

Police Use Only			Commonwealth of Massachusetts				RMV Document Number								
Date of Crash 11/24/2019	Time of Crash 2246 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 1	Number Injured 0	Speed Limit <u>25</u>	Latitude _____	Longitude _____	State Police <input type="checkbox"/>	Local Police <input type="checkbox"/>	MBTA Police <input type="checkbox"/>	Campus Police <input type="checkbox"/>	Other: <input type="checkbox"/>

AT INTERSECTION:	< LOCATION >	NOT AT INTERSECTION:
Route# _____ Direction _____ Name of Roadway/Street _____ At _____	94 CHESTNUT ST	Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____	_____ Feet N S E W of _____ Mile Marker _____ or _____ Exit Number _____	_____ 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 _____ Route# _____ Intersecting Roadway/Street _____
		Landmark _____

Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped Crash Report ID# **19-399-AC**

License # S43752397 St MA DOB/Age _____	Reg # 3ZB278 Reg Type PC Reg State MA
Sex M Lic. Class D Lic. Restrictions 97 CDL H Endorsement	Veh Year 2015 Veh Make TOYOTA Veh Config. 1
Operator DUNCOMBE, CHRISTOPHER	Owner DUNCOMBE, CHRISTOPHER
Address 3 BALDWIN RD	Address 3 BALDWIN RD
City WILMINGTON State MA Zip 01887-2846	City WILMINGTON State MA Zip 01887-2846
Insurance Company THE COMMERCE INSURANCE CO	Vehicle Action Prior to Crash 1 Damaged Area Code: 11 27 27 27
Vehicle Travel Direction: <input checked="" type="checkbox"/> S E W Responding to Emergency? 2	Event Sequence 40 23 23 23 23 Test Status: 3 28
Citation # (If Issued) T1683883	Most Harmful Event 22 24 Type of Test: 2 29
Viol. 1: Ch/Sec/Sub 90 24 Viol. 2: Ch/Sec/Sub 89 4A	Driver Contributing Code 14 25 25 BAC Test Result: 5 30
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by 99 26 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 _____ 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: <input type="checkbox"/> 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							

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

Route# 38 Direction 235 Address # MAIN ST Name of Roadway/Street

Route# Direction Name of Roadway/Street

Route# Direction Name of Intersecting Roadway/Street

Route# Direction Name of Intersecting Roadway/Street

Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped | Crash Report ID# 19-400-AC

License # S66174821 St MA DOB/Age. Reg # 28KA18 Reg Type PC Reg State MA

Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement Veh Year 2012 Veh Make HONDA Veh Config. 1 21

Operator WRIGHT, NICOLE F Owner WRIGHT, NICOLE F

Address 13 PHILLIPS AVE Address 13 PHILLIPS AVE

City WILMINGTON State MA Zip 01887-2068 City WILMINGTON State MA Zip 01887-2068

Insurance Company USAA GENERAL INDEMNITY CO 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) T1683630 Most Harmful Event 1 24 Type of Test: 29

Viol. 1: Ch/Sec/Sub 90 24 Viol. 2: Ch/Sec/Sub Driver Contributing Code 99 25 25 BAC Test Result: 30

Viol. 3: 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		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	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 # S85266841 St MA DOB/Age. Reg # 2LPB71 Reg Type PC Reg State MA

Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement Veh Year 2019 Veh Make HONDA Veh Config. 2 21

Operator OSBORN, DEBORAH L Owner OSBORN, DAVID S

Address 69 CURVE ST Address 69 CURVE ST

City WELLESLEY State MA Zip 02482-4663 City WELLESLEY State MA Zip 02482-4663

Insurance Company THE COMMERCE INSURANCE CO Vehicle Action Prior to Crash 4 22 Damaged Area Code: 6 27 27 27

Vehicle Travel Direction: N S E X 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 99 25 25 BAC Test Result: 30

Viol. 2: 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	X	1	99	4	0	0	10	1	

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

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

ADAMS 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 _____ Exit Number _____
Mile Marker _____

Route# _____ Intersecting Roadway/Street _____
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# **19-401-AC**

License # **S90082046** St **MA** DOB/Age _____ Reg # **1AMS75** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** Lic. Restrictions **1** CDL _____ Veh Year **2018** Veh Make **HONDA** Veh Config. **1**

