

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1 1
 Route# Direction Name of Roadway/Street At
 Route# Direction Name of Intersecting Roadway/Street
 Also at Intersection with
 2 1
 Route# Direction Name of Intersecting Roadway/Street
 3
 Route# Direction Name of Intersecting Roadway/Street
 603 MAIN 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

3 Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped
 Crash Report ID# **19-379-AC**

1 2
 License # **S71796816** St **MA** DOB/Age _____ Reg # **988JB4** Reg Type **PC** Reg State **MA**
 Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL _____ Veh Year **2009** Veh Make **ACURA** Veh Config. **1** 21
 Operator **CARBONE, KATHRYN A** Owner **CARBONE, KATHRYN A**
 Last First Middle Last First Middle
 Address **8 CENTRAL ST** Address **8 CENTRAL ST**
 City **WILMINGTON** State **MA** Zip **01887-2709** City **WILMINGTON** State **MA** Zip **01887-2709**
 Insurance Company **SAFETY INSURANCE** Vehicle Action Prior to Crash **4** 22 Damaged Area Code: **3** 27 27 27
 Vehicle Travel Direction: S E W Responding to Emergency? **2** Event Sequence **1** 23 23 23 23 Test Status: **28**
 Citation # (If Issued) _____ Most Harmful Event **1** 24 Type of Test: **29**
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **4** 25 25 BAC Test Result: **30**
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0** 26 Susp. Alcohol: **31** Susp. Drug: **32**
 Towed from scene? **1** 33

6 1 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	8	2	Winchester Hospital

7 3 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 # **S36179397** St **MA** DOB/Age _____ Reg # **V11538** Reg Type **CO** Reg State **MA**
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **B** 20 CDL _____ Veh Year **2019** Veh Make **FORD** Veh Config. **2** 21
 Operator **WALSH, THOMAS P** Owner **SWEETWATER POOL SERVICE INC**
 Last First Middle Last First Middle
 Address **22 BRENTWOOD AVE** Address **175 HIGH ST APT 1**
 City **WILMINGTON** State **MA** Zip **01887-3453** City **WALTHAM** State **MA** Zip **02453-5905**
 Insurance Company **FIREMANS INS 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 **1** 23 23 23 23 Test Status: **28**
 Citation # (If Issued) _____ Most Harmful Event **1** 24 Type of Test: **29**
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **1** 25 25 BAC Test Result: **30**
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0** 26 Susp. Alcohol: **31** Susp. Drug: **32**
 Towed from scene? **2** 33

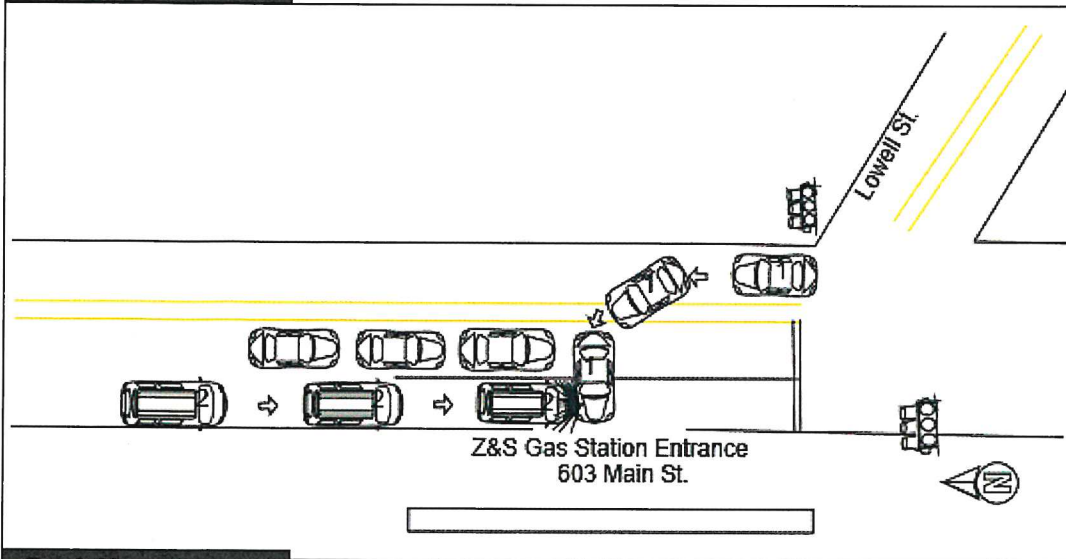
9 2 Please fill out for operator/non-motorist and all occupants involved

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	
GUSTAVO MENDEZ	15 10TH AVE HAVERHILL, MA 01830-3205		M	3	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 11/06/19 car 2 while travelling SB on Main St. crashed into car 1 after Car 1 entered into car 2's lane. The operator of Car 2 stated a MV in the first lane was waving her on to enter into Z&S Gas Station. The operator stated she did not see car 2 travelling in the next lane until she crashed. The operator of car 1 was transported to Winchester Hosp. by Wilmington FD/EMS and her MV was towed by A&S towing.

