

Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash 01/05/2020 Time of Crash 0952 City/Town **Wilmington**

Motor Vehicle Crash Police Report

Number Vehicles 2 Number Injured 0 Speed Limit 30
 Latitude _____ Longitude _____
 State Police Local Police
 MBTA Police Campus Police Other:

AT INTERSECTION:

< LOCATION >

NOT AT INTERSECTION:

1 99

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

Route# 9 Direction _____ Address # PLEASANT RD
 Name of Roadway/Street _____

2 10

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

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

5 11

2 99

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

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

_____ Feet N S E W of _____
 Landmark _____

3

Please Select One of the Following: Vehicle 10 #Occupants Hit/Run Moped

Crash Report ID# **20-6-AC**

4 1

License # _____ St _____ DOB/Age _____

Reg # 4145XA Reg Type PC Reg State MA

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

Veh Year 2013 Veh Make GMC Veh Config. 1 21

Operator Driverless M.V.
 Last First Middle

Owner MACKENZIE, LISA M
 Last First Middle

Address _____

Address 10 POND ST

City _____ State _____ Zip _____

City WILMINGTON State MA Zip 01887-3753

Insurance Company THE STANDARD FIRE INSURAN

Vehicle Action Prior to Crash 11 22 Damaged Area Code: 3 27 4 27 27

Vehicle Travel Direction: N S E W Responding to Emergency? 2

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

Citation # (If Issued) _____

Most Harmful Event 1 24 Type of Test: 29

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

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

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

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

Towed from scene? 2 33

6 99

Please fill out for operator and all occupants involved

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

Operator See Above

1 0 4 0 0 10 1

7 1

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

License # _____ 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
 Last First Middle

Owner _____
 Last First Middle

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

9 2

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

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

Operator/Non-Motorist See Above

1 99 99 99 99 99 99

1 14

PERSONNEL NARRATIVE FOR PATROL OFFICER BRIAN TAVARES

Ref: 20-17-OF

Entered: 01/05/2020 @ 1159	Entry ID: 206
Modified: 01/05/2020 @ 1200	Modified ID: 206
Approved: 01/11/2020 @ 0951	Approval ID: 181

On Sunday January 5, 2020 I, Officer Tavares, was assigned to full uniformed patrol for the 8 a.m. to 4 p.m. shift in car 32 sector 2. At approximately 9:52 a.m. I was dispatched to 9 Pleasant Rd. for a report of a past Hit and Run.

On Arrival I was met by the reporting party, Lisa Mackenzie, standing next to a damaged 2013 GMC Yukon, MA Reg 4145XA, which was parked in the roadway in front of 9 Pleasant Rd. The damage appeared to be from a white sedan from the height of the damage, see attached photos. The damage span from the front door to the back bumper on the passenger side. It appeared the vehicle that struck the GMC was travelling eastbound on Pleasant Rd. There was also a piece of the suspects door hinge, see attached photo, left behind which correlates with the paint transfer on the GMC.

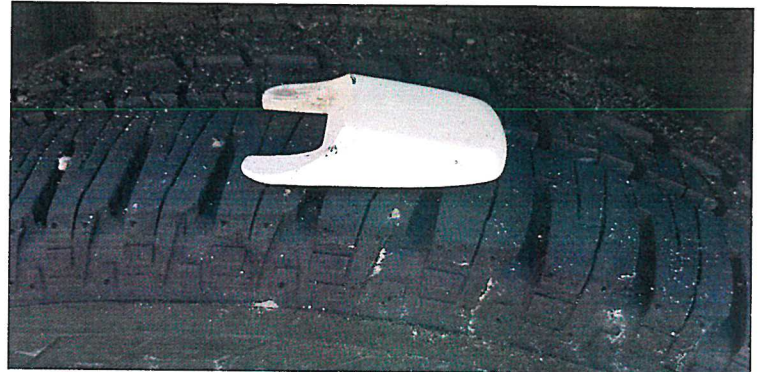
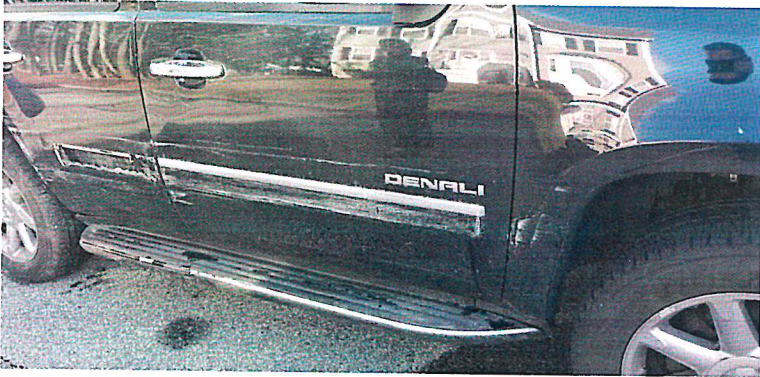
Ms. Mackenzie stated she arrived to 9 Pleasant Rd. at about 5:00 p.m. on January 4, 2020 and hadn't been out to it until this morning. There was no note left on the vehicle from the party who struck the vehicle. I also couldn't see any surveillance cameras in the area of the parked vehicle. I was unable to locate a vehicle with similar damage in the neighborhood.

