

|                                                                        |  |                             |                               |                                |                                                                                                                                          |                     |                       |                |                 |                                                |                                       |                                      |                                        |                                       |
|------------------------------------------------------------------------|--|-----------------------------|-------------------------------|--------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-----------------------|----------------|-----------------|------------------------------------------------|---------------------------------------|--------------------------------------|----------------------------------------|---------------------------------------|
| <b>Police Use Only</b>                                                 |  | Date of Crash<br>12/08/2019 | Time of Crash<br>1238<br>24HR | City/Town<br><b>Wilmington</b> | Number Vehicles<br>2                                                                                                                     | Number Injured<br>0 | Speed Limit <u>15</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"/> |
| <b>AT INTERSECTION:</b>                                                |  |                             |                               |                                | <b>&lt; LOCATION &gt;</b>                                                                                                                |                     |                       |                |                 | <b>NOT AT INTERSECTION:</b>                    |                                       |                                      |                                        |                                       |
| Route# _____ Direction _____ Name of Roadway/Street _____              |  |                             |                               |                                | Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____                                                                |                     |                       |                |                 |                                                |                                       |                                      |                                        |                                       |
| At _____                                                               |  |                             |                               |                                | _____ 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 Intersecting Roadway/Street _____ |  |                             |                               |                                | _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____          |                     |                       |                |                 | Route# _____ Intersecting Roadway/Street _____ |                                       |                                      |                                        |                                       |
| Also at Intersection with _____                                        |  |                             |                               |                                |                                                                                                                                          |                     |                       |                |                 |                                                |                                       |                                      |                                        |                                       |
| Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ |  |                             |                               |                                |                                                                                                                                          |                     |                       |                |                 | Landmark _____                                 |                                       |                                      |                                        |                                       |

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

Crash Report ID# **19-420-AC**

|                                                                                                                                                         |                                                                               |                                                                             |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-----------------------------------------------------------------------------|--|
| License # <b>S43941424</b> St <b>MA</b> DOB/Age _____                                                                                                   |                                                                               | Reg # <b>9LS956</b> Reg Type <b>PC</b> Reg State <b>MA</b>                  |  |
| Sex <b>M</b> Lic. Class <b>D</b> <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____                                                              | Veh Year <b>1998</b> Veh Make <b>CHEVROLET</b> Veh Config. <b>1</b> <u>21</u> |                                                                             |  |
| Operator <b>LEBOW, ALAN JOHN</b>                                                                                                                        |                                                                               | Owner <b>LEBOW, ALAN JOHN</b>                                               |  |
| Address <b>104 DODGE ST</b>                                                                                                                             |                                                                               | Address <b>104 DODGE ST</b>                                                 |  |
| City <b>BEVERLY</b> State <b>MA</b> Zip <b>01915-1045</b>                                                                                               |                                                                               | City <b>BEVERLY</b> State <b>MA</b> Zip <b>01915-1045</b>                   |  |
| Insurance Company <b>SAFETY INSURANCE COMPANY</b>                                                                                                       |                                                                               | Vehicle Action Prior to Crash <b>3</b> <u>22</u>                            |  |
| Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u> |                                                                               | Damaged Area Code: <b>3</b> <u>27</u> <b>4</b> <u>27</u> <b>0</b> <u>27</u> |  |
| Citation # (If Issued) _____                                                                                                                            |                                                                               | Event Sequence <b>2</b> <u>23</u> <u>23</u> <u>23</u> <u>23</u>             |  |
| Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____                                                                                                     |                                                                               | Most Harmful Event <b>2</b> <u>24</u>                                       |  |
| Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____                                                                                                     |                                                                               | Driver Contributing Code <b>18</b> <u>25</u> <b>19</b> <u>25</u>            |  |
|                                                                                                                                                         |                                                                               | Driver Distracted by <b>0</b> <u>26</u>                                     |  |
|                                                                                                                                                         |                                                                               | Type of Test: <b>28</b>                                                     |  |
|                                                                                                                                                         |                                                                               | BAC Test Result: <b>30</b>                                                  |  |
|                                                                                                                                                         |                                                                               | Susp. Alcohol: <b>2</b> <u>31</u> Susp. Drug: <b>2</b> <u>32</u>            |  |
|                                                                                                                                                         |                                                                               | Towed from scene? <b>2</b> <u>33</u>                                        |  |

| 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 |
|---------------------------------------------------------|--|-----------|-------------------------------------|--------------|------------------|------------------|---------------|--------------|------------------|-----------------|------------------|
| <b>Operator</b>                                         |  | See Above | <input checked="" type="checkbox"/> | <b>1</b>     | <b>99</b>        | <b>4</b>         | <b>0</b>      | <b>0</b>     | <b>10</b>        | <b>1</b>        |                  |
|                                                         |  |           |                                     |              |                  |                  |               |              |                  |                 |                  |
|                                                         |  |           |                                     |              |                  |                  |               |              |                  |                 |                  |
|                                                         |  |           |                                     |              |                  |                  |               |              |                  |                 |                  |

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

|                                                                                                                                                                    |                                                                                   |                                                                    |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--------------------------------------------------------------------|--|
| License # <b>NHL15602200</b> St <b>NH</b> DOB/Age _____                                                                                                            |                                                                                   | Reg # <b>3184728</b> Reg Type <b>PC</b> Reg State <b>NH</b>        |  |
| Sex <b>M</b> Lic. Class <b>D</b> <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____                                                                         | Veh Year <b>2020</b> Veh Make <b>MERCEDES-BENZ</b> Veh Config. <b>1</b> <u>21</u> |                                                                    |  |
| Operator <b>FIONDA, ANGELO JOESPH</b>                                                                                                                              |                                                                                   | Owner <b>FIONDA, ANGELO JOESPH</b>                                 |  |
| Address <b>599 TURNPIKE RD</b>                                                                                                                                     |                                                                                   | Address <b>599 TURNPIKE RD</b>                                     |  |
| City <b>NEW IPSWICH</b> State <b>NH</b> Zip <b>030713734</b>                                                                                                       |                                                                                   | City <b>NEW IPSWICH</b> State <b>NH</b> Zip <b>030713734</b>       |  |
| Insurance Company <b>PROGRESSIVE UNIVERSAL INS</b>                                                                                                                 |                                                                                   | Vehicle Action Prior to Crash <b>11</b> <u>22</u>                  |  |
| Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u> |                                                                                   | Damaged Area Code: <b>3</b> <u>27</u> <b>4</b> <u>27</u> <b>27</b> |  |
| Citation # (If Issued) _____                                                                                                                                       |                                                                                   | Event Sequence <b>2</b> <u>23</u> <u>23</u> <u>23</u> <u>23</u>    |  |
| Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____                                                                                                                |                                                                                   | Most Harmful Event <b>2</b> <u>24</u>                              |  |
| Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____                                                                                                                |                                                                                   | Driver Contributing Code <b>1</b> <u>25</u> <b>25</b>              |  |
|                                                                                                                                                                    |                                                                                   | Driver Distracted by <b>0</b> <u>26</u>                            |  |
|                                                                                                                                                                    |                                                                                   | Type of Test: <b>28</b>                                            |  |
|                                                                                                                                                                    |                                                                                   | BAC Test Result: <b>30</b>                                         |  |
|                                                                                                                                                                    |                                                                                   | Susp. Alcohol: <b>2</b> <u>31</u> Susp. Drug: <b>2</b> <u>32</u>   |  |
|                                                                                                                                                                    |                                                                                   | Towed from scene? <b>2</b> <u>33</u>                               |  |

