

Date of Crash 10/27/2019 Time of Crash 1835 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

AT INTERSECTION:

LOCATION

NOT AT INTERSECTION:

LOWELL ST

Route# Direction Name of Roadway/Street At

WOBURN ST

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

Route# Direction Name of Intersecting Roadway/Street

Route# Direction Address # Name of Roadway/Street

Feet N S E W of 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# 19-368-AC

License # S31462541 St. MA DOB/Age Sex M Lic. Class A 19 19 Lic. Restrictions 20 CDL Endorsement

Reg # 49FF22 Reg Type PC Reg State MA Veh Year 2018 Veh Make FORD Veh Config. 1 21

Operator MULLEN, GERARD JOHN Last First Middle

Owner MULLEN, GERARD JOHN Last First Middle

Address 24 DARTMOUTH ST

Address 24 DARTMOUTH ST

City WOBURN State MA Zip 01801-1632

City WOBURN State MA Zip 01801-1632

Insurance Company SAFETY INSURANCE

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

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

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

Citation # (If Issued)

Most Harmful Event 1 24 Type of Test: 29

Viol. 1: Ch/Sec/Sub 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

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. Includes Operator MAUREEN MULLEN.

Please Select One of the Following: Vehicle 22 Occupants Non-Motorist A Type 15 Action 16 Location 17 Condition 18 Hit/Run Moped

License # S52170597 St. MA DOB/Age Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement

Reg # 1YKZ80 Reg Type PC Reg State MA Veh Year 2018 Veh Make Veh Config. 1 21

Operator BORGES, IVANETE F Last First Middle

Owner BORGES, IVANETE F Last First Middle

Address 500 NORTHSHORE RD APT 2C

Address 500 NORTHSHORE RD APT 2C

City PEABODY State MA Zip 01960-4046

City PEABODY State MA Zip 01960-4046

Insurance Company LIBERTY MUTUAL INS

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

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

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

Citation # (If Issued)

Most Harmful Event 1 24 Type of Test: 29

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

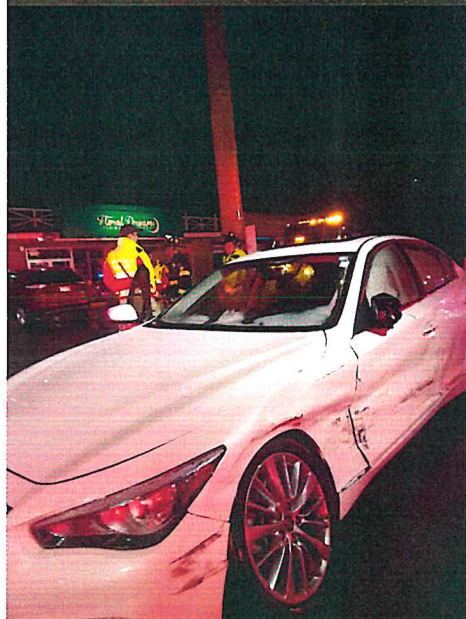
Driver Contributing Code 19 25 3 25 BAC Test Result: 1 30

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

Driver Distracted by 99 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32

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. Includes Operator/Non-Motorist LELIA GIBSON.

Wilmington Police Department
Images Associated with 19-368-AC



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

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

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

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

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

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped
 Crash Report ID# **19-369-AC**

License # **SA1280581** St **MA** DOB/Age _____ Reg # **M21601** Reg Type **CO** Reg State **MA**
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL _____ Veh Year **2016** Veh Make **DODGE** Veh Config. **1** 21
 Operator **FARRELL, CHRISTOPHER GEORGE** Owner **L KNIFE AND SON INC**
 Address **10 WESTERN AVE** Address **BX K**
 City **NORTH CHELMSFORD** State **MA** Zip **01863-2426** City **KINGSTON** State **MA** Zip **02364-0510**
 Insurance Company **TRAVELERS IND CO** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **1** 27 **2** 27 **27** 27
 Vehicle Travel Direction: **N S E** Responding to Emergency? **2** Event Sequence **40** 23 **22** 23 **2** 23 **23** 23 Test Status: **28**
 Citation # (If Issued) _____ Most Harmful Event **22** 24 Type of Test: **29**
 Viol. 1: Ch/Sec/Sub _____ Driver Contributing Code **20** 25 **25** 25 BAC Test Result: **30**
 Viol. 2: Ch/Sec/Sub _____ Driver Distracted by **99** 26 Susp. Alcohol: **31** Susp. Drug: **32**
 Viol. 3: Ch/Sec/Sub _____ Towed from scene? **1** 33
 Viol. 4: Ch/Sec/Sub _____

Please fill out for operator and all occupants involved

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

Please Select One of the Following: Vehicle **20** #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