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

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

Hazmat Information:

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

Patrol Officer Dillon Halliday

205

Wilmington Police Department

11/06/2019

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
 11 JERE RD
 Feet N S E W of . or
 Mile Marker Exit Number
 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# **19-380-AC**

License # **S82619165** St **MA** DOB/Age. Reg # **BULLS** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D** Lic. Restrictions **20** CDL Endorsement Veh Year **2015** Veh Make **HONDA** Veh Config. **1** 21
 Operator **MAYNARD, JONATHAN R** Owner **MAYNARD, JONATHAN R**
 Address **6 JOHN ST APT B** Address **6 JOHN ST APT B**
 City **N CHELMSFORD** State **MA** Zip **01863-2022** City **N CHELMSFORD** State **MA** Zip **01863-2022**
 Insurance Company **COMMERCE INSURANCE** Vehicle Action Prior to Crash **10** 22 Damaged Area Code: **4** 27 27 27
 Vehicle Travel Direction: **N** **E** **W** Responding to Emergency? **2** Event Sequence **2** 23 23 23 23 Test Status: **28**
 Citation # (If Issued) Most Harmful Event **2** 24 Type of Test: **29**
 Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Driver Contributing Code **19** 25 25 BAC Test Result: **30**
 Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by **99** 26 Susp. Alcohol: **2** 31 Susp. Drug: **2** 32
 Towed from scene? **2** 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			1	99	4	0	0	10	1	

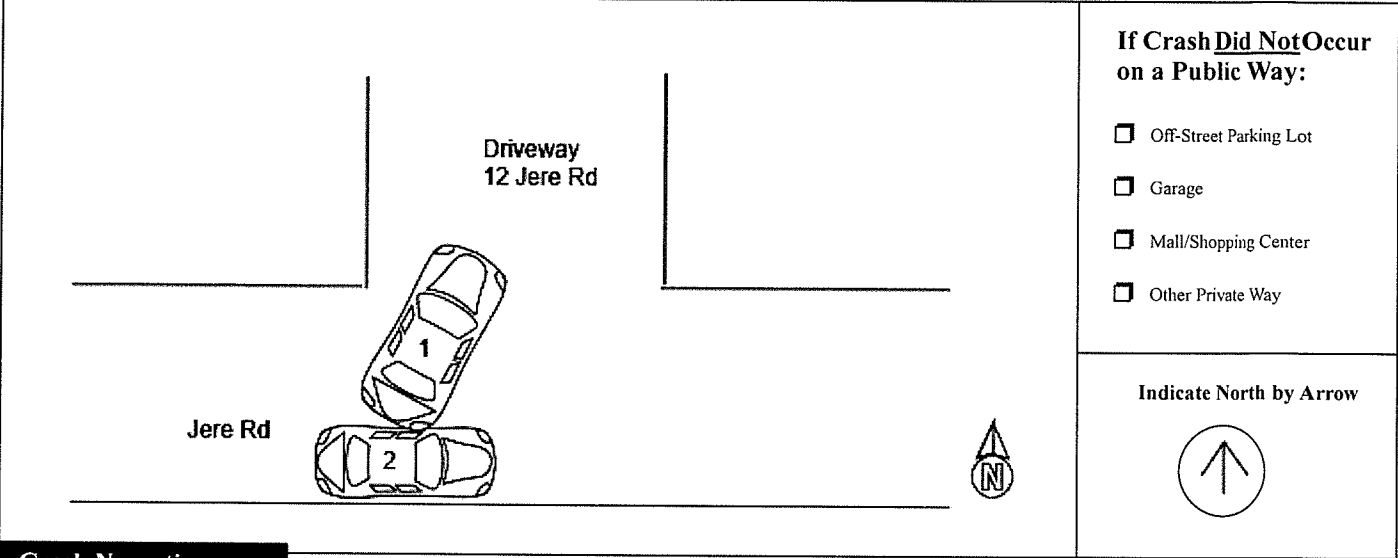
Please Select One of the Following: Vehicle 2 #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