Operator **MITCHELL, KATHLEEN D** Owner **MITCHELL, DAVID CHRISTOPHER**

Address **78 FAULKNER AVE** Address **78 FAULKNER AVE**

City **WILMINGTON** State **MA** Zip **01887-1360** City **WILMINGTON** State **MA** Zip **01887-1360**

Insurance Company **ARBELLA MUTUAL INSURANCE** Vehicle Action Prior to Crash **1** Damaged Area Code: **3** 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

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	99	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 # **S81360165** St **MA** DOB/Age _____ Reg # **N88516** Reg Type **CO** Reg State **MA**

Sex **M** Lic. Class **D** Lic. Restrictions **1** CDL _____ Veh Year **2018** Veh Make **FORD** Veh Config. **2**

Operator **FRASER, JUSTIN L** Owner **FRASER, GREGORY RANDOLPH**

Address **17 DADANT DR** Address **17 DADANT DR**

City **WILMINGTON** State **MA** Zip **01887-2112** City **WILMINGTON** State **MA** Zip **01887-2112**

Insurance Company **SAFETY INSURANCE COMPANY** Vehicle Action Prior to Crash **3** 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: **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

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	

Date of Crash: 11/27/2019 | Time of Crash: 1155 | City/Town: Wilmington
 Number Vehicles: 3 | Number Injured: 1 | Speed Limit: 10
 State Police | Local Police | MBTA Police | Campus Police | Other:

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

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

Route# Direction Address # Name of Roadway/Street
 222 MAIN ST
 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# 19-402-AC

License # S84480882 St MA DOB/Age _____ Reg # 8688RX Reg Type PC Reg State MA
 Sex F Lic. Class D M 19 19 Lic. Restrictions 20 CDL Endorsement _____ Veh Year 2011 Veh Make HONDA Veh Config. 1 21
 Operator STROB, HEIDI L Owner STROB, HEIDI L
 Address 244 MAPLE ST Address 244 MAPLE ST
 City TEWKSBURY State MA Zip 01876-1514 City TEWKSBURY State MA Zip 01876-1514
 Insurance Company THE COMMERCE INSURANCE CO
 Vehicle Travel Direction: N E W Responding to Emergency? 2
 Event Sequence 1 23 23 23 23
 Most Harmful Event 1 24
 Driver Contributing Code 1 25 25
 Driver Distracted by 0 26
 Damaged Area Code: 5 27 27 27
 Test Status: 1 28
 Type of Test: 29
 BAC Test Result: 1 30
 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	9	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 # S84113623 St MA DOB/Age _____ Reg # 17HM73 Reg Type PC Reg State MA
 Sex M Lic. Class D M 19 19 Lic. Restrictions 20 CDL Endorsement _____ Veh Year 2011 Veh Make FORD Veh Config. 1 21
 Operator FLYNN, TIMOTHY J Owner FLYNN, TIMOTHY J
 Address 253 WOBURN ST Address 253 WOBURN ST
 City WILMINGTON State MA Zip 01887-2105 City WILMINGTON State MA Zip 01887-2105
 Insurance Company QUINCY MUTUAL FIRE INSURA
 Vehicle Travel Direction: N E W Responding to Emergency? 2
 Event Sequence 1 23 23 23 23
 Most Harmful Event 1 24
 Driver Contributing Code 1 25 25
 Driver Distracted by 0 26
 Damaged Area Code: 1 27 5 27 27
 Test Status: 1 28
 Type of Test: 29
 BAC Test Result: 1 30
 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			1	1	4	0	0	10	1	

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 11/27/2019	Time of Crash 1155 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 3	Number Injured 1	Speed Limit <u>10</u>	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 _____ At _____	Route# <u>222</u> Direction _____ Address # <u>MAIN ST</u> Name of Roadway/Street _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____ Mile Marker _____ Exit Number _____	Route# _____ Direction _____ Name of Roadway/Street _____ Also at Intersection with _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ 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 3 #Occupants Hit/Run Moped Crash Report ID# **19-402-AC**