License # _____ St _____ DOB/Age _____ Reg # **8MDZ50** Reg Type **PC** Reg State **MA**
 Sex _____ Lic. Class **19** 19 Lic. Restrictions **20** CDL _____ Veh Year **2005** Veh Make **SUBARU** Veh Config. **1** 21
 Operator **Driverless M.V.** Owner **COLOZZI, FRANK**
 Address _____ Address **509 WOBURN ST**
 City _____ State _____ Zip _____ City **WILMINGTON** State **MA** Zip **01887-2534**
 Insurance Company **STANDARD FIRE INS** Vehicle Action Prior to Crash **11** 22 Damaged Area Code: **6** 27 **5** 27 **27** 27
 Vehicle Travel Direction: **N S E** Responding to Emergency? **2** Event Sequence **1** 23 **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** 25 BAC Test Result: **30**
 Viol. 2: Ch/Sec/Sub _____ Driver Distracted by **0** 26 Susp. Alcohol: **31** Susp. Drug: **32**
 Viol. 3: Ch/Sec/Sub _____ Towed from scene? **2** 33
 Viol. 4: Ch/Sec/Sub _____

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

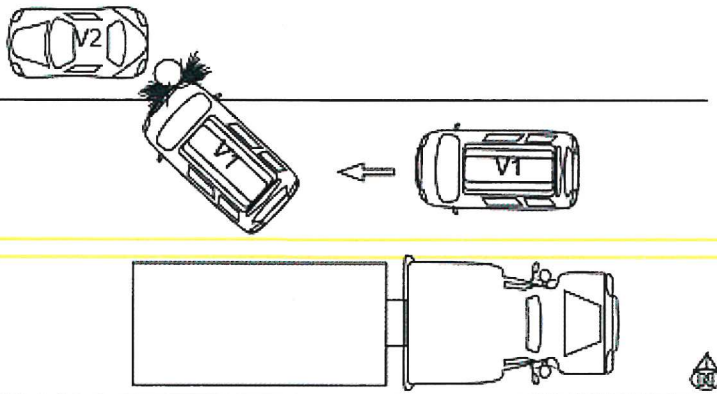
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above	XXXXXX	XXXX	1							

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

ie: → 1 → 2 → ○ → ○

Crash Diagram:

509 Woburn St



If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow



Crash Narrative:

V1 traveling westbound on Woburn St. Oper. V1 stated he was distracted and ran off road to the right striking utility pole as well as parked MV (V2) Note: Truck parked in eastbound lane off loading construction equipment.

Witnesses:

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

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
VERIZON	28 DIANA LN DRACUT MA 01826		4	UTILITY POLE #125

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

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

Hazmat Information:

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

Patrol Officer John W Delorey

185

Wilmington Police Department

10/28/2019

Police Officer Name (Please Print)

Signature

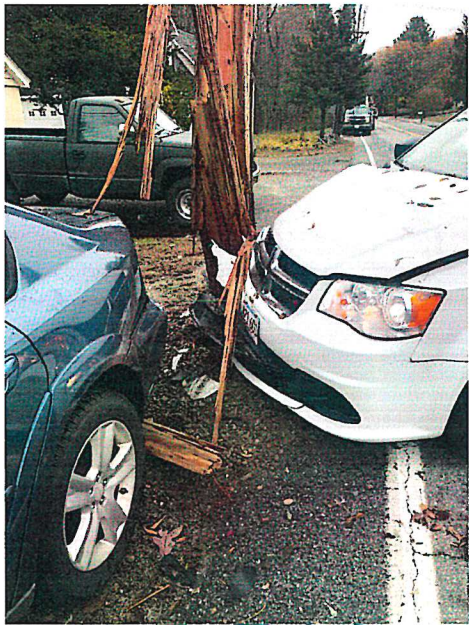
ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department
Images Associated with 19-369-AC



Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash 10/28/2019 Time of Crash 2145 City/Town **Wilmington**

Motor Vehicle Crash Police Report

Number Vehicles 1 Number Injured 1 Speed Limit 30
 Latitude +042.5388 Longitude -071.139
 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 # **316 LOWELL 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 _____
 Landmark

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

Crash Report ID# **19-370-AC**

License # **01PNT69181** St **NH** DOB/Age _____
 Sex **F** Lic. Class **D** Lic. Restrictions **20** CDL _____
 Operator **PETRON, TRACY E**
 Address **13 PACHECO DR**
 City **SALEM** State **NH** Zip **03079**
 Insurance Company **PROGRESSIVE INSURANCE**
 Vehicle Travel Direction: N S E W Responding to Emergency? **2**
 Citation # (If Issued) _____
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____

Reg # **EMMALP** Reg Type **PC** Reg State **NH**
 Veh Year **2008** Veh Make **CHEVROLET** Veh Config. **1 21**
 Owner **PLANTE, KIMBERLY**
 Address **7 PARK ST**
 City **BRISTOL** State **NH** Zip **03222**
 Vehicle Action Prior to Crash **1 22** Damaged Area Code: **1 27 27 27**
 Event Sequence **40 23 23 23 23 29** Test Status: **1 28**
 Most Harmful Event **29 24** Type of Test: **29**
 Driver Contributing Code **7 25 22 25** BAC Test Result: **30**
 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		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator		See Above	<input checked="" type="checkbox"/>	1	1	4	0	0	8	2	Lahey Clinic

