

Date of Crash: 11/18/2019 | Time of Crash: 1432 24HR | 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:

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

129 W 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 1 Occupants Hit/Run Moped | Crash Report ID# **19-392-AC**

License # **S35852052** St. **MA** DOB/Age _____ Reg # **970ZRY** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** Lic. Restrictions **B** CDL Endorsement _____ Veh Year **2008** Veh Make **FORD** Veh Config. **1**

Operator: **SOKOLOWSKI, STANLEY Z JR** Owner: **SOKOLOWSKI, STANLEY Z JR**

Address: **188 BURLINGTON AVE** Address: **188 BURLINGTON AVE**

City: **WILMINGTON** State: **MA** Zip: **01887-3103** City: **WILMINGTON** State: **MA** Zip: **01887-3103**

Insurance Company: **LIBERTY MUTUAL INSURANCE** Vehicle Action Prior to Crash: **4** Damaged Area Code: **2 27 27 27**

Vehicle Travel Direction: **N S E** Responding to Emergency? **2** Event Sequence: **1 23 23 23 23** Test Status: **1 28 29 30**

Citation # (If Issued) _____ Most Harmful Event: **1 24** BAC Test Result: **1 30**

Viol. 1: Ch/Sec/Sub _____ Driver Contributing Code: **1 25 25** Susp. Alcohol: **2 31** Susp. Drug: **2 32**

Viol. 2: Ch/Sec/Sub _____ Driver Distracted by: **0 26** Towed from scene? **2 33**

Viol. 3: 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	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 # **S53165703** St. **MA** DOB/Age _____ Reg # **426HE9** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** Lic. Restrictions **1** CDL Endorsement _____ Veh Year **2013** Veh Make **MAZDA** Veh Config. **1**

Operator: **ANTIFONARIO, JOHN EDWARD** Owner: **ANTIFONARIO, JOHN EDWARD**

Address: **100 CHASE AVE** Address: **100 CHASE AVE**

City: **LOWELL** State: **MA** Zip: **01854-1406** City: **LOWELL** State: **MA** Zip: **01854-1406**

Insurance Company: **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash: **1** Damaged Area Code: **7 27 0 27 27**

Vehicle Travel Direction: **N S E** Responding to Emergency? **2** Event Sequence: **1 23 23 23 23** Test Status: **1 28 29 30**

Citation # (If Issued) _____ Most Harmful Event: **1 24** BAC Test Result: **1 30**

Viol. 1: Ch/Sec/Sub _____ Driver Contributing Code: **1 25 25** Susp. Alcohol: **2 31** Susp. Drug: **2 32**

Viol. 2: Ch/Sec/Sub _____ Driver Distracted by: **0 26** Towed from scene? **2 33**

Viol. 3: 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	X	1	1	4	0	0	10	1	

Date of Crash 11/18/2019 Time of Crash 1654 City/Town **Wilmington** Motor Vehicle Crash Police Report 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 Address # Name of Roadway/Street

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

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

Route# Direction Name of Intersecting Roadway/Street Landmark

Please Select One of the Following: Vehicle 13 #Occupants Hit/Run Moped Crash Report ID# **19-393-AC**

License # **S29635532** St **MA** DOB/Age _____ Reg # **T62286** Reg Type **CO** Reg State **MA**

Sex **M** Lic. Class **D** Lic. Restrictions **99** CDL _____ Veh Year **2017** Veh Make **FORD** Veh Config. **2**

Operator **PARADA HERNANDEZ, KEVIN ARIEL** Owner **FORD MOTOR CREDIT CO**

Address **129 BLOOMINGDALE ST** Address **BX 105704**

City **CHELSEA** State **MA** Zip **02150-2214** City **ATLANTA** State **GA** Zip **30348-0000**

Insurance Company **THE TRAVELERS INDEMNITY C** Vehicle Action Prior to Crash **1** Damaged Area Code: **8 27 27 27**

