

<b>Police Use Only</b>			<b>Commonwealth of Massachusetts</b>				<b>RMV Document Number</b>								
Date of Crash 09/29/2019	Time of Crash 1950 24HR	City/Town Wilmington	<b>Motor Vehicle Crash Police Report</b>			Number Vehicles 2	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"/>

<b>AT INTERSECTION:</b>			<b>&lt; LOCATION &gt;</b>	<b>NOT AT INTERSECTION:</b>		
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			Route# <u>159</u> Direction _____ Address # <u>CHURCH ST</u> Name of Roadway/Street _____			
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____			_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Mile Marker _____ Exit Number _____			
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____			
			Landmark _____			

Please Select One of the Following:		<input checked="" type="checkbox"/> Vehicle <u>1</u> #Occupants _____	<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped	Crash Report ID# <b>19-323-AC</b>
-------------------------------------	--	---	----------------------------------	--------------------------------	-----------------------------------

License # <u>S52305555</u> St <u>MA</u> DOB/Age _____		Reg # <u>8GF228</u> Reg Type <u>PC</u> Reg State <u>MA</u>	
Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL _____	Veh Year <u>2008</u> Veh Make <u>CHEVROLET</u> Veh Config. <u>2</u> <u>21</u>		
Operator <u>BEVILACQUA, BRANDON CHARLES</u> Last First Middle		Owner <u>BEVILACQUA, BRANDON CHARLES</u> Last First Middle	
Address <u>13 GRACE DR</u>		Address <u>13 GRACE DR</u>	
City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-1618</u>		City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-1618</u>	
Insurance Company <u>ARBELLA MUTUAL INS</u>		Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>1</u> <u>27</u> <u>27</u> <u>27</u>	
Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u>		Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u>	
Citation # (If Issued) <u>T0678976</u>		Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>1</u> <u>29</u>	
Viol. 1: Ch/Sec/Sub <u>90</u> <u>14A</u> Viol. 2: Ch/Sec/Sub _____		Driver Contributing Code <u>19</u> <u>25</u> <u>25</u> BAC Test Result: <u>1</u> <u>30</u>	
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____		Driver Distracted by <u>99</u> <u>26</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>32</u>	
		Towed from scene? <u>2</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
<b>Operator</b>		See Above	<input checked="" type="checkbox"/>	<u>1</u>	<u>1</u>	<u>5</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	

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

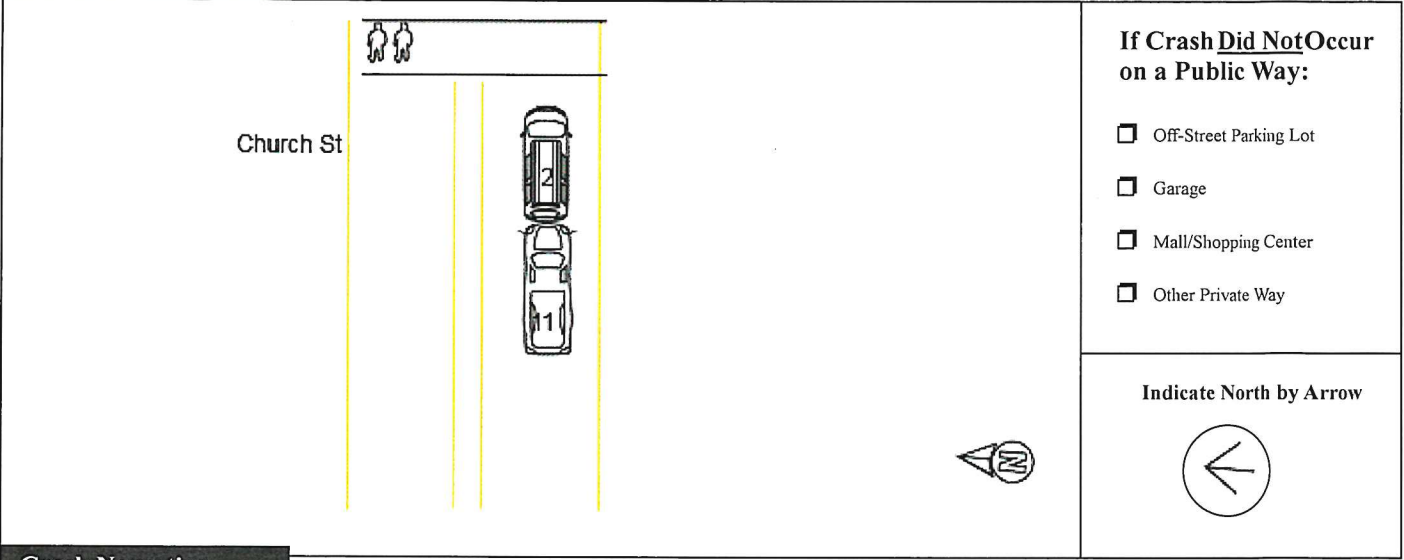
License # <u>S80207202</u> St <u>MA</u> DOB/Age _____		Reg # <u>7KA625</u> Reg Type <u>PC</u> Reg State <u>MA</u>	
Sex <u>F</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL _____	Veh Year <u>2018</u> Veh Make <u>HONDA</u> Veh Config. <u>1</u> <u>21</u>		
Operator <u>GRANDGENTSTANLEY, JESSIE LYNN</u> Last First Middle		Owner <u>STANLEY, ANDREW ROBERT</u> Last First Middle	
Address <u>3 STARR W AVE</u>		Address <u>3 STARR W AVE</u>	
City <u>ANDOVER</u> State <u>MA</u> Zip <u>01810-4288</u>		City <u>ANDOVER</u> State <u>MA</u> Zip <u>01810-4288</u>	
Insurance Company <u>METROPOLITAN PROP</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>	
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>		Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u>	
Citation # (If Issued) _____		Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>1</u> <u>29</u>	
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____		Driver Contributing Code <u>1</u> <u>25</u> <u>25</u> BAC Test Result: <u>1</u> <u>30</u>	
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____		Driver Distracted by <u>0</u> <u>26</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>32</u>	
		Towed from scene? <u>2</u> <u>33</u>	

Please fill out for operator/non-motorist and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator/Non-Motorist</b>		See Above	<input checked="" type="checkbox"/>	<u>1</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>9</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:**

Vehicle #2 was traveling east on Church St and began slowing down to a stop due to two pedestrians entering the crosswalk. Vehicle #1 was distracted and struck vehicle #2 in the rear. Citation was issued to operator of vehicle #1 for improper starting/slowing in traffic

**Witnesses:**

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

**Property Damage:**

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

**Truck and Bus Information:**

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

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

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

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

Interstate  43    Cargo Body Type Code  44    GVWR/GCWR  45

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

**Hazmat Information:**

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

**Sergeant David A Sugrue**

**152**

**Wilmington Police Department**

**09/29/2019**

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

Please Select One of the Following:  Vehicle 1 #Occupants  Hit/Run  Moped **Crash Report ID# 19-324-AC**

