

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# **49** Direction **WEST** Address # **ST** 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# 19-384-AC**

License # **S34771250** St **MA** DOB/Age _____ Reg # **1BCH44** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D** Lic. Restrictions **20** CDL _____ Veh Year **2017** Veh Make **FORD** Veh Config. **1**
 Operator **ROMERO, RODOLFO** Owner **BORGES, PEDRO MIGUEL**
 Address **419 WOBURN ST** Address **112 CLEVELAND ST**
 City **WILMINGTON** State **MA** Zip **01887-2503** City **MALDEN** State **MA** Zip **02148-6226**
 Insurance Company **SAFETY INSURANCE COMPANY** Vehicle Action Prior to Crash **1**
 Vehicle Travel Direction: **N S E W** Responding to Emergency? **2** Event Sequence **40 23 35 23 23 23** Damaged Area Code: **2 27 9 27 97 27**
 Citation # (If Issued) **T1682845** Most Harmful Event **35 24** Test Status: **3 28**
 Viol. 1: Ch/Sec/Sub **90 24** Viol. 2: Ch/Sec/Sub **90 24E** Driver Contributing Code **10 25 2 25** Type of Test: **2 29**
 Viol. 3: Ch/Sec/Sub **89 4A** Viol. 4: Ch/Sec/Sub **90 18** Driver Distracted by **4 26** BAC Test Result: **4 30**
 Susp. Alcohol: **1 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	99	3	0	0	10	1	

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

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

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

Date of Crash **11/11/2019** Time of Crash **2037** City/Town **Wilmington** **Motor Vehicle Crash Police Report** Number Vehicles **1** Number Injured **1** Speed Limit **30** 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# 263 Direction _____ Address # _____ Name of Roadway/Street MIDDLESEX AVE
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____	_____ Feet N S E W of _____ Mile Marker _____ or _____ Exit Number _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____	_____ Feet N S E W of _____ Route# _____ Intersecting Roadway/Street _____
	_____ Feet N S E W of _____ Landmark _____

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped **Crash Report ID# 19-385-AC**

License # NHL14860001 St. NH DOB/Age _____ Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL _____ Operator PARRISH, ROBERT JOSEPH Address 45 HOLMESWOOD DR City SANDOWN State NH Zip 03873 Insurance Company NONE Vehicle Travel Direction: N S E W Responding to Emergency? 2 Citation # (If Issued) T1683446 Viol. 1: Ch/Sec/Sub 89 4A Viol. 2: Ch/Sec/Sub 90 24 Viol. 3: Ch/Sec/Sub 90 24 Viol. 4: Ch/Sec/Sub _____	Reg # 4638634 Reg Type PC Reg State NH Veh Year 2001 Veh Make DODGE Veh Config. 1 21 Owner PARRISH, ROBERT JOSEPH Address 45 HOLMESWOOD DR City SANDOWN State NH Zip 03873 Vehicle Action Prior to Crash 1 22 Damaged Area Code: 1 27 2 27 27 Event Sequence 42 23 41 23 30 23 35 23 Test Status: 28 Most Harmful Event 35 24 Type of Test: 29 Driver Contributing Code 10 25 97 25 BAC Test Result: 30 Driver Distracted by 99 26 Susp. Alcohol: 2 31 Susp. Drug: 1 32 Towed from scene? 1 33
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Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above	XXXXXX	XXXX	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
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Please fill out for operator/non-motorist and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above	XXXXXX	XXXX	1							

Date of Crash 11/12/2019 Time of Crash 1741 24HR City/Town **Wilmington** **Motor Vehicle Crash Police Report** Number Vehicles 2 Number Injured 0 Speed Limit 25 Latitude _____ Longitude _____ State Police Local Police MBTA Police Campus Police Other: _____

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

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

3 Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped Crash Report ID# **19-386-AC**