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

Citation # (If Issued) _____ 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 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	99	4	0	0	10	1	
HUGO PADILLA HERNANDEZ	428 BORDER ST EAST BOSTON, MA 02128-2455	12/03/1989	M	2	99	4	0	0	10	1	
CHRISTIAN TEIXEIRA	69 NICHOLAS RD FRAMINGHAM, MA 01701-3451	06/15/1983	M	3	99	4	0	0	10	1	

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

License # **S23782328** St **MA** DOB/Age _____ Reg # **5DK339** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** Lic. Restrictions **99** CDL _____ Veh Year **2002** Veh Make **FORD** Veh Config. **1**

Operator **DALEY, SHANNON D** Owner **DALEY, SHANNON D**

Address **8 WESTDALE AVE** Address **8 WESTDALE AVE**

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

Insurance Company **CITIZENS INSURANCE COMPAN** Vehicle Action Prior to Crash **6** Damaged Area Code: **2 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 _____ 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 _____

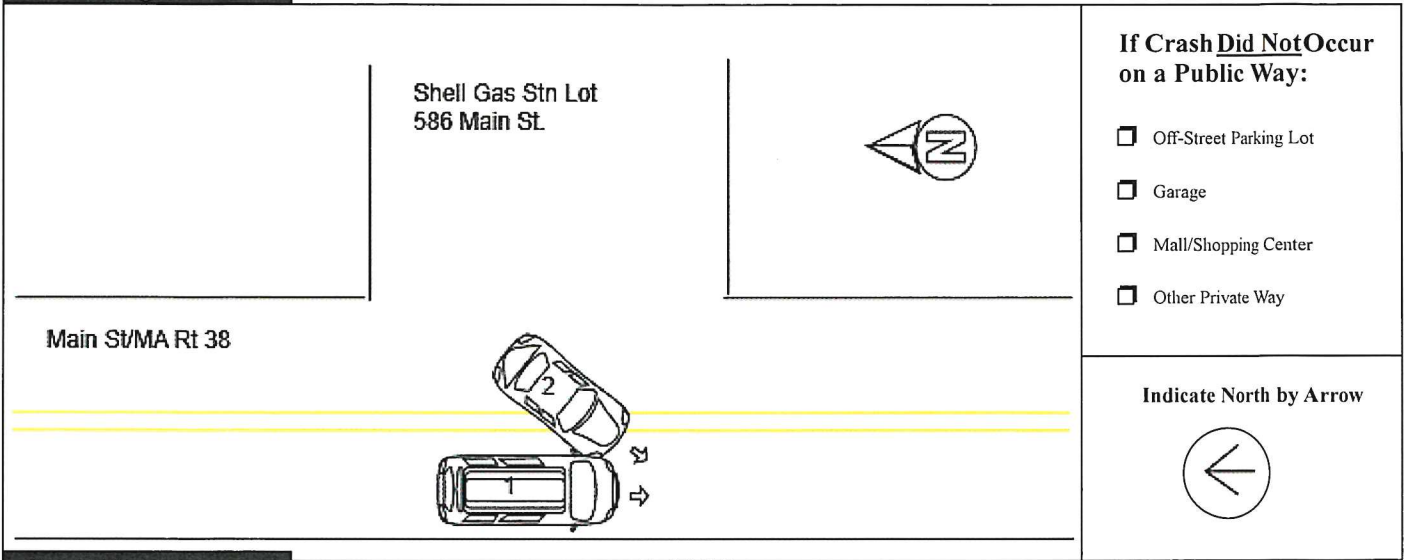
Please fill out for operator/non-motorist and all occupants involved

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	99	4	0	0	10	1	
NICOLE MALLINSON	20 WESTDALE AVE WILMINGTON, MA 01887-3044		F	3	99	4	0	0	10	1	

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○



Crash Narrative:

MV1 was traveling southbound on Main St. MV2 was entering the southbound lane from the Shell Gas Stn. The front pass side of MV2 struck the front driver side of MV1. MV1 had minor damage to the front fender. MV2 had damage to the front pass door and tire and was undriveable. No injuries were reported. MV1 was able to drive away, MV2 was carefully driven into the adjacent lot at Z&S Gas.

