a MV was traveling over the bridge towards her and cut her off. She swerved and struck the guardrail (See images). She then struck her face on the steering wheel and sustained minor injuries to her nose. She stated she had just come from eating dinner at the 99's restaurant and had consumed 1 glass of wine. During my investigation I did not observe any signs of impairment or intoxication. She was treated by WFD and transported to Winchester Hospital. MV was towed by Forrest (See attachments for inventory report). Ofc. Stavro (Unit 39) and Sgt. Sugrue (Unit 35) were on scene to assist. Ofc. Stavro spoke to an eye witness who stated that she was outside, observed the MV drive by, and doesn't believe that the MV was speeding, but does not recall seeing another MV. MASS DOT was notified of damage to wooded guardrail.

Wilmington Police Department  
Images Associated with 19-310-AC



Wilmington Police Department  
Images Associated with 19-310-AC



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

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

Route# Direction Address # **I93NBR40 RAMP** Name of Roadway/Street  
 Feet **N S E W** of \_\_\_\_\_ or \_\_\_\_\_ Mile Marker \_\_\_\_\_ Exit Number \_\_\_\_\_  
 Feet **N S E W** of \_\_\_\_\_ Route# \_\_\_\_\_ Intersecting Roadway/Street \_\_\_\_\_  
 Feet **N S E W** of \_\_\_\_\_ Landmark \_\_\_\_\_

Please Select One of the Following:  Vehicle **1** #Occupants  Hit/Run  Moped Crash Report ID# **19-311-AC**

License # **S34157356** St. **MA** DOB/Age \_\_\_\_\_ Reg # **2PSH61** Reg Type **PC** Reg State **MA**  
 Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL \_\_\_\_\_ Veh Year **2019** Veh Make **ACURA** Veh Config. **1** 21  
 Operator **GOYEA, KATIE ANN** Owner **GOYEA, KATIE ANN**  
 Address **4 LISAMARY DR** Address **4 LISAMARY DR**  
 City **N READING** State **MA** Zip **01864-2197** City **N READING** State **MA** Zip **01864-2197**  
 Insurance Company **AMICA MUTUAL INS** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **6** 27 27 27  
 Vehicle Travel Direction: **N S X W** Responding to Emergency? **2** Event Sequence **1** 23 23 23 23 Test Status: **1** 28  
 Citation # (If Issued) \_\_\_\_\_ Most Harmful Event **1** 24 Type of Test: **1** 29  
 Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **1** 25 25 BAC Test Result: **1** 30  
 Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **0** 26 Susp. Alcohol: **2** 31 Susp. Drug: **2** 32  
 Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Towed from scene? **2** 33  
 Viol. 4: Ch/Sec/Sub \_\_\_\_\_

Please fill out for operator and all occupants involved		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	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 # **S43550895** St. **MA** DOB/Age \_\_\_\_\_ Reg # **V23029** Reg Type **PC** Reg State **MA**  
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL \_\_\_\_\_ Veh Year **2019** Veh Make **CHEVROLET** Veh Config. **1** 21  
 Operator **FRECHETTE, KEVIN J** Owner **RAPPOLI CONTRACTING INC**  
 Address **26 RUSKIN AVE** Address **10 CHESTER CIR**  
 City **METHUEN** State **MA** Zip **01844-2406** City **TEWKSBURY** State **MA** Zip **01876-3908**  
 Insurance Company **NGM INSURANCE COMP** Vehicle Action Prior to Crash **4** 22 Damaged Area Code: **2** 27 27 27  
 Vehicle Travel Direction: **N S E X** Responding to Emergency? **2** Event Sequence **1** 23 23 23 23 Test Status: **1** 28  
 Citation # (If Issued) \_\_\_\_\_ Most Harmful Event **1** 24 Type of Test: **1** 29  
 Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **4** 25 25 BAC Test Result: **1** 30  
 Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **0** 26 Susp. Alcohol: **2** 31 Susp. Drug: **2** 32  
 Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Towed from scene? **2** 33  
 Viol. 4: Ch/Sec/Sub \_\_\_\_\_

Please fill out for operator/non-motorist and all occupants involved		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	X	1	99	4	0	0	10	1	





Date of Crash 09/18/2019 Time of Crash 1409 24HR City/Town **Wilmington** **Motor Vehicle Crash Police Report** Number Vehicles 3 Number Injured 1 Speed Limit 45 State Police  Local Police  MBTA Police  Campus Police  Other:

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

<p><b>LOWELL ST</b></p> <p>Route# _____ Direction _____ Name of Roadway/Street _____</p> <p style="text-align: center;">At</p> <p><b>I93SBR38 RAMP</b></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 # _____ Name of Roadway/Street _____</p> <p>_____ Feet <b>N S E W</b> of _____ • _____ or _____</p> <p style="text-align: right;">Mile Marker _____ Exit Number _____</p> <p>_____ Feet <b>N S E W</b> of _____</p> <p>_____ Feet <b>N S E W</b> of _____</p> <p style="text-align: right;">Route# _____ Intersecting Roadway/Street _____</p> <p style="text-align: right;">Landmark _____</p>
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Please Select One of the Following:  Vehicle 1 Occupants  Hit/Run  Moped Crash Report ID# **19-312-AC**

<p>License # <b>S17778968</b> St <b>MA</b> DOB/Age _____</p> <p>Sex <b>M</b> Lic. Class <b>D</b> 19 19 Lic. Restrictions <b>20</b> CDL Endorsement _____</p> <p>Operator <b>WHITE, ROBERT M</b></p> <p style="text-align: center;">Last First Middle</p> <p>Address <b>95 EVERETT ST</b></p> <p>City <b>ARLINGTON</b> State <b>MA</b> Zip <b>02474-6921</b></p> <p>Insurance Company <b>LIBERTY MUTUAL INS</b></p> <p>Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <b>2</b></p> <p>Citation # (If Issued) _____</p> <p>Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____</p> <p>Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____</p>	<p>Reg # <b>1467</b> Reg Type <b>PC</b> Reg State <b>MA</b></p> <p>Veh Year <b>2003</b> Veh Make <b>TOYOTA</b> Veh Config. <b>1</b> 21</p> <p>Owner <b>WHITE, ROBERT M</b></p> <p style="text-align: center;">Last First Middle</p> <p>Address <b>95 EVERETT ST</b></p> <p>City <b>ARLINGTON</b> State <b>MA</b> Zip <b>02474-6921</b></p> <p>Vehicle Action Prior to Crash <b>1</b> 22</p> <p>Event Sequence <b>1</b> 23 1 23 23 23</p> <p>Most Harmful Event <b>1</b> 24</p> <p>Driver Contributing Code <b>1</b> 25 25</p> <p>Driver Distracted by <b>0</b> 26</p> <p>Damaged Area Code: <b>1</b> 27 <b>3</b> 27 <b>27</b></p> <p>Test Status: <b>28</b></p> <p>Type of Test: <b>29</b></p> <p>BAC Test Result: <b>30</b></p> <p>Susp. Alcohol: <b>31</b> Susp. Drug: <b>32</b></p> <p>Towed from scene? <b>1</b> 33</p>
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Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator</b>	See Above	<del>XXXXXX</del>	<del>X</del>	1	1	4	0	0	9	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

<p>License # <b>S97541333</b> St <b>MA</b> DOB/Age _____</p> <p>Sex <b>M</b> Lic. Class <b>D</b> 19 19 Lic. Restrictions <b>97</b> 20 CDL Endorsement _____</p> <p>Operator <b>DELACRUZ, CARLOS A</b></p> <p style="text-align: center;">Last First Middle</p> <p>Address <b>100 PHILLIPS ST</b></p> <p>City <b>METHUEN</b> State <b>MA</b> Zip <b>01844-4314</b></p> <p>Insurance Company <b>GEICO GENERAL INS</b></p> <p>Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? <b>2</b></p> <p>Citation # (If Issued) <b>T1151295</b></p> <p>Viol. 1: Ch/Sec/Sub <b>90</b> <b>10</b> Viol. 2: Ch/Sec/Sub _____</p> <p>Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____</p>	<p>Reg # <b>1GTL44</b> Reg Type <b>PC</b> Reg State <b>MA</b></p> <p>Veh Year <b>2005</b> Veh Make <b>HONDA</b> Veh Config. <b>1</b> 21</p> <p>Owner <b>DELACRUZ, CARLOS A</b></p> <p style="text-align: center;">Last First Middle</p> <p>Address <b>100 PHILLIPS ST</b></p> <p>City <b>METHUEN</b> State <b>MA</b> Zip <b>01844-4314</b></p> <p>Vehicle Action Prior to Crash <b>6</b> 22</p> <p>Event Sequence <b>1</b> 23 23 23 23</p> <p>Most Harmful Event <b>1</b> 24</p> <p>Driver Contributing Code <b>4</b> 25 25</p> <p>Driver Distracted by <b>99</b> 26</p> <p>Damaged Area Code: <b>8</b> 27 <b>1</b> 27 <b>2</b> 27</p> <p>Test Status: <b>28</b></p> <p>Type of Test: <b>29</b></p> <p>BAC Test Result: <b>30</b></p> <p>Susp. Alcohol: <b>31</b> Susp. Drug: <b>32</b></p> <p>Towed from scene? <b>1</b> 33</p>
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Please fill out for operator/non-motorist and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator/Non-Motorist</b>	See Above	<del>XXXXXX</del>	<del>X</del>	1	1	4	0	0	10	1	