4 1 License # **S18346562** St **MA** DOB/Age _____ Reg # **2NN877** Reg Type **PC** Reg State **MA**
Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL _____ Veh Year **2008** Veh Make **TOYOTA** Veh Config. **1** 21
Operator **BHATNAGAR, GAURAV** Owner **BHATNAGAR, GAURAV**
Address **11 WALKER RD APT 10** Address **11 WALKER RD APT 10**
City **N ANDOVER** State **MA** Zip **01845-1961** City **N ANDOVER** State **MA** Zip **01845-1961**
Insurance Company **LM GENERAL INSURANCE COMP** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **1** 27 27 27
Vehicle Travel Direction: S E W Responding to Emergency? **2** Event Sequence **1** 23 23 23 23 Test Status: **1** 28
Citation # (If Issued) _____ Most Harmful Event **1** 24 Type of Test: **1** 29
Viol. 1: Ch/Sec/Sub _____ Driver Contributing Code **18** 25 25 BAC Test Result: **1** 30
Viol. 2: Ch/Sec/Sub _____ Driver Distracted by **99** 26 Susp. Alcohol: **2** 31 Susp. Drug: **2** 32
Viol. 3: Ch/Sec/Sub _____ Towed from scene? **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	4	0	0	10	1	

7 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 2 License # **NHL18422833** St **NH** DOB/Age _____ Reg # **4088104** Reg Type **PC** Reg State **NH**
Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL _____ Veh Year **2010** Veh Make **DODGE** Veh Config. **2** 21
Operator **STEVENS, LANCE P** Owner **STEVENS, LANCE P**
Address **75 WARNER HILL RD** Address **75 WARNER HILL RD**
City **DERRY** State **NH** Zip **03038** City **DERRY** State **NH** Zip **03038**
Insurance Company **GEICO** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **5** 27 27 27
Vehicle Travel Direction: S E W Responding to Emergency? **2** Event Sequence **1** 23 23 23 23 Test Status: **1** 28
Citation # (If Issued) _____ Most Harmful Event **1** 24 Type of Test: **1** 29
Viol. 1: Ch/Sec/Sub _____ Driver Contributing Code **1** 25 25 BAC Test Result: **1** 30
Viol. 2: Ch/Sec/Sub _____ Driver Distracted by **0** 26 Susp. Alcohol: **2** 31 Susp. Drug: **2** 32
Viol. 3: Ch/Sec/Sub _____ Towed from scene? **2** 33
Viol. 4: Ch/Sec/Sub _____

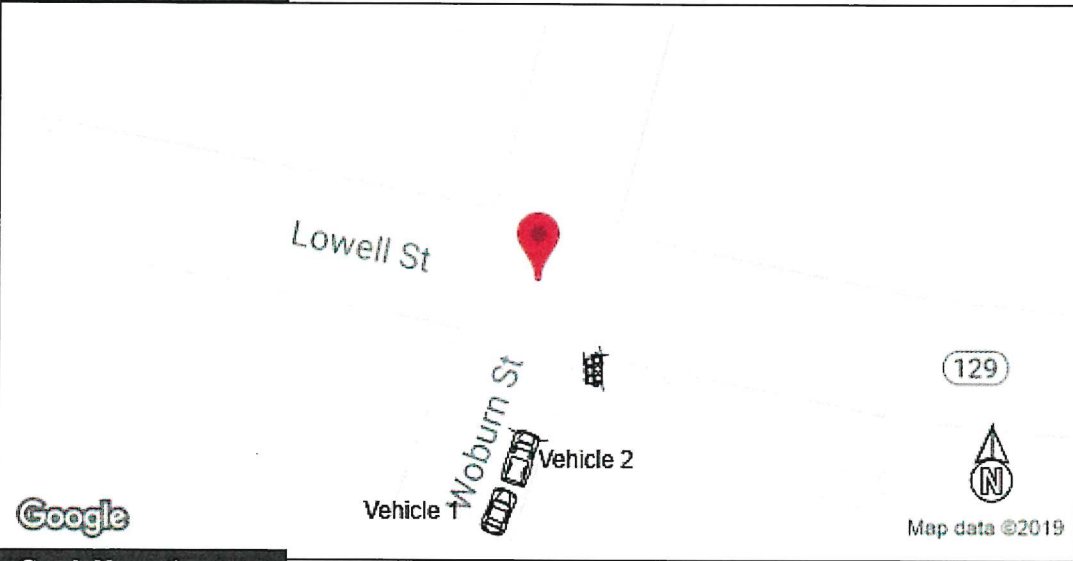
Please fill out for operator/non-motorist and all occupants involved