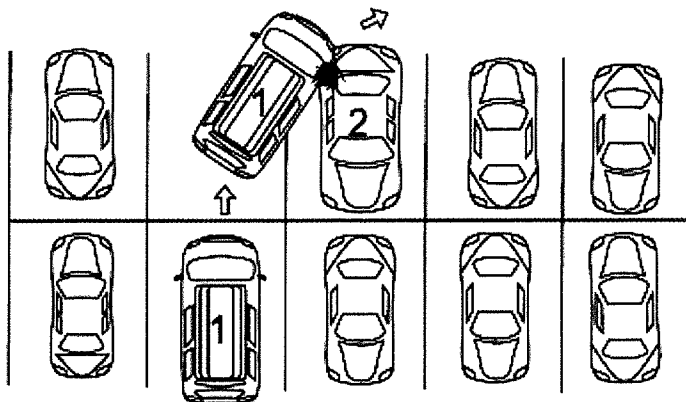
| Please fill out for operator/non-motorist and all occupants involved |  | DOB/Age   | Sex                                 | 34 Seat Pos. | 35 Safety System | 36 Airbag Status | 37 Eject Code | 38 Trap Code | 39 Injury Status | 40 Transp. Code | Medical Facility |
|----------------------------------------------------------------------|--|-----------|-------------------------------------|--------------|------------------|------------------|---------------|--------------|------------------|-----------------|------------------|
| <b>Operator/Non-Motorist</b>                                         |  | See Above | <input checked="" type="checkbox"/> | <b>1</b>     | <b>0</b>         | <b>4</b>         | <b>3</b>      | <b>0</b>     | <b>10</b>        | <b>1</b>        |                  |
|                                                                      |  |           |                                     |              |                  |                  |               |              |                  |                 |                  |
|                                                                      |  |           |                                     |              |                  |                  |               |              |                  |                 |                  |
|                                                                      |  |           |                                     |              |                  |                  |               |              |                  |                 |                  |

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

**Crash Diagram:**

ie: → 1 → 2 → ○ → ⊗

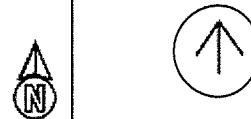
**99 Fordham Road-Shriner's Auditorium**



**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 was traveling through the parking lot of the Shriner's Auditorium looking for a space to park. MV1 pulled into a parking space in the row of parking spaces nearest to the rear of the building. The operator of MV1 then realized that the parking space reserved for vehicles with handicapped plates and/or placards and he was not eligible to park in this space. MV1 then pulled forward through that parking space into the space directly in front of it and attempted to turn right around a parked vehicle (MV2). MV1 collided with and side-swiped MV2 as it attempted to turn right out of that parking space. Both MV1 and MV2 suffered damage to their right sides and rear right fenders and bumpers. The operator of MV1 stated that he couldn't see the edge of the parked MV2 and thought he had enough to make the turn with his large van. There were no injuries and both vehicles were able to be driven from the scene.

**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 Michael A Wilson**

**209**

**Wilmington Police Department**

**12/08/2019**

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash 12/09/2019 Time of Crash 1253 City/Town WILMINGTON

Motor Vehicle Crash Police Report

Number Vehicles 3 Number Injured 0 Speed Limit 35 State Police Local Police MBTA Police Campus Police Other

AT INTERSECTION:

LOCATION

NOT AT INTERSECTION:

1

10

Route# Direction Name of Roadway/Street At

Route# Direction Address # Name of Roadway/Street 579 MAIN ST

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

Feet N S E W of Mile Marker Exit Number

2

Route# Direction Name of Intersecting Roadway/Street

3

Please Select One of the Following: [X] Vehicle 14 #Occupants [ ] Hit/Run [ ] Moped

Crash Report ID# 19-421-AC

4

License # S56236304 St MA DOB/Age Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement

Reg # MM271 Reg Type PC Reg State MA Veh Year 2014 Veh Make HONDA Veh Config 1 21

Operator DONOVAN, PATRICIA N Last First Middle

Owner DONOVAN, PATRICIA N Last First Middle

Address 10 ARROW ST

Address 10 ARROW ST

City BILLERICA State MA Zip 01821-2913

City BILLERICA State MA Zip 01821-2913

Insurance Company ALLSTATE INSURANCE COMPAN

Vehicle Action Prior to Crash 1 22 Damaged Area Code: 5 27 27 27

Vehicle Travel Direction: [X] S E W Responding to Emergency? 2

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

Citation # (If Issued)

Most Harmful Event 1 24 Type of Test: 29

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

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

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

Driver Distracted by 0 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32

6

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

7

Please Select One of the Following: [X] Vehicle 23 #Occupants [ ] Non-Motorist A Type 15 Action 16 Location 17 Condition 18 [ ] Hit/Run [ ] Moped

Reg # 8PW384 Reg Type PC Reg State MA

License # S95010313 St MA DOB/Age Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement

Veh Year 2018 Veh Make CHEVROLET Veh Config 1 21

Operator VALLES, DANIELLE M Last First Middle

Owner VALLES, DANIELLE M Last First Middle

Address 1A HARVARD AVE

Address 1A HARVARD AVE

City WILMINGTON State MA Zip 01887-2016

City WILMINGTON State MA Zip 01887-2016

Insurance Company SAFETY INSURANCE COMPANY

Vehicle Action Prior to Crash 1 22 Damaged Area Code: 1 27 5 27 27

Vehicle Travel Direction: [X] S E W Responding to Emergency? 2

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

Citation # (If Issued)

Most Harmful Event 1 24 Type of Test: 29

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

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

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

Driver Distracted by 0 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32

9

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

14

|                                                                        |                             |                               |                                                                                         |                                          |                             |                            |                       |                |                 |                                                                                                                                                                                                           |
|------------------------------------------------------------------------|-----------------------------|-------------------------------|-----------------------------------------------------------------------------------------|------------------------------------------|-----------------------------|----------------------------|-----------------------|----------------|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Police Use Only</b>                                                 | Date of Crash<br>12/09/2019 | Time of Crash<br>1253<br>24HR | City/Town<br><b>Wilmington</b>                                                          | <b>Motor Vehicle Crash Police Report</b> | Number Vehicles<br><b>3</b> | Number Injured<br><b>0</b> | Speed Limit <b>35</b> | Latitude _____ | Longitude _____ | <input type="checkbox"/> State Police<br><input type="checkbox"/> Local Police<br><input type="checkbox"/> MBTA Police<br><input type="checkbox"/> Campus Police<br><input type="checkbox"/> Other: _____ |
| <b>AT INTERSECTION:</b>                                                |                             |                               | <b>&lt; LOCATION &gt;</b>                                                               | <b>NOT AT INTERSECTION:</b>              |                             |                            |                       |                |                 |                                                                                                                                                                                                           |
| Route# _____ Direction _____ Name of Roadway/Street _____              |                             |                               | Route# <b>579</b> Direction _____ Address # <b>MAIN ST</b> Name of Roadway/Street _____ |                                          |                             |                            |                       |                |                 |                                                                                                                                                                                                           |
| At _____                                                               |                             |                               | _____ Feet <b>N S E W</b> of _____ or _____                                             |                                          |                             |                            |                       |                |                 |                                                                                                                                                                                                           |
| Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ |                             |                               | _____ Feet <b>N S E W</b> of _____ Mile Marker _____ Exit Number _____                  |                                          |                             |                            |                       |                |                 |                                                                                                                                                                                                           |
| Also at Intersection with _____                                        |                             |                               | Route# _____ Intersecting Roadway/Street _____                                          |                                          |                             |                            |                       |                |                 |                                                                                                                                                                                                           |
| Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ |                             |                               | _____ Feet <b>N S E W</b> of _____ Landmark _____                                       |                                          |                             |                            |                       |                |                 |                                                                                                                                                                                                           |

Please Select One of the Following:  Vehicle **31** #Occupants  Hit/Run  Moped

Crash Report ID# **19-421-AC**

|                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| License # <b>S91438437</b> St <b>MA</b> DOB/Ag. _____<br>Sex <b>M</b> Lic. Class <b>D</b> <b>19</b> <b>19</b> Lic. Restrictions <b>1</b> <b>20</b> CDL _____<br>Operator <b>OCONNELL, RICHARD J</b><br>Address <b>153 ALLEN RD</b><br>City <b>BILLERICA</b> State <b>MA</b> Zip <b>01821</b><br>Insurance Company <b>QUINCY MUTUAL FIRE INSURA</b> | Reg # <b>R60708</b> Reg Type <b>CO</b> Reg State <b>MA</b><br>Veh Year <b>2005</b> Veh Make <b>CHEVROLET</b> Veh Config. <b>2</b> <b>21</b><br>Owner <b>D OC AND SONS GENERAL CONTRACTORS LLC</b><br>Address <b>153 ALLEN RD</b><br>City <b>BILLERICA</b> State <b>MA</b> Zip <b>01821-5245</b><br>Vehicle Action Prior to Crash <b>1</b> <b>22</b> Damaged Area Code: <b>1</b> <b>27</b> <b>27</b> <b>27</b><br>Event Sequence <b>1</b> <b>23</b> <b>23</b> <b>23</b> <b>23</b> Test Status: <b>1</b> <b>28</b><br>Most Harmful Event <b>1</b> <b>24</b> Type of Test: <b>1</b> <b>29</b><br>Driver Contributing Code <b>19</b> <b>25</b> <b>25</b> BAC Test Result: <b>1</b> <b>30</b><br>Driver Distracted by <b>0</b> <b>26</b> Susp. Alcohol: <b>2</b> <b>31</b> Susp. Drug: <b>2</b> <b>32</b><br>Towed from scene? <b>1</b> <b>33</b> |
| Vehicle Travel Direction: <input checked="" type="checkbox"/> <b>N S E W</b> Responding to Emergency? <b>2</b><br>Citation # (If Issued) _____<br>Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____<br>Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |

| Please fill out for operator and all occupants involved |           | DOB/Age         | Sex           | 34 Seat Pos. | 35 Safety System | 36 Airbag Status | 37 Eject Code | 38 Trap Code | 39 Injury Status | 40 Transp. Code | Medical Facility |
|---------------------------------------------------------|-----------|-----------------|---------------|--------------|------------------|------------------|---------------|--------------|------------------|-----------------|------------------|
| <b>Operator</b>                                         | See Above | <del>XXXX</del> | <del>XX</del> | <b>1</b>     | <b>1</b>         | <b>4</b>         | <b>0</b>      | <b>0</b>     | <b>10</b>        | <b>1</b>        |                  |
|                                                         |           |                 |               |              |                  |                  |               |              |                  |                 |                  |
|                                                         |           |                 |               |              |                  |                  |               |              |                  |                 |                  |
|                                                         |           |                 |               |              |                  |                  |               |              |                  |                 |                  |

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

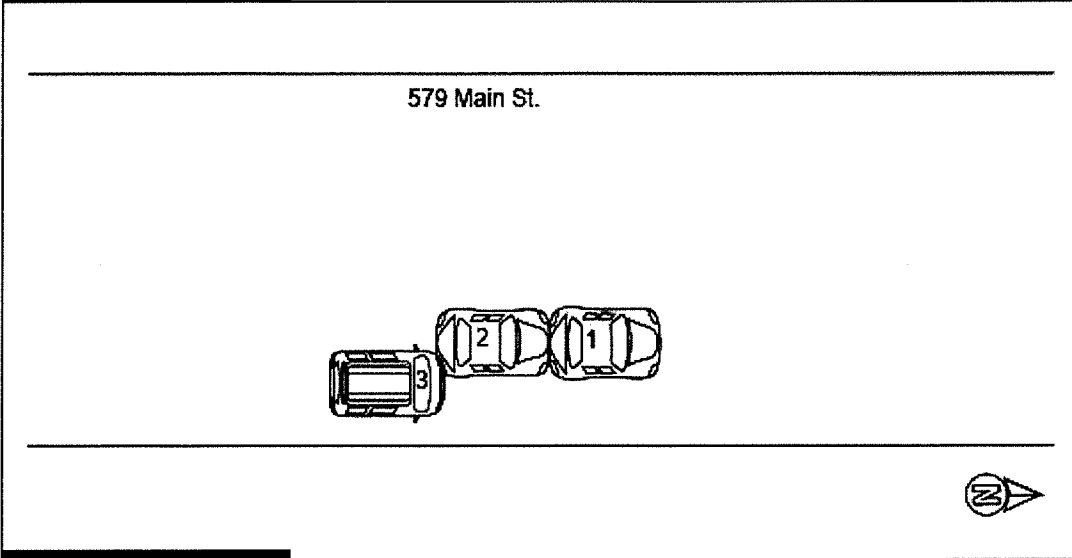
|                                                                                                                                                                                                                                                |                                                          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

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

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

**Crash Diagram:**

ie: → 1 → 2 → ○ → ⚡



**If Crash Did Not Occur on a Public Way:**

Off-Street Parking Lot

Garage

Mall/Shopping Center

Other Private Way

**Indicate North by Arrow**

**Crash Narrative:**

MV 1, 2, and 3 were traveling north on Main St. MV 3 rear ended MV 2. This caused MV 2 to rear end MV 1. No injuries. FD responded. MV 2 and 3 were towed by Forrest 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 Kevin J Skinner

200

Wilmington Police Department

12/09/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash 12/09/2019 Time of Crash 2254 City/Town WILMINGTON

Motor Vehicle Crash Police Report

Number Vehicles 1 Number Injured 0 Speed Limit 35 State Police Local Police MBTA Police Campus Police Other

AT INTERSECTION: LOCATION NOT AT INTERSECTION:

Form section for location details including Route#, Direction, Name of Roadway/Street, and Intersecting Roadway/Street.

Please Select One of the Following: [X] Vehicle 1 Occupants [ ] Hit/Run [ ] Moped Crash Report ID# 19-422-AC

Form section for vehicle and operator details including License # S42685070, Reg # 3LE724, Operator PAPPAS, JOHN P, and various checkboxes for vehicle status and damage.

Table with 10 columns: Name, 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.

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

Form section for second vehicle/operator details including License #, Reg #, Operator, and various checkboxes for vehicle status and damage.

Table with 10 columns: Name, 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.



**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 \_\_\_\_\_

2 10  
Route# \_\_\_\_\_ Direction \_\_\_\_\_ Address # **316** Name of Roadway/Street **LOWELL ST**

Feet  N  S  E  W of \_\_\_\_\_ or \_\_\_\_\_  
Mile Marker \_\_\_\_\_ Exit Number \_\_\_\_\_

3 11  
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# **19-423-AC**

License # **S16502423** St **MA** DOB/Age \_\_\_\_\_  
Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL \_\_\_\_\_  
Operator **VALENTI, THERESA E**  
Address **48 WASHINGTON AVE**  
City **WILMINGTON** State **MA** Zip **01887-2307**  
Insurance Company **PLYMOUTH ROCK ASSURANCE C**

Reg # **4TV973** Reg Type **PC** Reg State **MA**  
Veh Year **2008** Veh Make **HYUNDAI** Veh Config. **1** 21  
Owner **VALENTI, THERESA E**  
Address **48 WASHINGTON AVE**  
City **WILMINGTON** State **MA** Zip **01887-2307**

Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **1** 27 27 27  
Event Sequence **1** 23 23 23 23 Test Status: **1** 28  
Most Harmful Event **1** 24 Type of Test: **1** 29  
Driver Contributing Code **1** 25 25 BAC Test Result: **1** 30  
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 |
|--------------------------|-----------|-------------------|-----------------|--------------|------------------|------------------|---------------|--------------|------------------|-----------------|------------------|
| <b>Operator</b>          | See Above | <del>XXXXXX</del> | <del>XXXX</del> | <b>1</b>     | <b>1</b>         | <b>4</b>         | <b>0</b>      | <b>0</b>     | <b>10</b>        | <b>1</b>        |                  |

Please Select One of the Following:  Vehicle 2 #Occupants  Non-Motorist A

Type  15 Action  16 Location  17 Condition  18  Hit/Run  Moped

License # **S49800131** St **MA** DOB/Age \_\_\_\_\_  
Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL \_\_\_\_\_  
Operator **MCGURN, MICHAEL J**  
Address **29 FLAGG RD**  
City **WESTFORD** State **MA** Zip **01886**  
Insurance Company **THE COMMERCE INSURANCE CO**

Reg # **1CPP43** Reg Type **PC** Reg State **MA**  
Veh Year **2016** Veh Make **HONDA** Veh Config. **1** 21  
Owner **MCGURN, MICHAEL F**  
Address **29 FLAGG RD**  
City **WESTFORD** State **MA** Zip **01886-2904**

Vehicle Action Prior to Crash **4** 22 Damaged Area Code: **3** 27 27 27  
Event Sequence **1** 23 23 23 23 Test Status: **1** 28  
Most Harmful Event **1** 24 Type of Test: **1** 29  
Driver Contributing Code **18** 25 25 BAC Test Result: **1** 30  
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