License # <u>S58169104</u> St <u>MA</u> DOB/Age _____ Reg # <u>3040TY</u> Reg Type <u>PC</u> Reg State <u>MA</u>	Sex <u>F</u> Lic. Class <u>D</u> Lic. Restrictions <u>20</u> CDL _____ Veh Year <u>2001</u> Veh Make <u>TOYOTA</u> Veh Config. <u>1</u>
Operator <u>SACCOCEA, VIRGINIA D</u> Address <u>78 FEDERAL ST</u>	Owner <u>SACCOCEA, VIRGINIA D</u> Address <u>78 FEDERAL ST</u>
City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-2554</u>	City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-2554</u>
Insurance Company <u>THE COMMERCE INSURANCE CO</u>	Vehicle Action Prior to Crash <u>1</u> Damaged Area Code: <u>1</u> <u>27</u> <u>27</u> <u>27</u>
Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u>	Event Sequence <u>2</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u>
Citation # (If Issued) _____	Most Harmful Event <u>2</u> <u>24</u> Type of Test: <u>29</u>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code <u>19</u> <u>25</u> <u>97</u> <u>25</u> BAC Test Result: <u>1</u> <u>30</u>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by <u>99</u> <u>26</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u>
	Towed from scene? <u>2</u> <u>33</u>

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	XXXX	XX	<u>1</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	

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

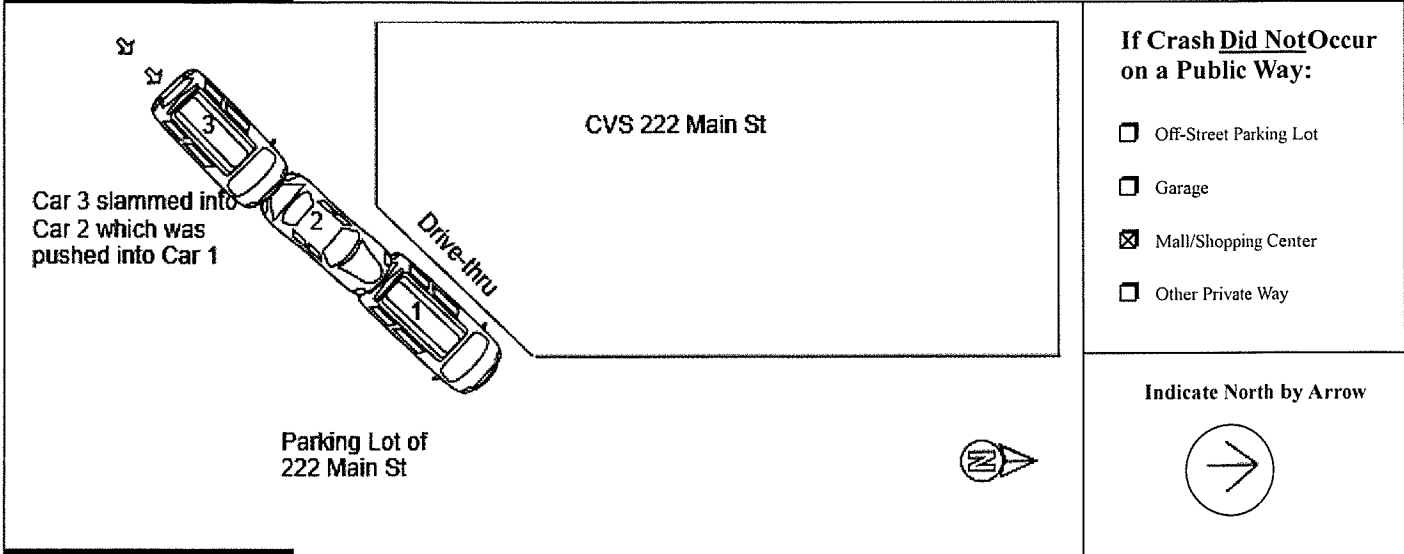
License # _____ St _____ DOB/Age _____ Reg # _____ Reg Type _____ Reg State _____	Sex _____ Lic. Class <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____ Veh Year _____ Veh Make _____ Veh Config. <u>21</u>
Operator _____ Address _____	Owner _____ Address _____
City _____ State _____ Zip _____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

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	XXXX	XX	<u>1</u>							

→ = Direction = Vehicle 1 = 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:

On 11/27/19, I responded to a three crash in the driveway of CVS (222 Main St) at the drive-thru. All individuals were wearing seatbelts at time of crash. Veh 2 and 3 operators reported no injuries. Veh 1 operator reported whip-lash related injuries and was checked out by FD. She refused medical. Veh 3 operator reported that she was pulling behind the other two vehicles and stepped on the gas pedal instead of the brake pedal accelerating the car into Veh 2. Veh 2 was pushed into Veh 1. There was no airbag deployment with any of the vehicles. Veh 1 has damage to rear bumper. Veh 2 has extensive damage had damage to front bumper, grill, hood, rear bumper, trunk and drivers side tail light. Veh 3 suffered damage to front passenger side bumper. RMV will be getting an Immediate threat request for veh 3 operator. See 19-1299-OF. No tows were required.

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 Daniel P Furbush

196

Wilmington Police Department

11/27/2019

Police Officer Name (Please Print)

Signature

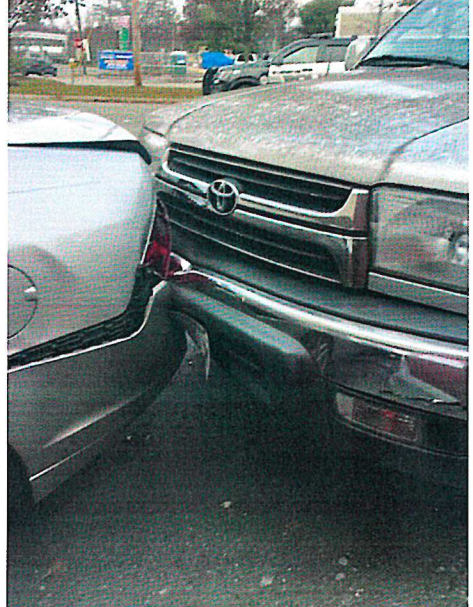
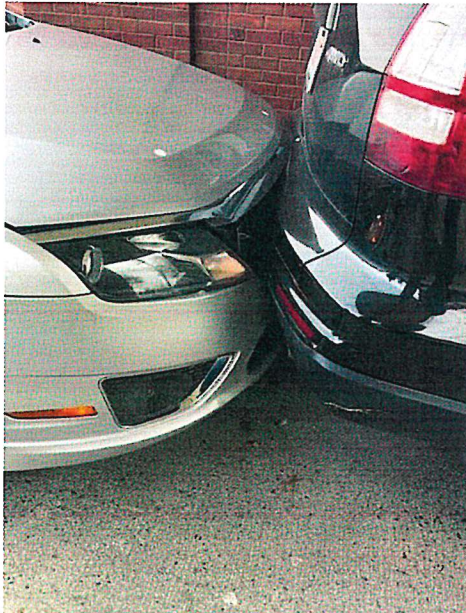
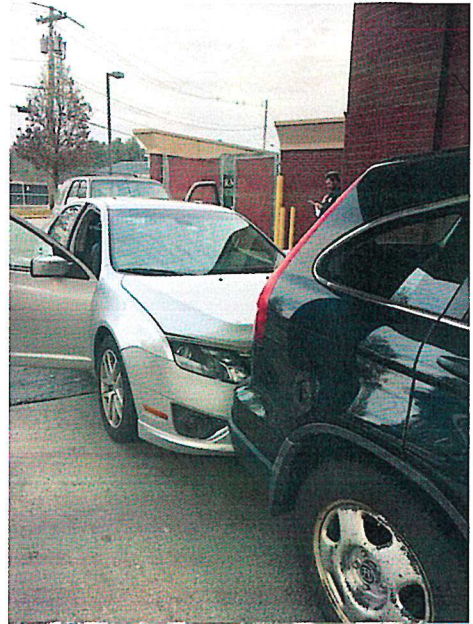
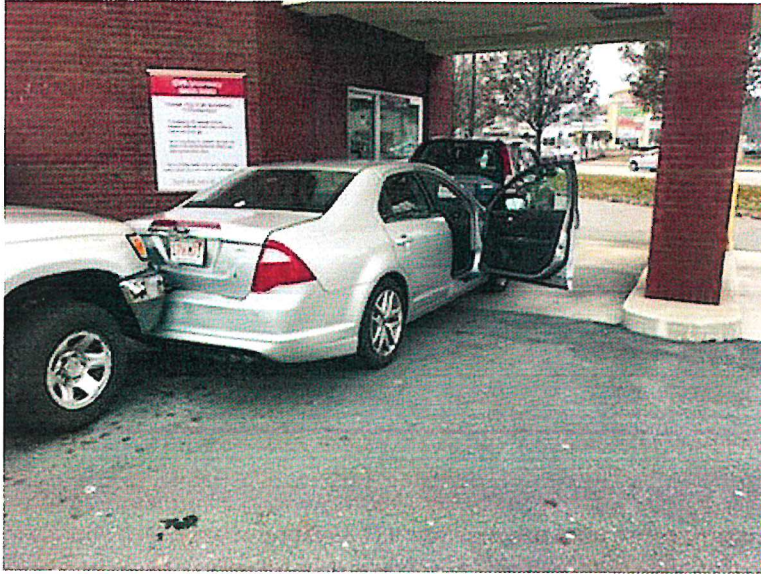
ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department
Images Associated with 19-402-AC