<b>Police Use Only</b>			<b>Commonwealth of Massachusetts</b>				<b>RMV Document Number</b>							
Date of Crash 09/18/2019	Time of Crash 1409 24HR	City/Town Wilmington	<b>Motor Vehicle Crash Police Report</b>				Number Vehicles 3	Number Injured 1	Speed Limit <u>45</u>	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:					

<b>LOWELL ST</b>													
Route#	Direction	Name of Roadway/Street				Route#	Direction	Address #	Name of Roadway/Street				
At													
<b>I93SBR38 RAMP</b>													
Route#	Direction	Name of Intersecting Roadway/Street				_____ Feet		<input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W	_____ of _____		_____ or _____		
Also at Intersection with													
_____						_____ Feet		<input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W	_____ of _____		Route# _____	Intersecting Roadway/Street _____	
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____						Landmark _____							

Please Select One of the Following:  Vehicle 3 #Occupants 1  Hit/Run  Moped  Crash Report ID# **19-312-AC**

License # <b>S19316047</b> St <b>MA</b> DOB/Ag: _____	Reg # <b>V32939</b> Reg Type <b>CO</b> Reg State <b>MA</b>
Sex <b>M</b> Lic. Class <b>D</b> Lic. Restrictions <b>20</b> CDL _____	Veh Year <b>2019</b> Veh Make <b>FORD</b> Veh Config. <b>2</b>
Operator <b>L A I N E , N A T H A N A E L</b>	Owner <b>E A N H O L D I N G S L L C</b>
Address <b>32 RUSH ST APT 2</b>	Address <b>14002 EAST 21ST ST ST APT 1500</b>
City <b>SOMERVILLE</b> State <b>MA</b> Zip <b>02145-3228</b>	City <b>TULSA</b> State <b>OK</b> Zip <b>74134-0000</b>
Insurance Company <b>SAFECO INSURANCE</b>	Vehicle Action Prior to Crash <b>1</b>
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u>	Damaged Area Code: <b>8</b> <b>27</b> <b>27</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>
	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											
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>XXXX</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