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

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

Crash Diagram:

ie: → 1 → 2 → →



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:

Vehicles where in traffic. Vehicle 2 stopped with due to the light and vehicle 1 struck the rear bumper 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

Patrol Officer Rafael G Cruz

198

Wilmington Police Department

11/12/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

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

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

Please Select One of the Following: Vehicle 1 Occupants Hit/Run Moped Crash Report ID# **19-387-AC**

License # **SA1420133** St. **MA** DOB/Age _____ Reg # **1RRJ18** Reg Type **PC** Reg State **MA**
 Sex **F** Lic. Class **D** Lic. Restrictions **20** CDL Endorsement _____ Veh Year **2007** Veh Make **TOYOTA** Veh Config. **1**
 Operator **BABIRYE, NUSURAH L** Owner **COKER, BRIAN KAYODE**
 Address **100 STOW ST** Address **100 STOW ST**
 City **WALTHAM** State **MA** Zip **02453-1640** City **WALTHAM** State **MA** Zip **02453-1640**
 Insurance Company **PLYMOUTH ROCK ASSURANCE C** Vehicle Action Prior to Crash **6** Damaged Area Code: **8 27 7 27 27**
 Vehicle Travel Direction: N S E W Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **28**
 Citation # (If Issued) _____ Most Harmful Event **1 24** Type of Test: **29**
 Viol. 1: Ch/Sec/Sub _____ Driver Contributing Code **4 25 25** BAC Test Result: **30**
 Viol. 2: Ch/Sec/Sub _____ Driver Distracted by **99 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**
 Viol. 3: Ch/Sec/Sub _____ Towed from scene? **2 33**
 Viol. 4: Ch/Sec/Sub _____

Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator		See Above	<input checked="" type="checkbox"/>	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 # **S98216651** St. **MA** DOB/Age _____ Reg # **1CPE74** Reg Type **PC** Reg State **MA**
 Sex **F** Lic. Class **D** Lic. Restrictions **20** CDL Endorsement _____ Veh Year **2011** Veh Make **HYUNDAI** Veh Config. **1**
 Operator **NEAGLE, OLIVIA G** Owner **NEAGLE, OLIVIA G**
 Address **735 E 6TH ST** Address **735 E 6TH ST**
 City **BOSTON** State **MA** Zip **02127-4307** City **BOSTON** State **MA** Zip **02127-4307**
 Insurance Company **PLYMOUTH ROCK ASSURANCE C** Vehicle Action Prior to Crash **1** 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: **28**
 Citation # (If Issued) _____ Most Harmful Event **1 24** Type of Test: **29**
 Viol. 1: Ch/Sec/Sub _____ Driver Contributing Code **1 25 25** BAC Test Result: **30**
 Viol. 2: Ch/Sec/Sub _____ Driver Distracted by **0 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**
 Viol. 3: Ch/Sec/Sub _____ Towed from scene? **2 33**
 Viol. 4: Ch/Sec/Sub _____

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

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

SHAWSHOEN AVE
 Route# Direction Name of Roadway/Street
 At
ALDRICH RD
 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 2 #Occupants Hit/Run Moped
 Crash Report ID# **19-388-AC**