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 Joseph A Fitzgerald 215 Wilmington Police Department 11/18/2019
 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 # **240 ANDOVER ST** Name of Roadway/Street

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

Route# Direction Name of Intersecting Roadway/Street

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

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

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

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped **Crash Report ID# 19-394-AC**

License # **S85120227** St. **MA** DOB/Age _____ Reg # **996TG7** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** Lic. Restrictions **99** CDL Endorsement _____ Veh Year **2010** Veh Make **HONDA** Veh Config. **1**

Operator **AWAD, HANI I** Owner **AWAD, HANI I**

Address **22 SHADY LN** Address **22 SHADY LN**

City **HOLDEN** State **MA** Zip **01520-2584** City **HOLDEN** State **MA** Zip **01520-2584**

Insurance Company **PROGRESSIVE DIRECT INSURA** Vehicle Action Prior to Crash **1** Damaged Area Code: **4 27 3 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 **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? **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	X	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

License # **NHL19040100** St. **NH** DOB/Age _____ Reg # **1075AP** Reg Type **AP** Reg State **NH**

Sex **M** Lic. Class **A** Lic. Restrictions **99** CDL Endorsement _____ Veh Year **1996** Veh Make **Mack Truck** Veh Config. **6**

Operator **DITTY, JOHN ALBERT** Owner **BAY STATE DISPOSAL INC**

Address **117 MOOSECLUB PARK RD** Address **15 INDUSTRIAL WAY**

City **GOFFSTOWN** State **NH** Zip **03045** City **ATKINSON** State **NH** Zip **03811**

Insurance Company **SAFETY INSURANCE** Vehicle Action Prior to Crash **10** Damaged Area Code: **6 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 **8 25 25** BAC Test Result: **30**

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

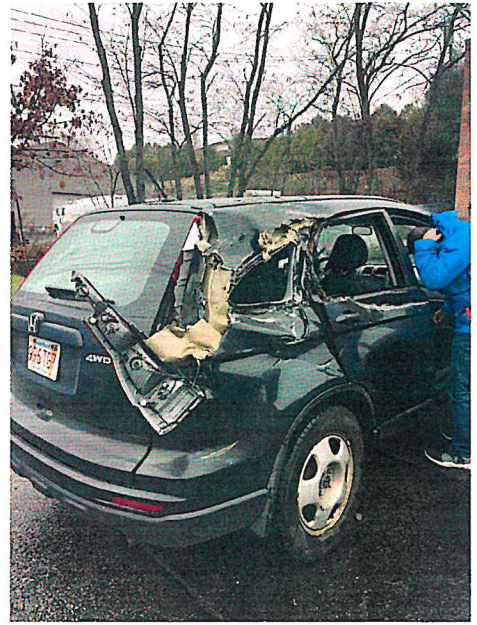
Viol. 3: Ch/Sec/Sub _____ Towed from scene? **2 33**

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	X	1	99	4	0	0	10	1	

Wilmington Police Department
Images Associated with 19-394-AC



Police Use Only

Date of Crash: 11/19/2019 Time of Crash: 0725 24HR City/Town: **Wilmington**

Number Vehicles: 2 Number Injured: 1

Speed Limit: 25 State Police Local Police MBTA Police Campus Police Other:

Latitude: _____ Longitude: _____

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

SHAWSHEEN AVE

Route# _____ Direction _____ Name of Roadway/Street _____

At _____

NICHOLS ST

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

Also at Intersection with _____

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

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

_____ Feet N S E W of _____ or _____

_____ Mile Marker _____ Exit Number _____

_____ Feet N S E W of _____

_____ Feet N S E W of _____

Route# _____ Intersecting Roadway/Street _____

_____ Mile Marker _____ Exit Number _____

_____ Landmark _____

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

Crash Report ID# **19-395-AC**

License # **S25145374** St **MA** DOB/Age _____ Reg # **1SKA88** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** Lic. Restrictions **99** CDL Endorsement _____

Operator **RODRIGUEZ, JUSTYN MICHAEL** Owner **PALMIERI, JAMES MARIO**

Address **50 HAROLD PL** Address **50 HAROLD PL**

City **TEWKSBURY** State **MA** Zip **01876** City **TEWKSBURY** State **MA** Zip **01876-5505**