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

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**
 Most Harmful Event **24** Type of Test: **29**
 Driver Contributing Code **25 25** BAC Test Result: **30**
 Driver Distracted by **26** Susp. Alcohol: **31** Susp. Drug: **32**
 Towed from scene? **33**

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							

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

38 **N** **MAIN ST**
Route# Direction Name of Roadway/Street

At

62 **BURLINGTON AVE**
Route# Direction Name of Intersecting Roadway/Street

Also at Intersection with

Route# Direction Name of Intersecting Roadway/Street

Route# Direction Address # Name of Roadway/Street

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

Mile Marker _____ Exit Number _____

Feet **N S E W** of _____

Route# Intersecting Roadway/Street

Feet **N S E W** of _____

Landmark _____

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

Crash Report ID# **19-371-AC**

License # **S10759758** St **MA** DOB/Age _____ Reg # **2AF186** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** Lic. Restrictions **B** CDL _____ Veh Year **2003** Veh Make **CADILLAC** Veh Config. **1** **21**

Operator **HANSEN, GAYNELL R** Owner **HANSEN, GAYNELL R**

Address **103 BALSAM PL** Address **103 BALSAM PL**

City **TEWKSBURY** State **MA** Zip **01876-4640** City **TEWKSBURY** State **MA** Zip **01876-4640**

Insurance Company **SAFETY INSURANCE** Vehicle Action Prior to Crash **1** **22** Damaged Area Code: **1** **27** **27** **27**

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

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

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **7** **25** **5** **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		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	XXXX	XX	1	1	4	0	0	10	1	

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

License # **S33200757** St **MA** DOB/Age _____ Reg # **8VV356** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** Lic. Restrictions _____ CDL _____ Veh Year **2018** Veh Make **Land Rover** Veh Config. **2** **21**

Operator **CALANDRELLO, MELISSA R** Owner **CALANDRELLO, MICHAEL J**

Address **595 NORTH ST** Address **595 NORTH ST**

City **TEWKSBURY** State **MA** Zip **01876** City **TEWKSBURY** State **MA** Zip **01876-1228**

Insurance Company **ARBELLA MUTUAL INS** Vehicle Action Prior to Crash **2** **22** Damaged Area Code: **5** **27** **27** **27**

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

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

Viol. 1: Ch/Sec/Sub _____ 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/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	XXXX	XX	1	99	4	0	0	10	1	

AT INTERSECTION: **LOCATION** **NOT AT INTERSECTION:**

1 **MAIN ST**
 Route# Direction Name of Roadway/Street
 At
MASS AVE
 Route# Direction Name of Intersecting Roadway/Street
 Also at Intersection with
 2 Route# Direction Name of Intersecting Roadway/Street
 3 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 1 Occupants Hit/Run Moped
 Crash Report ID# **19-372-AC**

License # **S69662531** St **MA** DOB/Age _____ Reg # **2DN989** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL Endorsement _____ Veh Year **2001** Veh Make **CHEVROLET** Veh Config. **1** 21
 Operator **WORTMAN, JASON D** Owner **MONTRON, EDITH L**
 Address **10 ABBEY RD APT 102** Address **10 ABBEY RD APT 102**
 City **LEOMINSTER** State **MA** Zip **01453** City **LEOMINSTER** State **MA** Zip **01453-4880**
 Insurance Company **COMMERCE INSURANCE** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **8** 27 27 27
 Vehicle Travel Direction: S E W Responding to Emergency? **2** Event Sequence **1** 23 23 23 23 Test Status: **1** 28
 Citation # (If Issued) _____ Most Harmful Event **1** 24 Type of Test: **1** 29
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **1** 25 25 BAC Test Result: **1** 30
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0** 26 Susp. Alcohol: **2** 31 Susp. Drug: **2** 32
 Towed from scene? **2** 33

Please fill out for operator and all occupants involved

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

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

License # **S69041345** St **MA** DOB/Age _____ Reg # **492GK5** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL Endorsement _____ Veh Year **2013** Veh Make **TOYOTA** Veh Config. **1** 21
 Operator **SUPRENANT, GEORGE H** Owner **SUPRENANT, GEORGE H**
 Address **36 KING ST** Address **36 KING ST**
 City **WILMINGTON** State **MA** Zip **01887-1940** City **WILMINGTON** State **MA** Zip **01887-1940**
 Insurance Company **AMICA MUTUAL INS** Vehicle Action Prior to Crash **4** 22 Damaged Area Code: **6** 27 27 27
 Vehicle Travel Direction: N S E W Responding to Emergency? **2** Event Sequence **1** 23 23 23 23 Test Status: **1** 28
 Citation # (If Issued) _____ Most Harmful Event **1** 24 Type of Test: **1** 29
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **19** 25 25 BAC Test Result: **1** 30
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0** 26 Susp. Alcohol: **2** 31 Susp. Drug: **2** 32
 Towed from scene? **2** 33

