

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# 50 Direction _____ Address # CONCORD ST 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 I93N RAMP EXT. 39
 Landmark _____

Please Select One of the Following: Vehicle 12 #Occupants Hit/Run Moped | Crash Report ID# 19-316-AC

License # S66334088 St MA DOB/Age _____
 Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL _____ Endorsement _____
 Operator PEASE, JOHN C
 Address 7 GREENBRIAR DR
 City NORTH READING State MA Zip 01864-3143
 Insurance Company LIBERTY MUTUAL INS
 Vehicle Travel Direction: N S 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 # 1PR693 Reg Type PC Reg State MA
 Veh Year 2014 Veh Make Jeep Veh Config. 1 21
 Owner PEASE, JOHN C
 Address 7 GREENBRIAR DR
 City NORTH READING State MA Zip 01864-3143
 Vehicle Action Prior to Crash 9 22 Damaged Area Code: 2 27 3 27 4 27
 Event Sequence 1 23 23 23 23 Test Status: 28
 Most Harmful Event 1 24 Type of Test: 29
 Driver Contributing Code 99 25 25 BAC Test Result: 30
 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		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator				<u>1</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	
PAMELA DENNING				<u>3</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>8</u>	<u>1</u>	
28 PEABODY CT NORTH READING, MA 01864											

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

License # S33700390 St MA DOB/Age _____
 Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL _____ Endorsement _____
 Operator REGO, MANUEL CHAVES
 Address 9 ALLENHURST WAY
 City WILMINGTON State MA Zip 01887-4111
 Insurance Company COMMERCE INSURANCE
 Vehicle Travel Direction: N S 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 _____

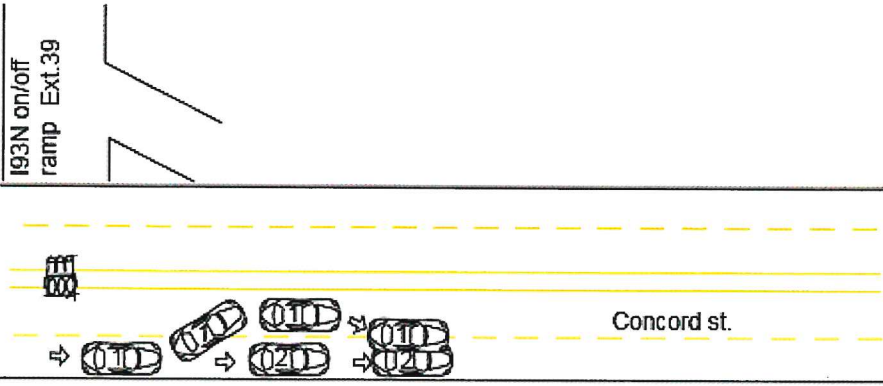
Reg # 1040YB Reg Type PC Reg State MA
 Veh Year 2017 Veh Make MITSUBISHI Veh Config. 1 21
 Owner REGO, MANUEL CHAVES
 Address 9 ALLENHURST WAY
 City WILMINGTON State MA Zip 01887-4111
 Vehicle Action Prior to Crash 1 22 Damaged Area Code: 8 27 7 27 27
 Event Sequence 1 23 23 23 23 Test Status: 28
 Most Harmful Event 1 24 Type of Test: 29
 Driver Contributing Code 99 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		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist				<u>1</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	
See Above											

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○



If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow



Crash Narrative:

Oper.#1 related, while traveling on Concord st., he was behind m/v#2 and believed m/v#2 to be oper., erratically. At some point he began to go around/pass m/v#2. While doing so, he relates that m/v#2 came into his travel lane and crashed into his m/v#1.