Insurance Company **PLYMOUTH ROCK ASSURANCE C**

Vehicle Action Prior to Crash **6** Damaged Area Code: **2 27 27 27**

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

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

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **4 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
Operator	See Above	XXXXXX	XX	1	1	4	0	0	10	1	

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

License # **248763165** St **CT** DOB/Age _____ Reg # **3ALDHS** Reg Type **PC** Reg State **CT**

Sex **F** Lic. Class **D** Lic. Restrictions **99** CDL Endorsement _____

Operator **LANASA, MYA** Owner **LANASA, MYA**

Address **14 BELLEROSE ST** Address **14 BELLEROSE ST**

City **NORTH GROSVENORDALE** State **CT** Zip **06255-1607** City **NORTH GROSVENORDALE** State **CT** Zip **06255-1607**

Insurance Company **GEICO General Insurance C**

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

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

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

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

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

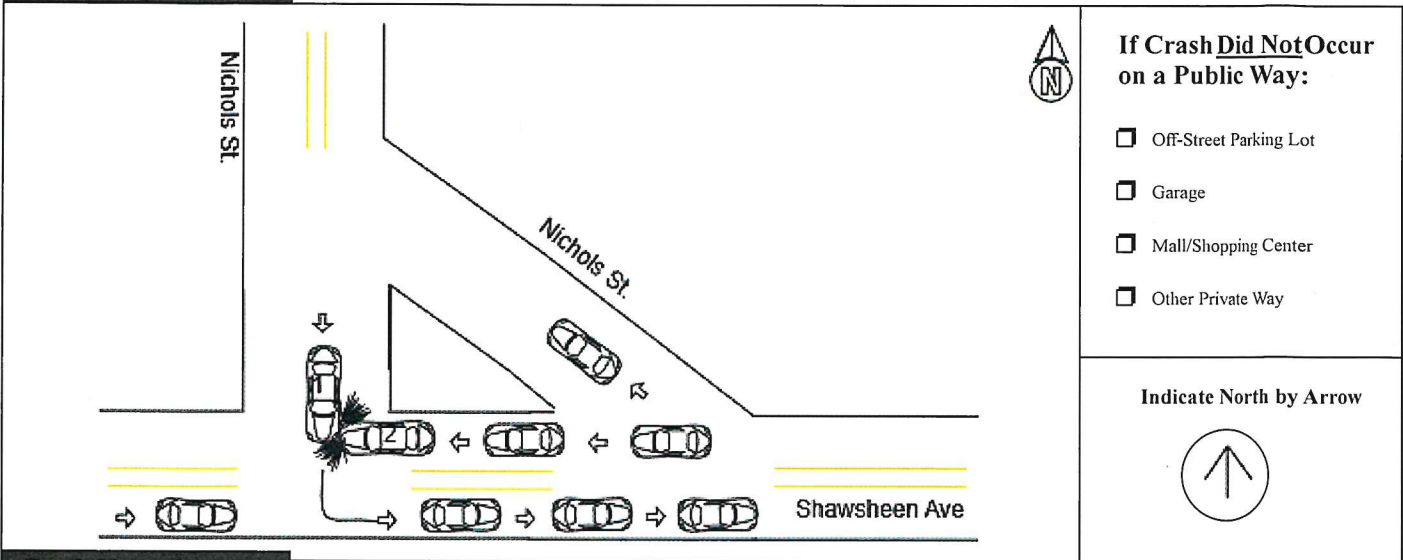
Towed from scene? **1 33**

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

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above	XXXXXX	XX	1	1	4	0	0	9	2	Winchester Hospital

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

Crash Diagram:



Crash Narrative:

MV 1 was stopped at the base of Nichols street waiting to pull out (left) onto Shawsheen Ave. A MV traveling east on Shawsheen Ave stopped to allow MV1 to pull out. Just as MV 1 pulled out onto Shawsheen Ave, MV 2 was traveling west with the flow of traffic subsequently colliding with the front end of MV1. Op. of MV1 stated he did not see MV 2 to his left. It should be noted, this time of morning both, Nichols street and Shawsheen Ave are often heavily congested with traffic. Both vehicles sustained moderate damage to the front end resulting in A&S towing both vehicles. Op 1 denied the need for medical attention. Op of MV 2 stated she was pregnant therefore was trasported to Winchester Hospital for evaluation.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
NAVIS SUSAN M	50 OXFORD RD 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 Scott Dunnnett

202

Wilmington Police Department

11/20/2019

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 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# **19-396-AC**

License # **S98037080** St **MA** DOB/Age _____ Reg # **1BNG58** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** Lic. Restrictions **20** CDL _____ Veh Year **2005** Veh Make **CHEVROLET** Veh Config. **2**

Operator **EMERY, MICHAEL JASON** Owner **EMERY, MICHAEL JASON**

Address **143 VARNUM RD** Address **143 VARNUM RD**

City **DRACUT** State **MA** Zip **01826-3027** City **DRACUT** State **MA** Zip **01826-3027**

Insurance Company **ALLSTATE INSURANCE COMPAN** Vehicle Action Prior to Crash **1** Damaged Area Code: **1** **27** **27** **27**

Vehicle Travel Direction: **N S X W** Responding to Emergency? **2** Event Sequence **24** **23** **23** **23** **23** Test Status: **28**

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

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

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

Viol. 3: Ch/Sec/Sub _____ Towed from scene? **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			1	1	4	0	0	10	1	

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

License # _____ St _____ DOB/Age _____ Reg # _____ Reg Type _____ Reg State _____

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

Operator _____ Owner _____

Address _____ Address _____

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

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

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

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

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

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

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

Viol. 4: Ch/Sec/Sub _____

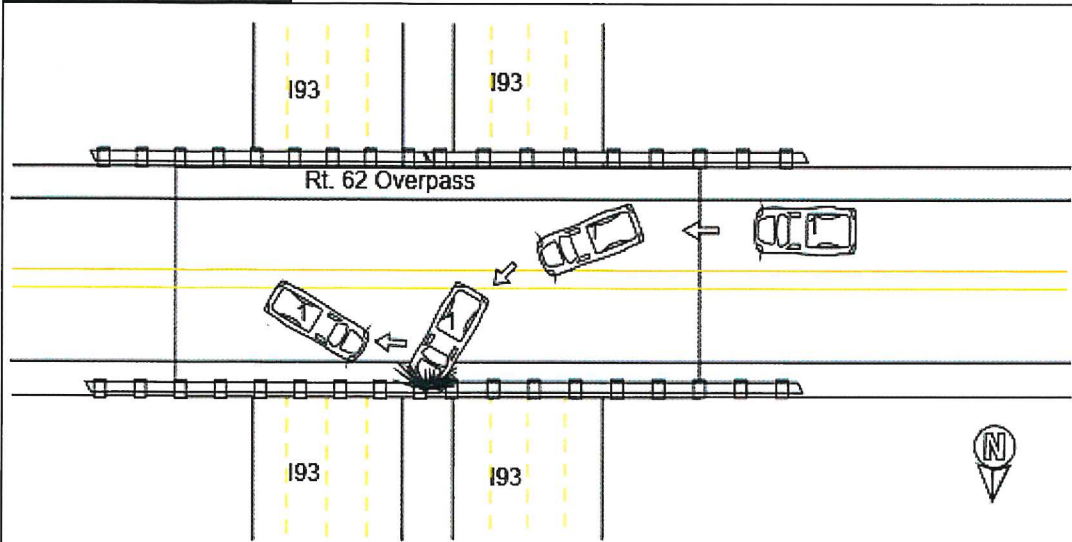
Please fill out for operator/non-motorist and all occupants involved

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

→ = 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 11/21/19 car 1 while travelling East Bound on Rt. 62 hit black ice while driving over the I93 overpass. Car 1 went into the oncoming lane and crashed over the sidewalk and into the elevated guard rail. Minimal damage was done to the guard rail. Car 1 was towed by Cain's Towing to their yard.