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

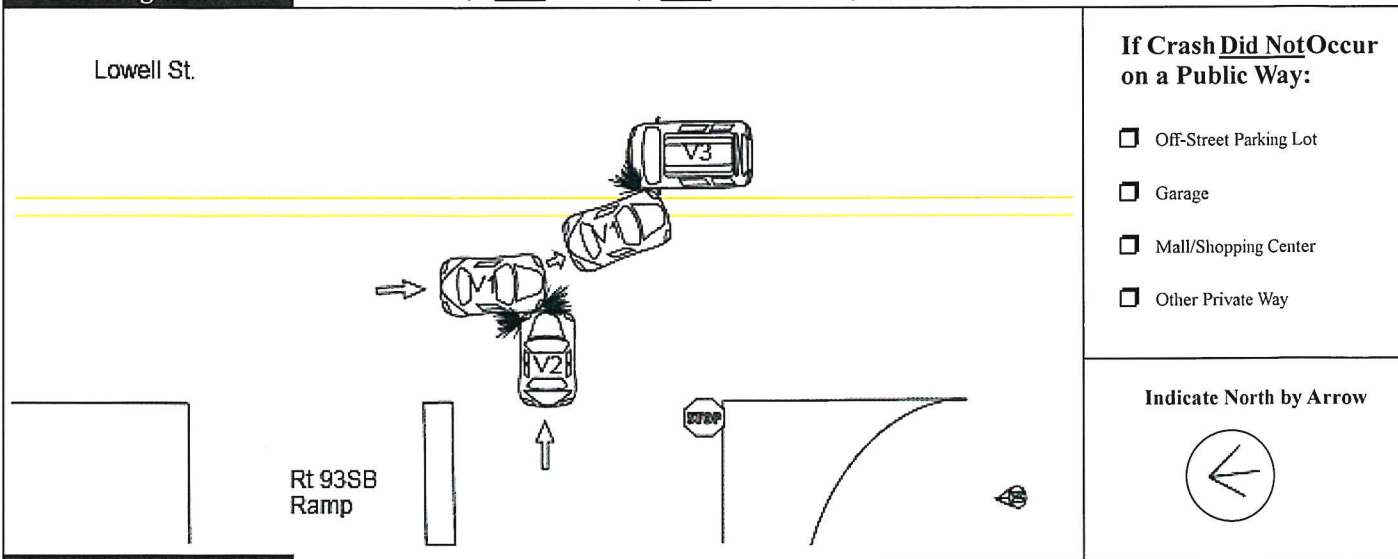
License # _____ St _____ DOB/Ag _____	Reg # _____ Reg Type _____ Reg State _____
Sex _____ Lic. Class <b>19</b> <b>19</b> Lic. Restrictions <b>20</b> CDL _____	Veh Year _____ Veh Make _____ Veh Config. <b>21</b>
Operator _____	Owner _____
Address _____	Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Insurance Company _____	Vehicle Action Prior to Crash <b>22</b>
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____	Damaged Area Code: <b>27</b> <b>27</b> <b>27</b>
Citation # (If Issued) _____	Event Sequence <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>24</b>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Contributing Code <b>25</b> <b>25</b>
	Driver Distracted by <b>26</b>
	Susp. Alcohol: <b>31</b> Susp. Drug: <b>32</b>
	Towed from scene? <b>33</b>

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>XXXX</del>	<b>1</b>							

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

ie: → 1    → 2    → ○    → ○

**Crash Diagram:**



**Crash Narrative:**

V1 traveling SB on Lowell St. V2 entered travel lane of Lowell St. from Rt93SB Off ramp. V2 failed to yeild right of way striking the side of V1. The collision cause V1 to enter NB lane striking V3

**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 John W Delorey    185    Wilmington Police Department    09/18/2019  
 Police Officer Name (Please Print)    Signature    ID/Badge #    Department    Precinct/Barracks    Date

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

**62 W CHURCH ST**  
 Route# Direction Name of Roadway/Street  
 At  
**ADAMS ST**  
 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  
 Mile Marker \_\_\_\_\_  
 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# **19-314-AC**

License # **07SHK90291** St **NH** DOB/Age \_\_\_\_\_ Reg # **4266142** Reg Type **PC** Reg State **NH**  
 Sex **E** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL Endorsement \_\_\_\_\_ Veh Year **2014** Veh Make **SUBARU** Veh Config. **1** 21  
 Operator **SMITH, KATHERINE L** Owner **SMITH, KATHERINE L**  
 Last First Middle Last First Middle  
 Address **169 CARTER ST APT 2** Address **169 CARTER ST APT 2**  
 City **MANCHESTER** State **NH** Zip **03102** City **MANCHESTER** State **NH** Zip **03102**  
 Insurance Company **travelers insurance** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: 1 27 8 27 3 27  
 Vehicle Travel Direction:  N  S  E  W Responding to Emergency? **2** Event Sequence **1** 23 23 23 23 Test Status: 28  
 Citation # (If Issued) \_\_\_\_\_ Most Harmful Event **1** 24 Type of Test: 29  
 Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **1** 25 25 BAC Test Result: 30  
 Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **0** 26 Susp. Alcohol: **31** Susp. Drug: **32**  
 Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Towed from scene? **2** 33  
 Viol. 4: Ch/Sec/Sub \_\_\_\_\_

Please fill out for operator and all occupants involved

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>	<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 # **S75880464** St **MA** DOB/Age \_\_\_\_\_ Reg # **8LS218** Reg Type **PC** Reg State **MA**  
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL Endorsement \_\_\_\_\_ Veh Year **2010** Veh Make **TOYOTA** Veh Config. **1** 21  
 Operator **SIN, RAVY** Owner **SIN, MELLISSA KIMTHEA**  
 Last First Middle Last First Middle  
 Address **117 LIBERTY ST** Address **117 LIBERTY ST**  
 City **LOWELL** State **MA** Zip **01851-3230** City **LOWELL** State **MA** Zip **01851-3230**  
 Insurance Company **GOVT EMPLOYEE INS** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: 3 27 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 **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? **2** 33  
 Viol. 4: Ch/Sec/Sub \_\_\_\_\_