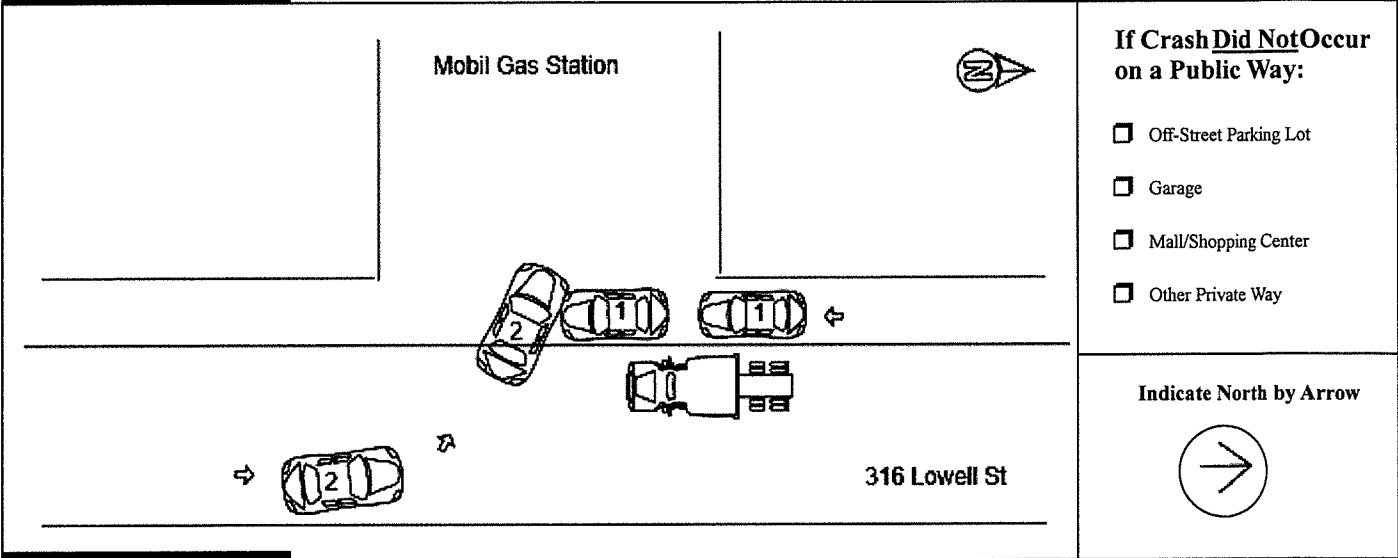
| Name (Last First Middle)     | Address   | DOB/Age           | Sex             | 34 Seat Pos. | 35 Safety System | 36 Airbag Status | 37 Eject Code | 38 Trap Code | 39 Injury Status | 40 Transp. Code | Medical Facility |
|------------------------------|-----------|-------------------|-----------------|--------------|------------------|------------------|------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



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

**Crash Diagram:**

ie: → 1 → 2 → ○ → ○



**If Crash Did Not Occur on a Public Way:**

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

**Indicate North by Arrow**



**Crash Narrative:**

MV 1 was driving west on Lowell St. MV 2 stated he attempted to turn left in the Mobil Gas Station when he was struck by MV 1. There are 2 travel lanes in the westbound lane MV 1 was traveling in. MV 2 stated a truck in the first lane stopped to let him turn into the gas station. MV 2 did not see MV 1 in the second lane until it was too late.

**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 J Skinner

200

Wilmington Police Department

12/10/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Police Use Only

# Commonwealth of Massachusetts

RMV Document Number

Date of Crash: 12/10/2019  
Time of Crash: 1803  
City/Town: **Wilmington**  
24HR

## Motor Vehicle Crash Police Report

Number Vehicles: 2  
Number Injured: 0  
Speed Limit: 20  
Latitude: \_\_\_\_\_  
Longitude: \_\_\_\_\_  
State Police   
Local Police   
MBTA Police   
Campus Police   
Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

|        |                                                                                                           |                                                                                                                                                                                                    |         |         |
|--------|-----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|---------|
| 1<br>4 | Route# _____ Direction _____ Name of Roadway/Street _____                                                 | Route# _____ Direction _____ Address # <u>260</u> Name of Roadway/Street <u>MAIN ST</u>                                                                                                            | 2<br>10 |         |
|        | At _____                                                                                                  | _____ Feet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of _____ or _____                                          |         | 3<br>11 |
|        | Route# _____ Direction _____ Name of Intersecting Roadway/Street _____<br>Also at Intersection with _____ | _____ Feet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of _____<br>Route# _____ Intersecting Roadway/Street _____ |         |         |
| 2<br>2 | Route# _____ Direction _____ Name of Intersecting Roadway/Street _____                                    | _____ Feet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of _____<br>Landmark _____                                 |         |         |

Please Select One of the Following:  Vehicle 1 Occupants  Hit/Run  Moped  
Crash Report ID# **19-424-AC**

|        |                                                                                                                                                                                                     |                                                                                                                     |         |
|--------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|---------|
| 3<br>3 | License # <u>S60911568</u> St. <u>MA</u> DOB/Age _____                                                                                                                                              | Reg # <u>6ED666</u> Reg Type <u>PC</u> Reg State <u>MA</u>                                                          | 1<br>12 |
|        | Sex <u>F</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>B</u> <u>20</u> CDL _____<br>Endorsement _____                                                                            | Veh Year <u>2015</u> Veh Make <u>FORD</u> Veh Config. <u>1</u> <u>21</u>                                            |         |
| 4<br>1 | Operator <u>MILO, BETTY JEAN</u><br>Last First Middle                                                                                                                                               | Owner <u>MILO, BETTY JEAN</u><br>Last First Middle                                                                  | 1<br>13 |
| 5<br>5 | Address <u>2 ALPENA AVE</u>                                                                                                                                                                         | Address <u>2 ALPENA AVE</u>                                                                                         |         |
| 6<br>2 | City <u>WOBURN</u> State <u>MA</u> Zip <u>01801-2612</u>                                                                                                                                            | City <u>WOBURN</u> State <u>MA</u> Zip <u>01801-2612</u>                                                            |         |
|        | Insurance Company <u>THE COMMERCE INSURANCE CO</u>                                                                                                                                                  | Vehicle Action Prior to Crash <u>4</u> <u>22</u> Damaged Area Code: <u>1</u> <u>27</u> <u>2</u> <u>27</u> <u>27</u> |         |
|        | Vehicle Travel Direction: <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Responding to Emergency? <u>2</u> | Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>28</u>                              |         |
|        | Citation # (If Issued) _____                                                                                                                                                                        | Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u>                                                       |         |
|        | Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____                                                                                                                                                 | Driver Contributing Code <u>4</u> <u>25</u> <u>19</u> <u>25</u> BAC Test Result: <u>30</u>                          |         |
|        | Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____                                                                                                                                                 | Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u>                                                    |         |
|        |                                                                                                                                                                                                     | Driver Distracted by <u>99</u> <u>26</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<br>Seat<br>Pos. | 35<br>Safety<br>System | 36<br>Airbag<br>Status | 37<br>Eject<br>Code | 38<br>Trap<br>Code | 39<br>Injury<br>Status | 40<br>Transp.<br>Code | Medical Facility |
| <b>Operator</b>                                         | See Above | <del>_____</del> | <del>_____</del> | <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 2 Occupants  Non-Motorist A Type 15 Action 16 Location 17 Condition 18  Hit/Run  Moped

|        |                                                                                                                                                                            |                                                                                                                               |         |
|--------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|---------|
| 7<br>3 | License # <u>S51658137</u> St. <u>MA</u> DOB/Age _____                                                                                                                     | Reg # <u>8MS696</u> Reg Type <u>PC</u> Reg State <u>MA</u>                                                                    | 4<br>14 |
|        | Sex <u>M</u> Lic. Class <u>A</u> <u>19</u> <u>19</u> Lic. Restrictions _____ CDL _____<br>Endorsement _____                                                                | Veh Year <u>2018</u> Veh Make <u>TOYOTA</u> Veh Config. <u>1</u> <u>21</u>                                                    |         |
| 8<br>2 | Operator <u>GRACIA, MICHAEL J</u><br>Last First Middle                                                                                                                     | Owner <u>GRACIA, JULIE A</u><br>Last First Middle                                                                             | 4<br>14 |
| 9<br>2 | Address <u>2 STATE ST</u>                                                                                                                                                  | Address <u>2 STATE ST</u>                                                                                                     |         |
|        | City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-2429</u>                                                                                                               | City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-2429</u>                                                                  |         |
|        | Insurance Company <u>ARBELLA MUTUAL INSURANCE</u>                                                                                                                          | Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>3</u> <u>27</u> <u>4</u> <u>27</u> <u>97</u> <u>27</u> |         |
|        | Vehicle Travel Direction: <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> Responding to Emergency? <u>2</u> | Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>28</u>                                        |         |
|        | Citation # (If Issued) _____                                                                                                                                               | Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u>                                                                 |         |
|        | Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____                                                                                                                        | Driver Contributing Code <u>1</u> <u>25</u> <u>25</u> BAC Test Result: <u>30</u>                                              |         |
|        | Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____                                                                                                                        | Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u>                                                              |         |
|        |                                                                                                                                                                            | Driver Distracted by <u>0</u> <u>26</u> Towed from scene? <u>1</u> <u>33</u>                                                  |         |