Oper.#2 related, while he was traveling on Concord st., m/v#1 came into his travel lane and crashed into his m/v#2. (PWJ/142)

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

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

Hazmat Information:

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

Patrol Officer Paul W Jepson

142

Wilmington Police Department

09/24/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

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

Route# 1 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# 68 Direction _____ Address # _____ Name of Roadway/Street **JONSPIN RD**
 _____ Feet **N S E W** of _____ or _____ Mile Marker _____ Exit Number _____
 _____ Feet **N S E W** of 3000 Feet **N S E W** of **ANDOVER ST** 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# **19-317-AC**

License # **S60577012** St **MA** DOB/Age _____ Reg # **584HJ6** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **B** 20 CDL _____ Veh Year **2009** Veh Make **TOYOTA** Veh Config. **1** 21
 Operator **BRUSS, KENNETH A** Owner **BRUSS, LOIS REIBSTEI**
 Last First Middle Last First Middle
 Address **7 KENDALL RD** Address **7 KENDALL RD**
 City **LEXINGTON** State **MA** Zip **02421** City **LEXINGTON** State **MA** Zip **02421-7118**
 Insurance Company **PLYMOUTH ROCK ASSU** Vehicle Action Prior to Crash **6** 22 Damaged Area Code: 0 27 27 27
 Vehicle Travel Direction: **S E W** Responding to Emergency? 2 Event Sequence **3** 23 23 23 23 Test Status: **1** 28
 Citation # (If Issued) _____ Most Harmful Event **3** 24 Type of Test: 29
 Viol. 1: Ch/Sec/Sub _____ Driver Contributing Code **4** 25 **19** 25 BAC Test Result: 30
 Viol. 2: Ch/Sec/Sub _____ Driver Distracted by **0** 26 Susp. Alcohol: **2** 31 Susp. Drug: **2** 32
 Viol. 3: Ch/Sec/Sub _____ Towed from scene? **2** 33
 Viol. 4: Ch/Sec/Sub _____

Please fill out for operator and all occupants involved

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	99	4	0	0	10	1	

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

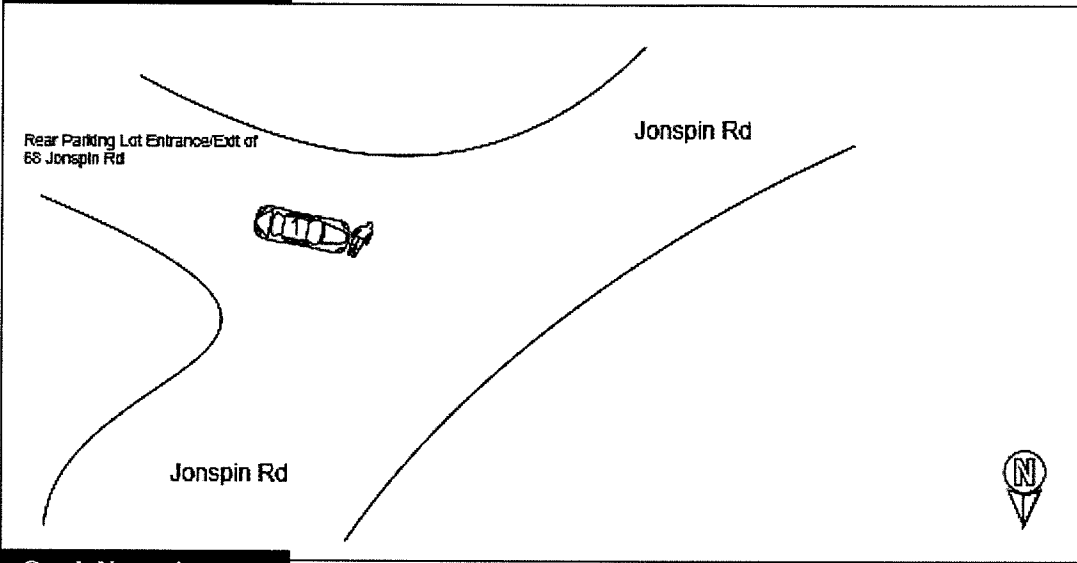
License # **S36019972** St **MA** DOB/Age _____ Reg # _____ Reg Type _____ Reg State _____
 Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL _____ Veh Year _____ Veh Make _____ Veh Config. **21**
 Operator **ULIANO, MAUREEN A** Owner _____
 Last First Middle Last First Middle
 Address **2 SRYBNY AVE** Address _____
 City **HAVERHILL** State **MA** Zip **01832-1330** 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** 31 Susp. Drug: **32** 32
 Viol. 3: Ch/Sec/Sub _____ Towed from scene? **33** 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			1					8	2	Lahey Clinic

