

Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash: 10/13/2019
 Time of Crash: 1703
 City/Town: **Wilmington**
 24HR

Motor Vehicle Crash Police Report

Number Vehicles: 2
 Number Injured: 0
 Speed Limit: 35
 Latitude: _____
 Longitude: _____
 State Police
 Local Police
 MBTA Police
 Campus Police
 Other:

AT INTERSECTION:

LOCATION

NOT AT INTERSECTION:

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 _____
 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# **19-347-AC**

License # **S95582597** St **MA** DOB/Age _____
 Sex **M** Lic. Class **D** Lic. Restrictions **1** CDL _____
 Endorsement _____

Reg # **62MD01** Reg Type **PC** Reg State **MA**
 Veh Year **2015** Veh Make **HONDA** Veh Config. **2**

Operator **PARR, CHRISTOPHER G**
 Last First Middle

Owner **PARR, CHRISTOPHER G**
 Last First Middle

Address **27 JACQUITH RD**

Address **27 JACQUITH RD**

City **WILMINGTON** State **MA** Zip **01887-2211**

City **WILMINGTON** State **MA** Zip **01887-2211**

Insurance Company **COMMERCE INSURANCE**

Vehicle Action Prior to Crash **10** Damaged Area Code: **8** **27** **27** **27**

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

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

Citation # (If Issued) _____

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

Viol. 1: Ch/Sec/Sub _____ 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 Sent Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above	XXXXXX	XXXX	1	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 # **S03181262** St **MA** DOB/Age _____
 Sex **M** Lic. Class **D** Lic. Restrictions **1** CDL _____
 Endorsement _____

Reg # **7YP590** Reg Type **PC** Reg State **MA**
 Veh Year **1999** Veh Make **CHEVROLET** Veh Config. **1**

Operator **SMITH, RICHARD ALLAN**
 Last First Middle

Owner **SMITH, RICHARD ALLAN**
 Last First Middle

Address **1 JACOBS ST**

Address **1 JACOBS ST**

City **WILMINGTON** State **MA** Zip **01887-1372**

City **WILMINGTON** State **MA** Zip **01887-1372**

Insurance Company **SAFETY INSURANCE**

Vehicle Action Prior to Crash **1** Damaged Area Code: **2** **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 _____ 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 Sent Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above	XXXXXX	XXXX	1	1	4	0	0	10	1	

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

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

Route# Direction Address # Name of Roadway/Street
 62 **TAPLIN AVE**
 Feet NSEW of _____ or _____
 Mile Marker Exit Number
 Feet NSEW of _____
 Route# Intersecting Roadway/Street
 Feet NSEW of _____
 Landmark

Please Select One of the Following: Vehicle 1 Occupants Hit/Run Moped
 Crash Report ID# **19-348-AC**

License # **S45068807** St **MA** DOB/Age _____ Reg # **2919A** Reg Type **CO** Reg State **MA**
 Sex **F** Lic. Class **B** Lic. Restrictions **20** CDL Endorsement _____ Veh Year **2019** Veh Make **International** Veh Config. **6**
 Operator **FRANCO DIAZ, SANTA E** Owner **OSTERMAN PROPANE LLC**
 Address **462 FLETCHER ST** Address **1 MEMORIAL SQ**
 City **LOWELL** State **MA** Zip **01854-3437** City **WHITINSVILLE** State **MA** Zip **01588-3010**
 Insurance Company **ACE AMERICAN INS** Vehicle Action Prior to Crash **10** Damaged Area Code: **4** **27** **27** **27**
 Vehicle Travel Direction: **N** **X** **E** **W** Responding to Emergency? **2** Event Sequence **2** **23** **23** **23** **23** Test Status: **28**
 Citation # (If Issued) _____ Most Harmful Event **2** **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 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 # _____ St _____ DOB/Age _____ Reg # **163EJ7** Reg Type **PC** Reg State **MA**
 Sex _____ Lic. Class **19** **19** Lic. Restrictions **20** CDL Endorsement _____ Veh Year **2014** Veh Make **NISSAN** Veh Config. **1**
 Operator **Driverless M.V.** Owner **SPENCER, SANDRA J**
 Address _____ Address **34 BUTTERSROW**
 City _____ State _____ Zip _____ City **WILMINGTON** State **MA** Zip **01887-3341**
 Insurance Company **ELECTRIC INSURANCE** Vehicle Action Prior to Crash **11** Damaged Area Code: **8** **27** **27** **27**
 Vehicle Travel Direction: **N** **X** **E** **W** Responding to Emergency? **2** Event Sequence **2** **23** **23** **23** **23** Test Status: **28**
 Citation # (If Issued) _____ Most Harmful Event **2** **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/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	0	4	0	0	10	1	

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

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

Route# Direction Address # Name of Roadway/Street
 175 **MIDDLESEX AVE**
 Feet NSEW of or Exit Number
 Feet NSEW of Mile Marker
 Feet NSEW of Route# Intersecting Roadway/Street
 Landmark

Please Select One of the Following: Vehicle 1 Occupants Hit/Run Moped
 Crash Report ID# **19-349-AC**

License # **S63541425** St **MA** DOB/Age _____ Reg # **1JB349** Reg Type **PC** Reg State **MA**
 Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL _____ Veh Year **2017** Veh Make **HONDA** Veh Config. **1** 21
 Operator **WOODS, TERRI LYNNE** Owner **WOODS, TERRI LYNNE**
 Address **31 COLUMBIA ST** Address **31 COLUMBIA ST**
 City **WILMINGTON** State **MA** Zip **01887-2464** City **WILMINGTON** State **MA** Zip **01887-2464**
 Insurance Company **METROPOLITAN PROP** Vehicle Action Prior to Crash **6** 22 Damaged Area Code: 1 27 2 27 8 27
 Vehicle Travel Direction: S E W Responding to Emergency? **2** Event Sequence 1 23 23 23 23 Test Status: 28
 Citation # (If Issued) _____ Most Harmful Event **1** 24 Type of Test: 29
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **99** 25 25 BAC Test Result: 30
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0** 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32
 Towed from scene? **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	XX	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 # **S41627157** St **MA** DOB/Age _____ Reg # **5814CB** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL _____ Veh Year **2019** Veh Make **DODGE** Veh Config. **1** 21
 Operator **STUART, RICHARD W** Owner **TRITON CONSTRUCTION MANAGEMENT INC**
 Address **4 ISABELLA WAY** Address **10 MIDDLESEX AVE APT 1**
 City **WILMINGTON** State **MA** Zip **01887-3077** City **WILMINGTON** State **MA** Zip **01887-2763**
 Insurance Company **ARBELLA PROTECTION** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: 2 27 3 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 **99** 25 25 BAC Test Result: 30
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **99** 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32
 Towed from scene? **1** 33

Please fill out for operator/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: < **LOCATION** > **NOT AT INTERSECTION:**

1 **SHAWSHEEN AVE**
 Route# Direction Name of Roadway/Street
 At
HOPKINS ST
 Route# Direction Name of Intersecting Roadway/Street
 Also at Intersection with
 2 Route# Direction Name of Intersecting Roadway/Street
 3 Feet **NSEW** of _____ or _____ Mile Marker Exit Number
 Feet **NSEW** of _____ Route# Intersecting Roadway/Street
 Feet **NSEW** of _____
 Landmark

3 Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped
 Crash Report ID# **19-350-AC**