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

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

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

<p>93 S ROUTE 62 HWY Route# Direction Name of Roadway/Street</p> <p>At</p> <p>62 W Route# Direction 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 N S E W of _____ or _____</p> <p>Mile Marker _____ Exit Number _____</p> <p>Feet N S E W of _____</p> <p>Route# Intersecting Roadway/Street</p> <p>Feet N S E W of _____</p> <p>Landmark _____</p>
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Please Select One of the Following: Vehicle 1 Occupants Hit/Run Moped Non-Motorist A

Crash Report ID# **19-373-AC**

<p>License # S70903095 St MA DOB/Age _____</p> <p>Sex F Lic. Class D Lic. Restrictions 1 CDL _____</p> <p>Operator GUPTILL, EMILY ANN</p> <p>Address 22 COTTAGE PARK</p> <p>City READING State MA Zip 01867-2214</p> <p>Insurance Company ESURANCE INSURANCE</p> <p>Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? 2</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 # 6HR262 Reg Type PC Reg State MA</p> <p>Veh Year 2015 Veh Make HONDA Veh Config. 1</p> <p>Owner GUPTILL, EMILY ANN</p> <p>Address 22 COTTAGE PARK</p> <p>City READING State MA Zip 01867-2214</p> <p>Vehicle Action Prior to Crash 4</p> <p>Event Sequence 1 23 23 23 23</p> <p>Most Harmful Event 1 24</p> <p>Driver Contributing Code 1 25 25</p> <p>Driver Distracted by 0 26</p> <p>Damaged Area Code: 7 27 27 27</p> <p>Test Status: 1 28</p> <p>Type of Test: 29</p> <p>BAC Test Result: 30</p> <p>Susp. Alcohol: 2 31 Susp. Drug: 2 32</p> <p>Towed from scene? 1 33</p>
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Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator		See Above	X	1	1	2	0	0	10	1	

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

Type **15** Action **16** Location **17** Condition **18**

<p>License # S83890502 St MA DOB/Age _____</p> <p>Sex M Lic. Class D Lic. Restrictions 1 CDL _____</p> <p>Operator WILKINSON, DOUGLAS J</p> <p>Address 14 HOOD DR</p> <p>City ANDOVER State MA Zip 01810-4757</p> <p>Insurance Company QUINCY MUTUAL FIRE</p> <p>Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? 2</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 # VT4291 Reg Type PC Reg State MA</p> <p>Veh Year 2016 Veh Make CHEVROLET Veh Config. 1</p> <p>Owner WILKINSON, DOUGLAS J</p> <p>Address 14 HOOD DR</p> <p>City ANDOVER State MA Zip 01810-4757</p> <p>Vehicle Action Prior to Crash 6</p> <p>Event Sequence 1 23 23 23 23</p> <p>Most Harmful Event 1 24</p> <p>Driver Contributing Code 4 25 25</p> <p>Driver Distracted by 0 26</p> <p>Damaged Area Code: 1 27 27 27</p> <p>Test Status: 1 28</p> <p>Type of Test: 29</p> <p>BAC Test Result: 30</p> <p>Susp. Alcohol: 2 31 Susp. Drug: 2 32</p> <p>Towed from scene? 2 33</p>
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Please fill out for operator/non-motorist and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist		See Above	X	1	1	4	0	0	10	1	

Police Use Only	Date of Crash 10/29/2019	Time of Crash 1339 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report	Number Vehicles 2	Number Injured 0	Speed Limit <u>35</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 MAIN ST			Route# _____ Direction _____ Address # _____ Name of Roadway/Street					2 10	
At _____			_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____					3 11	
Route# _____ Direction _____ Name of Intersecting Roadway/Street BRIDGE LN			_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Mile Marker _____ Exit Number _____					3 11	
Also at Intersection with _____			Route# _____ Intersecting Roadway/Street						
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 _____ Landmark _____						

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

Crash Report ID# **19-374-AC**

License # <u>S57409861</u> St <u>MA</u> DOB/Ag <u>19 19</u> Sex <u>F</u> Lic. Class <u>D</u> Lic. Restrictions <u>1</u> CDL _____ Operator <u>JACOBSEN, RAEANNE KARI</u> Address <u>14 GREENHALGE ST</u> City <u>TEWKSBURY</u> State <u>MA</u> Zip <u>01876-4123</u> Insurance Company <u>PLYMOUTH ROCK ASSU</u>	Reg # <u>8MZ115</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2002</u> Veh Make <u>VOLKSWAGEN</u> Veh Config. <u>1</u> Owner <u>JACOBSEN, RAEANNE KARI</u> Address <u>14 GREENHALGE ST</u> City <u>TEWKSBURY</u> State <u>MA</u> Zip <u>01876-4123</u> Vehicle Action Prior to Crash <u>1</u> 22 Event Sequence <u>1</u> 23 23 23 23 Most Harmful Event <u>1</u> 24 Driver Contributing Code <u>1</u> 25 25 Driver Distracted by <u>0</u> 26
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) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Damaged Area Code: <u>1</u> 27 27 27 Test Status: <u>1</u> 28 Type of Test: <u>29</u> BAC Test Result: <u>1</u> 30 Susp. Alcohol: <u>2</u> 31 Susp. Drug: <u>2</u> 32 Towed from scene? <u>2</u> 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		XXXX	XX	1	1	4	0	0	10	1	
Name (Last First Middle)		Address									