License # **S96259084** St **MA** DOB/Age _____ Reg # **9HL865** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL Endorsement _____ Veh Year **2015** Veh Make **TOYOTA** Veh Config. **1** 21
 Operator **RAO, JOSEPH P III** Owner **RAO, LAUREN ELIZABETH**
 Address **24 RIVEREDGE RD** Address **24 RIVEREDGE RD**
 City **N BILLERICA** State **MA** Zip **01862-3029** City **NORTH BILLERICA** State **MA** Zip **01862-3029**
 Insurance Company **GEICO GENERAL INSURANCE C** Vehicle Action Prior to Crash **2** 22 Damaged Area Code: 5 27 27 27
 Vehicle Travel Direction: **S E W** Responding to Emergency? **2** Event Sequence **1** 23 23 23 23 Test Status: 1 28
 Citation # (If Issued) _____ Most Harmful Event **1** 24 Type of Test: 29
 Viol. 1: Ch/Sec/Sub _____ Driver Contributing Code **1** 25 25 BAC Test Result: 1 30
 Viol. 2: Ch/Sec/Sub _____ Driver Distracted by **0** 26 Susp. Alcohol: **2** 31 Susp. Drug: **2** 32
 Viol. 3: Ch/Sec/Sub _____ Towed from scene? **2** 33
 Viol. 4: Ch/Sec/Sub _____

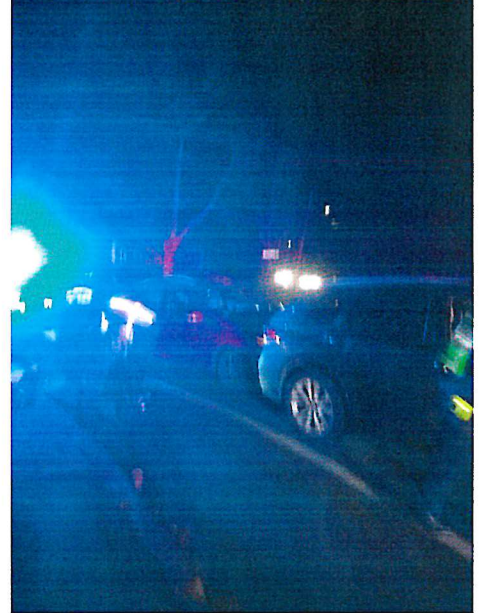
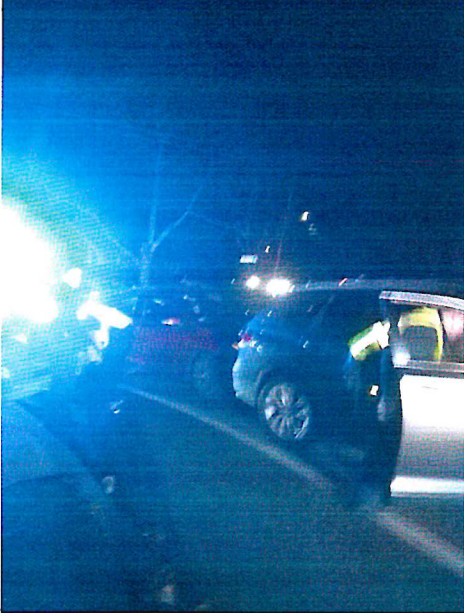
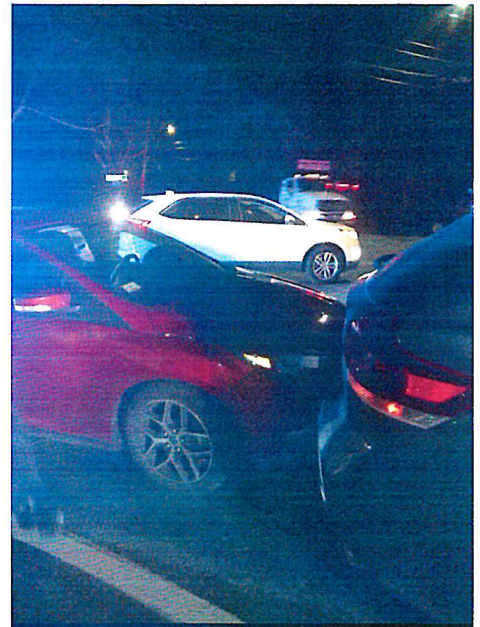
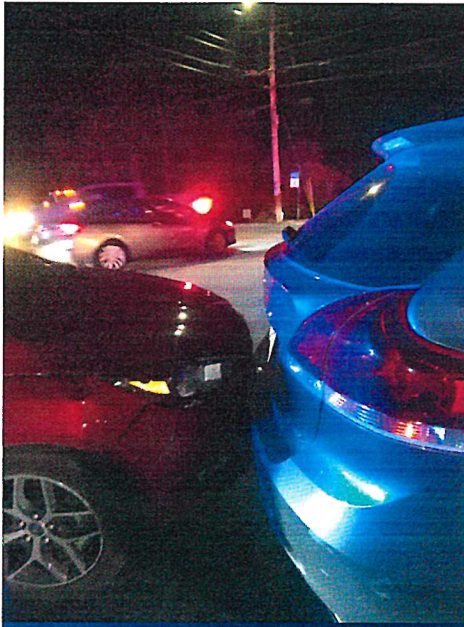
Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator		See Above	<input checked="" type="checkbox"/>	1	1	4	0	0	10	1	
LAUREN RAO	24 RIVEREDGE RD NORTH BILLERICA, MA 01862-3029		F	3	1	4	0	0	10	1	