4 License # **S70709791** St **MA** DOB/Age _____ Reg # **8KYF30** Reg Type **PC** Reg State **MA**
 Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL _____ Veh Year **2014** Veh Make **BMW** Veh Config. **1** 21
 Operator **CARR, MADISON ANNE** Owner **CARR, LORRIE A**
 Address **22 THISTLE RD** Address **22 THISTLE RD**
 City **NORTH ANDOVER** State **MA** Zip **01845-4745** City **N ANDOVER** State **MA** Zip **01845-0000**
 Insurance Company **COMMERCE INSURANCE** Vehicle Action Prior to Crash **1** 22 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: **1** 29
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **1** 25 25 BAC Test Result: **1** 30
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0** 26 Susp. Alcohol: **2** 31 Susp. Drug: **2** 32
 Towed from scene? **2** 33

Please fill out for operator and all occupants involved

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

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

8 License # **S61911883** St **MA** DOB/Age _____ Reg # **6KW114** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL _____ Veh Year **2017** Veh Make **VOLKSWAGEN** Veh Config. **1** 21
 Operator **BAVOTA, JOHN S** Owner **BAVOTA, JOHN S**
 Address **84 CHESTER AVE** Address **84 CHESTER AVE**
 City **CHELSEA** State **MA** Zip **02150-3232** City **CHELSEA** State **MA** Zip **02150-3232**
 Insurance Company **COMMERCE INSURANCE** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **4** 27 27 27
 Vehicle Travel Direction: **N S** **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 _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **1** 25 25 BAC Test Result: **1** 30
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0** 26 Susp. Alcohol: **2** 31 Susp. Drug: **2** 32
 Towed from scene? **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	XXXX	1	1	4	0	0	10	1	

Police Use Only			Commonwealth of Massachusetts				RMV Document Number		
Date of Crash 10/18/2019	Time of Crash 1015 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 30 Latitude +042.5722 Longitude -071.157	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>62</u> Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____ Route# _____ Direction _____ Name of Intersecting Roadway/Street _____	Feet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of _____ or _____ Mile Marker _____ Exit Number _____ Feet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of _____ Route# _____ Intersecting Roadway/Street _____ Feet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 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# 19-351-AC
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License # <u>S42963402</u> St <u>MA</u> DOB/Age _____ Sex <u>F</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____ Operator <u>DISARIO, HAYLEY R</u> Address <u>60 EMILY RD</u> City <u>TEWKSBURY</u> State <u>MA</u> Zip <u>01876</u> Insurance Company <u>GOVT EMPLOYEE INS</u> Vehicle Travel Direction: <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Responding to Emergency? <u>2</u> Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # <u>8CHS90</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2017</u> Veh Make <u>SUBARU</u> Veh Config. <u>1</u> <u>21</u> Owner <u>DISARIO, PHILIP</u> Address <u>60 EMILY RD</u> City <u>TEWKSBURY</u> State <u>MA</u> Zip <u>01876-2203</u> Vehicle Action Prior to Crash <u>2</u> <u>22</u> Damaged Area Code: <u>5</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>1</u> <u>25</u> <u>25</u> BAC Test Result: <u>30</u> Driver Distracted by <u>0</u> <u>26</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u> Towed from scene? <u>2</u> <u>33</u>
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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			1	1	4	0	0	10	1	

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 # <u>S34298241</u> St <u>MA</u> DOB/Age _____ Sex <u>F</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____ Operator <u>MARKS, DOROTHY L</u> Address <u>108 WALNUT RD</u> City <u>TEWKSBURY</u> State <u>MA</u> Zip <u>01876</u> Insurance Company <u>COMMERCE INSURANCE</u> Vehicle Travel Direction: <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Responding to Emergency? <u>2</u> Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # <u>837MH7</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2005</u> Veh Make <u>MERCURY</u> Veh Config. <u>1</u> <u>21</u> Owner <u>MARKS, EDMUND</u> Address <u>108 WALNUT RD</u> City <u>TEWKSBURY</u> State <u>MA</u> Zip <u>01876-4028</u> Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>1</u> <u>27</u> <u>27</u> <u>27</u> Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u> Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u> Driver Contributing Code <u>97</u> <u>25</u> <u>25</u> BAC Test Result: <u>30</u> Driver Distracted by <u>0</u> <u>26</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u> Towed from scene? <u>2</u> <u>33</u>
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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			1	1	4	0	0	10	1	

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

Route# Direction Name of Roadway/Street At Route# Direction Address # Name of Roadway/Street
 1 1 _____ At _____ **25 CARTER LN**
 _____ At _____
 Route# Direction Name of Intersecting Roadway/Street _____ Feet **N S E W** of _____ Mile Marker _____ Exit Number
 _____ Also at Intersection with _____ Feet **N S E W** of _____ Route# Intersecting Roadway/Street
 2 1 Route# Direction Name of Intersecting Roadway/Street _____ Feet **N S E W** of _____
 _____ Landmark

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped Crash Report ID# **19-352-AC**

License # **S85171256** St **MA** DOB/Age _____ Reg # **2G5815** Reg Type **MC** Reg State **MA**
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL _____ Veh Year **2016** Veh Make **HARLEY-DAVIDSON** Veh Config. **3** 21
 Operator **SANCHEZ, GUILLERMO RAFAEL JR** Owner **SANCHEZ, GUILLERMO RAFAEL JR**
 Address **9 OGUNQUIT RD** Address **9 OGUNQUIT RD**
 City **WILMINGTON** State **MA** Zip **01887-4119** City **WILMINGTON** State **MA** Zip **01887-4119**
 Insurance Company **GEICO INDEMNITY CO** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **11** 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) **T1683462** Most Harmful Event **1** 24 Type of Test: **29**
 Viol. 1: Ch/Sec/Sub **90 10** 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? **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	XXXX	1	5	5	1	0	10	1	

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

License # **S30812785** St **MA** DOB/Age _____ Reg # **SB39463** Reg Type **SB** Reg State **MA**
 Sex **F** Lic. Class **B** 19 99 Lic. Restrictions **97** 20 CDL **S** Veh Year **2014** Veh Make **Thomas** Veh Config. **4** 21
 Operator **DOGHERTY, SANDRA A** Owner **NRT BUS INC**
 Address _____ Address **55 HAMPSHIRE RD**
 City _____ State _____ Zip _____ City **METHUEN** State **MA** Zip **01844-1112**
 Insurance Company **PILGRIM INSURANCE** Vehicle Action Prior to Crash **4** 22 Damaged Area Code: **8** 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) **T1682459** Most Harmful Event **1** 24 Type of Test: **29**
 Viol. 1: Ch/Sec/Sub **89 1** 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 **99** 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
Operator/Non-Motorist	See Above	XXXXXX	XXXX	1	1	4	0	0	10	1	

Wilmington Police Department

Crash Narrative

Case # 19-352-AC

On Friday October 18, 2019 I, Officer Stebbins was assigned to School Resource Officer duties at the Wilmington Middle School from 6:30 AM to 2:30 PM.

At about 1:45 PM, during school dismissal, I was standing in front of the Wilmington Middle School (25 Carter Lane). Students had just boarded their busses and the busses were departing. I noticed that students were standing on their busses and looking at the street. When I moved to the street side of the buses I saw Bus 12 (MA Registration: School Bus 39463) was pulled over in the West Intermediate bus lane and a Harley Davidson motorcycle, bearing MA Registration 2G5815, was pinned underneath the front drivers side of the bus. The operator of the motorcycle, Guillermo Sanchez Jr., was already off the motorcycle and walking around. Mr. Sanchez stated he was operating the motorcycle had no injuries from the crash. I asked if he wanted an ambulance to be checked out just in case and he stated he did. I then checked with the bus a

PERSONNEL NARRATIVE FOR PATROL OFFICER EMILY L STEBBINS

Ref: 19-352-AC

Entered: 10/18/2019 @ 1647 Entry ID: 210
Modified: 10/21/2019 @ 1032 Modified ID: 184
Approved: 10/21/2019 @ 1033 Approval ID: 184

(continued) injuries from the crash. I asked if he wanted an ambulance to be checked out just in case and he stated he did. I then checked with the bus and none of the students onboard or the driver had any injuries. The Fire Department responded for an evaluation of all parties involved. All the students were taken off the bus and school administration brought them back into the building to await parent pick up.