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>S96999465</u> St <u>MA</u> DOB/Ag <u>19 19</u> Sex <u>F</u> Lic. Class <u>D</u> Lic. Restrictions <u>1</u> CDL _____ Operator <u>TORRES, KAREN A</u> Address <u>13 DUBLIN ST</u> City <u>LOWELL</u> State <u>MA</u> Zip <u>01854-4222</u> Insurance Company <u>GEICO GENERAL INS</u>	Reg # <u>9MR877</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2001</u> Veh Make <u>MITSUBISHI</u> Veh Config. <u>1</u> Owner <u>TORRES, KAREN A</u> Address <u>13 DUBLIN ST</u> City <u>LOWELL</u> State <u>MA</u> Zip <u>01854-4222</u> Vehicle Action Prior to Crash <u>4</u> 22 Event Sequence <u>1</u> 23 23 23 23 Most Harmful Event <u>1</u> 24 Driver Contributing Code <u>19</u> 25 <u>18</u> 25 Driver Distracted by <u>0</u> 26
Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? <u>2</u> Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Damaged Area Code: <u>8</u> 27 27 27 Test Status: <u>1</u> 28 Type of Test: <u>29</u> BAC Test Result: <u>1</u> 30 Susp. Alcohol: <u>2</u> 31 Susp. Drug: <u>2</u> 32 Towed from scene? <u>1</u> 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		XXXX	XX	1	1	4	0	0	10	1	
Name (Last First Middle)		Address									

Date of Crash: 10/30/2019 | Time of Crash: 1804 24HR | 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:

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

<p>Route# <u>CLARK ST</u> Direction _____ Name of Roadway/Street _____</p> <p style="text-align: center;">At</p> <p>Route# <u>MIDDLESEX AVE</u> 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>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>
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Please Select One of the Following: Vehicle 1 Occupants Hit/Run Moped | Crash Report ID# **19-375-AC**

<p>License # <u>S22634517</u> St <u>MA</u> DOB/Age _____</p> <p>Sex <u>F</u> Lic. Class <u>D</u> Lic. Restrictions <u>20</u> CDL _____</p> <p>Operator <u>NAMBOODIRI, DEEPA</u></p> <p>Address <u>96 PARLMONT PARK</u></p> <p>City <u>N BILLERICA</u> State <u>MA</u> Zip <u>01862-2721</u></p> <p>Insurance Company <u>GEICO GENERAL INS</u></p> <p>Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" 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>2MC811</u> Reg Type <u>PC</u> Reg State <u>MA</u></p> <p>Veh Year <u>2012</u> Veh Make <u>TOYOTA</u> Veh Config. <u>1 21</u></p> <p>Owner <u>PURAYANNUR, NARAYANAN CHITRABH</u></p> <p>Address <u>96 PARLMONT PARK</u></p> <p>City <u>N BILLERICA</u> State <u>MA</u> Zip <u>01862-2721</u></p> <p>Vehicle Action Prior to Crash <u>1 22</u> Damaged Area Code: <u>1 27 27 27</u></p> <p>Event Sequence <u>1 23 23 23 23</u> Test Status: <u>1 28</u></p> <p>Most Harmful Event <u>1 24</u> Type of Test: <u>29</u></p> <p>Driver Contributing Code <u>99 25 25</u> BAC Test Result: <u>1 30</u></p> <p>Driver Distracted by <u>99 26</u> Susp. Alcohol: <u>2 31</u> Susp. Drug: <u>2 32</u></p> <p>Towed from scene? <u>2 33</u></p>
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Please fill out for operator and all occupants involved											
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above	XXXXXX	XX	1	99	4	0	0	10	1	

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

<p>License # <u>S68870684</u> St <u>MA</u> DOB/Age _____</p> <p>Sex <u>M</u> Lic. Class <u>D</u> Lic. Restrictions <u>20</u> CDL _____</p> <p>Operator <u>FLAHERTY, WILLIAM F</u></p> <p>Address <u>6 KELLEY RD</u></p> <p>City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-2421</u></p> <p>Insurance Company <u>COMMERCE INSURANCE</u></p> <p>Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? <u>2</u></p> <p>Citation # (If Issued) <u>T1682808</u></p> <p>Viol. 1: Ch/Sec/Sub <u>90 10</u> Viol. 2: Ch/Sec/Sub _____</p> <p>Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____</p>	<p>Reg # <u>NE78KL</u> Reg Type <u>PC</u> Reg State <u>MA</u></p> <p>Veh Year <u>2017</u> Veh Make <u>HYUNDAI</u> Veh Config. <u>1 21</u></p> <p>Owner <u>FLAHERTY, WILLIAM F</u></p> <p>Address <u>6 KELLEY RD</u></p> <p>City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-2421</u></p> <p>Vehicle Action Prior to Crash <u>1 22</u> Damaged Area Code: <u>3 27 27 27</u></p> <p>Event Sequence <u>1 23 23 23 23</u> Test Status: <u>1 28</u></p> <p>Most Harmful Event <u>1 24</u> Type of Test: <u>29</u></p> <p>Driver Contributing Code <u>99 25 25</u> BAC Test Result: <u>2 30</u></p> <p>Driver Distracted by <u>99 26</u> Susp. Alcohol: <u>31</u> Susp. Drug: <u>2 32</u></p> <p>Towed from scene? <u>2 33</u></p>
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Please fill out for operator/non-motorist and all occupants involved											
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above	XXXXXX	XX	1	99	4	0	0	10	1	