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

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

Hazmat Information:

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

Patrol Officer Dillon Halliday

205

Wilmington Police Department

11/21/2019

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 11/22/2019, Time of Crash 1706, City/Town **Wilmington**, 24HR

RMV Document Number: Speed Limit 40, State Police, Local Police, MBTA Police, Campus Police, Other

Number Vehicles 2, Number Injured 0

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

CONCORD ST
Route# Direction Name of Roadway/Street

At
Route# Direction Name of Intersecting Roadway/Street
I93SBR39 RAMP

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

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

Crash Report ID# **19-397-AC**

License # **S89658390** St **MA** DOB/Ag _____ Reg # **8500ZR** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **A** 19 19 Lic. Restrictions **20** CDL _____ Veh Year **2014** Veh Make **FORD** Veh Config. **2** 21

Operator **PAPADOPOULOS, STANLEY G** Owner **PAPADOPOULOS, STANLEY G**

Address **81 WOBURN ST** Address **81 WOBURN ST**

City **READING** State **MA** Zip **01867-0000** City **READING** State **MA** Zip **01867-0000**

Insurance Company **SAFETY INSURANCE COMPANY** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **8** 27 27 27

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

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

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

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

Towed from scene? **1** 33

Please fill out for operator 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 # **S98275533** St **MA** DOB/Ag _____ Reg # **7XCK20** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **99** 19 19 Lic. Restrictions **20** CDL _____ Veh Year **2005** Veh Make **TOYOTA** Veh Config. **1** 21

Operator **ARROYO, ALBERTO** Owner **GUEVARA, JAIME**

Address **11 CREIGHTON ST** Address **11 CREIGHTON ST APT #211**

City **JAMAICA PLAIN** State **MA** Zip **02130-1320** City **JAMAICA PLAIN** State **MA** Zip **02130-1319**

Insurance Company **PROGRESSIVE DIRECT INSURA** Vehicle Action Prior to Crash **4** 22 Damaged Area Code: **1** 27 27 27

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

Citation # (If Issued) **T1683844** Most Harmful Event **1** 24 Type of Test: **1** 29

Viol. 1: Ch/Sec/Sub **90** **23** 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 **99** 26 Susp. Alcohol: **2** 31 Susp. Drug: **2** 32

Towed from scene? **1** 33

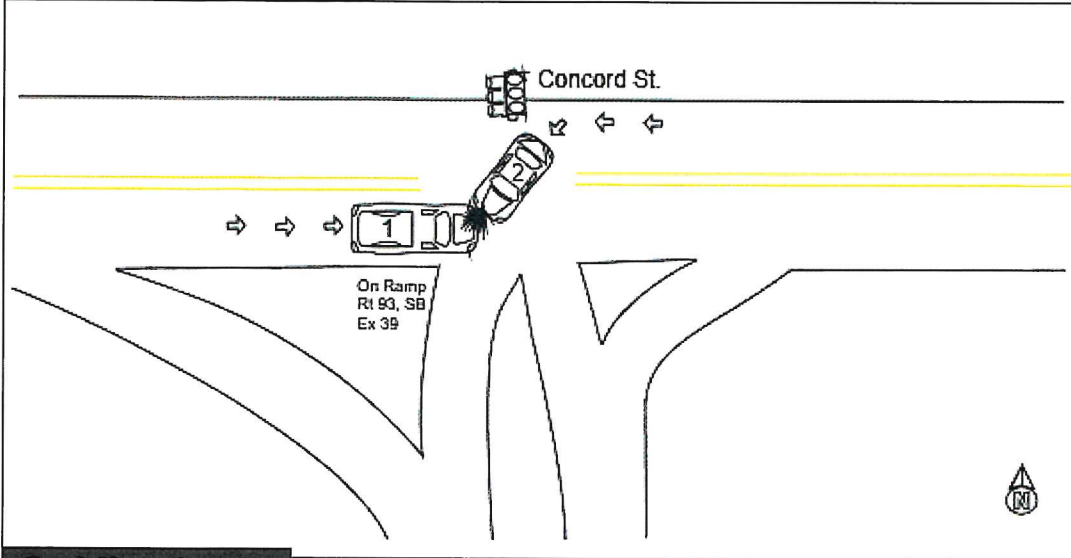
Please fill out for operator/non-motorist and all occupants involved