According to Mr. Sanchez, he was traveling north on Carter Lane. When he came to the end of the bus turn around area he slowed down when he noticed that Bus 12 was about to turn. He stated the bus slowed down and appeared to be waiting for him to pass through. As such, he continued on. While in the intersection of Carter Lane and the bus lane area the bus accelerated forward and struck him. Mr. Sanchez was able to jump off his motorcycle and dump it to avoid injury. The motorcycle collided with the front driver's side corner of the bus. It then went under the front bumper and was dragged into the West Intermediate bus lane. Mr. Sanchez thought that the bus was allowing him to continue on and obeying the yield sign that it had.

According to the bus driver, Sandra Dogherty, she was taking a left turn into the West Intermediate bus lane to turn around, as the busses do every day. She stated that she did not see the motorcycle and continued her turn. I asked if she came to a complete stop or slowed down. She stated she did slow down and look at Carter Lane, but she did not see anything. She stated she does know there is a yield sign there for the bus lane.

There was damage to the handlebars, fenders, and chrome all around the motorcycle. It was towed the A&S Towing since it was not believed to be drivable. The bus had a crack on the front driver's side bumper and some small dents in front of the front driver's side wheel well. A mechanic from the bus company came out to see if the bus was drivable, and he said it was. He stated he saw no damage to the undercarriage of the bus.

At about 4:00 PM I discovered that that Mr. Sanchez does not have a motorcycle license through a check of RMV records. I called him and he stated that he has a motorcycle permit. When I asked if he could bring it to the station he stated he could not because he was out with friends. I asked him where it was at the time of the crash and he stated that he had it locked up at home in a safe. I rechecked the RMV records and did not find any indication that Mr. Sanchez had a motorcycle license or permit in Massachusetts or any New England states. I then told Mr. Sanchez that he would need to provide it to me by the following evening (October 19, 2019). He stated he would be able to do so. I called Mr. Sanchez at about 4:30 PM on October 19, 2019, but his phone immediately went to voicemail. I left a message stating he needed to bring his permit to me by 9:00 PM. I tried to call him again at about 7:00 PM, but it again went straight to voicemail.

As of 10:00 PM on October 19, 2019 Mr. Sanchez has not provided me with his motorcycle permit that he claims to have. Since there are no RMV records and Mr. Sanchez failed to provide me with the permit I believe he does not possess a motorcycle permit. As such, I will be charging Mr. Sanchez with Operating a Motor Vehicle in Violation of License Class (MGL c. 90 s. 10). Please refer to 19-393-AR. I attempted to deliver citation #T1683462 to Mr. Sanchez at his home about 10:30 PM on October 19, 2019. Mr. Sanchez was not home, so I will mail the citation to him.

PERSONNEL NARRATIVE FOR PATROL OFFICER EMILY L STEBBINS

Ref: 19-352-AC

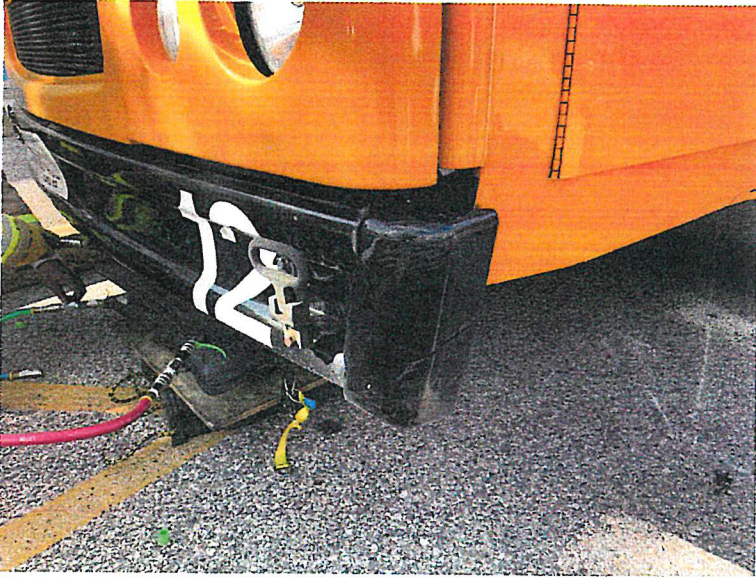
Entered: 10/18/2019 @ 1647	Entry ID: 210
Modified: 10/21/2019 @ 1032	Modified ID: 184
Approved: 10/21/2019 @ 1033	Approval ID: 184

The bus driver was given citation #T1682459 for Failure to Yield.

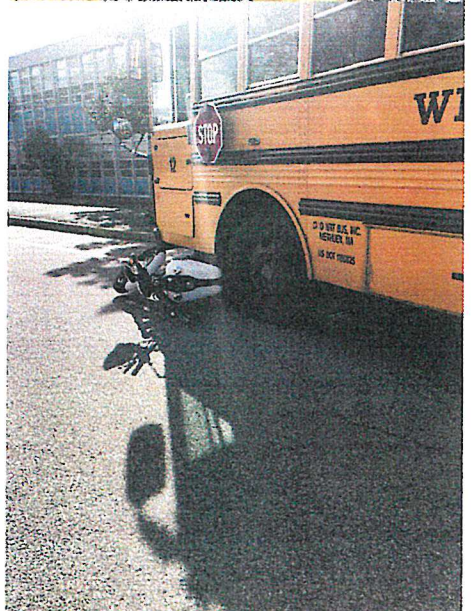
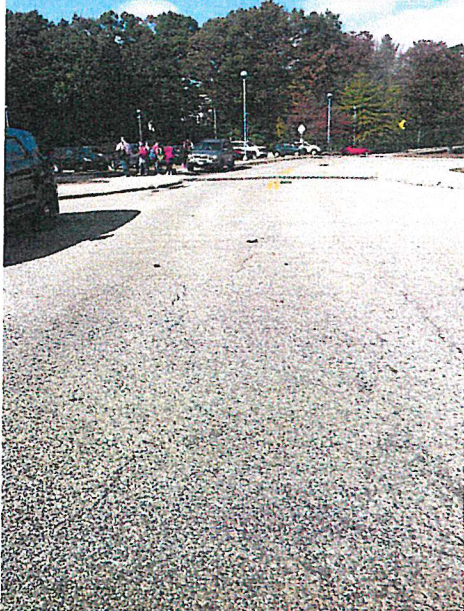
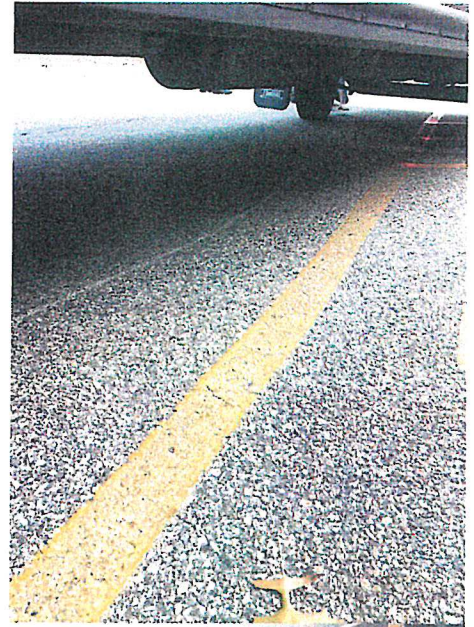
Respectfully Submitted,
Officer Emily Stebbins #210

All students that were on the bus were evaluated by the FD and released to their parents.