→ = 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:

See Report # 19-1045-OF

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
REGA REBECCA E	8 WESTBRIDGE RD HAMPTON NH 03842		

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 Michael W Wandell

174

Wilmington Police Department

09/24/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

PERSONNEL NARRATIVE FOR PATROL OFFICER MICHAEL W WANDELL

Ref: 19-317-AC

Entered: 09/24/2019 @ 1529	Entry ID: 184
Modified: 09/24/2019 @ 1529	Modified ID: 184
Approved: 09/24/2019 @ 1536	Approval ID: 184

On 9/23/2019, I Officer Wandell was assigned to marked cruiser #32, sector 2 on the 0800 - 1600 hrs shift. at approximately 1225 hrs I was dispatched to the area of 55 Jonspin Rd for the report of a motor vehicle crash involving a pedestrian. I along with Officers Jepson, Cavanaugh and Sgt Ahern all responded.

When I arrived Officer Cavanaugh was administering first aid to the victim later identified as Maureen Uliano, until he was relieved by WFD. Maureen was laying on the ground, in the roadway, in front of Ma Reg:584HJ6 a 2009, White, Toyota Camry. Maureen appeared to have minor injuries to her right knee and right elbow. Maureen was transported to Lahey Clinic by WFD.

Officer Jepson was speaking with the operator of the Camry, identified as Kenneth Bruss. Kenneth stated he was attempting to pull out of the back parking lot of UniFirst Corp located at 68 Jonspin Rd. As Kenneth approached the exit and attempted to pull out onto the roadway he looked left then looked right and pulled out turning left onto Jonspin Rd and crashed into Pedestrian Maureen Uliano. Kenneth stated he never saw Maureen when he looked to his left prior to pulling onto the roadway. Kenneth was forth coming with how the crash occurred and it did not appear anything other than inattentiveness caused the crash. Kenneth was issued Massachusetts Uniformed Citation #T1152214 for Failure to use care at an intersection (CMR 720/9.06) and Failure to slow for a pedestrian in the roadway(90/14).

PERSONNEL NARRATIVE FOR PATROL OFFICER MICHAEL W WANDELL

Ref: 19-1045-OF

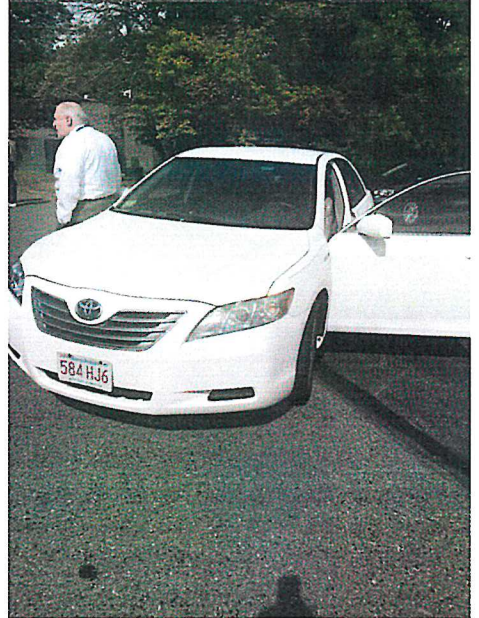
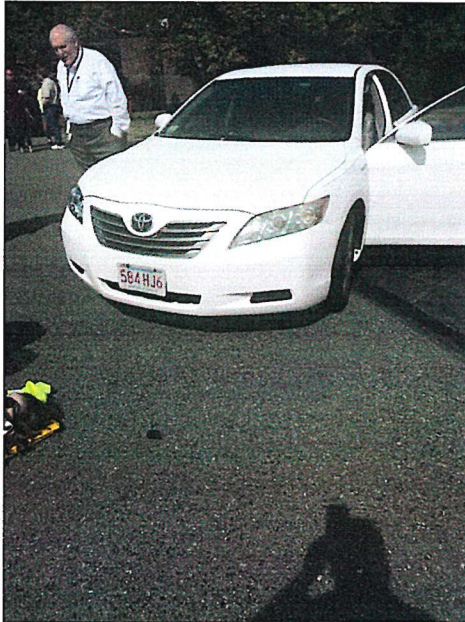
Entered: 09/24/2019 @ 1434 Entry ID: 174
Modified: 09/24/2019 @ 1512 Modified ID: 174
Approved: 09/24/2019 @ 1526 Approval ID: 184

On 9/23/2019, I Officer Wandell was assigned to marked cruiser #32, sector 2 on the 0800 - 1600 hrs shift. at approximately 1225 hrs I was dispatched to the area of 55 Jonspin Rd for the report of a motor vehicle crash involving a pedestrian. I along with Officers Jepson, Cavanaugh and Sgt Ahern all responded.