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

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



Date of Crash 09/20/2019 Time of Crash 1803 City/Town Wilmington **Motor Vehicle Crash** Number Vehicles 2 Number Injured 1 Speed Limit 25 State Police   
 24HR **Police Report** Latitude \_\_\_\_\_ MBTA Police   
 Longitude \_\_\_\_\_ Campus Police   
 Other: \_\_\_\_\_

<b>AT INTERSECTION:</b>	<	<b>LOCATION</b>	>	<b>NOT AT INTERSECTION:</b>
Route# _____ Direction _____ Name of Roadway/Street _____		<u>298</u> <u>SHAWSHOEN AVE</u>		Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____
At _____		_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____		_____ Feet _____ Mile Marker _____ Exit Number _____
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# _____ 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 _____		Landmark _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____				

Please Select One of the Following:  Vehicle 1 #Occupants  Hit/Run  Moped Crash Report ID# **19-315-AC**

License # <u>S40875564</u> St. <u>MA</u> DOB/Age _____	Reg # <u>VT5962</u> Reg Type <u>PC</u> Reg State <u>MA</u>
Sex <u>F</u> Lic. Class <input type="checkbox"/> 19 <input type="checkbox"/> 19 Lic. Restrictions <input type="checkbox"/> 20 CDL _____	Veh Year <u>2012</u> Veh Make <u>FORD</u> Veh Config. <u>1</u>
Operator <u>KIRBY, ARIANNA NICOLE</u>	Owner <u>KIRBY, EDMOND J</u>
Address <u>21 BROADLEAF ST</u>	Address <u>21 BROADLEAF ST</u>
City <u>BILLERICA</u> State <u>MA</u> Zip <u>01821-1246</u>	City <u>BILLERICA</u> State <u>MA</u> Zip <u>01821-1246</u>
Insurance Company <u>SAFETY INSURANCE</u>	Vehicle Action Prior to Crash <u>1</u>
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? <u>2</u>	Damaged Area Code: <u>1</u> <u>27</u> <u>27</u> <u>27</u>
Citation # (If Issued) _____	Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Most Harmful Event <u>1</u> <u>24</u>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Contributing Code <u>1</u> <u>25</u> <u>25</u>
	Driver Distracted by <u>99</u>
	Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u>
	Towed from scene? <input type="checkbox"/> 1 <input type="checkbox"/> 33

Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator</b>	See Above	<del>XXXXXX</del>	<del>XXXX</del>	<u>1</u>	<u>1</u>	<u>1</u>	<u>0</u>	<u>0</u>	<u>8</u>	<u>1</u>	

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

License # <u>S32864683</u> St. <u>MA</u> DOB/Age _____	Reg # <u>7HD453</u> Reg Type <u>PC</u> Reg State <u>MA</u>
Sex <u>M</u> Lic. Class <input type="checkbox"/> 19 <input type="checkbox"/> 19 Lic. Restrictions <input type="checkbox"/> 20 CDL _____	Veh Year <u>2018</u> Veh Make <u>VOLVO</u> Veh Config. <u>1</u>
Operator <u>ACKROYD, DAN F</u>	Owner <u>ACKROYD, DAN F</u>
Address <u>17 KANSAS RD</u>	Address <u>17 KANSAS RD</u>
City <u>N TEWKSBURY</u> State <u>MA</u> Zip <u>01876-4810</u>	City <u>N TEWKSBURY</u> State <u>MA</u> Zip <u>01876-4810</u>
Insurance Company <u>SAFETY INSURANCE</u>	Vehicle Action Prior to Crash <u>6</u>
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u>	Damaged Area Code: <u>8</u> <u>27</u> <u>27</u> <u>27</u>
Citation # (If Issued) _____	Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Most Harmful Event <u>1</u> <u>24</u>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Contributing Code <u>4</u> <u>25</u> <u>19</u> <u>25</u>
	Driver Distracted by <u>99</u>
	Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u>
	Towed from scene? <input type="checkbox"/> 1 <input type="checkbox"/> 33

Please fill out for operator/non-motorist and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator/Non-Motorist</b>	See Above	<del>XXXXXX</del>	<del>XXXX</del>	<u>1</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	
				<u>4</u>	<u>4</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	
				<u>6</u>	<u>4</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	



Wilmington Police Department  
Images Associated with 19-315-AC