License # **S88134230** St. **MA** DOB/Age \_\_\_\_\_ Reg # **8EJ494** Reg Type **PC** Reg State **MA**  
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL \_\_\_\_\_ Veh Year **2000** Veh Make **TOYOTA** Veh Config. **1** 21  
 Operator **BELLINO, FRANCIS R** Owner **BELLINO, FRANCIS R**  
 Address **7 MARJORIE RD** Address **7 MARJORIE RD**  
 City **WILMINGTON** State **MA** Zip **01887-1709** City **WILMINGTON** State **MA** Zip **01887-1709**  
 Insurance Company **ELECTRIC INSURANCE** Vehicle Action Prior to Crash **97** 22 Damaged Area Code: 0 27 27 27  
 Vehicle Travel Direction: **N X E W** Responding to Emergency? **2** Event Sequence **10** 23 35 23 23 23 Test Status: 28  
 Citation # (If Issued) \_\_\_\_\_ Most Harmful Event **35** 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? **2** 33

Please fill out for operator and all occupants involved

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

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

License # \_\_\_\_\_ 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
<b>Operator/Non-Motorist</b>	See Above	<del>XXXX</del>	<del>XX</del>	<b>1</b>							



Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash 09/30/2019 Time of Crash 0904 City/Town 24HR WILMINGTON

Motor Vehicle Crash Police Report

Number Vehicles 3 Number Injured 1 Speed Limit 35 State Police Local Police MBTA Police Campus Police Other

AT INTERSECTION:

LOCATION

NOT AT INTERSECTION:

1

LOWELL ST

Route# Direction Name of Roadway/Street

Route# Direction Address # Name of Roadway/Street

At

I93SBR38 RAMP

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

Route# Direction Name of Intersecting Roadway/Street

Feet N S E W of Landmark

3

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

Crash Report ID# 19-325-AC

4

License # S42592390 St MA DOB/Age

Reg # 4HM851 Reg Type PC Reg State MA

Sex F Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement

Veh Year 2012 Veh Make MERCEDES-BENZ Veh Config 1 21

Operator CHRISTOPOULOS, CORINA S

Owner CHRISTOPOULOS, CORINA S

Address 20 ELM ST

Address 20 ELM ST

City READING State MA Zip 01867-2736

City READING State MA Zip 01867-2736

Insurance Company COMMERCE INSURANCE

Vehicle Action Prior to Crash 1 22 Damaged Area Code: 1 27 2 27 8 27

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

Event Sequence 1 23 23 23 23 Test Status: 28

Citation # (If Issued)

Type of Test: 29

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

Most Harmful Event 1 24 BAC Test Result: 30

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

Driver Contributing Code 1 25 25 Susp. Alcohol: 2 31 Susp. Drug: 2 32

Driver Distracted by 0 26 Towed from scene? 1 33

6

Please fill out for operator and all occupants involved

Table with columns: Name (Last First Middle), Address, DOB/Age, Sex, 34 Seat Pos., 35 Safety System, 36 Airbag Status, 37 Eject Code, 38 Trap Code, 39 Injury Status, 40 Transp. Code, Medical Facility. Row 1: Operator, See Above, [X], [X], 1, 1, 1, 0, 0, 8, 2, Winchester Hospital.

7

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

License # 02BRM64181 St NH DOB/Age

Reg # AXL-4 Reg Type AP Reg State NH

Sex M Lic. Class A 19 19 Lic. Restrictions 20 CDL Endorsement

Veh Year 2018 Veh Make Other-not listed Veh Config 10 21

Operator BOOMHOWER, MARK J

Owner AXL INC

Address 577 MAIN ST

Address 6 DRAKE DR

City SANDOWN State NH Zip 03873

City GREENLAND State NH Zip 03840

Insurance Company FIREMANS INSURANCE CO

Vehicle Action Prior to Crash 2 22 Damaged Area Code: 8 27 27 27

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

Event Sequence 1 23 23 23 23 Test Status: 28

Citation # (If Issued)

Type of Test: 29

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

Most Harmful Event 1 24 BAC Test Result: 30

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

Driver Contributing Code 1 25 25 Susp. Alcohol: 2 31 Susp. Drug: 2 32

Driver Distracted by 0 26 Towed from scene? 2 33

9

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

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

Date of Crash 09/30/2019 Time of Crash 0904 24HR City/Town **Wilmington** **Motor Vehicle Crash Police Report** Number Vehicles 3 Number Injured 1 Speed Limit 35 State Police  Local Police  MBTA Police  Campus Police  Other:

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

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

Please Select One of the Following:  Vehicle 3 Occupants  Hit/Run  Moped Crash Report ID# **19-325-AC**

<p>License # <b>SA1820357</b> St <b>MA</b> DOB/Age _____</p> <p>Sex <b>F</b> Lic. Class <input type="checkbox"/> 19 <input type="checkbox"/> 19 Lic. Restrictions <input type="checkbox"/> 20 CDL _____ Endorsement _____</p> <p>Operator <b>WHICHER, ELIZABETH ADAMS</b></p> <p>Address <b>129 BANCROFT AVE</b></p> <p>City <b>READING</b> State <b>MA</b> Zip <b>01867-2103</b></p> <p>Insurance Company <b>GEICO GENERAL INS</b></p> <p>Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <b>2</b></p> <p>Citation # (If Issued) <b>T1153271</b></p> <p>Viol. 1: Ch/Sec/Sub <b>89 8</b> Viol. 2: Ch/Sec/Sub _____</p> <p>Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____</p>	<p>Reg # <b>9TS838</b> Reg Type <b>PC</b> Reg State <b>MA</b></p> <p>Veh Year <b>2019</b> Veh Make <b>SUBARU</b> Veh Config. <b>1 21</b></p> <p>Owner <b>WHICHER, ELIZABETH ADAMS</b></p> <p>Address <b>129 BANCROFT AVE</b></p> <p>City <b>READING</b> State <b>MA</b> Zip <b>01867-2103</b></p> <p>Vehicle Action Prior to Crash <b>4 22</b> Damaged Area Code: <b>0 27 27 27</b></p> <p>Event Sequence <b>51 23 23 23 23</b> Test Status: <b>28</b></p> <p>Most Harmful Event <b>51 24</b> Type of Test: <b>29</b></p> <p>Driver Contributing Code <b>4 25 25</b> BAC Test Result: <b>30</b></p> <p>Driver Distracted by <b>5 26</b> Susp. Alcohol: <b>2 31</b> Susp. Drug: <b>2 32</b></p> <p>Towed from scene? <b>2 33</b></p>
---	---

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

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

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

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



Date of Crash 09/30/2019 Time of Crash 1415 City/Town Wilmington **Motor Vehicle Crash Police Report** Number Vehicles 2 Number Injured 0 Speed Limit 25 State Police  Local Police  MBTA Police  Campus Police  Other:   
 Latitude \_\_\_\_\_ Longitude \_\_\_\_\_

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

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

Please Select One of the Following:  Vehicle 1 #Occupants  Hit/Run  Moped Crash Report ID# **19-326-AC**