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

On 11/22/2019 responding to a 2 car MV crash. Operators were wearing Seat belts and reported no injuries. Airbags not deployed in either MV. Traffic lights were functioning and road conditions were not a factor in the crash. Both operators report MV 1 traveling E through the intersection while MV 2 was traveling W turning left to enter the Rt 93 SB on ramp for exit 39, hitting MV 1. MV 1 has damage to front left side of bumper. MV 2 has damage to front bumper, hood, grill and engine. MV 1 and 2 were towed by Forrest Towing. Opr of MV 2 was issued a criminal app for opr a MV with a suspended license. See arrest report 19-437-AR

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 Meghan Sousa

214

Wilmington Police Department

11/22/2019

Police Officer Name (Please Print)

Signature

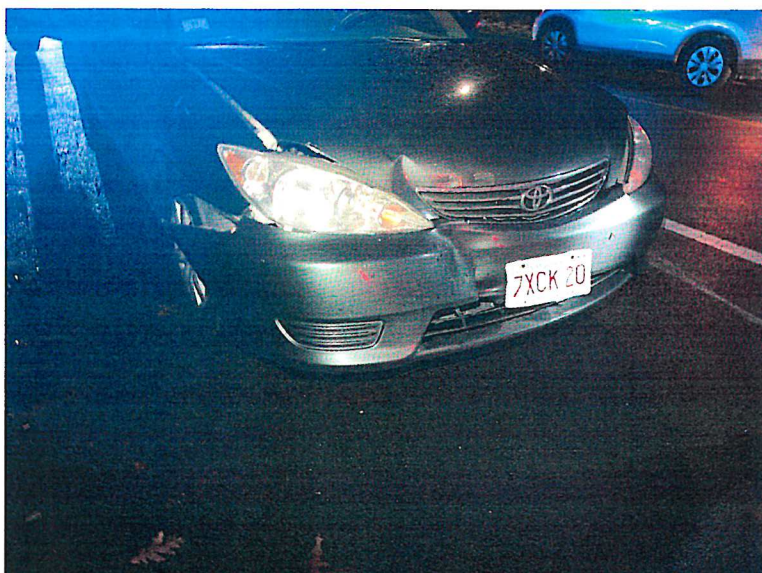
ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department
Images Associated with 19-397-AC



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

76 FOREST ST

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# **19-398-AC**

License # **S29521826** St. **MA** DOB/Age _____ Reg # **D83G** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL _____ Veh Year **2010** Veh Make **FORD** Veh Config. **1** 21

Operator **GLADDING, DAVID J** Owner **GLADDING, DAVID J**

Address **16 MICHAEL RD** Address **16 MICHAEL RD**

City **N TEWKSBURY** State **MA** Zip **01876-2050** City **N TEWKSBURY** State **MA** Zip **01876-2050**

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

Vehicle Travel Direction: **N** **E** **W** Responding to Emergency? **2** Event Sequence **5** 23 23 23 23 Test Status: **28**

Citation # (If Issued) _____ Most Harmful Event **5** 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? **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	1	0	0	10	1	

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

License # _____ St. _____ DOB/Age _____ Reg # _____ Reg Type _____ Reg State _____

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

Operator _____ Owner _____

Address _____ Address _____

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

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

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

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

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

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

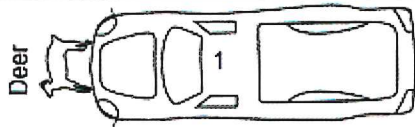
Towed from scene? **33**

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

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

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

Crash Diagram:



If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow



Crash Narrative:

MV1 travelling southbound on Forest St. Operator of MV1 stated a deer jumped out of the woods directly in front of his vehicle and he did not have time to stop. Damage to front bumper of MV1. Deer was deceased.

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 P Cavanaugh

195

Wilmington Police Department

11/22/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date