Wilmington Police Department
Images Associated with 19-352-AC



Wilmington Police Department
Images Associated with 19-352-AC



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

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

Route# Direction Address # Name of Roadway/Street
1 ROUTE 62 HWY
 Feet N S E W of _____ or _____ Exit Number
 Mile Marker
 Feet N S E W of _____ Intersecting Roadway/Street
 Feet N S E W of _____
 Landmark

Please Select One of the Following: Vehicle 1 Occupants Hit/Run Moped
 Crash Report ID# **19-353-AC**

License # **S72552252** St **MA** DOB/Ag _____ Reg # **1FDE71** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL _____ Veh Year **2019** Veh Make **TOYOTA** Veh Config. **1** 21
 Operator **HERNANDEZ, JULIO CESAR** Owner **HERNANDEZ, JULIO CESAR**
 Address **35 ORANGE ST APT 2** Address **35 ORANGE ST APT 2**
 City **CHELSEA** State **MA** Zip **02150-2443** City **CHELSEA** State **MA** Zip **02150-2443**
 Insurance Company **HANOVER INSURANCE** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: 10 27 5 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: 29
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **99** 25 25 BAC Test Result: 1 30
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **99** 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32
 Towed from scene? 1 33

Please fill out for operator and all occupants involved

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	8	1	

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

License # **S76502514** St **MA** DOB/Ag _____ Reg # **7HP663** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL _____ Veh Year **2003** Veh Make **TOYOTA** Veh Config. **1** 21
 Operator **LYNCH, ZACHARY MICHAEL** Owner **LYNCH, ZACHARY MICHAEL**
 Address **4 RIVERHURST RD** Address **4 RIVERHURST RD**
 City **BILLERICA** State **MA** Zip **01821-6607** City **BILLERICA** State **MA** Zip **01821-6607**
 Insurance Company **PROGRESSIVE DIRECT** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: 1 27 2 27 8 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: 29
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **99** 25 25 BAC Test Result: 1 30
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **99** 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32
 Towed from scene? 1 33

Please fill out for operator/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	3	0	0	10	1	

Date of Crash 10/18/2019	Time of Crash 1615 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report	Number Vehicles 3	Number Injured 2	Speed Limit 25	State Police <input type="checkbox"/> Local Police <input type="checkbox"/> MBTA Police <input type="checkbox"/> Campus Police <input type="checkbox"/> Other: <input type="checkbox"/>
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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# 1 Direction _____ Address # ROUTE 62 HWY Name of Roadway/Street _____</p> <p>_____ Feet N S E W of _____ • _____ or _____ Exit Number _____</p> <p>_____ Feet N S E W of _____ Mile Marker _____</p> <p>_____ Feet N S E W of _____ Route# _____ Intersecting Roadway/Street _____</p> <p style="text-align: center;">Landmark _____</p>
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Please Select One of the Following: Vehicle **3** #Occupants Hit/Run Moped Crash Report ID# **19-353-AC**

License # S23269964 St MA DOB/Age _____ Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL _____ Endorsement _____ Operator GURUNG, KAMALA Last First Middle Address 153 MILK ST City WESTBOROUGH State MA Zip 01581-1131 Insurance Company GOVT EMPLOYEE INS 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 _____	Reg # 198HR9 Reg Type PC Reg State MA Veh Year 2014 Veh Make HONDA Veh Config. 1 21 Owner GURUNG, MANKAJI Last First Middle Address 153 MILK ST City WESTBOROUGH State MA Zip 01581-1131 Vehicle Action Prior to Crash 1 22 Damaged Area Code: 5 27 27 27 Event Sequence 1 23 23 23 23 Test Status: 1 28 Most Harmful Event 1 24 Type of Test: 29 Driver Contributing Code 99 25 25 BAC Test Result: 1 30 Driver Distracted by 0 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Towed from scene? 2 33
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Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above	XXXXXX	X	1	99	4	0	0	8	1	

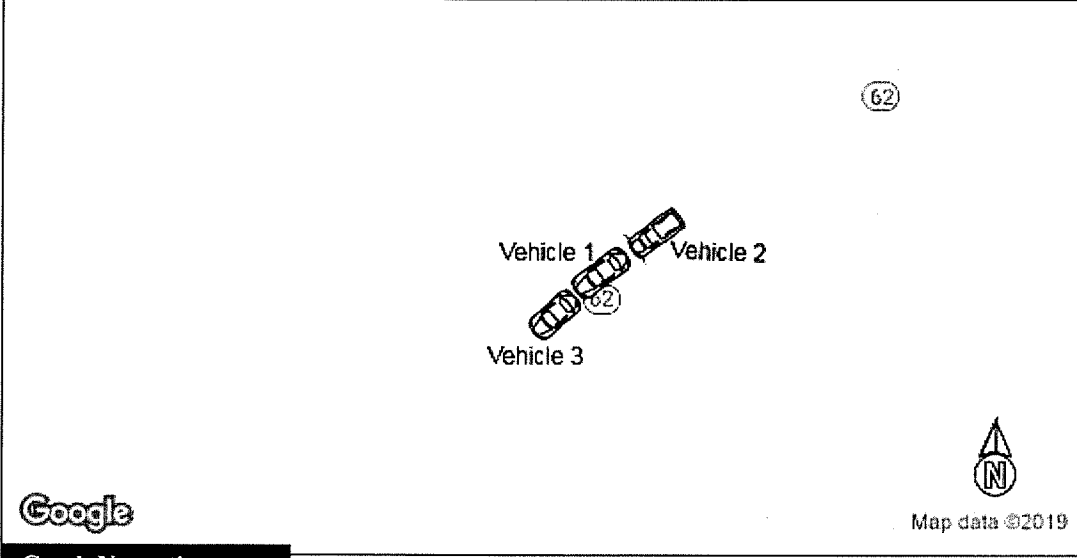
Please Select One of the Following: Vehicle **4** #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class 19 19 Lic. Restrictions 20 CDL _____ Endorsement _____ Operator _____ Last First Middle Address _____ City _____ State _____ Zip _____ Insurance Company _____ Vehicle Travel Direction: N S E W Responding to Emergency? _____ Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # _____ Reg Type _____ Reg State _____ Veh Year _____ Veh Make _____ Veh Config. 21 Owner _____ Last First Middle Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 22 Damaged Area Code: 27 27 27 Event Sequence 23 23 23 23 Test Status: 28 Most Harmful Event 24 Type of Test: 29 Driver Contributing Code 25 25 BAC Test Result: 30 Driver Distracted by 26 Susp. Alcohol: 31 Susp. Drug: 32 Towed from scene? 33
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Please fill out for operator/non-motorist and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above	XXXXXX	X	1							

→ = 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:

All three vehicles were in traffic. Vehicle 3 came to a stop. Vehicle 2 drove into the rear of Vehicle 1. Vehicle 1 was pushed into Vehicle 3.