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

1 4	Route# _____ Direction _____ Name of Roadway/Street _____	Route# _____ Direction _____ Address # 496 Name of Roadway/Street MAIN ST	2 10
	At _____	_____ Feet N S E W of _____ or _____	
	Route# _____ Direction _____ Name of Intersecting Roadway/Street _____	_____ Mile Marker _____ Exit Number _____	
	Also at Intersection with _____	_____ Feet N S E W of _____	
2 1	Route# _____ Direction _____ Name of Intersecting Roadway/Street _____	Route# _____ Intersecting Roadway/Street _____	1 11
		_____ Feet N S E W of _____	
		_____ Feet N S E W of _____	
		_____ Landmark _____	

Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped **Crash Report ID# 19-376-AC**

4 1	License # S83223688 St MA DOB/Age _____	Reg # 6BJE10 Reg Type PC Reg State MA	3 12
	Sex F Lic. Class D Lic. Restrictions 1 CDL _____	Veh Year 2013 Veh Make CHEVROLET Veh Config. 1	
	Operator PICARDI, LINDA C	Owner PICARDI, LINDA C	
	Address 12 SANDRA AVE	Address 12 SANDRA AVE	
	City BURLINGTON State MA Zip 01803-1044	City BURLINGTON State MA Zip 01803-1044	
Insurance Company GOVT EMPLOYEE INS	Vehicle Action Prior to Crash 1	Damaged Area Code: 1 27 2 27	5 13
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? 2	Event Sequence 22 23 23 23	Test Status: 3 28	
Citation # (If Issued) T1682499	Most Harmful Event 22 24	Type of Test: 2 29	
Viol. 1: Ch/Sec/Sub 90 24 Viol. 2: Ch/Sec/Sub 90 24	Driver Contributing Code 14 25 25	BAC Test Result: 5 30	
Viol. 3: Ch/Sec/Sub 89 4A Viol. 4: Ch/Sec/Sub _____	Driver Distracted by 99 26	Susp. Alcohol: 1 31 Susp. Drug: 2 32	

Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Sent Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above	XXXXXX	XXXX	1	99	4	0	0	10	1	

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

8 1	License # _____ St _____ DOB/Age _____	Reg # _____ Reg Type _____ Reg State _____	9 14
	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	9 2
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> 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	

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

Date of Crash **10/30/2019** Time of Crash **1429** 24HR City/Town **Wilmington** **Motor Vehicle Crash Police Report** Number Vehicles **1** Number Injured **1** Speed Limit 20 State Police Local Police MBTA Police Campus Police Other
 Latitude **+042.5494** Longitude **-071.204**

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

<p>1 Route# _____ Direction _____ Name of Roadway/Street _____ At _____</p> <p>2 Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____</p> <p>3 Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p>	<p>2 Route# _____ Direction _____ Address # 124 Name of Roadway/Street ALDRICH RD</p> <p>_____ Feet N S E W of _____ • _____ or _____ Mile Marker _____ Exit Number _____</p> <p>1 _____ Feet N S E W of _____ Route# _____ Intersecting Roadway/Street _____</p> <p>_____ Feet N S E W of _____ Landmark _____</p>
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Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped **Crash Report ID# 19-377-AC**

<p>4 License # S09321175 St MA DOB/Age _____ Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL _____ Operator DIMASTRANTONIO, SANTINO R Address 1 SWAIN RD City BURLINGTON State MA Zip 01803 Insurance Company AMICA MUTUAL INS Vehicle Travel Direction: N S E W Responding to Emergency? 2 Citation # (If Issued) T1683279 Viol. 1: Ch/Sec/Sub 90 24 Viol. 2: Ch/Sec/Sub 90 18 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____</p>	<p>Reg # 9ME917 Reg Type PC Reg State MA Veh Year 2003 Veh Make FORD Veh Config. 1 Owner KALINOSKI, LISA ANN Address 1 SWAIN WEST RD City BURLINGTON State MA Zip 01803-1052 Vehicle Action Prior to Crash 1 Event Sequence 41 23 3 23 35 23 Most Harmful Event 1 Driver Contributing Code 10 25 2 25 Driver Distracted by 0 Damaged Area Code: 7 27 27 27 Test Status: 1 28 Type of Test: 29 BAC Test Result: 30 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Towed from scene? 1 33</p>
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Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator		See Above	<input checked="" type="checkbox"/>	1	99	4	0	0	10	1	