<p>License # <u>S74125818</u> St <u>MA</u> DOB/Age _____</p> <p>Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL _____ Endorsement _____</p> <p>Operator <u>REPETTO, THOMAS M</u></p> <p>Address <u>583 HILLDALE AVE</u></p> <p>City <u>HAVERHILL</u> State <u>MA</u> Zip <u>01832-1918</u></p> <p>Insurance Company <u>GEICO GENERAL INS</u></p> <p>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></p> <p>Citation # (If Issued) _____</p> <p>Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____</p> <p>Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____</p>	<p>Reg # <u>6KP355</u> Reg Type <u>PC</u> Reg State <u>MA</u></p> <p>Veh Year <u>2018</u> Veh Make <u>ACURA</u> Veh Config. <u>1</u> <u>21</u></p> <p>Owner <u>REPETTO, THOMAS M</u></p> <p>Address <u>583 HILLDALE AVE</u></p> <p>City <u>HAVERHILL</u> State <u>MA</u> Zip <u>01832-1918</u></p> <p>Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>3</u> <u>27</u> <u>27</u> <u>27</u></p> <p>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></p> <p>Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>1</u> <u>29</u></p> <p>Driver Contributing Code <u>1</u> <u>25</u> <u>25</u> BAC Test Result: <u>1</u> <u>30</u></p> <p>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></p> <p>Towed from scene? <u>1</u> <u>33</u></p>
--	--

Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator</b>	See Above	<del>XXXX</del>	<del>XX</del>	<u>1</u>	<u>99</u>	<u>3</u>	<u>0</u>	<u>0</u>	<u>10</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

<p>License # <u>S12723236</u> St <u>MA</u> DOB/Age _____</p> <p>Sex <u>M</u> Lic. Class <u>99</u> <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL _____ Endorsement _____</p> <p>Operator <u>CHISHOLM, MATTHEW ALLAN</u></p> <p>Address <u>6 LEONARD LN</u></p> <p>City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-4553</u></p> <p>Insurance Company <u>COMMERCE INSURANCE</u></p> <p>Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u></p> <p>Citation # (If Issued) <u>T1682493</u></p> <p>Viol. 1: Ch/Sec/Sub <u>89</u> <u>9</u> Viol. 2: Ch/Sec/Sub _____</p> <p>Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____</p>	<p>Reg # <u>8JL349</u> Reg Type <u>PC</u> Reg State <u>MA</u></p> <p>Veh Year <u>2003</u> Veh Make <u>FORD</u> Veh Config. <u>1</u> <u>21</u></p> <p>Owner <u>CHISHOLM, JILL A</u></p> <p>Address <u>87 MINKRUN RD</u></p> <p>City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-4548</u></p> <p>Vehicle Action Prior to Crash <u>2</u> <u>22</u> Damaged Area Code: <u>1</u> <u>27</u> <u>27</u> <u>27</u></p> <p>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></p> <p>Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>1</u> <u>29</u></p> <p>Driver Contributing Code <u>4</u> <u>25</u> <u>25</u> BAC Test Result: <u>1</u> <u>30</u></p> <p>Driver Distracted by <u>99</u> <u>26</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u></p> <p>Towed from scene? <u>2</u> <u>33</u></p>
--	---

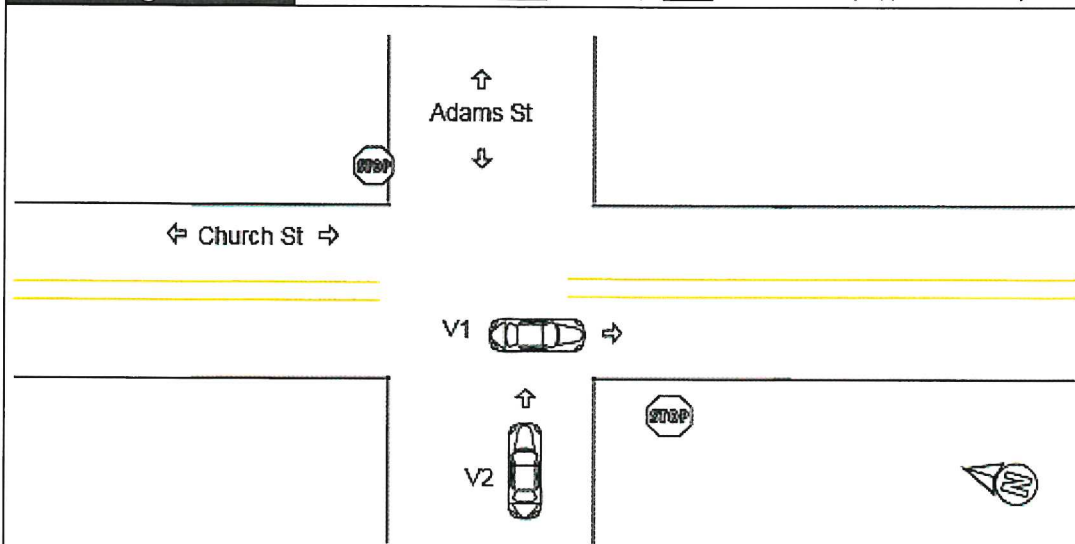
Please fill out for operator/non-motorist and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator/Non-Motorist</b>	See Above	<del>XXXX</del>	<del>XX</del>	<u>1</u>	<u>99</u>	<u>3</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	



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

**Crash Diagram:**

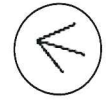
ie: → [1]    → [2]    → ○    → ○



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

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

**Indicate North by Arrow**



**Crash Narrative:**

While traveling on Church St V1, was struck by V2 at the intersection of Church St and Adams St. Opr1 stated that V2 did not stop at the intersection and struck him on the passenger side of his vehicle. Opr2 stated that he did not see V1, entered the intersection and struck him. A witness to the crash stated that V2 came to a rolling stop that it appeared that the Opr of V2 never stopped, and that the vehicle entered the intersection without caution to oncoming vehicles. No one was injured as a result of this accident, and both Opr's refused medical treatment. V1 was towed from the scene by A&S towing to their facility while V2 was able to drive away from the scene. The Opr of V2 was issued MA citation T1682493 for stop sign violation.

**Witnesses:**

Name (Last,First,Middle)	Address	Phone #	Statement
MAROTTA CLIFFORD	6 FLETCHER RD WINDHAM NH 03087		2

**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 E Johnson

199

Wilmington Police Department

09/30/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash 10/01/2019 Time of Crash 1627 City/Town Wilmington

Motor Vehicle Crash Police Report

Number Vehicles 2 Number Injured 0 Speed Limit 5 State Police Local Police MBTA Police Campus Police Other

AT INTERSECTION:

LOCATION

NOT AT INTERSECTION:

1

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

Route# Direction Address # MAIN ST 260 Feet N S E W of Mile Marker Exit Number

2 10

7 11

2

3

Please Select One of the Following: Vehicle 10 #Occupants Hit/Run Moped

Crash Report ID# 19-327-AC

4

License # St. DOB/Age Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement Operator Driverless M.V.