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 Rafael G Cruz **198** **Wilmington Police Department** **10/18/2019**
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

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

Route# **62** Direction **E** Name of Roadway/Street **BURLINGTON AVE**
 At
 Route# Direction **SAFFORD ST** 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 _____ 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# **19-354-AC**

License # **S32482880** St **MA** DOB/Age _____ Reg # **9659HZ** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D** Lic. Restrictions **20** CDL _____ Veh Year **2017** Veh Make **KIA** Veh Config. **1**
 Operator **TROXELL, PAUL E** Owner **TROXELL, PAUL E**
 Address **457 SALEM ST** Address **457 SALEM ST**
 City **WILMINGTON** State **MA** Zip **01887-1210** City **WILMINGTON** State **MA** Zip **01887-1210**
 Insurance Company **ARBELLA MUTUAL INS** Vehicle Action Prior to Crash **7**
 Vehicle Travel Direction: **N S X W** Responding to Emergency? **2** Event Sequence **40 23 23 23 23**
 Citation # (If Issued) _____ Most Harmful Event **22**
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **21 14**
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **99**

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

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

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

→ = 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:

MV1 was traveling eastbound on Burlington Avenue/Route 62 towards the intersection with Safford Street. MV1 began drifting towards the right and started to leave the roadway. Operator of MV1 stated that he fell asleep and also suffers from Parkinson's Disease. The witness, Mr. Lyne, was traveling behind MV1. Mr. Lyne stated that he saw MV1 start to leave the roadway and going to strike the utility pole "head-on" so he "slammed on" his car horn. The operator of MV1 stated that the noise of the car horn woke him up, he attempted to brake and swerved to the left in an attempt to avoid colliding with the pole, but was unsuccessful. MV1 struck the new Verizon Utility Pole with its front right side causing minimal damage to the new pole. Due to the collision, MV1 was disabled and was towed from the scene by A&S Towing. The operator of MV1 was evaluated by the Wilmington Fire Department and signed a medical refusal. RMV Medical Evaluation requested

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
LYNE STEPHEN CHRISTOPHER	15 COMMONWEALTH AVE Apt. #1 CONCORD MA 01742-30		

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
VERIZON	MAIN ST WILMINGTON MA 01887		4	NEW UTILITY POLE

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

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

Hazmat Information:

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

Patrol Officer Michael A Wilson 209 Wilmington Police Department 10/18/2019
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

CDPI 11-24-00

Date of Crash: 10/19/2019 | Time of Crash: 0950 24HR | City/Town: **Wilmington** | **Motor Vehicle Crash Police Report** | Number Vehicles: 3 | Number Injured: 0 | Speed Limit: 35 | Latitude: | Longitude: | 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# _____ 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 _____ Landmark _____	

Please Select One of the Following: Vehicle 1 Occupants Hit/Run Moped | Crash Report ID# **19-355-AC**

License # <u>S37233767</u> St <u>MA</u> DOB/Age _____ Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>B</u> <u>20</u> CDL _____ Operator <u>CHARINI, WILLIAM A</u> Address <u>91 MARION ST</u> City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-3172</u> Insurance Company <u>GEICO GENERAL INS</u> Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u> Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # <u>1MX713</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2014</u> Veh Make <u>MAZDA</u> Veh Config. <u>1</u> <u>21</u> Owner <u>CHARINI, WILLIAM A</u> Address <u>91 MARION ST</u> City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-3172</u> Vehicle Action Prior to Crash <u>4</u> <u>22</u> Damaged Area Code: <u>3</u> <u>27</u> <u>27</u> <u>27</u> Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>28</u> Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u> Driver Contributing Code <u>4</u> <u>25</u> <u>25</u> BAC Test Result: <u>30</u> Driver Distracted by <u>0</u> <u>26</u> Susp. Alcohol: <u>31</u> Susp. Drug: <u>32</u> Towed from scene? <u>1</u> <u>33</u>
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Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above	XXXXXX	XXXX	1	1	3	0	0	10	1	

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

License # <u>S00411695</u> St <u>MA</u> DOB/Age _____ Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>B</u> <u>20</u> CDL _____ Operator <u>ZANNELLI, NICOLO J</u> Address <u>44 WEST ST</u> City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-3040</u> Insurance Company <u>COMMERCE INSURANCE</u> Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u> Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # <u>CHICKY</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2010</u> Veh Make <u>NISSAN</u> Veh Config. <u>1</u> <u>21</u> Owner <u>DIFRAIA-ZANNELLI, LISA MARIE</u> Address <u>44 WEST ST</u> City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-3040</u> Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>1</u> <u>27</u> <u>27</u> <u>27</u> Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>28</u> Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u> Driver Contributing Code <u>1</u> <u>25</u> <u>25</u> BAC Test Result: <u>30</u> Driver Distracted by <u>0</u> <u>26</u> Susp. Alcohol: <u>31</u> Susp. Drug: <u>32</u> Towed from scene? <u>1</u> <u>33</u>
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Please fill out for operator/non-motorist and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above	XXXXXX	XXXX	1	1	4	0	0	10	1	

Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash: 10/19/2019
 Time of Crash: 0950
 City/Town: **Wilmington**

Motor Vehicle Crash Police Report

Number Vehicles: 3
 Number Injured: 0
 Speed Limit: 35
 Latitude: _____
 Longitude: _____

State Police
 Local Police
 MBTA Police
 Campus Police
 Other: _____

AT INTERSECTION:

LOCATION

NOT AT INTERSECTION:

CHURCH ST
 Route# _____ Direction _____ Name of Roadway/Street _____
 At _____
ADELAIDE 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 _____
 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 31 #Occupants Hit/Run Moped

Crash Report ID# **19-355-AC**

License # **S55250816** St **MA** DOB/Age _____
 Sex **F** Lic. Class **D** Lic. Restrictions **B** CDL _____
 Operator **KEDDY, AMELIA BELL**
 Address **3 CARRIAGE LN**
 City **READING** State **MA** Zip **01867-0000**
 Insurance Company **COMMERCE INSURANCE**
 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 _____

Reg # **2388VB** Reg Type **PC** Reg State **MA**
 Veh Year **2013** Veh Make **HONDA** Veh Config. **1**
 Owner **KEDDY, AMELIA BELL**
 Address **3 CARRIAGE LN**
 City **READING** State **MA** Zip **01867-0000**
 Vehicle Action Prior to Crash **2**
 Event Sequence **1** **23** **23** **23** **23**
 Most Harmful Event **1** **24**
 Driver Contributing Code **1** **25** **25**
 Driver Distracted by **0** **26**
 Damaged Area Code: **8** **27** **27** **27**
 Test Status: **28**
 Type of Test: **29**
 BAC Test Result: **30**
 Susp. Alcohol: **31** Susp. Drug: **32**
 Towed from scene? **2** **33**