Please Select One of the Following: Vehicle **2** #Occupants Non-Motorist A Type **1** Action **2** Location **9** Condition **1** Hit/Run Moped

<p>8 License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class 19 19 Lic. Restrictions 20 CDL _____ Operato _____ Address _____ City _____ State _____ Zi _____ 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 _____</p>	<p>Reg # _____ Reg Type _____ Reg State _____ Veh Year _____ Veh Make _____ Veh Config. 21 Owner _____ Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 22 Event Sequence 23 23 23 23 Most Harmful Event 24 Driver Contributing Code 25 25 Driver Distracted by 26 Damaged Area Code: 27 27 27 Test Status: 28 Type of Test: 29 BAC Test Result: 30 Susp. Alcohol: 31 Susp. Drug: 32 Towed from scene? 33</p>
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Please fill out for operator/non-motorist and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist		See Above	<input checked="" type="checkbox"/>	1					7	2	Mass General hospital

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

1 **MAIN ST**
 Route# Direction Name of Roadway/Street
 At
RICHMOND ST
 Route# Direction Name of Intersecting Roadway/Street
 Also at Intersection with
 2 Route# Direction Name of Intersecting Roadway/Street

10
11
1

3 Please Select One of the Following: Vehicle 1 Occupants Hit/Run Moped
 Crash Report ID# **19-378-AC**

4 License # **S14041855** St **MA** DOB/Age Reg # **R898** Reg Type **PC** Reg State **MA**
 Sex **F** Lic. Class **D** Lic. Restrictions **20** CDL Endorsement Veh Year **2012** Veh Make **HONDA** Veh Config. **1**
 Operator **MCKENNA, KIM M** Owner **MCKENNA, GREGG D**
 Address **1 DEXTER ST** Address **1 DEXTER ST**
 City **WILMINGTON** State **MA** Zip **01887-3716** City **WILMINGTON** State **MA** Zip **01887-3716**
 Insurance Company **ARBELLA MUTUAL INS** Vehicle Action Prior to Crash **1**
 Vehicle Travel Direction: S E W Responding to Emergency? **2** Event Sequence **1** 23 23 23 23
 Citation # (If Issued) Most Harmful Event **1** 24
 Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Driver Contributing Code **1** 25 25
 Viol. 3: Ch/Sec/Sub Driver Distracted by **0** 26
 Damaged Area Code: **1** 27 27 27
 Test Status: **1** 28
 Type of Test: **1** 29
 BAC Test Result: **1** 30
 Susp. Alcohol: **2** 31 Susp. Drug: **2** 32
 Towed from scene? **1** 33

12
13

6 Please fill out for operator and all occupants involved

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

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

8 License # **S43714853** St **MA** DOB/Age Reg # **6NW121** Reg Type **PC** Reg State **MA**
 Sex **F** Lic. Class **D** Lic. Restrictions **20** CDL Endorsement Veh Year **2014** Veh Make **ACURA** Veh Config. **1**
 Operator **MENES, MAJA DUBLIN** Owner **MENES, MAJA DUBLIN**
 Address **121 SAGAMORE AVE** Address **121 SAGAMORE AVE**
 City **MEDFORD** State **MA** Zip **02155-2144** City **MEDFORD** State **MA** Zip **02155-2144**
 Insurance Company **GOVT EMPLOYEE INS** Vehicle Action Prior to Crash **4**
 Vehicle Travel Direction: N E W Responding to Emergency? **2** Event Sequence **1** 23 23 23 23
 Citation # (If Issued) Most Harmful Event **1** 24
 Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Driver Contributing Code **4** 25 **19** 25
 Viol. 3: Ch/Sec/Sub Driver Distracted by **99** 26
 Damaged Area Code: **8** 27 27 27
 Test Status: **1** 28
 Type of Test: **1** 29
 BAC Test Result: **1** 30
 Susp. Alcohol: **2** 31 Susp. Drug: **2** 32
 Towed from scene? **1** 33

14

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

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

Date of Crash 11/02/2019 Time of Crash 0928 24HR City/Town **Wilmington** **Motor Vehicle Crash Police Report** Number Vehicles 2 Number Injured 1 Speed Limit 35 State Police Local Police MBTA Police Campus Police Other

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1	Route#	Direction	MAIN ST	Name of Roadway/Street	Route#	Direction	Address #	Name of Roadway/Street	
	At				Feet	N S E W	of	• or	Exit Number
2	Route#	Direction	RICHMOND ST	Name of Intersecting Roadway/Street	Feet	N S E W	of	Route#	Intersecting Roadway/Street
	Also at Intersection with				Feet	N S E W	of	Landmark	

Please Select One of the Following: Vehicle 25 #Occupants Hit/Run Moped Crash Report ID# **19-378-AC**