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

License # **S64503024** St **MA** DOB/Age _____ Reg # **2TT517** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL Endorsement _____ Veh Year **2018** Veh Make **FORD** Veh Config. **1** 21
 Operator **IWANICKI, STEPHEN RICHARD** Owner **IWANICKI, STEPHEN RICHARD**
 Address **3 BORDER ST** Address **3 BORDER ST**
 City **SALEM** State **MA** Zip **01970** City **SALEM** State **MA** Zip **01970**
 Insurance Company **ARBELLA MUTUAL INSURANCE** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: 1 27 27 27
 Vehicle Travel Direction: **S E W** Responding to Emergency? **2** Event Sequence **1** 23 23 23 23 Test Status: 1 28
 Citation # (If Issued) _____ Most Harmful Event **1** 24 Type of Test: 29
 Viol. 1: Ch/Sec/Sub _____ Driver Contributing Code **19** 25 25 BAC Test Result: 1 30
 Viol. 2: Ch/Sec/Sub _____ Driver Distracted by **99** 26 Susp. Alcohol: **2** 31 Susp. Drug: **2** 32
 Viol. 3: Ch/Sec/Sub _____ Towed from scene? **3** 33
 Viol. 4: Ch/Sec/Sub _____

Please fill out for operator/non-motorist and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist		See Above	<input checked="" type="checkbox"/>	1	0	4	0	0	8	2	Lahey Clinic

Wilmington Police Department
Images Associated with 19-388-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number								
Date of Crash 11/14/2019	Time of Crash 2043 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: _____

AT INTERSECTION:	< LOCATION >	NOT AT INTERSECTION:
Route# _____ Direction _____ Name of Roadway/Street _____ At _____	Route# <u>279</u> Direction _____ Address # <u>MAIN ST</u> Name of Roadway/Street _____ _____ Feet N S E W of _____ or _____ Exit Number _____	Route# _____ Direction _____ Name of Roadway/Street _____ Also at Intersection with _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____	_____ Feet N S E W of _____ Mile Marker _____	Route# _____ Direction _____ Name of Intersecting Roadway/Street _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____	_____ Feet N S E W of _____ Mile Marker _____	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# 19-389-AC
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License # <u>S91451023</u> St. <u>MA</u> DOB/Age _____ Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____ Endorsement _____ Operator <u>DWAN, RONALD S</u> Last First Middle Address <u>28 MAIN ST</u> City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-1703</u> Insurance Company <u>SAFETY INSURANCE COMPANY</u> Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u> Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # <u>1GFM15</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2017</u> Veh Make <u>NISSAN</u> Veh Config. <u>1</u> Owner <u>DWAN, RONALD S</u> Last First Middle Address <u>28 MAIN ST</u> City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-1703</u> Vehicle Action Prior to Crash <u>2</u> <u>22</u> Damaged Area Code: <u>5</u> <u>27</u> <u>27</u> <u>27</u> Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u> Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u> Driver Contributing Code <u>1</u> <u>25</u> <u>25</u> BAC Test Result: <u>1</u> <u>30</u> Driver Distracted by <u>0</u> <u>26</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u> Towed from scene? <u>2</u> <u>33</u>
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Please fill out for operator and all occupants involved											
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above	XXXXXX	X	<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:	<input checked="" type="checkbox"/> Vehicle <u>2</u> #Occupants _____	<input type="checkbox"/> Non-Motorist A	Type <u>15</u> Action <u>16</u> Location <u>17</u> Condition <u>18</u>	<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped
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License # <u>S32183096</u> St. <u>MA</u> DOB/Age _____ Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____ Endorsement _____ Operator <u>DIGIAMBATTISTA, JOHN P</u> Last First Middle Address <u>56 WASHINGTON AVE</u> City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-2307</u> Insurance Company <u>CITIZENS INSURANCE COMPAN</u> Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u> Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # <u>875ZR4</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2007</u> Veh Make <u>Jeep</u> Veh Config. <u>1</u> Owner <u>DIGIAMBATTISTA, JOHN P</u> Last First Middle Address <u>56 WASHINGTON AVE</u> City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-2307</u> Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>1</u> <u>27</u> <u>27</u> <u>27</u> Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u> Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u> Driver Contributing Code <u>19</u> <u>25</u> <u>25</u> BAC Test Result: <u>1</u> <u>30</u> Driver Distracted by <u>0</u> <u>26</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u> Towed from scene? <u>2</u> <u>33</u>
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Please fill out for operator/non-motorist and all occupants involved											
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above	XXXXXX	X	<u>1</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	