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

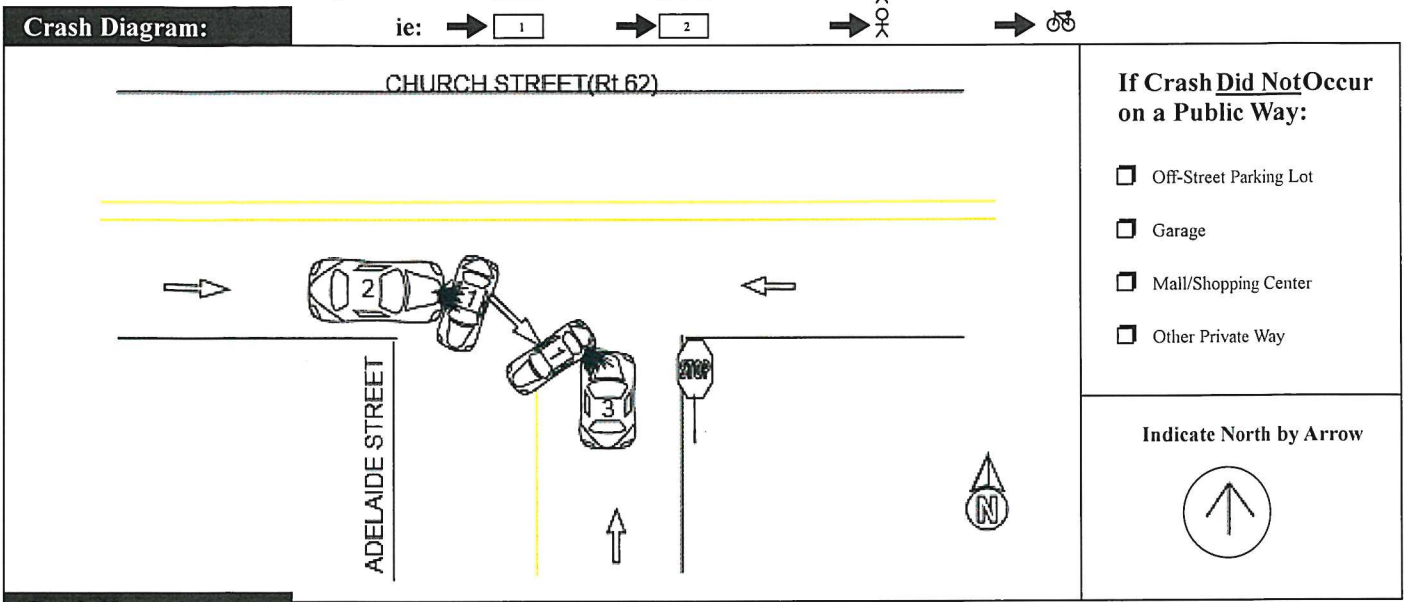
Please Select One of the Following: Vehicle 4 #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

License # _____ St _____ DOB/Age _____
 Sex _____ Lic. Class _____ Lic. Restrictions _____ CDL _____
 Operator _____
 Address _____
 City _____ State _____ Zip _____
 Insurance Company _____
 Vehicle Travel Direction: N S E W Responding to Emergency? _____
 Citation # (If Issued) _____
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____

Reg # _____ Reg Type _____ Reg State _____
 Veh Year _____ Veh Make _____ Veh Config. **21**
 Owner _____
 Address _____
 City _____ State _____ Zip _____
 Vehicle Action Prior to Crash **22**
 Event Sequence **23** **23** **23** **23**
 Most Harmful Event **24**
 Driver Contributing Code **25** **25**
 Driver Distracted by **26**
 Damaged Area Code: **27** **27** **27**
 Test Status: **28**
 Type of Test: **29**
 BAC Test Result: **30**
 Susp. Alcohol: **31** Susp. Drug: **32**
 Towed from scene? **33**

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

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



Crash Narrative:

3 CAR M/V CRASH- M/V #1 WAS TRAVELING WEST ON CHURCH STREET. M/V #2 WAS TRAVELING EAST ON CHURCH STREET. M/V#3 WAS STOPPED ON ADELAIDE STREET. M/V #1 ATTEMPTED TO TURNED LEFT ONTO ADELAIDE STREET, FAILING TO YIELD TO M/V #2 CAUSING A COLLISION BETWEEN THE VEHICLES IN M/V #2'S TRAVEL LANE. AS A RESULT OF THE INITIAL COLLISION BETWEEN VEHICLES #1 & #2, M/V #1 REBOUNDED INTO M/V #3 CAUSING A SECOND COLLISION.

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

Detective Christopher J Dindo 170 Wilmington Police Department 10/19/2019
Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

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

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

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

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

Route# _____ Direction _____ Address # **298** Name of Roadway/Street **SHAWSHOEN AVE**

_____ 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 _____

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

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped **Crash Report ID# 19-356-AC**

License # **S47809023** St **MA** DOB/Age _____ Reg # **108XCH** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** Lic. Restrictions **1** CDL _____ Veh Year **2009** Veh Make **TOYOTA** Veh Config. **1**

Operator **KANE, CATHERINE L** Owner **BENOIT, STACEY E**

Address **40 HANOVER ST** Address **40 HANOVER ST**

City **WILMINGTON** State **MA** Zip **01887-0000** City **WILMINGTON** State **MA** Zip **01887-2438**

Insurance Company **LIBERTY MUTUAL INS** Vehicle Action Prior to Crash **11** Damaged Area Code: **3 27 27 27**

Vehicle Travel Direction: **S E W** Responding to Emergency? **2** Event Sequence **2 23 23 23 23** Test Status: **1 28 29**

Citation # (If Issued) _____ Most Harmful Event **2 24** Type of Test: **1 30**

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

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**

Towed from scene? **2 33**

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above	XXXXXX	XXXX	1	0	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 # _____ St _____ DOB/Age _____ Reg # _____ Reg Type _____ Reg State _____

Sex _____ Lic. Class **19 19** Lic. Restrictions **20** CDL _____ Veh Year _____ Veh Make _____ Veh Config. **21**

Operator **unknown** Owner _____

Address _____ Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

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

Vehicle Travel Direction: **N S E W** Responding to Emergency? _____ Event Sequence **23 23 23 23** Test Status: **28 29**

Citation # (If Issued) _____ Most Harmful Event **24** Type of Test: **30**

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **25 25** BAC Test Result: **31**

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

Towed from scene? **33**

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

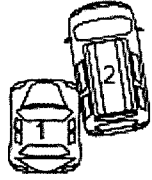
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above	XXXXXX	XXXX	1							

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○

Shawsheen School Parking Lot
296 Shawsheen Ave



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 parked at the Shawsheen school. Op was not with motor vehicle when it was struck. When she returned to motor vehicle, she observed significant damage to right side of vehicle. No one witnessed the crash. Information was not left by MV 2.

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

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

Hazmat Information:

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

Patrol Officer Kevin J Skinner

200

Wilmington Police Department

10/19/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

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

1 **MIDDLESEX AVE**
 Route# Direction Name of Roadway/Street
 At
CHURCH ST
 Route# Direction Name of Intersecting Roadway/Street
 Also at Intersection with
 2 Route# Direction Name of Intersecting Roadway/Street

2 Feet N S E W of _____ or _____
 Mile Marker _____ Exit Number _____
 2 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# **19-357-AC**

License # **S70744220** St **MA** DOB/Age _____ Reg # **127MB4** Reg Type **PC** Reg State **MA**
 Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **B** 20 CDL _____ Veh Year **2012** Veh Make **NISSAN** Veh Config. **1** 21
 Operator **FRIBERG, JANET LAUREN** Owner **FRIBERG, JANET LAUREN**
 Address **107 LOWELL RD** Address **107 LOWELL RD**
 City **NORTH READING** State **MA** Zip **01864-1682** City **NORTH READING** State **MA** Zip **01864-1682**
 Insurance Company **PLYMOUTH ROCK ASSU** Vehicle Action Prior to Crash **2** 22 Damaged Area Code: **5** 27 27 27
 Vehicle Travel Direction: N S E W Responding to Emergency? **2** Event Sequence **1** 23 23 23 23 Test Status: **28**
 Citation # (If Issued) _____ Most Harmful Event **1** 24 Type of Test: **29**
 Viol. 1: Ch/Sec/Sub _____ Driver Contributing Code **1** 25 25 BAC Test Result: **30**
 Viol. 2: Ch/Sec/Sub _____ Driver Distracted by **0** 26 Susp. Alcohol: **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
Operator	See Above	XXXXXX	XXXX	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 # **000034976431** St **NC** DOB/Age _____ Reg # **1KTL34** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **C** 19 19 Lic. Restrictions **20** CDL _____ Veh Year **2017** Veh Make **KIA** Veh Config. **1** 21
 Operator **KEATING, DANIEL JAMES** Owner **KEATING, SUSAN E**
 Address **19130 CHANDLERS LNDG** Address **20 GRANT ST**
 City **CORNELIUS** State **NC** Zip **28031** City **WILMINGTON** State **MA** Zip **01887-2550**
 Insurance Company **PLYMOUTH ROCK ASSU** Vehicle Action Prior to Crash **2** 22 Damaged Area Code: **1** 27 27 27
 Vehicle Travel Direction: N S E W Responding to Emergency? **2** Event Sequence **1** 23 23 23 23 Test Status: **28**
 Citation # (If Issued) _____ Most Harmful Event **1** 24 Type of Test: **29**
 Viol. 1: Ch/Sec/Sub _____ Driver Contributing Code **19** 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 _____