3	License # S43714853 St MA DOB/Age 19/19	Reg # 6NW121 Reg Type PC Reg State MA
4	Sex F Lic. Class 19/19 Lic. Restrictions 20 CDL Endorsement	Veh Year _____ Veh Make ACURA Veh Config. 21
5	Operator MENES, MAJA DUBLIN	Owner MENES, MAJA DUBLIN
6	Address 121 SAGAMORE AVE	Address 121 SAGAMORE AVE
7	City MEDFORD State MA Zip 02155-2144	City MEDFORD State MA Zip 02155-2144
8	Insurance Company _____	Vehicle Action Prior to Crash 22 Damaged Area Code: 27 27 27
9	Vehicle Travel Direction: N S E W Responding to Emergency? _____	Event Sequence 23 23 23 23 Test Status: 28
10	Citation # (If Issued) _____	Most Harmful Event 24 Type of Test: 29
11	Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code 25 25 BAC Test Result: 30
12	Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by 26 Susp. Alcohol: 31 Susp. Drug: 32

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	1	5	1	2	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

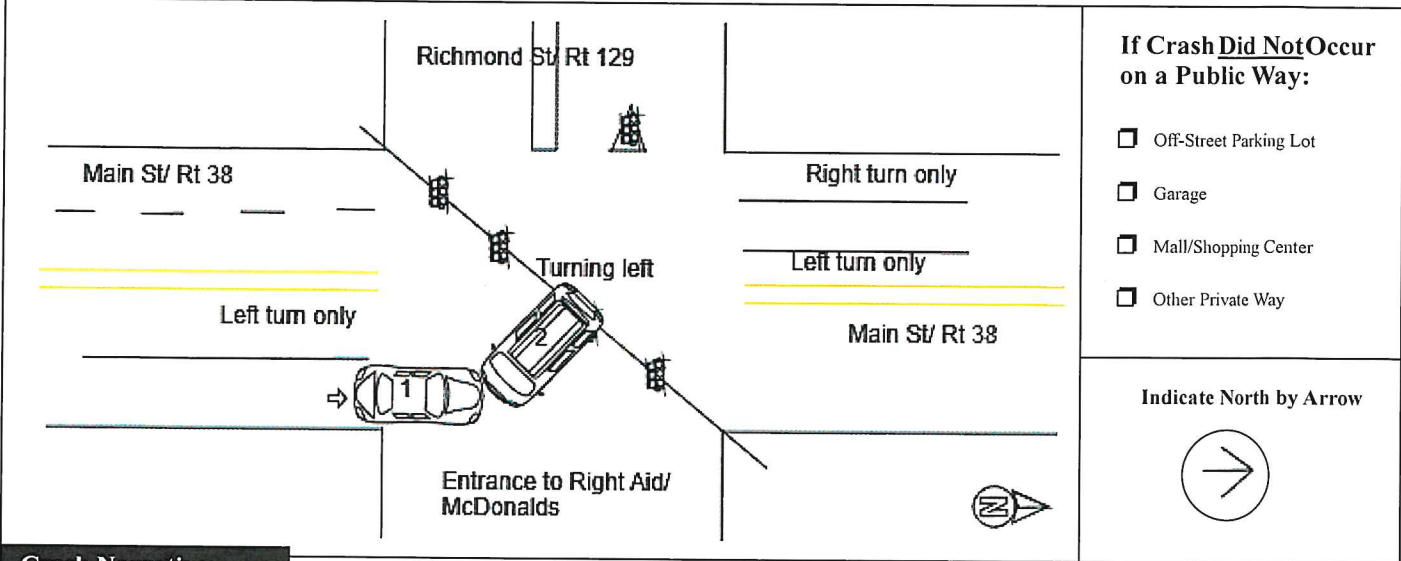
8	License # _____ St _____ DOB/Age _____	Reg # _____ Reg Type _____ Reg State _____
9	Sex _____ Lic. Class 19/19 Lic. Restrictions 20 CDL Endorsement	Veh Year _____ Veh Make _____ Veh Config. 21
10	Operator _____	Owner _____
11	Address _____	Address _____
12	City _____ State _____ Zip _____	City _____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

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	1								

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

Crash Diagram:

ie: → 1 → 2 → ○ → ⚡



If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow



Crash Narrative:

On 11/02/19, I responded to a two vehicle crash at the intersection of Richmond St and Main St. It was reported that both NB and SB of Main St/ Rt. 38 had green lights. Veh 1 operator reported traveling straight through the intersection and Veh 2 turned left in front of her. She was unable to avoid crash. Veh 2 Operator reported She was sitting back in the middle of intersection and Veh 1 drove into her. Witness reported Veh 1 was traveling straight. There was a car stopped in the NB left turn only lane. Witness reported Veh 2 tried to turn left into parking lot cutting in front of Veh 1. Due to location of crash, Crash scene supports collision occurred in front of lane that Veh 1 was traveling in supporting report that Veh 2 turned in front of Veh 1. Veh 1 operator transported to Winchester Hospital. Both vehicles had side airbag deployment and front end damage. All involved were wearing seatbelts. Cains towed both vehicles

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
SHEEHAN DONNA L	231 BEECH ST TEWKSBURY MA 01876		

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

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

Hazmat Information:

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

Patrol Officer Daniel P Furbush 196 Wilmington Police Department 11/02/2019
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Images Associated with 19-378-AC