Reg # 3FEY50 Reg Type PC Reg State MA Veh Year 2013 Veh Make LEXUS Veh Config. 1 21 Owner GALLANT, PAULA MARIE

7 12

5

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

Vehicle Action Prior to Crash 11 22 Damaged Area Code: 4 27 27 27 Event Sequence 1 23 23 23 23 Test Status: 28 Type of Test: 29 BAC Test Result: 30 Driver Contributing Code 1 25 25 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Driver Distracted by 0 26 Towed from scene? 2 33

2 13

6

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

7

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

License # S48833583 St. MA DOB/A: Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement Operator LIMOLI, SANTO

Reg # 114BV1 Reg Type PC Reg State MA Veh Year 2009 Veh Make TOYOTA Veh Config. 1 21 Owner LIMOLI, SANTO

1 14

8

Insurance Company PREFERRED MUTUAL 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

Vehicle Action Prior to Crash 10 22 Damaged Area Code: 0 27 27 27 Event Sequence 2 23 23 23 23 Test Status: 28 Type of Test: 29 BAC Test Result: 30 Driver Contributing Code 99 25 25 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Driver Distracted by 99 26 Towed from scene? 2 33

9

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



Date of Crash: 10/01/2019 | Time of Crash: 1726 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# <u>490</u> Direction _____ Address # <u>MAIN ST</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 _____	
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____	Route# _____ Intersecting Roadway/Street _____ _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____	
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____	Landmark _____	

Please Select One of the Following:  Vehicle 1 #Occupants  Hit/Run  Moped | Crash Report ID# **19-328-AC**

License # <u>S80975806</u> St. <u>MA</u> DOB/Age _____	Reg # <u>RT2412</u> Reg Type <u>PC</u> Reg State <u>MA</u>
Sex <u>F</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>B</u> <u>20</u> CDL _____	Veh Year <u>2014</u> Veh Make <u>FORD</u> Veh Config. <u>1</u> <u>21</u>
Operator <u>FAY, AMANDA LEIGH</u>	Owner <u>FAY, AMANDA LEIGH</u>
Address <u>29 1/2 PINEHURST AVE</u>	Address <u>29 1/2 PINEHURST AVE</u>
City <u>BILLERICA</u> State <u>MA</u> Zip <u>01821-6032</u>	City <u>BILLERICA</u> State <u>MA</u> Zip <u>01821-6032</u>
Insurance Company <u>PLYMOUTH ROCK ASSU</u>	Vehicle Action Prior to Crash <u>2</u> <u>22</u> Damaged Area Code: <u>1</u> <u>27</u> <u>27</u> <u>27</u>
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u>	Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>28</u>
Citation # (If Issued) _____	Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code <u>99</u> <u>25</u> <u>25</u> BAC Test Result: <u>30</u>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by <u>0</u> <u>26</u> Susp. Alcohol: <u>31</u> Susp. Drug: <u>32</u>
	Towed from scene? <u>2</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
<b>Operator</b>		See Above	<input checked="" type="checkbox"/>	<u>1</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	

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

License # <u>S74581393</u> St. <u>MA</u> DOB/Age _____	Reg # <u>US23XY</u> Reg Type <u>PC</u> Reg State <u>MA</u>
Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL _____	Veh Year <u>2017</u> Veh Make <u>MAZDA</u> Veh Config. <u>1</u> <u>21</u>
Operator <u>SPINELLI, JONATHAN MARK</u>	Owner <u>SPINELLI, JONATHAN MARK</u>
Address <u>19 IRENE AVE</u>	Address <u>19 IRENE AVE</u>
City <u>BILLERICA</u> State <u>MA</u> Zip <u>01821-5016</u>	City <u>BILLERICA</u> State <u>MA</u> Zip <u>01821-5016</u>
Insurance Company <u>USAA GENERAL INDEM</u>	Vehicle Action Prior to Crash <u>2</u> <u>22</u> Damaged Area Code: <u>5</u> <u>27</u> <u>1</u> <u>27</u> <u>27</u>
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u>	Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>28</u>
Citation # (If Issued) _____	Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code <u>1</u> <u>25</u> <u>25</u> BAC Test Result: <u>30</u>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by <u>0</u> <u>26</u> Susp. Alcohol: <u>31</u> Susp. Drug: <u>32</u>
	Towed from scene? <u>2</u> <u>33</u>

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

Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash 10/01/2019 Time of Crash 1726 City/Town 24HR 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 490 MAIN ST 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# 19-328-AC

License # S32682922 St MA DOB/Age Sex F Lic. Class D 19 19 Lic. Restrictions B 20 CDL Endorsement Operator SCEARBO, MEAGHAN I Address 504 WHIPPLE RD City TEWKSBURY State MA Zip 01876-2656 Insurance Company ARBELLA MUTUAL INS Vehicle Travel Direction: [X] S [ ] E [ ] W Responding to Emergency? 2

Reg # 95WL51 Reg Type PC Reg State MA Veh Year 2015 Veh Make CHRYSLER Veh Config. 1 21 Owner SCEARBO, MEAGHAN I Address 504 WHIPPLE RD City TEWKSBURY State MA Zip 01876-2656 Vehicle Action Prior to Crash 2 22 Damaged Area Code: 5 27 27 27 Event Sequence 1 23 23 23 23 Test Status: 28 Type of Test: 29 Most Harmful Event 1 24 BAC Test Result: 30 Driver Contributing Code 1 25 25 Susp. Alcohol: 31 Susp. Drug: 32 Driver Distracted by 0 26 Towed from scene? 2 33

Table with 11 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 Event Sequence 23 23 23 23 Test Status: 28 Type of Test: 29 Most Harmful Event 24 BAC Test Result: 30 Driver Contributing Code 25 25 Susp. Alcohol: 31 Susp. Drug: 32 Driver Distracted by 26 Towed from scene? 33

Table with 11 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 → ○ → ○

	<p><b>If Crash Did Not Occur on a Public Way:</b></p> <p><input type="checkbox"/> Off-Street Parking Lot</p> <p><input type="checkbox"/> Garage</p> <p><input type="checkbox"/> Mall/Shopping Center</p> <p><input type="checkbox"/> Other Private Way</p> <p><b>Indicate North by Arrow</b></p> <div style="text-align: center;"> </div>
--	--

### Crash Narrative:

M/V's #1,2,and 3 were all stopped in traffic in the Northbound lane of Main Street, directly behind one another in the order of #3-2-1. M/V#1 struck the rear of M/V#2 causing a chain reaction pushing M/V #2 into the rear of M/V #3. Operator of M/V#1 stated that a small black car lightly bumped into the rear of her vehicle startling her, causing her to take her foot off the brake and drive into the rear of vehicle #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

Detective Christopher J Dindo	<b>170</b>	Wilmington Police Department	10/01/2019
Police Officer Name (Please Print)	Signature	ID/Badge #	Department    Precinct/Barracks    Date

Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash 10/02/2019 Time of Crash 2308 City/Town 24HR Wilmington

Motor Vehicle Crash Police Report

Number Vehicles 1 Number Injured 1 Speed Limit 35 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 220 MIDDLESEX AVE Feet N S E W of Mile Marker Exit Number

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

Crash Report ID# 19-329-AC

License # S44135012 St. MA DOB/Age Sex M Lic. Class 19 19 Lic. Restrictions 20 CDL Operator GENTILE, RICHARD A Address 24 WILDWOOD ST City BURLINGTON State MA Zip 01803-1408 Insurance Company GOVT EMPLOYEE INS Vehicle Travel Direction: N S X W Responding to Emergency? 2 Citation # (If Issued) T1153274 Viol. 1: Ch/Sec/Sub 90 24 Viol. 2: Ch/Sec/Sub 89 4A Viol. 3: Ch/Sec/Sub 90 17 Viol. 4: Ch/Sec/Sub