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

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

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

Route# Direction Name of Intersecting Roadway/Street

Feet **NSEW** of _____ or _____ Mile Marker Exit Number

Feet **NSEW** of _____ Route# Intersecting Roadway/Street

Feet **NSEW** of **WILMINGTON BUILDERS** Landmark

Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped Crash Report ID# **19-390-AC**

License # **S95290747** St **MA** DOB/Age _____ Reg # **64TZ74** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** Lic. Restrictions **1** CDL Endorsement _____ Veh Year **2005** Veh Make **Jeep** Veh Config. **1**

Operator **DOYLE, ROBERT L JR** Owner **DOYLE, ROBERT L JR**

Address **39 WATER ST** Address **39 WATER ST**

City **TEWKSBURY** State **MA** Zip **01876-4337** City **TEWKSBURY** State **MA** Zip **01876-4337**

Insurance Company **PROGRESSIVE DIRECT INSURA** Vehicle Action Prior to Crash **1** Damaged Area Code: **2 27 27 27**

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

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

Viol. 1: Ch/Sec/Sub _____ Driver Contributing Code **99 25 25** BAC Test Result: **30**

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

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

Please fill out for operator and all occupants involved

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

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

License # **S41400915** St **MA** DOB/Age _____ Reg # **6104YT** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** Lic. Restrictions **1** CDL Endorsement _____ Veh Year **2004** Veh Make **HONDA** Veh Config. **1**

Operator **JOHNSON, STEPHEN GERARD JR** Owner **JOHNSON, STEPHEN GERARD JR**

Address **20 1ST ST** Address **20 1ST ST**

City **TEWKSBURY** State **MA** Zip **01876-4199** City **TEWKSBURY** State **MA** Zip **01876-4199**

Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **4** Damaged Area Code: **6 27 27 27**

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

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

Viol. 1: Ch/Sec/Sub _____ Driver Contributing Code **99 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? **2 33**

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

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above	XXXXXX	X	1	1	4	0	0	10	1	
STEPHEN JOHNSON	20 1ST ST TEWKSBURY, MA 01876-4199		M	3	1	4	0	0	10	1	
				6	1	4	0	0	10	1	

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

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

Route# _____ Direction _____ Address # **779** **WOBURN 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 **13** #Occupants Hit/Run Moped **Crash Report ID# 19-391-AC**