License # St DOB/Age. Reg # **6ZR316** Reg Type **PC** Reg State **MA**
 Sex Lic. Class Lic. Restrictions CDL Endorsement Veh Year **2018** Veh Make **VOLKSWAGEN** Veh Config. **1** 21
 Operator **Driverless M.V.** Owner **NOWELL, MICHELLE MARIE**
 Address Address **11 JERE RD**
 City State Zip City **WILMINGTON** State **MA** Zip **01887-1670**
 Insurance Company **VERMONT MUTUAL INS** Vehicle Action Prior to Crash **11** 22 Damaged Area Code: **7** 27 27 27
 Vehicle Travel Direction: **N** **S** **W** Responding to Emergency? **2** Event Sequence **1** 23 23 23 23 Test Status: **28**
 Citation # (If Issued) Most Harmful Event **1** 24 Type of Test: **29**
 Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Driver Contributing Code **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? **2** 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			1							

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

Crash Diagram:



Crash Narrative:

MV1 backing out of driveway onto Jere Rd. MV2 parked on Jere Rd. across from the end of driveway. MV1 backed into driver side door of MV2. Operator of MV1 stated he caused the collision but did not make notification due to time of night. Parties exchanged paperwork seperately. 12x12 inch dent into driver door of MV2. Damage to the right rear bumper of MV1. No injury reported.

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 11/06/2019
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash
11/08/2019

Time of Crash
1428
24HR

City/Town
Wilmington

Motor Vehicle Crash Police Report

Number Vehicles
3

Number Injured
1

Speed Limit 35
Latitude _____
Longitude _____

State Police
Local Police
MBTA Police
Campus Police
Other:

AT INTERSECTION:

< LOCATION >

NOT AT INTERSECTION:

1
Route# _____ Direction _____ Name of Roadway/Street _____
At _____

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

2
1
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

2
10
Route# _____ Direction _____ Address # 205 MAIN ST Name of Roadway/Street _____

_____ Feet NSEW of _____ or _____ Exit Number _____

3
11
_____ Feet NSEW of _____ Mile Marker _____

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

Landmark _____

3
Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped

Crash Report ID# **19-381-AC**

License # S67907142 St MA DOB/Age _____
Sex F Lic. Class D 19 19 Lic. Restrictions 99 20 CDL _____
Endorsement _____
Operator LIAKAKIS, ELENI
Last First Middle
Address 178 HAVILAH ST
City LOWELL State MA Zip 01852-3245
Insurance Company GOVT EMPLOYEE INS
Vehicle Travel Direction: S E W Responding to Emergency? 2
Citation # (If Issued) _____
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____

Reg # 147SF8 Reg Type PC Reg State MA
Veh Year 2009 Veh Make LEXUS Veh Config. 1 21
Owner LIAKAKIS, ELENI
Last First Middle
Address 178 HAVILAH ST
City LOWELL State MA Zip 01852-3245
Vehicle Action Prior to Crash 1 22 Damaged Area Code: 8 27 1 27 27
Event Sequence 1 23 23 23 23 Test Status: 28
Most Harmful Event 1 24 Type of Test: 29
Driver Contributing Code 1 25 25 BAC Test Result: 30
Driver Distracted by 0 26 Susp. Alcohol: 31 Susp. Drug: 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	X	<u>1</u>	<u>99</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	

7
3
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 # S27745634 St MA DOB/Age _____
Sex M Lic. Class D 19 19 Lic. Restrictions 99 20 CDL _____
Endorsement _____
Operator DISANTO, BENEDETTO
Last First Middle
Address 3324 EVERGREEN DR
City WILMINGTON State MA Zip 01887-1616
Insurance Company PLYMOUTH ROCK ASSU
Vehicle Travel Direction: S E W Responding to Emergency? 2
Citation # (If Issued) _____
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____

Reg # 9VL115 Reg Type PC Reg State MA
Veh Year 2006 Veh Make MERCURY Veh Config. 1 21
Owner DISANTO, BENEDETTO
Last First Middle
Address 3324 EVERGREEN DR
City WILMINGTON State MA Zip 01887-1616
Vehicle Action Prior to Crash 4 22 Damaged Area Code: 0 27 27 27
Event Sequence 1 23 23 23 23 Test Status: 28
Most Harmful Event 1 24 Type of Test: 29
Driver Contributing Code 1 25 25 BAC Test Result: 30
Driver Distracted by 0 26 Susp. Alcohol: 31 Susp. Drug: 32
Towed from scene? 1 33

Please fill out for operator/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>99</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 **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 _____ Landmark

Please Select One of the Following: Vehicle 31 #Occupants Hit/Run Moped **Crash Report ID# 19-381-AC**

License # **S83278123** St **MA** DOB/Age _____ Reg # **8231HB** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **D** 20 CDL Endorsement _____ Veh Year **2009** Veh Make **TOYOTA** Veh Config. **1** 21