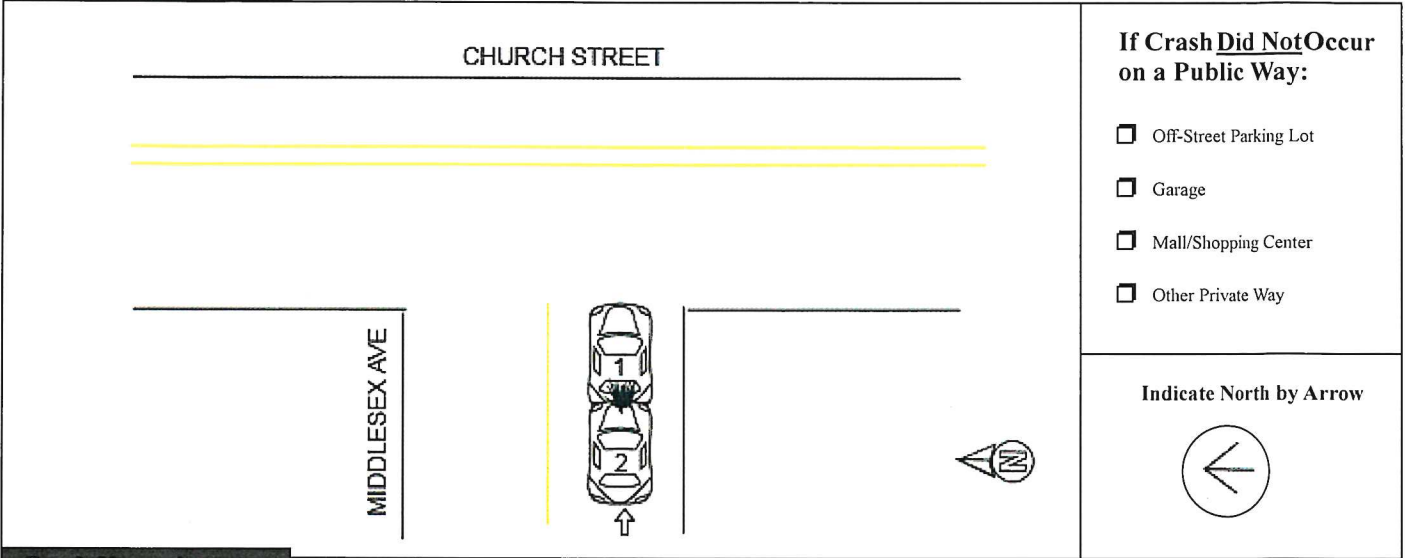
Please fill out for operator/non-motorist and all occupants involved

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
Operator/Non-Motorist	See Above	XXXXXX	XXXX	1	1	4	0	0	10	1	

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

Crash Diagram:

ie: → 1 → 2 → ♂ → ⚙



Crash Narrative:

M/V #1 WAS STOPPED AT THE STOP SIGN ON MIDDLESEX AVE. M/V #2 APPROACHED M/V #1 FROM THE REAR AND STRUCK M/V #2 WHILE COMING TO A STOP BEHIND SAID VEHICLE.

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

Detective Christopher J Dindo

170

Wilmington Police Department

10/19/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash: 10/19/2019
Time of Crash: 1312
City/Town: **Wilmington**
24HR

Motor Vehicle Crash Police Report

Number Vehicles: 2
Number Injured: 2
Speed Limit: 20
Latitude: _____
Longitude: _____
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# _____ Direction _____ Address # 128 GLEN RD
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# **19-358-AC**

License # S51505548 St MA DOB/Ag _____
Sex M Lic. Class D M Lic. Restrictions 20 CDL _____
Operator HEMENWAY, JOSEPH MICHAEL
Address 24 PORTER ST
City BILLERICA State MA Zip 01821-2845
Insurance Company PLYMOUTH ROCK ASSU
Vehicle Travel Direction: 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 # 2G6805 Reg Type MC Reg State MA
Veh Year 1999 Veh Make KAWASAKI Veh Config. 3 21
Owner HEMENWAY, JOSEPH MICHAEL
Address 24 PORTER ST
City BILLERICA State MA Zip 01821-2845
Vehicle Action Prior to Crash 1 22 Damaged Area Code: 7 27 3 27 27
Event Sequence 97 23 23 23 23 Test Status: 28
Most Harmful Event 97 24 Type of Test: 29
Driver Contributing Code 97 25 25 BAC Test Result: 30
Driver Distracted by 99 26 Susp. Alcohol: 31 Susp. Drug: 32
Towed from scene? 1 33

Please fill out for operator and all occupants involved											
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			<u>1</u>	<u>5</u>	<u>5</u>	<u>3</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 # S36058742 St MA DOB/Ag _____
Sex M Lic. Class D M Lic. Restrictions 20 CDL _____
Operator CALLA, SEAN R
Address 8 KENWOOD AVE
City WILMINGTON State MA Zip 01887-3012
Insurance Company SAFETY INSURANCE
Vehicle Travel Direction: 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 _____

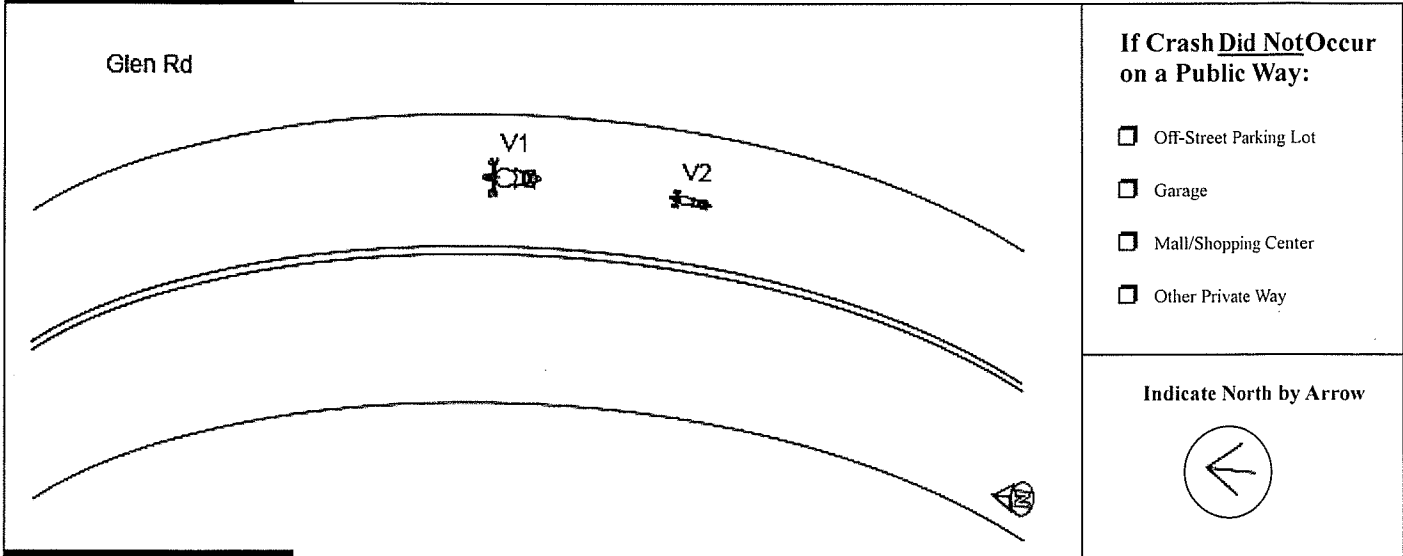
Reg # 2G3494 Reg Type MC Reg State MA
Veh Year 2019 Veh Make HARLEY-DAVIDSON Veh Config. 3 21
Owner CALLA, SEAN R
Address 8 KENWOOD AVE
City WILMINGTON State MA Zip 01887-3012
Vehicle Action Prior to Crash 1 22 Damaged Area Code: 7 27 3 27 27
Event Sequence 97 23 23 23 23 Test Status: 28
Most Harmful Event 97 24 Type of Test: 29
Driver Contributing Code 97 25 25 BAC Test Result: 30
Driver Distracted by 99 26 Susp. Alcohol: 31 Susp. Drug: 32
Towed from scene? 1 33