| Please fill out for operator/non-motorist and all occupants involved |           |                  |                  |                    |                        |                        |                     |                    |                        |                       |                  |
|----------------------------------------------------------------------|-----------|------------------|------------------|--------------------|------------------------|------------------------|---------------------|--------------------|------------------------|-----------------------|------------------|
| Name (Last First Middle)                                             | Address   | DOB/Age          | Sex              | 34<br>Seat<br>Pos. | 35<br>Safety<br>System | 36<br>Airbag<br>Status | 37<br>Eject<br>Code | 38<br>Trap<br>Code | 39<br>Injury<br>Status | 40<br>Transp.<br>Code | Medical Facility |
| <b>Operator/Non-Motorist</b>                                         | See Above | <del>_____</del> | <del>_____</del> | <u>1</u>           | <u>1</u>               | <u>4</u>               | <u>0</u>            | <u>0</u>           | <u>10</u>              | <u>1</u>              |                  |
|                                                                      |           |                  |                  |                    |                        |                        |                     |                    |                        |                       |                  |
|                                                                      |           |                  |                  |                    |                        |                        |                     |                    |                        |                       |                  |

→ = 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 was stopped at the end of a row of parking spaces waiting to turn left onto the access road within the Wilmington Plaza parking lot. MV2 was traveling northbound on the access road within the Wilmington Plaza parking lot. MV1 began turning left too early and collided with the side of MV2 as it was driving past her. MV2 suffered damage to both its right side doors, rear right fender, and rear right wheel. MV1 suffered minor damage to its front right bumper and fender and was able to be driven from the scene. MV2 was disabled and needed to be towed from the scene, but since the vehicle was out of the flow of traffic, I allowed for him to arrange a private tow through AAA. Neither operator was injured and declined medical attention.

**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 \_\_\_\_\_ MCMX/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 Michael A Wilson 209 Wilmington Police Department 12/10/2019  
 Police Officer Name (Please Print)          Signature          ID/Badge #          Department          Precinct/Barracks          Date

Date of Crash: 12/11/2019 Time of Crash: 1418 City/Town: **Wilmington** **Motor Vehicle Crash** Number Vehicles: 2 Number Injured: 0 Speed Limit: 25 State Police   
 24HR Latitude MBTA Police   
 Longitude Campus Police   
 Other:

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

|                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>GLEN RD</b></p> <p>Route# _____ Direction _____ Name of Roadway/Street _____</p> <p>At _____</p> <p><b>LAWRENCE ST</b></p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p> <p>Also at Intersection with _____</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p> | <p>Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____</p> <p>_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____</p> <p>_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Mile Marker _____ Exit Number _____</p> <p>_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____</p> <p>_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____</p> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Please Select One of the Following:  Vehicle 1 Occupants  Hit/Run  Moped Crash Report ID# **19-425-AC**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>License # <b>S67992362</b> St <b>MA</b> DOB/Age _____</p> <p>Sex <b>M</b> Lic. Class <b>D</b> Lic. Restrictions <b>B</b> CDL _____</p> <p>Operator <b>MESSINA, SAMUEL M</b></p> <p>Address <b>702 LORDS CT</b></p> <p>City <b>WILMINGTON</b> State <b>MA</b> Zip <b>01887-4501</b></p> <p>Insurance Company <b>AMICA MUTUAL INSURANCE CO</b></p> <p>Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <b>2</b></p> <p>Citation # (If Issued) _____</p> <p>Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____</p> <p>Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____</p> | <p>Reg # <b>6HZV70</b> Reg Type <b>PC</b> Reg State <b>MA</b></p> <p>Veh Year <b>2001</b> Veh Make <b>HONDA</b> Veh Config. <b>1</b></p> <p>Owner <b>MESSINA, MATTHEW M</b></p> <p>Address <b>702 LORDS CT</b></p> <p>City <b>WILMINGTON</b> State <b>MA</b> Zip <b>01887-4501</b></p> <p>Vehicle Action Prior to Crash <b>1</b></p> <p>Event Sequence <b>1</b></p> <p>Most Harmful Event <b>1</b></p> <p>Driver Contributing Code <b>1</b></p> <p>Driver Distracted by <b>99</b></p> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| 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 |
|---------------------------------------------------------|--|---------|-----|--------------|------------------|------------------|---------------|--------------|------------------|-----------------|------------------|
| <b>Operator</b>                                         |  |         |     | <b>1</b>     | <b>1</b>         | <b>4</b>         | <b>0</b>      | <b>0</b>     | <b>10</b>        | <b>1</b>        |                  |
| See Above                                               |  |         |     |              |                  |                  |               |              |                  |                 |                  |

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

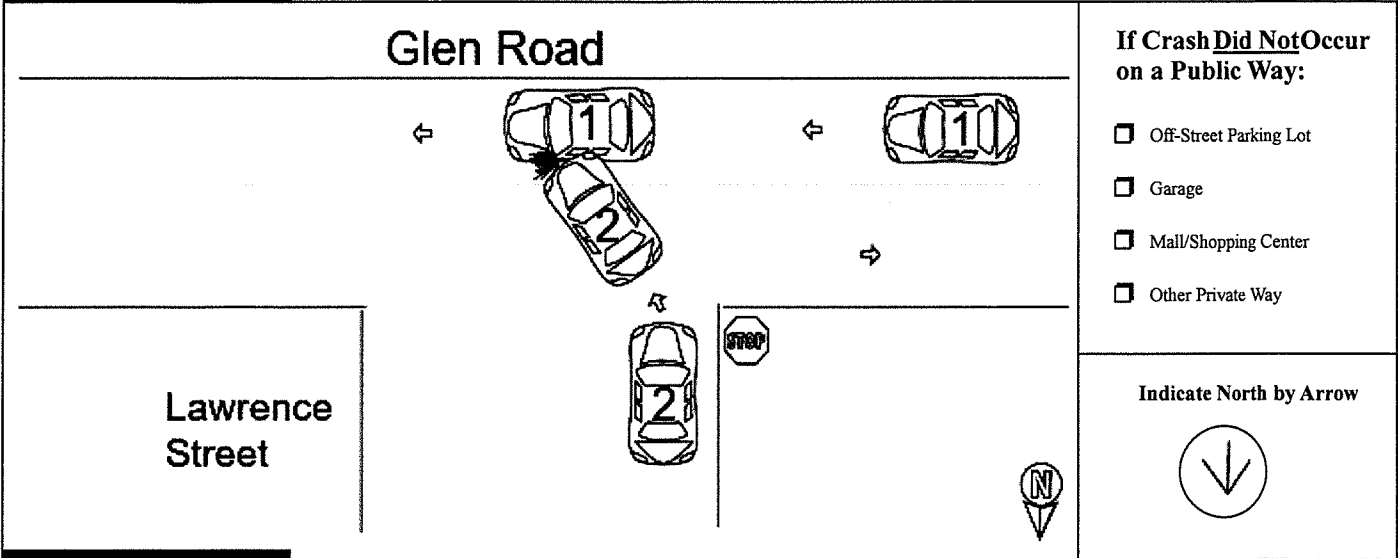
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>License # <b>S00416884</b> St <b>MA</b> DOB/Age _____</p> <p>Sex <b>F</b> Lic. Class <b>D</b> Lic. Restrictions <b>B</b> CDL _____</p> <p>Operator <b>PANAHI, HAYDEH A</b></p> <p>Address <b>14 GLENDALE CIR</b></p> <p>City <b>WILMINGTON</b> State <b>MA</b> Zip <b>01887-1938</b></p> <p>Insurance Company <b>CITIZENS INSURANCE COMPAN</b></p> <p>Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <b>2</b></p> <p>Citation # (If Issued) _____</p> <p>Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____</p> <p>Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____</p> | <p>Reg # <b>6FY312</b> Reg Type <b>PC</b> Reg State <b>MA</b></p> <p>Veh Year <b>2018</b> Veh Make <b>TOYOTA</b> Veh Config. <b>1</b></p> <p>Owner <b>PANAHI, HAYDEH A</b></p> <p>Address <b>14 GLENDALE CIR</b></p> <p>City <b>WILMINGTON</b> State <b>MA</b> Zip <b>01887-1938</b></p> <p>Vehicle Action Prior to Crash <b>4</b></p> <p>Event Sequence <b>1</b></p> <p>Most Harmful Event <b>1</b></p> <p>Driver Contributing Code <b>4</b></p> <p>Driver Distracted by <b>99</b></p> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| 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 |
|----------------------------------------------------------------------|--|---------|-----|--------------|------------------|------------------|---------------|--------------|------------------|-----------------|------------------|
| <b>Operator/Non-Motorist</b>                                         |  |         |     | <b>1</b>     | <b>1</b>         | <b>4</b>         | <b>0</b>      | <b>0</b>     | <b>10</b>        | <b>1</b>        |                  |
| See Above                                                            |  |         |     |              |                  |                  |               |              |                  |                 |                  |