Operator **PEABODY, MARGARET AGNES** Owner **PEABODY, MARGARET AGNES**

Address **15 FAIRMEADOW RD** Address **15 FAIRMEADOW RD**

City **WILMINGTON** State **MA** Zip **01887-1616** City **WILMINGTON** State **MA** Zip **01887-1616**

Insurance Company **CITIZENS INSURANCE** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **8** 27 **1** 27 **2** 27

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

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

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

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

Towed from scene? **1** 33

Please fill out for operator 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	9	2	Lahey Clinic

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

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

Sex _____ Lic. Class **19** **19** Lic. Restrictions **20** CDL Endorsement _____ 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							

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

Route# Direction **WEST ST** Name of Roadway/Street
 At
 Route# Direction **INDUSTRIAL WAY** 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
 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# **19-382-AC**

License # **S81602936** St **MA** DOB/Age _____ Reg # **3236RO** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL _____ Veh Year **2012** Veh Make **TOYOTA** Veh Config. **1** 21
 Operator **KELLY, MICHAEL P** Owner **KELLY, MICHAEL P**
 Last First Middle Last First Middle
 Address **381 WEST ST** Address **381 WEST ST**
 City **READING** State **MA** Zip **01867-2201** City **READING** State **MA** Zip **01867-2201**
 Insurance Company **CITIZENS INSURANCE** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **1** 27 **8** 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? **1** 33

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above	XXXXXX	X	1	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 # **S88834092** St **MA** DOB/Age _____ Reg # **4VKC90** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL _____ Veh Year **2010** Veh Make **BMW** Veh Config. **1** 21
 Operator **MURPHY, JOHN THOMAS** Owner **FANNING MURPHY TRUST**
 Last First Middle Last First Middle
 Address **720 SALEM END RD** Address **720 SALEM END RD**
 City **FRAMINGHAM** State **MA** Zip **01702-5545** City **FRAMINGHAM** State **MA** Zip **01702-5545**
 Insurance Company **METROPOLITAN PROP** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **1** 27 **0** 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 **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? **1** 33

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

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

Date of Crash 11/09/2019 Time of Crash 1640 24HR 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:**

MIDDLESEX AVE
Route# Direction Name of Roadway/Street
At
CLARK 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 _____
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# **19-383-AC**

License # **S23489523** St **MA** DOB/Age _____ Reg # **533TK8** Reg Type **PC** Reg State **MA**
Sex **M** Lic. Class **D** Lic. Restrictions **20** CDL Endorsement _____ Veh Year **2018** Veh Make **VOLKSWAGEN** Veh Config. **1**
Operator **MANGANIELLO, DAVID A** Owner **MANGANIELLO, DAVID A**
Address **12 COLONIAL DR** Address **12 COLONIAL DR**
City **BILLERICA** State **MA** Zip **01821-1757** City **BILLERICA** State **MA** Zip **01821-1757**
Insurance Company **COMMERCE INSURANCE** Vehicle Action Prior to Crash **1** Damaged Area Code: **1 27 27 27**
Vehicle Travel Direction: N E W Responding to Emergency? **2** Event Sequence **1 23 43 23 23 23** Test Status: **28**
Citation # (If Issued) _____ Most Harmful Event **43 24** Type of Test: **29**
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **4 25 25** BAC Test Result: **30**
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **99 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**
Towed from scene? **1 33**

Please fill out for operator 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	
CHRISTOPHER MANGANIELLO	12 COLONIAL DR BILLERICA, MA 01821	06/04/2015	M	5	4	4	0	0	10	1	

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

License # **S86850325** St **MA** DOB/Age _____ Reg # **P88145** Reg Type **CO** Reg State **MA**
Sex **M** Lic. Class **D** Lic. Restrictions **20** CDL Endorsement _____ Veh Year **2012** Veh Make **FORD** Veh Config. **2**
Operator **CLAPP, NEIL R** Owner **CLAPP, NEIL R**
Address **24 SHADY LANE DR** Address **24 SHADY LANE DR**
City **WILMINGTON** State **MA** Zip **01887-1937** City **WILMINGTON** State **MA** Zip **01887-1937**
Insurance Company **COMMERCE INSURANCE** Vehicle Action Prior to Crash **1** Damaged Area Code: **11 27 0 27 27**
Vehicle Travel Direction: N S W Responding to Emergency? **2** Event Sequence **1 23 43 23 23 23** Test Status: **28**
Citation # (If Issued) _____ Most Harmful Event **43 24** Type of Test: **29**
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **99 25 25** BAC Test Result: **30**
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **99 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**
Towed from scene? **1 33**

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

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