Wilmington Police Department
Images Associated with 19-402-AC



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

1 **62 W CHURCH ST**
Route# Direction Name of Roadway/Street

At

Route# Direction **ADAMS ST**
Name of Intersecting Roadway/Street

Also at Intersection with

2 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# **19-403-AC**

License # **S67040371** St **MA** DOB/Age _____

Sex **F** Lic. Class D 19 19 Lic. Restrictions 20 CDL _____

Operator **MUNI, GITA I**
Last First Middle

Address **5 WESTWARD CIR**

City **N READING** State **MA** Zip **01864-1423**

Insurance Company **GOVERNMENT EMPLOYEES INSU**

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 # **822XA9** Reg Type **PC** Reg State **MA**

Veh Year **2013** Veh Make **CADILLAC** Veh Config. **1**

Owner **MUNI, INDU A**
Last First Middle

Address **5 WESTWARD CIR**

City **N READING** State **MA** Zip **01864-1423**

Vehicle Action Prior to Crash **1** 22

Damaged Area Code: **8** 27 **7** 27 **27**

Event Sequence **1** 23 **23** **23** **23**

Test Status: **28**

Type of Test: **29**

Most Harmful Event **1** 24

BAC Test Result: **30**

Driver Contributing Code **1** 25 **25**

Susp. Alcohol: **31** Susp. Drug: **32**

Driver Distracted by **0** 26

Towed from scene? **2** 33

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 # **S12383244** St **MA** DOB/Age _____

Sex **M** Lic. Class D 19 19 Lic. Restrictions 20 CDL _____

Operator **EVANS, JEMIL OLIVER**
Last First Middle

Address **2 KIMBALL CT**

City **WOBURN** State **MA** Zip **01801-6940**

Insurance Company **PROGRESSIVE**

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 # **7816WR** Reg Type **PC** Reg State **ME**

Veh Year **2014** Veh Make **KIA** Veh Config. **1**

Owner **DZABIEV, EMIL**
Last First Middle

Address **14 INDEPENDENCE WAY**

City **SCARBOROUGH** State **ME** Zip **04074**

Vehicle Action Prior to Crash **1** 22

Damaged Area Code: **2** 27 **3** 27 **27**

Event Sequence **1** 23 **23** **23** **23**

Test Status: **28**

Type of Test: **29**

Most Harmful Event **1** 24

BAC Test Result: **30**

Driver Contributing Code **4** 25 **25**

Susp. Alcohol: **31** Susp. Drug: **32**

Driver Distracted by **0** 26

Towed from scene? **1** 33

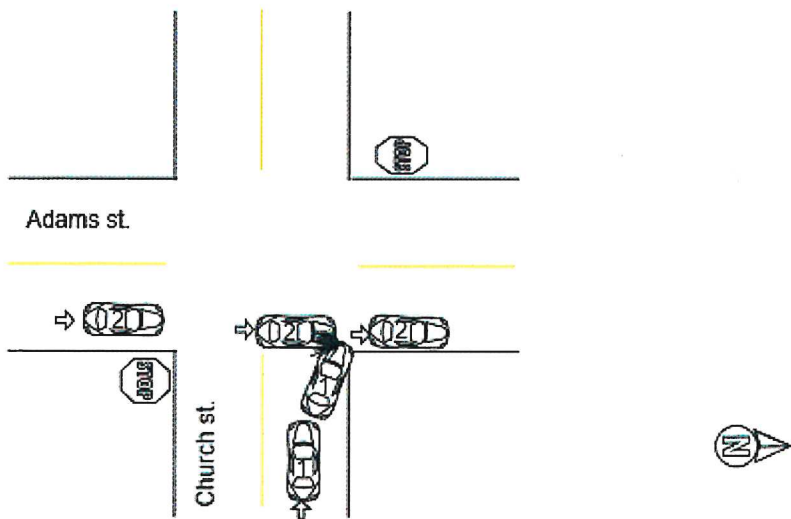
Please fill out for operator/non-motorist and all occupants involved