License # **S91068016** St **MA** DOB/Age _____ Reg # **719JY6** Reg Type **PC** Reg State **MA**
 Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL _____ Veh Year **2011** Veh Make **NISSAN** Veh Config. **1** 21
 Operator **TERILLI, PATRICIA A** Owner **TERILLI, RAYMOND**
 Address **113 THOREAU WAY** Address **113 THOREAU WAY**
 City **LAWRENCE** State **MA** Zip **01843-3895** City **LAWRENCE** State **MA** Zip **01843-3895**
 Insurance Company **PLYMOUTH ROCK ASSURANCE C** Vehicle Action Prior to Crash **4** 22 Damaged Area Code: **8** 27 27 27
 Vehicle Travel Direction: N S E W Responding to Emergency? **2** Event Sequence **1** 23 23 23 23 Test Status: **1** 28
 Citation # (If Issued) _____ 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? **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			1	1	4	0	0	10	1	
				5	4	4	0	0	10	1	
				6	4	4	0	0	10	1	

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

License # **S28997148** St **MA** DOB/Age _____ Reg # **6ZZ597** Reg Type **PC** Reg State **MA**
 Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL _____ Veh Year **2017** Veh Make **MITSUBISHI** Veh Config. **1** 21
 Operator **HAYES, DAWN L** Owner **HAYES, DAWN L**
 Address **10 COURT ST** Address **10 COURT ST**
 City **ARLINGTON** State **MA** Zip **02476-7600** City **ARLINGTON** State **MA** Zip **02476-7600**
 Insurance Company **METROPOLITAN PROPERTY AND** Vehicle Action Prior to Crash **1** 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: **29**
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **1** 25 25 BAC Test Result: **1** 30
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0** 26 Susp. Alcohol: **2** 31 Susp. Drug: **2** 32
 Towed from scene? **1** 33

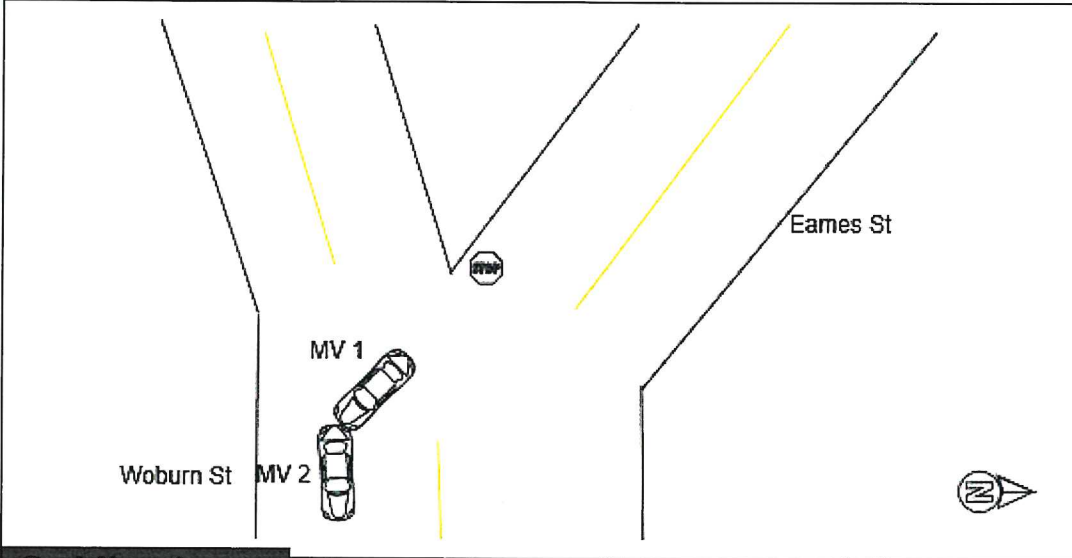
Please fill out for operator/non-motorist and all occupants involved

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

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○



If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow



Crash Narrative:

MV 1 was stopped at the stop sign at the intersection of Woburn St and Eames St. MV 1 thought MV 2 was taking a left hand turn onto Eames st. and began to merge with traffic onto Woburn St. MV 2 was not taking a left hand turn, but was in fact continuing eastbound on Woburn St. The operator of MV 1 did not allow enough room between themselves and MV 2. MV 1 side swiped MV 2 causing rear wheel damage to MV 2. MV 1 also sustained front left damage to their vehicle.

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

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

Hazmat Information:

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

Patrol Officer Shane A Foley

211

Wilmington Police Department

11/15/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date