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

**Crash Diagram:**

ie: → 1 → 2 → ○ → ⚡



**Crash Narrative:**

MV1 was traveling eastbound on Glen Road towards Middlesex Avenue. MV2 was traveling southbound on Lawrence Street and was stopped, at the stop sign, at the intersection of Lawrence Street and Glen Road. MV2 stopped and then attempted to turn left and merge eastbound on Glen Road. MV1 was traveling straight ahead as it passed through the intersection of Glen Road and Lawrence Street. MV2 collided with MV1 as it was turning left on Glen Road. MV1 suffered damage to its left side specifically both left side doors. MV2 suffered damage to its front end and front right side, but was able to be driven from the scene. MV1 was towed by A&S Towing due to its canceled registration status. There were no injuries to either driver.

**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 Michael A Wilson

209

Wilmington Police Department 12/11/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Police Use Only: Date of Crash 12/12/2019, Time of Crash 0704, City/Town **Wilmington**, Number Vehicles 2, Number Injured 0, Speed Limit 35, State Police , Local Police , MBTA Police , Campus Police , Other

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

1 1 Route# Direction Name of Roadway/Street At

2 1 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 # Name of Roadway/Street

3 11 Feet [N][S][E][W] of Mile Marker Exit Number

3 11 Feet [N][S][E][W] of Route# Intersecting Roadway/Street

3 11 Feet [N][S][E][W] of Landmark

Please Select One of the Following:  Vehicle 12 #Occupants  Hit/Run  Moped

Crash Report ID# **19-426-AC**

License # **S29316183** St **MA** DOB/Age \_\_\_\_\_ Reg # **1VC155** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** Lic. Restrictions **20** CDL Endorsement \_\_\_\_\_ Veh Year **2011** Veh Make **AUDI** Veh Config. **1 21**

Operator **JENKS, COREY D** Owner **JENKS, COREY D**

Address **16 ASHWOOD AVE** Address **16 ASHWOOD AVE**

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

Insurance Company **LM GENERAL INSURANCE COMP** Vehicle Action Prior to Crash **1 22** Damaged Area Code: **7 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

| 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 |
|--------------------------|-----------|-------------------|-----------------|--------------|------------------|------------------|---------------|--------------|------------------|-----------------|------------------|
| <b>Operator</b>          | See Above | <del>XXXXXX</del> | <del>XXXX</del> | <b>1</b>     | <b>1</b>         | <b>4</b>         | <b>0</b>      | <b>0</b>     | <b>10</b>        | <b>1</b>        |                  |
|                          |           |                   |                 | <b>3</b>     | <b>1</b>         | <b>4</b>         | <b>0</b>      | <b>0</b>     | <b>10</b>        | <b>1</b>        |                  |

Please Select One of the Following:  Vehicle 21 #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 **unknown** 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**

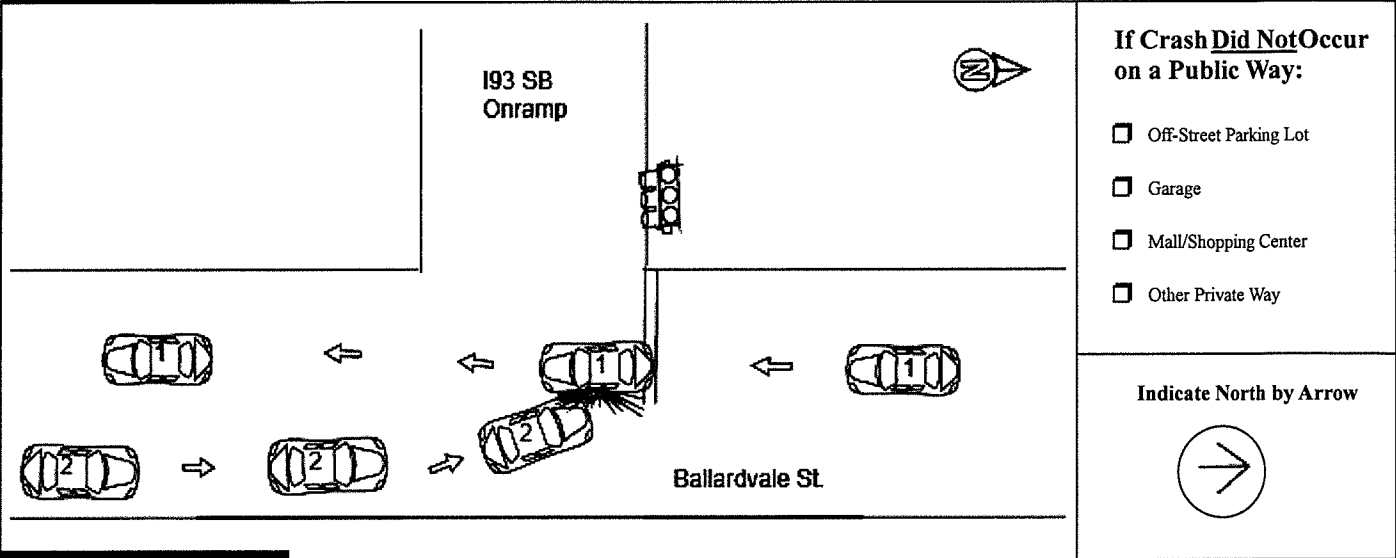
Please fill out for operator/non-motorist and all occupants involved

| 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 |
|------------------------------|-----------|-------------------|-----------------|--------------|------------------|------------------|---------------|--------------|------------------|-----------------|------------------|
| <b>Operator/Non-Motorist</b> | See Above | <del>XXXXXX</del> | <del>XXXX</del> | <b>1</b>     |                  |                  |               |              |                  |                 |                  |

→ = 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 12/12/19 at 0704hrs Car 2 (unknown MV) while travelling Northbound on Ballardvale St. took a left hand turn attempting to enter the I93 SB onramp at the set of lights. Car 1 while travelling straight was struck on the left side of the MV. The operator waited for a period of time to try and make contact with Car 2's operator but they never returned. Car 1's operator and passenger stated the MV was a white sporty looking sedan, would have front end damage and may have fled onto I93 SB from that onramp. No other information is known about car 2. ref. report 19-1345-OF.

**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 12/12/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash 12/12/2019 Time of Crash 1714 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:

Location details for Church St and Middlesex Ave intersection, including route numbers, directions, and landmarks.

Please Select One of the Following: [X] Vehicle 12 #Occupants [ ] Hit/Run [ ] Moped Crash Report ID# 19-427-AC

Operator and Owner information for Rita Ganopolsky and Leonid Ganopolsky, including license numbers, addresses, and vehicle details.

Table with columns for Name, Address, DOB/Age, Sex, and various vehicle status codes (34-40) for the operator.

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

Operator and Owner information for James H Dawson, including license numbers, addresses, and vehicle details.