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	
				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:

Sir: Oper.#1 related while she was traveling on Church st./rte.62 near the High school, as she approached Adams st. and was just entering the cross st. of Adams st., m/v#2 shot across Church st. in front of her and they both crashed.

Oper.#2 related he had stopped at the stop sign on Adams st. waiting for traffic on Church st. to clear, a m/v on Church st. heading west had stopped and was going to make a left turn on to Adams st., stopped to let him m/v#2 out of Adams st., as did another m/v traveling East on Church st., stopped to let him out of Adams st. As he m/v#2 started going across Church st., m/v#1 swerved around unknown m/v and crashed into his m/v#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 Paul W Jepson

142

Wilmington Police Department

11/27/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Princt/Barracks

Date

Date of Crash: 11/27/2019 | Time of Crash: 1323 | City/Town: Wilmington | Number Vehicles: 3 | Number Injured: 0 | Speed Limit: 40

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

Route# Direction Name of Roadway/Street

Route# Direction Name of Roadway/Street

Route# Direction Name of Roadway/Street

Route# Direction Name of Roadway/Street

Route# Direction Name of Roadway/Street

Please Select One of the Following: Vehicle 1 Occupants Hit/Run Moped | Crash Report ID# 19-404-AC

License # S19797888 | St MA | DOB/Age. | Reg # 861LP5 | Reg Type PC | Reg State MA

Sex M | Lic. Class B | Lic. Restrictions 20 | CDL | Veh Year 2014 | Veh Make NISSAN | Veh Config. 1

Operator MEROLA, WILLIAM A | Owner MEROLA, WILLIAM A

Address 22 WILLIAMS AVE | Address 22 WILLIAMS AVE

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

Insurance Company LIBERTY MUTUAL INSURANCE | Vehicle Action Prior to Crash 2

Vehicle Travel Direction: N S W | Responding to Emergency? 2 | Event Sequence 1 23 23 23 23

Citation # (If Issued) | Most Harmful Event 1 24 | Type of Test: 1 28 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		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	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 # S32916602 | St MA | DOB/Age. | Reg # 5HZ757 | Reg Type PC | Reg State MA

Sex M | Lic. Class D | Lic. Restrictions 20 | CDL | Veh Year 2016 | Veh Make SUBARU | Veh Config. 1

Operator MINGHELLA, CHARLES P | Owner MINGHELLA, CHARLES P

Address 5 ALLENHURST WAY | Address 5 ALLENHURST WAY

City WILMINGTON | State MA | Zip 01887-4111 | City WILMINGTON | State MA | Zip 01887-4111

Insurance Company THE COMMERCE INSURANCE CO | Vehicle Action Prior to Crash 2

Vehicle Travel Direction: N S W | Responding to Emergency? 2 | Event Sequence 1 23 23 23 23

Citation # (If Issued) | Most Harmful Event 1 24 | Type of Test: 1 28 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/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	

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 # **300** **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 31 #Occupants Hit/Run Moped
 Crash Report ID# **19-404-AC**

License # **S56793513** St **MA** DOB/Age _____ Reg # **4TZ232** Reg Type **PC** Reg State **MA**
 Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL _____ Veh Year **2009** Veh Make **SUBARU** Veh Config. **1** 21
 Operator **MONTAGNA, LAURA MARGARET** Owner **MONTAGNA, LAURA MARGARET**
 Address **8 TENNYSON RD** Address **8 TENNYSON RD**
 City **READING** State **MA** Zip **01867-1650** City **READING** State **MA** Zip **01867-1650**
 Insurance Company **PROGRESSIVE DIRECT INSURA** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **1** 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: **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 **99** 26 Susp. Alcohol: **2** 31 Susp. Drug: **2** 32
 Towed from scene? **2** 33