Reg # 9FP715 Reg Type PC Reg State MA Veh Year 2007 Veh Make DODGE Veh Config. 1 21 Owner GILLIGAN, JAMES J Address 38 GRANITE ST APT 3 City WEBSTER State MA Zip 01570-0000 Vehicle Action Prior to Crash 1 22 Damaged Area Code: 11 27 27 27 Event Sequence 40 23 22 23 23 23 Test Status: 28 Type of Test: 29 BAC Test Result: 30 Driver Contributing Code 10 25 9 25 Susp. Alcohol: 2 31 Susp. Drug: 99 32 Driver Distracted by 99 26 Towed from scene? 1 33

Table with columns: Name (Last First Middle), Address, DOB/Age, Sex, 34 Seat Pos., 35 Safety System, 36 Airbag Status, 37 Eject Code, 38 Trap Code, 39 Injury Status, 40 Transp. Code, Medical Facility. Row 1: Operator, See Above, X, X, 1, 1, 1, 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 # St. DOB/Age Sex Lic. Class 19 19 Lic. Restrictions 20 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

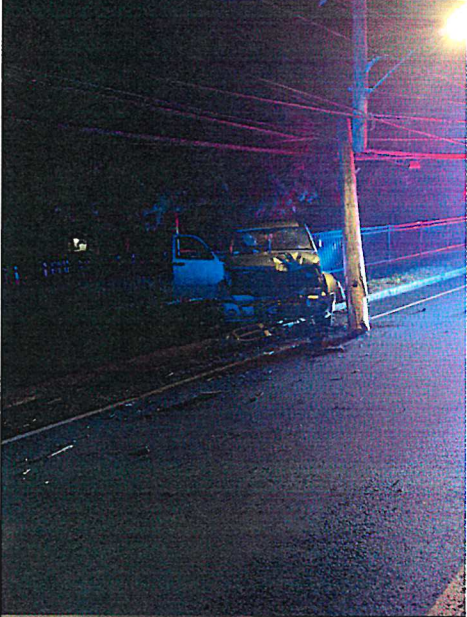
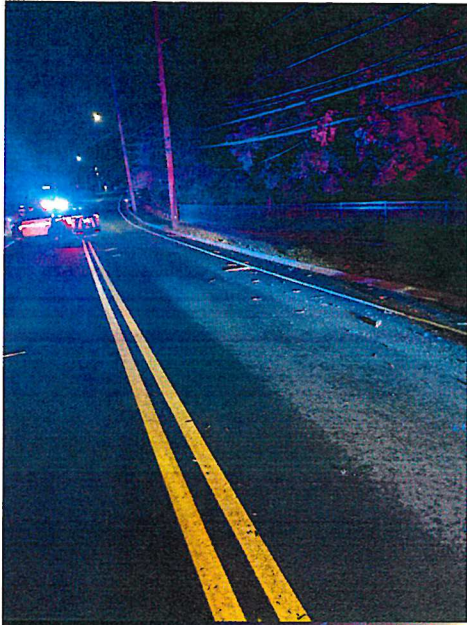
Reg # Reg Type Reg State Veh Year Veh Make Veh Config. 21 Owner Address City State Zip Vehicle Action Prior to Crash 22 Damaged Area Code: 27 27 27 Event Sequence 23 23 23 23 Test Status: 28 Type of Test: 29 BAC Test Result: 30 Driver Contributing Code 25 25 Susp. Alcohol: 31 Susp. Drug: 32 Driver Distracted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

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





Wilmington Police Department  
Images Associated with 19-329-AC



Wilmington Police Department  
Images Associated with 19-329-AC



Date of Crash **10/03/2019** Time of Crash **1757** City/Town **Wilmington** **Motor Vehicle Crash Police Report** Number Vehicles **3** Number Injured **1** Speed Limit **30** State Police  Local Police  MBTA Police  Campus Police  Other:

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

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

Route# Direction **110** **NICHOLS ST**  
 Address # Name of Roadway/Street  
 Feet       of \_\_\_\_\_ or \_\_\_\_\_  
 Mile Marker Exit Number  
 Feet       of \_\_\_\_\_  
 Route# Intersecting Roadway/Street  
 Feet       of \_\_\_\_\_  
 Landmark

Please Select One of the Following:  Vehicle **14** #Occupants  Hit/Run  Moped Crash Report ID# **19-330-AC**

License # **S55992833** St **MA** DOB/Age \_\_\_\_\_ Reg # **6GR231** Reg Type **PC** Reg State **MA**  
 Sex **M** Lic. Class **D** **19** **19** Lic. Restrictions **1** **20** CDL \_\_\_\_\_ Veh Year **2017** Veh Make **CHEVROLET** Veh Config. **1** **21**  
 Operator **Craven, Daniel Thomas** Owner **Craven, Daniel Thomas**  
 Address **8 Silverbirch Rd** Address **8 Silverbirch Rd**  
 City **Billerica** State **MA** Zip **01821-3017** City **Billerica** State **MA** Zip **01821-3017**  
 Insurance Company **USAA General Indem** Vehicle Action Prior to Crash **1** **22** Damaged Area Code: **7** **27** **27** **27**  
 Vehicle Travel Direction:      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 **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 and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator</b>	See Above	<del>XXXXXX</del>	<del>M</del>	<b>1</b>	<b>1</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	
<b>Wendy Tanzella</b>	34 DORCHESTER ST WILMINGTON, MA 01887-2285		<b>F</b>	<b>4</b>	<b>1</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	
<b>Kenneth Tanzella</b>	34 DORCHESTER ST WILMINGTON, MA 01887-2285		<b>M</b>	<b>6</b>	<b>1</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	
<b>Victoria Tanzella</b>	34 DORCHESTER ST WILMINGTON, MA 01887-2285		<b>F</b>	<b>3</b>	<b>1</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

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

License # **S54394941** St **MA** DOB/Age \_\_\_\_\_ Reg # **6CN227** Reg Type **PC** Reg State **MA**  
 Sex **F** Lic. Class **D** **19** **19** Lic. Restrictions **1** **20** CDL \_\_\_\_\_ Veh Year **2017** Veh Make **LINCOLN** Veh Config. **1** **21**  
 Operator **Wells, Susan J** Owner **Wells, Susan J**  
 Address **157 Pleasant St** Address **157 Pleasant St**  
 City **Dunstable** State **MA** Zip **01827-1716** City **Dunstable** State **MA** Zip **01827-1716**  
 Insurance Company **Metropolitan Prop** Vehicle Action Prior to Crash **1** **22** Damaged Area Code: **1** **27** **7** **27** **27**  
 Vehicle Travel Direction:      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 **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
<b>Operator/Non-Motorist</b>	See Above	<del>XXXXXX</del>	<del>M</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

Date of Crash 10/03/2019 Time of Crash 1757 24HR City/Town **Wilmington** **Motor Vehicle Crash Police Report** Number Vehicles 3 Number Injured 1

Speed Limit 30 State Police  Local Police  MBTA Police  Campus Police  Other

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

<p>Route# _____ Direction _____ Name of Roadway/Street _____</p> <p style="text-align: center;">At</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p> <p style="text-align: center;">Also at Intersection with</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p>	<p>Route# _____ Direction _____ Address # <u>110</u> Name of Roadway/Street <u>NICHOLS ST</u></p> <p>_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____</p> <p style="text-align: center;">Mile Marker _____ Exit Number _____</p> <p>_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____</p> <p style="text-align: center;">Route# _____ Intersecting Roadway/Street _____</p> <p>_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____</p> <p style="text-align: center;">Landmark _____</p>
---	--