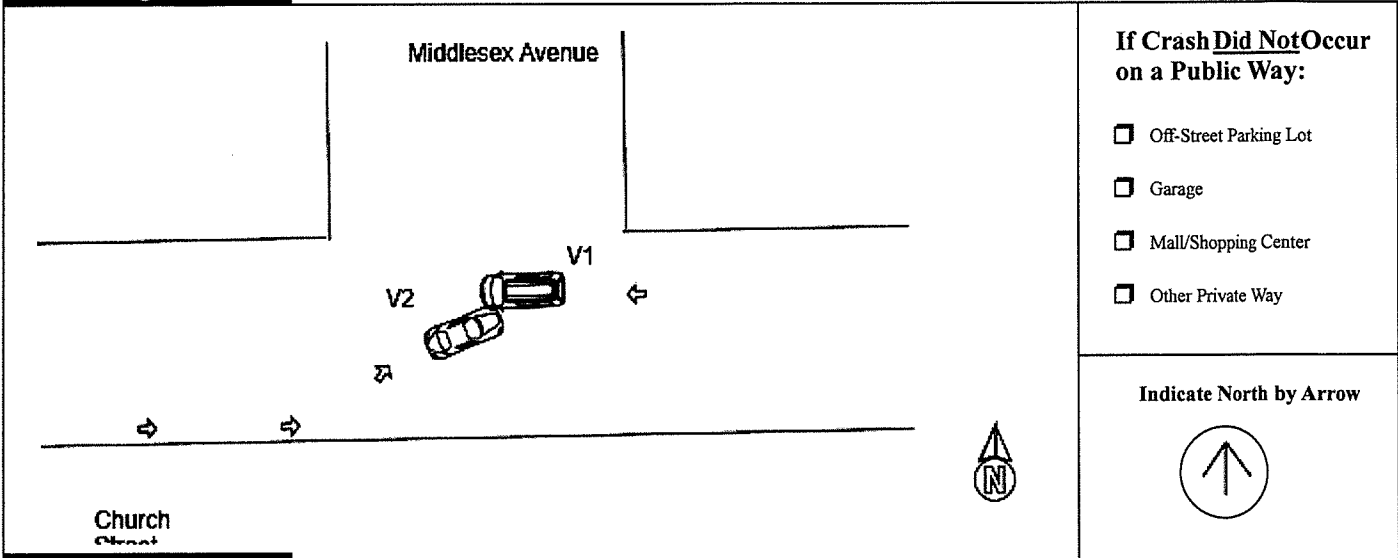
Table with columns for Name, Address, DOB/Age, Sex, and various vehicle status codes (34-40) for the operator/non-motorist.



→ = Direction   1 = Vehicle 1   2 = Vehicle 2   O X O X = Pedestrian   B = Bicycle

**Crash Diagram:**

ie: → 1   → 2   → O X O X   → B



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:**

The driver of v1 stated that she was driving west on Church Street, when V2 pulled in front of her suddenly and caused the accident.

The driver of V2 stated that he was traveling east on Church Street, and was attempting to take a left onto Middlesex Ave. He thought he could go before V1, and pulled into V1's lane to cross. He stated that he was distracted by his GPS APP.

**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 Brian D Thornton

190

Wilmington Police Department

12/12/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash 12/13/2019

Time of Crash 0545 24HR

City/Town WILMINGTON

Motor Vehicle Crash Police Report

Number Vehicles 2

Number Injured 0

Speed Limit 35 Latitude Longitude

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 424 MAIN ST Feet N S E W of Mile Marker Exit Number Feet N S E W of Route# Intersecting Roadway/Street Feet N S E W of Landmark

Please Select One of the Following: [X] Vehicle 1 Occupants [ ] Hit/Run [ ] Moped

Crash Report ID# 19-428-AC

License # S98192711 St MA DOB/Age Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement Operator TANNATT, DAVID L Address 57 HARRISON AVE City WOBURN State MA Zip 01801-4150

Reg # K65666 Reg Type CO Reg State MA Veh Year 2015 Veh Make Other-not listed Veh Config 8 21 Owner DIAMOND TRUCK LEASE CORPORATION Address 48 SIXTH RD City WOBURN State MA Zip 01801-1759

Insurance Company SELECTIVE INSURANCE COMPA Vehicle Travel Direction: [N][X][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

Vehicle Action Prior to Crash 2 22 Damaged Area Code: 5 27 27 27 Event Sequence 1 23 23 23 23 Test Status: 1 28 29 Type of Test: BAC Test Result: 30 Driver Contributing Code 1 25 25 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Driver Distracted by 0 26 Towed from scene? 1 33

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

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

License # S85905027 St MA DOB/Age Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement Operator KASAGANI, HARISH K Address 14 NILE ST City BILLERICA State MA Zip 01821-5507

Reg # 1KAB74 Reg Type PC Reg State MA Veh Year 2015 Veh Make AUDI Veh Config 1 21 Owner LINGALA, LAKSHMI P Address 14 NILE ST City BILLERICA State MA Zip 01821-5507

Insurance Company PROGRESSIVE DIRECT INSURA Vehicle Travel Direction: [N][X][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

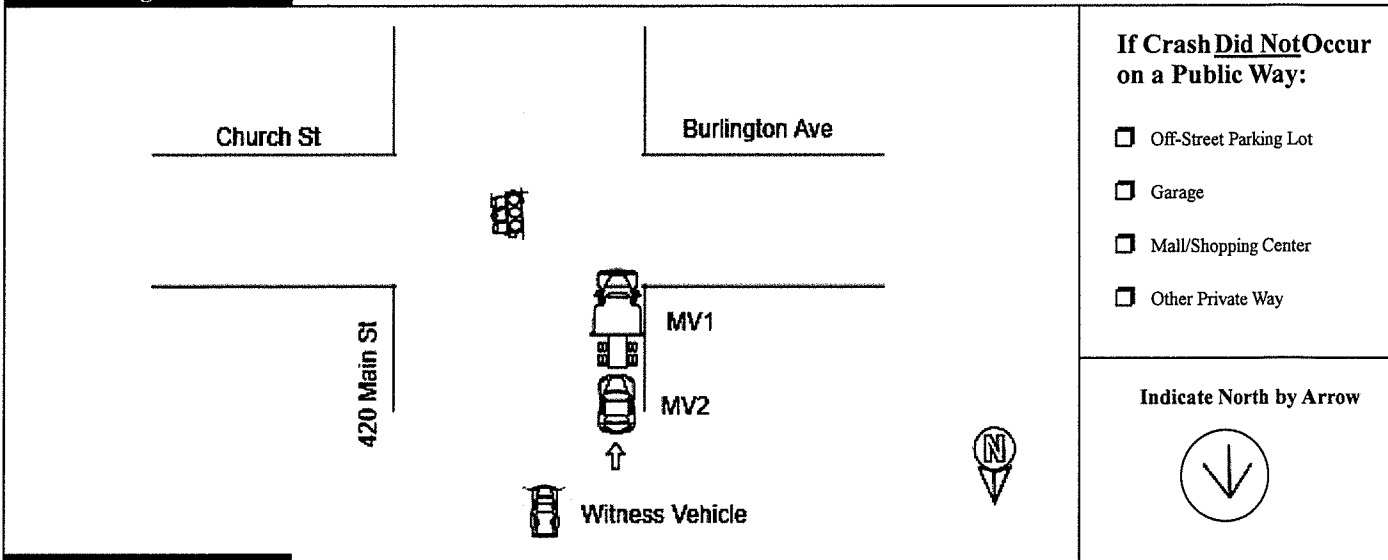
Vehicle Action Prior to Crash 1 22 Damaged Area Code: 1 27 27 27 Event Sequence 1 23 23 23 23 Test Status: 1 28 29 Type of Test: BAC Test Result: 30 Driver Contributing Code 19 25 18 25 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Driver Distracted by 99 26 Towed from scene? 1 33

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

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

**Crash Diagram:**

ie: → 1 → 2 → ○ → ○



**If Crash Did Not Occur on a Public Way:**

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

**Indicate North by Arrow**



**Crash Narrative:**

MV1 (box truck) was traveling south on Main St/R38 stopped at the traffic light. MV2 was traveling south on Main St and rear ended MV1 which was stopped at the traffic light. Operator of MV2 reported to me that it was dark out and he did not realize there was a truck stopped at the light. All the rear lights on the box truck were functioning properly. I also observed that there was still frozen ice on the windshield of MV2, making visibility difficult. Possible lift gate damage to MV1. Heavy front end damage to MV2. No apparent injuries, MV2 was towed by A&S.