Please fill out for operator and all occupants involved

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

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

License # _____ St _____ DOB/Age _____ 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**

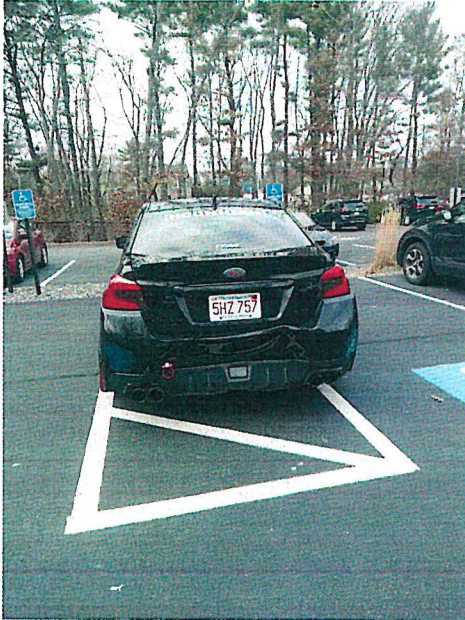
Please fill out for operator/non-motorist and all occupants involved

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							

Wilmington Police Department
Crash Narrative
Case # 19-404-AC

On 11/27/19, I was dispatched to the area of 300 Lowell St for a report of a three car motor vehicle crash. It was reported by all involved that there were no injuries, there was no air bag deployment and all involved were wearing seatbelts. It was reported by Veh 1 operator that he was stopped in traffic. It was reported by Veh 2 operator that he was slowing almost to a stop when he was struck from behind. Veh 2 operator stated that his foot was already on the brake so when his car was hit, he ended up braking hard but he still ended up colliding with the car in front of him. Veh 3 operator reported that she was traveling straight on Lowell St and as she approached the traffic, her foot slipped off the brake and she drove into the back of Veh 2 which was pushed into Veh 1. No tows were required. Veh 1 had damage to right side to rear bumper. Veh 2 had damage to rear bumper and small hole in front bumper. Veh 3 had damage to hood, grill and front bumper.

Wilmington Police Department
Images Associated with 19-404-AC



Wilmington Police Department
Images Associated with 19-404-AC



Date of Crash: 11/27/2019 | Time of Crash: 1513 | City/Town: Wilmington
 Number Vehicles: 2 | Number Injured: 0 | Speed Limit: 25
 State Police | Local Police | MBTA Police | Campus Police | Other:

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

1 | Route# Direction GLEN RD | Name of Roadway/Street
 At
 Route# Direction LEE ST | Name of Intersecting Roadway/Street
 Also at Intersection with
2 | Route# Direction | Name of Intersecting 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# **19-405-AC**

License # S33566867 | St MA | DOB/Age: | Reg # 952MT4 | Reg Type PC | Reg State MA
 Sex F | Lic. Class D | Lic. Restrictions 99 | CDL Endorsement | Veh Year 2019 | Veh Make SUBARU | Veh Config. 1
 Operator RUFO, EILEEN M | Owner RUFO, EILEEN M
 Address 169 CHARLTON ST | Address 169 CHARLTON ST
 City ARLINGTON | State MA | Zip 02476-7243 | City ARLINGTON | State MA | Zip 02476-7243
 Insurance Company SAFETY INSURANCE COMPANY | Vehicle Action Prior to Crash 4 | 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: 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 4 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 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			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

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

License # NHL18136537 | St NH | DOB/Age: | Reg # 4595463 | Reg Type PC | Reg State NH
 Sex M | Lic. Class D | Lic. Restrictions 99 | CDL Endorsement | Veh Year 1985 | Veh Make FORD | Veh Config. 1
 Operator HARTY, WILLIAM MICHAEL | Owner HARTY, WILLIAM MICHAEL
 Address 33 CONGRESS ST APT 28 | Address 33 CONGRESS ST APT 28
 City NASHUA | State NH | Zip 03062 | City NASHUA | State NH | Zip 03062
 Insurance Company | Vehicle Action Prior to Crash 1 | Damaged Area Code: 2 27 1 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: 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			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