Please Select One of the Following:  Vehicle 3 Occupants  Hit/Run  Moped Crash Report ID# **19-330-AC**

<p>License # <u>S21024191</u> St. <u>MA</u> DOB/Age _____</p> <p>Sex <u>F</u> Lic. Class <u>D</u> Lic. Restrictions <u>1</u> CDL _____</p> <p>Operator <u>GILBERT, KRISTINA R</u></p> <p>Address <u>109 NICHOLS ST</u></p> <p>City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-1631</u></p> <p>Insurance Company <u>GOVT EMPLOYEE INS</u></p> <p>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></p> <p>Citation # (If Issued) _____</p> <p>Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____</p> <p>Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____</p>	<p>Reg # <u>706WCC</u> Reg Type <u>PC</u> Reg State <u>MA</u></p> <p>Veh Year <u>2016</u> Veh Make <u>Jeep</u> Veh Config. <u>1</u></p> <p>Owner <u>GILBERT, KRISTINA R</u></p> <p>Address <u>109 NICHOLS ST</u></p> <p>City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-1631</u></p> <p>Vehicle Action Prior to Crash <u>4</u></p> <p>Event Sequence <u>1</u> <u>23</u> <u>42</u> <u>23</u> <u>23</u> <u>23</u></p> <p>Most Harmful Event <u>1</u></p> <p>Driver Contributing Code <u>10</u> <u>25</u> <u>4</u> <u>25</u></p> <p>Driver Distracted by <u>0</u></p>
--	--

Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator</b>		See Above	<input checked="" type="checkbox"/>	1	1	4	0	0	9	2	Lahey Clinic

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

<p>License # _____ St. _____ DOB/Age _____</p> <p>Sex _____ Lic. Class <u>19</u> Lic. Restrictions <u>20</u> CDL _____</p> <p>Operator _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Insurance Company _____</p> <p>Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____</p> <p>Citation # (If Issued) _____</p> <p>Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____</p> <p>Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____</p>	<p>Reg # _____ Reg Type _____ Reg State _____</p> <p>Veh Year _____ Veh Make _____ Veh Config. <u>21</u></p> <p>Owner _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Vehicle Action Prior to Crash <u>22</u></p> <p>Event Sequence <u>23</u> <u>23</u> <u>23</u> <u>23</u></p> <p>Most Harmful Event <u>24</u></p> <p>Driver Contributing Code <u>25</u> <u>25</u></p> <p>Driver Distracted by <u>26</u></p>
--	---

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



<b>Police Use Only</b>			<b>Commonwealth of Massachusetts</b>				<b>RMV Document Number</b>									
Date of Crash 10/04/2019	Time of Crash 1651 24HR	City/Town Wilmington	<b>Motor Vehicle Crash Police Report</b>				Number Vehicles 2	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"/>

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

Please Select One of the Following:	<input checked="" type="checkbox"/> Vehicle <u>1</u> #Occupants _____	<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped	Crash Report ID# <b>19-331-AC</b>
-------------------------------------	---	----------------------------------	--------------------------------	-----------------------------------

License # <u>S90728327</u>	St. <u>MA</u>	DOB/Age _____	Reg # <u>157WD5</u>	Reg Type <u>PC</u>	Reg State <u>MA</u>	
Sex <u>F</u>	Lic. Class <u>D</u>	Lic. Restrictions <u>20</u>	CDL _____	Veh Year <u>2013</u>	Veh Make <u>TOYOTA</u>	Veh Config. <u>1</u>
Operator <u>RUSSO, KY</u>			Owner <u>RUSSO, ALDO</u>			
Address <u>10 AMHERST RD</u>			Address <u>10 AMHERST RD</u>			
City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-2673</u>			City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-2673</u>			
Insurance Company <u>COMMERCE INSURANCE</u>			Vehicle Action Prior to Crash <u>4</u>	Damaged Area Code: <u>1</u> <u>27</u> <u>27</u> <u>27</u>		
Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W			Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u>		Test Status: <u>1</u> <u>28</u>	
Citation # (If Issued) _____			Most Harmful Event <u>1</u> <u>24</u>		Type of Test: <u>29</u>	
Viol. 1: Ch/Sec/Sub _____			Driver Contributing Code <u>18</u> <u>25</u> <u>25</u>		BAC Test Result: <u>1</u> <u>30</u>	
Viol. 2: Ch/Sec/Sub _____			Driver Distracted by <u>0</u> <u>26</u>		Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u>	
Viol. 3: Ch/Sec/Sub _____					Towed from scene? <u>1</u> <u>33</u>	
Viol. 4: Ch/Sec/Sub _____						

Please fill out for operator and all occupants involved										Medical Facility	
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	
<b>Operator</b>	See Above	<del>XXXXXX</del>	<del>X</del>	<u>1</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>8</u>	<u>2</u>	Lahey Clinic

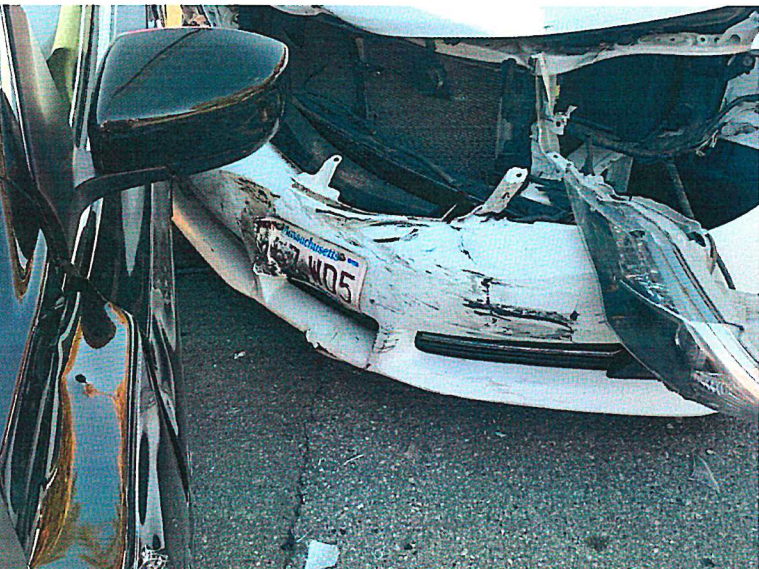
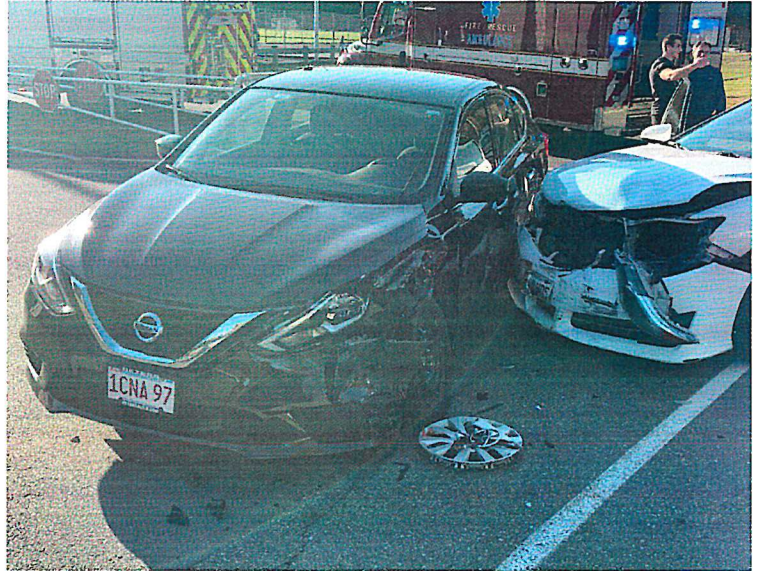
Please Select One of the Following:	<input checked="" type="checkbox"/> Vehicle <u>2</u> #Occupants _____	<input type="checkbox"/> Non-Motorist A	Type <u>15</u>	Action <u>16</u>	Location <u>17</u>	Condition <u>18</u>	<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped
-------------------------------------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