When I arrived Officer Cavanaugh was administering first aid to the victim later identified as Maureen Uliano, until he was relieved by WFD. Maureen was laying on the ground, in the roadway, in front of Ma Reg:584HJ6 a 2009, White, Toyota Camry. Maureen appeared to have minor injuries to her right knee and right elbow. Maureen was transported to Lahey Clinic by WFD.

Officer Jepson was speaking with the operator of the Camry, identified as Kenneth Bruss. Kenneth stated he was attempting to pull out of the back parking lot of UniFirst Corp located at 68 Jonspin Rd. As Kenneth approached the exit and attempted to pull out onto the roadway he looked left then looked right and pulled out turning left onto Jonspin Rd and crashed into Pedestrian Maureen Uliano. Kenneth stated he never saw Maureen when he looked to his left prior to pulling onto the roadway. Kenneth was forth coming with how the crash occurred and it did not appear anything other than inattentiveness caused the crash. Kenneth was issued Massachusetts Uniformed Citation #T1152214 for Failure to use care at an intersection (CMR 720/9.06) and Failure to slow for a pedestrian in the roadway(90/14).

Wilmington Police Department
Images Associated with 19-317-AC



Date of Crash 09/24/2019 Time of Crash 2117 24HR City/Town **Wilmington** **Motor Vehicle Crash Police Report** Number Vehicles 1 Number Injured 1 Speed Limit 25 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# <u>7</u> Direction _____ Address # <u>LINDA RD</u> 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# **19-318-AC**

License # <u>S38732793</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>20</u> CDL _____ Endorsement _____ Operator <u>MASELLI, MARK FRANCIS</u> Last First Middle Address <u>25 NORTH ST</u> City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-2135</u> Insurance Company <u>COMMERCE INSURANCE</u> Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u> Citation # (If Issued) <u>T1682802</u> Viol. 1: Ch/Sec/Sub <u>90 13B</u> Viol. 2: Ch/Sec/Sub <u>90 24</u> Viol. 3: Ch/Sec/Sub <u>90 24</u> Viol. 4: Ch/Sec/Sub _____	Reg # <u>2WS595</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2016</u> Veh Make <u>HONDA</u> Veh Config. <u>1</u> <u>21</u> Owner <u>MASELLI, LILIA F</u> Last First Middle Address <u>25 NORTH ST</u> City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-2135</u> Vehicle Action Prior to Crash <u>3</u> <u>22</u> Damaged Area Code: <u>2</u> <u>27</u> <u>3</u> <u>27</u> <u>27</u> Event Sequence <u>22</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>3</u> <u>28</u> Most Harmful Event <u>22</u> <u>24</u> Type of Test: <u>1</u> <u>29</u> Driver Contributing Code <u>10</u> <u>25</u> <u>25</u> BAC Test Result: <u>5</u> <u>30</u> Driver Distracted by <u>1</u> <u>26</u> Susp. Alcohol: <u>1</u> <u>31</u> Susp. Drug: <u>32</u> Towed from scene? <u>1</u> <u>33</u>
--	--

Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above	XXXXXX	X	1	99	3	0	0	8	2	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 _____ Sex _____ Lic. Class <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____ Endorsement _____ Operator _____ Last First Middle Address _____ City _____ State _____ Zip _____ Insurance Company _____ Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> S <input checked="" type="checkbox"/> E <input checked="" type="checkbox"/> 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. <u>21</u> Owner _____ Last First Middle Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash <u>22</u> Damaged Area Code: <u>27</u> <u>27</u> <u>27</u> Event Sequence <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>28</u> Most Harmful Event <u>24</u> Type of Test: <u>29</u> Driver Contributing Code <u>25</u> <u>25</u> BAC Test Result: <u>30</u> Driver Distracted by <u>26</u> Susp. Alcohol: <u>31</u> Susp. Drug: <u>32</u> Towed from scene? <u>33</u>
---	--