**Witnesses:**

| Name (Last,First,Middle) | Address                                | Phone # | Statement |
|--------------------------|----------------------------------------|---------|-----------|
| SPINOS PAUL MATTHEW      | 2 LT. BUCK DR WILMINGTON MA 01887-0000 |         | 2         |
|                          |                                        |         |           |

**Property Damage:**

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

**Truck and Bus Information:**

Registration # **K65666** (From Vehicle Section)

Carrier Name **Diamond Truck Leasing Corp.** Bus Use  42

Address **48 SIXTH ST** City **WOBURN** St **MA** Zip **01801**

US DOT #: **315591** State Number \_\_\_\_\_ Issuing State \_\_\_\_\_ MC/MX/IC #: \_\_\_\_\_

Interstate  43 Cargo Body Type Code  99 44 GVWR/GCWR  2 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 **Daryl J Ceruolo** Signature **212** Department **Wilmington Police Department** Precinct/Barracks **12/13/2019**  
 Police Officer Name (Please Print) ID/Badge # Department Precinct/Barracks Date

Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash 12/13/2019 Time of Crash 1621 City/Town WILMINGTON

Motor Vehicle Crash Police Report

Number Vehicles 3 Number Injured 0 Speed Limit 35 State Police Local Police MBTA Police Campus Police Other

AT INTERSECTION: LOCATION NOT AT INTERSECTION:

Form for intersection details: Route#, Direction, Name of Roadway/Street, At, Name of Intersecting Roadway/Street, Also at Intersection with, Name of Intersecting Roadway/Street

Form for non-intersection details: Route#, Direction, Address #, Name of Roadway/Street, Feet of Mile Marker, Exit Number, Feet of Intersecting Roadway/Street, Landmark

Please Select One of the Following: [X] Vehicle 1 Occupants [ ] Hit/Run [ ] Moped

Crash Report ID# 19-429-AC

Operator information: License # E423076570880 St FL DOB/Age, Sex M Lic. Class 99 99 Lic. Restrictions 1 20 CDL, Operator ELLACOTT, BRIAN, Address 219 DANIEL DR, City SANIBEL State FL Zip 33957

Owner and Vehicle information: Reg # JGT5359 Reg Type PC Reg State NY, Veh Year 2019 Veh Make Jeep Veh Config 1 21, Owner OMNIBUS PRIVATE RENTA, Address 900 DORMEUS AVE, City NEWARK State NJ Zip 07114

Table with 11 columns: Name, 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

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

Crash Report ID# 19-429-AC

Operator information: License # S26204323 St MA DOB/Age, Sex F Lic. Class D 19 19 Lic. Restrictions B 20 CDL, Operator BELLINO, JENNIFER, Address 8 EMERSON ST, City WAKEFIELD State MA Zip 01880

Owner and Vehicle information: Reg # 7LJ117 Reg Type PC Reg State MA, Veh Year 2015 Veh Make TOYOTA Veh Config 1 21, Owner BELLINO, JENNIFER, Address 8 EMERSON ST, City WAKEFIELD State MA Zip 01880

Table with 11 columns: Name, 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

Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash 12/13/2019 Time of Crash 1621 24HR City/Town WILMINGTON

Motor Vehicle Crash Police Report

Number Vehicles 3 Number Injured 0 Speed Limit 35 State Police Local Police MBTA Police Campus Police Other: [ ] [ ] [ ] [ ] [ ]

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1 4

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

Route# Direction Address # Name of Roadway/Street 2A PARKER ST Feet N S E W of Mile Marker Exit Number

2 10

3 11

2 3

3

Please Select One of the Following: [X] Vehicle 31 #Occupants [ ] Hit/Run [ ] Moped

Crash Report ID# 19-429-AC

4 1

License # S09645361 St MA DOB/Age Sex M Lic. Class 19 19 Lic. Restrictions B 20 CDL Endorsement Operator ALTUWAITI, AMMAR Address 67 KENNEDY DR City NORTH CHELMSFORD State MA Zip 01863-1552

Reg # 9LR186 Reg Type PC Reg State MA Veh Year 2016 Veh Make TOYOTA Veh Config. 1 21 Owner ALTUWAITI, AMMAR Address 67 KENNEDY DR City NORTH CHELMSFORD State MA Zip 01863-1552

1 12

5

Vehicle Travel Direction: [N] [S] [E] [X] 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

Vehicle Action Prior to Crash 2 22 Damaged Area Code: 8 27 27 27 Event Sequence 1 23 23 23 23 Test Status: 1 28 29 Most Harmful Event 1 24 Type of Test: BAC Test Result: 30 Driver Contributing Code 1 25 25 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Driver Distracted by 26 Towed from scene? 2 33

1 13

6 2

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

7 3

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

8 1

License # St DOB/Age Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement Operator Address City State Zip Insurance Company Vehicle Travel Direction: [N] [S] [E] [W] Responding to Emergency? Citation # (If Issued) Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub

Reg # Reg Type Reg State Veh Year Veh Make Veh Config. 21 Owner Address City State Zip Vehicle Action Prior to Crash 22 Damaged Area Code: 27 27 27 Event Sequence 23 23 23 23 Test Status: 28 29 Most Harmful Event 24 Type of Test: BAC Test Result: 30 Driver Contributing Code 25 25 Susp. Alcohol: 31 Susp. Drug: 32 Driver Distracted by 26 Towed from scene? 33

1 14

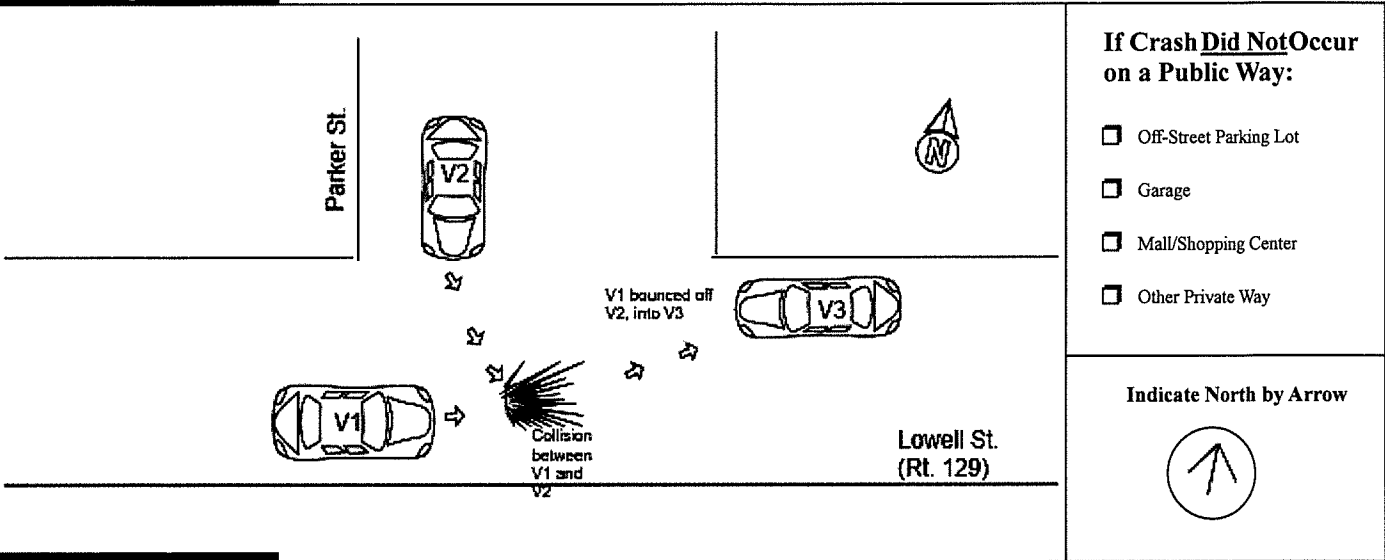
9 2

Table with columns: Name (Last First Middle), Address, DOB/Age, Sex, 34 Seat Pos., 35 Safety System, 36 Airbag Status, 37 Eject Code, 38 Trap Code, 39 Injury Status, 40 Transp. Code, Medical Facility. Row 1: Operator/Non-Motorist, See Above, [X], [X], 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:**

V1 was traveling East down Lowell St. V2 was turning left from Parker St. onto Lowell St. V3 was stopped in traffic. The operator of V2 stated that she looked both ways before turning and did not see any oncoming traffic. V2 stated she turned and collided with V1. V2 then bounced off of V1 and into V3. Operators of V1 and V3 confirmed this story. V1 had front end damage primarily on the driver's side and was towed by Cain's Towing. V2 had damage to the front passenger side in the area of the headlight and was picked up by a private tow after being parked in a private lot. V3 had minor damage to the driver's side underneath the headlight and was drivable. Photos of damage are attached. There was no injuries.

**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 Emily L Stebbins      Signature      210      Wilmington Police Department      12/13/2019  
Police Officer Name (Please Print)      ID/Badge #      Department      Precinct/Barracks      Date

Wilmington Police Department  
Images Associated with 19-429-AC