License # <u>S28405494</u>	St. <u>MA</u>	DOB/Age _____	Reg # <u>1CNA97</u>	Reg Type <u>PC</u>	Reg State <u>MA</u>	
Sex <u>M</u>	Lic. Class <u>D</u>	Lic. Restrictions <u>20</u>	CDL _____	Veh Year <u>2019</u>	Veh Make <u>NISSAN</u>	Veh Config. <u>1</u>
Operator <u>SPURRELL, CHRISTOPHER A</u>			Owner <u>SPURRELL, CHARLES D</u>			
Address <u>3 DEMOLAY CT</u>			Address <u>3 DEMOLAY CT</u>			
City <u>BILLERICA</u> State <u>MA</u> Zip <u>01821-1499</u>			City <u>BILLERICA</u> State <u>MA</u> Zip <u>01821-1499</u>			
Insurance Company <u>LIBERTY MUTUAL INS</u>			Vehicle Action Prior to Crash <u>1</u>	Damaged Area Code: <u>7</u> <u>27</u> <u>27</u> <u>27</u>		
Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W			Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u>		Test Status: <u>1</u> <u>28</u>	
Citation # (If Issued) _____			Most Harmful Event <u>1</u> <u>24</u>		Type of Test: <u>29</u>	
Viol. 1: Ch/Sec/Sub _____			Driver Contributing Code <u>9</u> <u>25</u> <u>18</u> <u>25</u>		BAC Test Result: <u>1</u> <u>30</u>	
Viol. 2: Ch/Sec/Sub _____			Driver Distracted by <u>0</u> <u>26</u>		Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u>	
Viol. 3: Ch/Sec/Sub _____					Towed from scene? <u>1</u> <u>33</u>	
Viol. 4: Ch/Sec/Sub _____						

Please fill out for operator/non-motorist and all occupants involved											Medical Facility
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	
<b>Operator/Non-Motorist</b>	See Above	<del>XXXXXX</del>	<del>X</del>	<u>1</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	

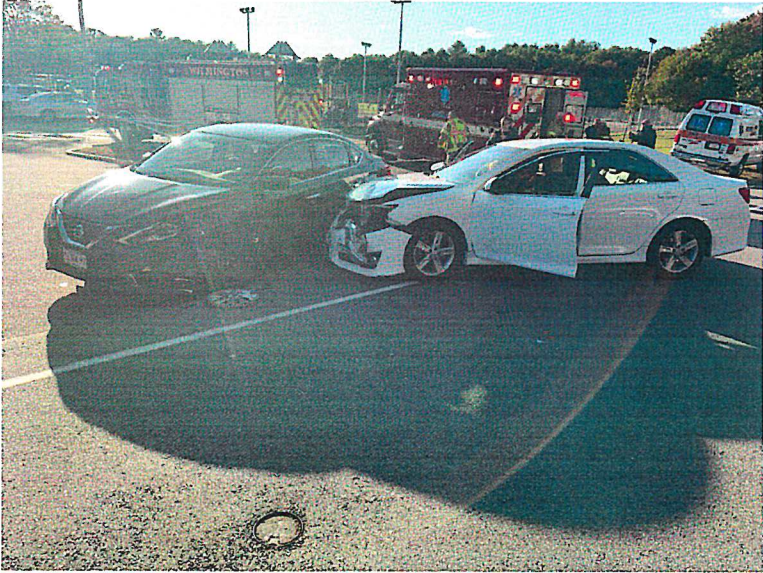


Wilmington Police Department  
Images Associated with 19-331-AC





Wilmington Police Department  
Images Associated with 19-331-AC



Date of Crash **10/05/2019** Time of Crash **1150** City/Town **Wilmington** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **0** Speed Limit **35** State Police  Local Police  MBTA Police  Campus Police  Other   
 Latitude \_\_\_\_\_ Longitude \_\_\_\_\_

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

Route# _____ Direction _____ Name of Roadway/Street _____ At _____	Route# <b>38</b> Direction _____ Address # <b>52</b> Name of Roadway/Street <b>MAIN ST</b>
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____	_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Mile Marker _____ or _____ Exit Number _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____	<b>750</b> Feet <input checked="" type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street <b>LAKE ST</b>
	_____ 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# **19-332-AC**

License # <b>S55569338</b> St <b>MA</b> DOB/Age _____ Sex <b>M</b> Lic. Class <b>D</b> <input type="checkbox"/> 19 <input type="checkbox"/> 19 Lic. Restrictions <b>1</b> <input type="checkbox"/> 20 CDL _____ Operator <b>ESDALE, DANIEL JOSEPH</b> Address <b>30 VILLA ROMA DR</b> City <b>TEWKSBURY</b> State <b>MA</b> Zip <b>01876-2850</b> Insurance Company <b>COMMERCE INSURANCE</b> Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <b>2</b> Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # <b>234JW4</b> Reg Type <b>PC</b> Reg State <b>MA</b> Veh Year <b>2007</b> Veh Make <b>Jeep</b> Veh Config. <b>1</b> <input type="checkbox"/> 21 Owner <b>ESDALE, DANIEL JOSEPH</b> Address <b>30 VILLA ROMA DR</b> City <b>TEWKSBURY</b> State <b>MA</b> Zip <b>01876-2850</b> Vehicle Action Prior to Crash <b>2</b> <input type="checkbox"/> 22 Damaged Area Code: <b>5</b> <input type="checkbox"/> 27 <input type="checkbox"/> 27 <input type="checkbox"/> 27 Event Sequence <b>1</b> <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23 Test Status: <b>1</b> <input type="checkbox"/> 28 Most Harmful Event <b>1</b> <input type="checkbox"/> 24 Type of Test: <b>29</b> Driver Contributing Code <b>1</b> <input type="checkbox"/> 25 <input type="checkbox"/> 25 BAC Test Result: <b>30</b> Driver Distracted by <b>0</b> <input type="checkbox"/> 26 Susp. Alcohol: <b>2</b> <input type="checkbox"/> 31 Susp. Drug: <b>2</b> <input type="checkbox"/> 32 Towed from scene? <b>2</b> <input type="checkbox"/> 33
--	--