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

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

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

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

Route# Direction Name of Intersecting Roadway/Street

Route# Direction Name of Intersecting Roadway/Street

Feet N S E W of _____ or _____

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

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

Landmark _____

Please Select One of the Following: Vehicle 3 #Occupants Hit/Run Moped Crash Report ID# **19-319-AC**

License # **S08681402** St **MA** DOB/Age _____ Reg # **1HDH35** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **99** 20 CDL _____ Veh Year **2008** Veh Make **HONDA** Veh Config. **1** 21

Operator **RIJO-PEREZ, ALBA M** Owner **RIJO-PEREZ, ALBA M**

Address **229 MOODY ST APT D** Address **229 MOODY ST APT D**

City **LOWELL** State **MA** Zip **01854-3960** City **LOWELL** State **MA** Zip **01854-3960**

Insurance Company **PROGRESSIVE CASLTY** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **8** 27 **7** 27 **27**

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

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

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

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

Towed from scene? **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	10	1	
			F	4	99	4	0	0	10	1	
			F	6	99	4	0	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 # **S25259538** St **MA** DOB/Age _____ Reg # **6855JA** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **99** 20 CDL _____ Veh Year **2012** Veh Make **TOYOTA** Veh Config. **1** 21

Operator **ARNOLD, ALINE** Owner **ARNOLD, ROGER BLAIR**

Address **16 NORMAN RD** Address **16 NORMAN RD**

City **BILLERICA** State **MA** Zip **01821-2233** City **BILLERICA** State **MA** Zip **01821-2233**

Insurance Company **GEICO GENERAL INS** Vehicle Action Prior to Crash **4** 22 Damaged Area Code: **8** 27 **1** 27 **2** 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 **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? **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	4	0	0	10	1	

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

Route# Direction Name of Roadway/Street At Route# Direction Address # **220 MIDDLESEX AVE** Name of Roadway/Street

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

Route# Direction Name of Intersecting Roadway/Street

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

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

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

Please Select One of the Following: Vehicle **14** #Occupants Hit/Run Moped Crash Report ID# **19-320-AC**

License # **S20925184** St. **MA** DOB/Age _____ Reg # **2CMZ31** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** Lic. Restrictions **20** CDL Endorsement _____ Veh Year **2016** Veh Make **CADILLAC** Veh Config. **1**

Operator **AURELIO, KRISTEN J** Owner **AURELIO, KRISTEN J**

Address **34 WILDWOOD RD** Address **34 WILDWOOD RD**

City **DANVERS** State **MA** Zip **01923-1754** City **DANVERS** State **MA** Zip **01923-1754**

Insurance Company **COMMERCE INSURANCE** 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: **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 **0 26** Susp. Alcohol: **31** Susp. Drug: **32**

Towed from scene? **1 33**

Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator		See Above	<input checked="" type="checkbox"/>	1	1	1	0	0	10	2	Winchester Hospital
			M	6	1	1	0	0	10	2	Winchester Hospital
			M	4	1	1	0	0	10	2	Winchester Hospital
			F	3	1	1	0	0	10	2	Winchester Hospital

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

License # **S91223128** St. **MA** DOB/Age _____ Reg # **41P510** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** Lic. Restrictions **20** CDL Endorsement _____ Veh Year **2018** Veh Make **KIA** Veh Config. **1**

Operator **LUCOZZI, GAIL LORRAINE** Owner **LUCOZZI, GAIL LORRAINE**

Address **35 SCHOOL HOUSE LN** Address **35 SCHOOL HOUSE LN**

City **BILLERICA** State **MA** Zip **01821-4433** City **BILLERICA** State **MA** Zip **01821-4433**

Insurance Company **LIBERTY MUTUAL INS** Vehicle Action Prior to Crash **2** Damaged Area Code: **1 27 5 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 **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		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	1	1	0	0	10	1	

Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash 09/28/2019 Time of Crash 1443 24HR City/Town WILMINGTON

Motor Vehicle Crash Police Report

Number Vehicles 3 Number Injured 0 Speed Limit 30 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 Address # Name of Roadway/Street 220 MIDDLESEX AVE Feet N S E W of Mile Marker Exit Number

Please Select One of the Following: [X] Vehicle 31 #Occupants [] Hit/Run [] Moped

Crash Report ID# 19-320-AC

License # S77830788 St MA DOB/Age Sex F Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement Operator CHATEAUNEUF, THERESA L Address 9 WEBBER ST City WILMINGTON State MA Zip 01887-3602 Insurance Company LIBERTY MUTUAL INS

Reg # 88ZW12 Reg Type PC Reg State MA Veh Year 2012 Veh Make HONDA Veh Config. 1 21 Owner CHATEAUNEUF, PETER S Address 9 WEBBER ST City WILMINGTON State MA Zip 01887-3602 Vehicle Action Prior to Crash 2 22 Damaged Area Code: 5 27 27 27

Table with 10 columns: Name, 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. Row 1: Operator, See Above, [X], [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 19 19 Lic. Restrictions 20 CDL Endorsement 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

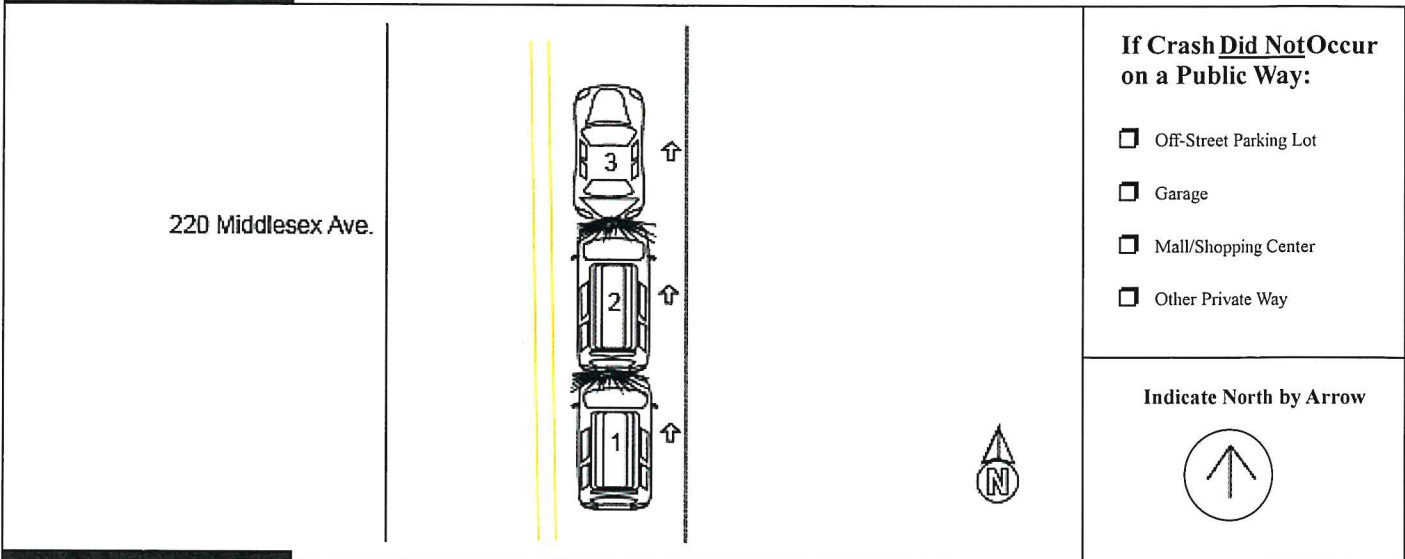
Reg # Reg Type Reg State Veh Year Veh Make Veh Config. 21 Owner Address City State Zip Vehicle Action Prior to Crash 22 Damaged Area Code: 27 27 27

Table with 10 columns: Name, 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. Row 1: Operator/Non-Motorist, See Above, [X], [X], 1.