Please fill out for operator/non-motorist and all occupants involved											
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			<u>1</u>	<u>5</u>	<u>5</u>	<u>3</u>	<u>0</u>	<u>8</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:

V1 traveling on Glen Rd with V2 following. Oper. V1 stated that he locked up the brakes and lost control of motorcycle crashing onto the pavement. Oper. V2 stated that he was following closely behind V1 and when V1 began to crash he locked up the brakes on his motorcycle and crashed. Both operators suffered minor abrasions

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

10/19/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

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

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

Route# Direction Address # Name of Roadway/Street
14 GLENDALE CIR
 Feet **N S E W** of _____ or _____ Mile Marker Exit Number
 Feet **N S E W** of _____ Intersecting Roadway/Street
 Feet **N S E W** of _____ Landmark

Please Select One of the Following: Vehicle **12** #Occupants Hit/Run Moped
 Crash Report ID# **19-359-AC**

License # **S40376974** St **MA** DOB/Age _____ Reg # **B5Y** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D** Lic. Restrictions **20** CDL _____ Veh Year **2011** Veh Make **CHEVROLET** Veh Config. **1**
 Operator **RESENDES, ANTONIO P** Owner **RESENDES, ANTONIO P**
 Address **7 CEDARCREST RD** Address **7 CEDARCREST RD**
 City **WILMINGTON** State **MA** Zip **01887-4019** City **WILMINGTON** State **MA** Zip **01887-4019**
 Insurance Company **LIBERTY MUTUAL INS**
 Vehicle Travel Direction: **N S X W** Responding to Emergency? **2**
 Citation # (If Issued) **T1151296**
 Viol. 1: Ch/Sec/Sub **90 24** Viol. 2: Ch/Sec/Sub _____
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____
 Vehicle Action Prior to Crash **3** Damaged Area Code: **27 1 27 27**
 Event Sequence **30 23 23 23 23** Test Status: **28**
 Most Harmful Event **30 24** Type of Test: **29**
 Driver Contributing Code **15 25 25** BAC Test Result: **30**
 Driver Distracted by **99 26** Susp. Alcohol: **31** Susp. Drug: **32**
 Towed from scene? **2 33**

Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator		See Above	<input checked="" type="checkbox"/>	1	1	4	0	0	10	1	
HOLLY EDES		7 CEDARCREST RD WILMINGTON, MA 01887	F	3	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

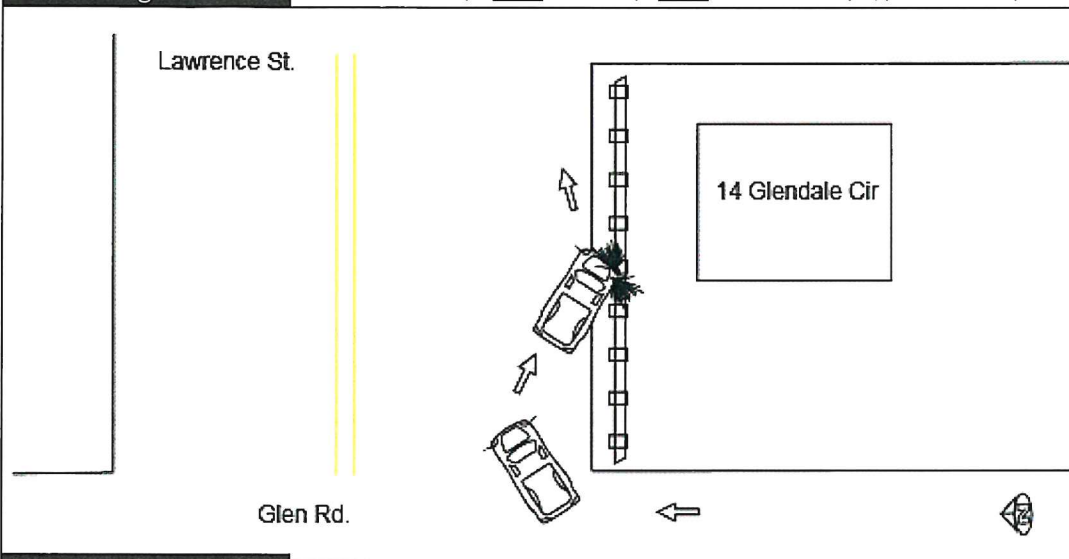
License # _____ St _____ DOB/Age _____ Reg # _____ Reg Type _____ Reg State _____
 Sex _____ Lic. Class **19 19** Lic. Restrictions **20** CDL _____ Veh Year _____ Veh Make _____ Veh Config. **21**
 Operator _____ Owner _____
 Address _____ Address _____
 City _____ State _____ Zip _____ City _____ State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

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

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

Crash Diagram:

ie: → 1 → 2 → ○ → ☺



If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow



Crash Narrative:

MV making a turn onto Lawrence St. Oper. stated that he was arguing with his girlfriend who was in the passenger seat and lost control of the vehicle striking the fence. Oper. left the scene and went home. (see report 19-392-AR)

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
BARRY DANIEL P	19 GLENDALE CIR WILMINGTON MA 01887-1901		
STILTNER WENSDAY ANN	37 GLEN RD WILMINGTON MA 01887		

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
PANAHI HAYDEH A	14 GLENDALE CIR WILMINGTON MA 0188		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 John W Delorey

185

Wilmington Police Department

10/19/2019

Police Officer Name (Please Print)

Signature

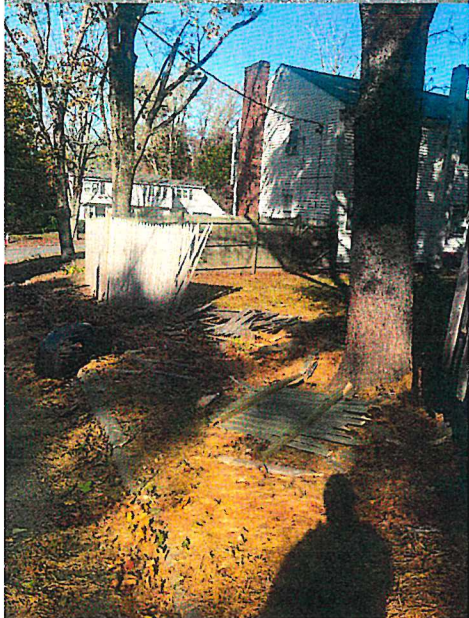
ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department
Images Associated with 19-359-AC



Wilmington Police Department
Images Associated with 19-359-AC