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

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

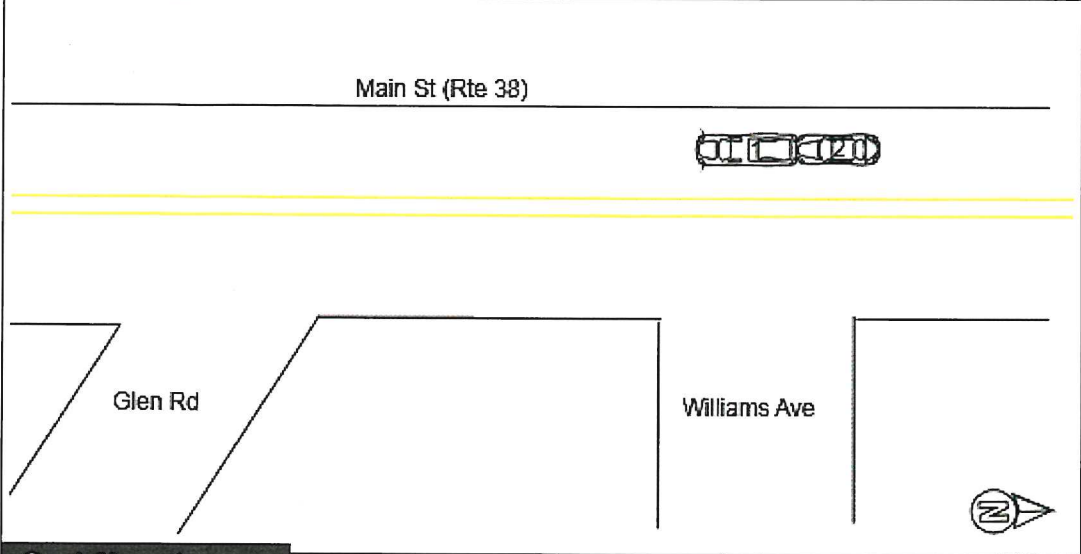
License # <b>S23625567</b> St <b>MA</b> DOB/Age _____ Sex <b>F</b> Lic. Class <b>D</b> <input type="checkbox"/> 19 <input type="checkbox"/> 19 Lic. Restrictions <b>1</b> <input type="checkbox"/> 20 CDL _____ Operator <b>OUELLETTE, MICHAELA JANE</b> Address <b>13 LAKE ST</b> City <b>WILMINGTON</b> State <b>MA</b> Zip <b>01887-3726</b> Insurance Company <b>SAFETY INSURANCE</b> Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <b>2</b> Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # <b>6NJ496</b> Reg Type <b>PC</b> Reg State <b>MA</b> Veh Year <b>2002</b> Veh Make <b>TOYOTA</b> Veh Config. <b>1</b> <input type="checkbox"/> 21 Owner <b>OUELLETTE, MICHAELA JANE</b> Address <b>13 LAKE ST</b> City <b>WILMINGTON</b> State <b>MA</b> Zip <b>01887-3726</b> Vehicle Action Prior to Crash <b>1</b> <input type="checkbox"/> 22 Damaged Area Code: <b>1</b> <input type="checkbox"/> 27 <input type="checkbox"/> 11 <input type="checkbox"/> 27 <input type="checkbox"/> 27 Event Sequence <b>1</b> <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23 Test Status: <b>1</b> <input type="checkbox"/> 28 Most Harmful Event <b>1</b> <input type="checkbox"/> 24 Type of Test: <b>29</b> Driver Contributing Code <b>20</b> <input type="checkbox"/> 25 <b>19</b> <input type="checkbox"/> 25 BAC Test Result: <b>30</b> Driver Distracted by <b>5</b> <input type="checkbox"/> 26 Susp. Alcohol: <b>2</b> <input type="checkbox"/> 31 Susp. Drug: <b>2</b> <input type="checkbox"/> 32 Towed from scene? <b>1</b> <input type="checkbox"/> 33
--	---

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

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

ie: → 1    → 2    → ○    → ⦿

**Crash Diagram:**



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

Off-Street Parking Lot

Garage

Mall/Shopping Center

Other Private Way

**Indicate North by Arrow**

(Diagram showing a circle with an arrow pointing right)

**Crash Narrative:**

Vehicle 1 was stopped in traffic heading south bound on Main St (Rte 38). Vehicle 2 was traveling behind vehicle 1, also traveling south bound on Main St. The operator of vehicle 2 had 2 dogs in the vehicle located in the backseat. She stated one of the dogs attempted to jump into the front seat this caused her to take her attention off the roadway and traffic in front of her, causing her to crash into the rear of vehicle 1 which was now stopped.

**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 Michael W Wandell      174      Wilmington Police Department      10/05/2019

Police Officer Name (Please Print)      Signature      ID/Badge #      Department      Precinct/Barracks      Date

**Commonwealth of Massachusetts**

**Motor Vehicle Crash Police Report**

Police Use Only: Date of Crash **10/05/2019**, Time of Crash **1512** (24HR), City/Town **Wilmington**

RMV Document Number: Number Vehicles **2**, 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 \_\_\_\_\_ Name of Intersecting Roadway/Street \_\_\_\_\_

Route# **334** Direction \_\_\_\_\_ Address # \_\_\_\_\_ Name of Roadway/Street **MAIN ST**

\_\_\_\_\_ 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 \_\_\_\_\_

\_\_\_\_\_ Feet **N S E W** of \_\_\_\_\_ Landmark \_\_\_\_\_

Please Select One of the Following:  Vehicle **12** #Occupants  Hit/Run  Moped

Crash Report ID# **19-333-AC**

License # **S13772823** St. **MA** DOB/Age \_\_\_\_\_ Reg # **95911LF** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** Lic. Restrictions **1** CDL \_\_\_\_\_ Veh Year **2015** Veh Make **GMC** Veh Config. **1** **21**

Operator **AUSTIN, JEFFREY M** Owner **AUSTIN, JEFFREY M**

Address **19 WESTON RD** Address **19 WESTON RD**

City **READING** State **MA** Zip **01867-2046** City **READING** State **MA** Zip **01867-2046**

Insurance Company **LIBERTY MUTUAL INS**

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 \_\_\_\_\_

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: **1** **29**

Driver Contributing Code **1** **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**

Please fill out for operator and all occupants involved

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

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

License # **S24824343** St. **MA** DOB/Age \_\_\_\_\_ Reg # **1YVK60** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** Lic. Restrictions **1** CDL \_\_\_\_\_ Veh Year **2011** Veh Make **TOYOTA** Veh Config. **1** **21**

Operator **CROTEAU, ANDREW JAMES** Owner **MACQUARRIE, JAMES ROBERT**

Address **45 BARROWS RD** Address **46 DEERING ST**

City **READING** State **MA** Zip **01867-1506** City **READING** State **MA** Zip **01867-2406**

Insurance Company **QUINCY MUTUAL FIRE**

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 \_\_\_\_\_

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

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

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

Driver Contributing Code **19** **25** **25** BAC Test Result: **1** **30**

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
<b>Operator/Non-Motorist</b>	See Above	<del>XXXXXX</del>	<del>XX</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

→ = Direction    1 = Vehicle 1    2 = Vehicle 2    O = Pedestrian    B = Bicycle  
ie: → 1 → 2 → O → B

### Crash Diagram:

334 Main Street

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 and 2 were traveling north on Main St. Op MV 1 stated a motor vehicle stopped abruptly in front of him attempting to turn left into a parking lot. This caused MV 1 to stop short as well. Op of MV 1 and 2 stated MV 2 didn't have enough time to stop. MV 2 rear ended MV 1. MV 2 suffered major damage and was towed by Forrest Towing. No injuries.

### 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

10/05/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date