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○



Crash Narrative:

On 09/28/19 car 1 while travelling NB on Middlesex rear ended car 2. After the collision car 2 was pushed into car 3. All cars were in traffic and traveling NB. All occupants in car 1 where evaluated and transported to Winchester Hosp by ambulance. Car 1 and Car 2 towed by Forest Towing.

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 Dillon Halliday

205

Wilmington Police Department

09/28/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

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

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

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

Route# Direction Name of Intersecting Roadway/Street

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

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

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

Please Select One of the Following: Vehicle **13** #Occupants Hit/Run Moped Crash Report ID# **19-321-AC**

License # **S56531268** St. **MA** DOB/Age _____ Reg # **8MX728** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** Lic. Restrictions **20** CDL Endorsement _____ Veh Year **2011** Veh Make **TOYOTA** Veh Config. **1**

Operator **VILLETTE, NICKSON** Owner **VILLETTE, NICKSON**

Address **29 CONNOLLY RD** Address **29 CONNOLLY RD**

City **BILLERICA** State **MA** Zip **01821-5039** City **BILLERICA** State **MA** Zip **01821-5039**

Insurance Company **GOVT EMPLOYEE INS** Vehicle Action Prior to Crash **1** Damaged Area Code: **8 27 7 27 27**

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

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

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

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

Viol. 3: Ch/Sec/Sub _____ Towed from scene? **3 33**

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above	XXXXXX	X	1	1	4	0	0	9	2	Lahey Clinic
				3	1	4	0	0	10	2	Lahey Clinic
				6	4	4	0	0	10	2	Lahey Clinic

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

License # **S71308840** St. **MA** DOB/Age _____ Reg # **5CS548** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** Lic. Restrictions **B** CDL Endorsement _____ Veh Year **2016** Veh Make **NISSAN** Veh Config. **1**

Operator **LLOYD, CHARLES CARROLL JR** Owner **LLOYD, CHARLES CARROLL JR**

Address **27 ROBINHOOD LN** Address **27 ROBINHOOD LN**

City **BILLERICA** State **MA** Zip **01821-3221** City **BILLERICA** State **MA** Zip **01821-3221**

Insurance Company **COMMERCE INSURANCE** Vehicle Action Prior to Crash **4** Damaged Area Code: **1 27 2 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) **T1682748** Most Harmful Event **1 24** Type of Test: **29**

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

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

Viol. 3: Ch/Sec/Sub _____ Towed from scene? **2 33**

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

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above	XXXXXX	X	1	99	4	0	0	10	1	

Wilmington Police Department
Crash Narrative
Case # 19-321-AC

MV1 was traveling northbound on Main Street/Route 38 in the innermost northbound travel lane. MV2 was exiting the second driveway of the Cumberland Farms Gas Station and attempting to turn left out of the gas station onto Main Street/Route 38 northbound. Posted at the second driveway is a sign that states "Right Turn Only" and that patrons are prohibited from taking a left across three lanes of traffic onto Main Street northbound. MV2 disregarded the posted sign and took a left turn out of the Cumberland Farms driveway onto Main Street northbound. MV2 also failed to yield to oncoming traffic that was traveling straight ahead on Main Street northbound and collided with MV1. MV2 struck MV1 on the left (Driver's) side door. MV1 had damage to the front left and left side of the vehicle. MV2 suffered damage to the front right side of the vehicle. The operator of MV1 claimed chest pain/injury, was transported, and MV1 was towed from the scene.

Police Use Only		Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 09/28/2019	Time of Crash 2316 24HR	City/Town Wilmington		Motor Vehicle Crash Police Report		Number Vehicles 1	Number Injured 1	Speed Limit <u>25</u> Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input type="checkbox"/> MBTA Police <input type="checkbox"/> Campus Police <input type="checkbox"/> Other: _____ <input type="checkbox"/>

AT INTERSECTION:	< LOCATION >	NOT AT INTERSECTION:
-------------------------	---------------------------	-----------------------------

Route# _____ Direction _____ Name of Roadway/Street _____ At _____ Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____ Route# _____ Direction _____ Name of Intersecting Roadway/Street _____	2 10 1 11 1 12	Route# _____ Direction _____ Address # <u>20</u> GROVE AVE Name of Roadway/Street _____ _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____ Mile Marker _____ Exit Number _____ _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____ _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____ Landmark _____
--	-------------------------------	--

Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle <u>1</u> #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped	Crash Report ID# 19-322-AC
---	-----------------------------------

License # S78986547 St MA DOB/Age _____ Sex M Lic. Class <input type="checkbox"/> 19 <input type="checkbox"/> 19 Lic. Restrictions <input type="checkbox"/> 20 CDL _____ Operator CELATA, ANTHONY M Last First Middle Address 11 WALNUT ST City WILMINGTON State MA Zip 01887-3137 Insurance Company PROGRESSIVE DIRECT 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) T1683181 Viol. 1: Ch/Sec/Sub <u>90 18</u> Viol. 2: Ch/Sec/Sub <u>90 24</u> Viol. 3: Ch/Sec/Sub <u>90 24</u> Viol. 4: Ch/Sec/Sub <u>90 10</u>	Reg # 2E6817 Reg Type MC Reg State MA Veh Year 2008 Veh Make SUZUKI Veh Config. <input type="checkbox"/> 3 <input type="checkbox"/> 21 Owner DELUCIA, CHRISTOPHER W Last First Middle Address 3 JONES AVE City WILMINGTON State MA Zip 01887-3527 Vehicle Action Prior to Crash <input type="checkbox"/> 1 <input type="checkbox"/> 22 Event Sequence <input type="checkbox"/> 40 <input type="checkbox"/> 23 <input type="checkbox"/> 43 <input type="checkbox"/> 23 <input type="checkbox"/> 30 <input type="checkbox"/> 23 <input type="checkbox"/> 21 <input type="checkbox"/> 23 Most Harmful Event <input type="checkbox"/> 43 <input type="checkbox"/> 24 Driver Contributing Code <input type="checkbox"/> 10 <input type="checkbox"/> 25 <input type="checkbox"/> 2 25 Driver Distracted by <input type="checkbox"/> 99 <input type="checkbox"/> 26 Damaged Area Code: <input type="checkbox"/> 11 <input type="checkbox"/> 27 <input type="checkbox"/> 27 <input type="checkbox"/> 27 Test Status: <input type="checkbox"/> 1 <input type="checkbox"/> 28 Type of Test: <input type="checkbox"/> 29 BAC Test Result: <input type="checkbox"/> 1 <input type="checkbox"/> 30 Susp. Alcohol: <input type="checkbox"/> 1 <input type="checkbox"/> 31 Susp. Drug: <input type="checkbox"/> 2 <input type="checkbox"/> 32 Towed from scene? <input type="checkbox"/> 1 <input type="checkbox"/> 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			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Saints Memorial Medical CTR

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

License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class <input type="checkbox"/> 19 <input type="checkbox"/> 19 Lic. Restrictions <input type="checkbox"/> 20 CDL _____ Operator _____ Last First Middle Address _____ City _____ State _____ Zip _____ Insurance Company _____ Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> 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. <input type="checkbox"/> 21 Owner _____ Last First Middle Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash <input type="checkbox"/> 22 Event Sequence <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23 Most Harmful Event <input type="checkbox"/> 24 Driver Contributing Code <input type="checkbox"/> 25 <input type="checkbox"/> 25 Driver Distracted by <input type="checkbox"/> 26 Damaged Area Code: <input type="checkbox"/> 27 <input type="checkbox"/> 27 <input type="checkbox"/> 27 Test Status: <input type="checkbox"/> 28 Type of Test: <input type="checkbox"/> 29 BAC Test Result: <input type="checkbox"/> 30 Susp. Alcohol: <input type="checkbox"/> 31 Susp. Drug: <input type="checkbox"/> 32 Towed from scene? <input type="checkbox"/> 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			<input checked="" type="checkbox"/>							

Wilmington Police Department
Images Associated with 19-322-AC



Wilmington Police Department
Images Associated with 19-322-AC



Wilmington Police Department
Images Associated with 19-322-AC



Wilmington Police Department
Images Associated with 19-322-AC



Wilmington Police Department
Images Associated with 19-322-AC



Wilmington Police Department
Images Associated with 19-322-AC