I advised Ms. Mackenzie to file a crash report and to notify her insurance company. I also told her that I will be writing a report and filing a crash report for her.

Officer Tavares #206

Wilmington Police Dept.

Wilmington Police Department
Images Associated with 20-17-OF



Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash
01/09/2020

Time of Crash
1611
24HR

City/Town
Wilmington

Motor Vehicle Crash Police Report

Number
Vehicles
1

Number
Injured
0

Speed Limit 25
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# 248 Direction _____ Address # _____ Name of Roadway/Street CHESTNUT ST

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

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

Feet N S E W of _____ Landmark _____

Please Select One of the Following:

Vehicle 1 #Occupants Hit/Run Moped

Crash Report ID# 20-7-AC

License # NHL19533610 St. NH DOB/Age _____
Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL _____
Operator ROBERTO, JOHN ANTHONY
Address 110 N LOWELL RD
City WINDHAM State NH Zip 030871215
Insurance Company COMMERCE

Reg # PREMIER Reg Type PC Reg State NH
Veh Year 2019 Veh Make FORD Veh Config. 2 21
Owner ROBERTO, JOHN ANTHONY
Address 110 N LOWELL RD
City WINDHAM State NH Zip 030871215

Vehicle Travel Direction: N S E W Responding to Emergency? 2
Citation # (If Issued) _____
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____

Vehicle Action Prior to Crash 1 22 Damaged Area Code: 3 27 27 27
Event Sequence 40 23 35 23 23 23 Test Status: 28
Most Harmful Event 35 24 Type of Test: 29
Driver Contributing Code 1 25 25 BAC Test Result: 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
Operator	See Above	XXXXXX	XXXX	<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

License # _____ St. _____ DOB/Age _____
Sex _____ Lic. Class 19 19 Lic. Restrictions 20 CDL _____
Operator _____
Address _____
City _____ State _____ Zip _____
Insurance Company _____

Reg # _____ Reg Type _____ Reg State _____
Veh Year _____ Veh Make _____ Veh Config. 21
Owner _____
Address _____
City _____ State _____ Zip _____

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 _____

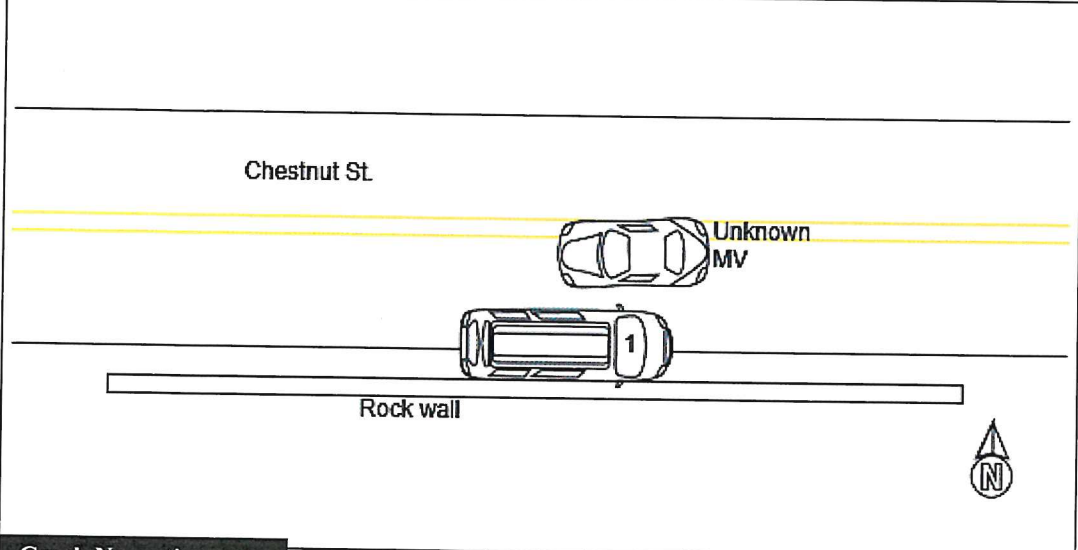
Vehicle Action Prior to Crash 22 Damaged Area Code: 27 27 27
Event Sequence 23 23 23 23 Test Status: 28
Most Harmful Event 24 Type of Test: 29
Driver Contributing Code 25 25 BAC Test Result: 30
Driver Distracted by 26 Susp. Alcohol: 31 Susp. Drug: 32
Towed from scene? 33

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

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above	XXXXXX	XXXX	<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 travelling eastbound on Chestnut St. Operator of MV1 stated that a small blue vehicle travelling in the opposite direction, crossing into MV1's travel lane. Operator of MV1 stated it appeared other operator to be texting. He stated that he pulled to the right to avoid a collision with the unknown MV and scraped along a rock wall. Damage to the rear right panel of the work van. No damage to the wall. Other vehicle did not stop or make themselves known.

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42
 Address _____ City _____ St _____ Zip _____
 US DOT #: _____ State Number _____ Issuing State _____ MC/MX/ICC #: _____
 Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45
 Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 46

Hazmat Information:

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

Patrol Officer Kevin P Cavanaugh 195 Wilmington Police Department 01/09/2020
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Commonwealth of Massachusetts

Police Use Only

RMV Document Number

Date of Crash 01/10/2020 Time of Crash 1426 City/Town Wilmington

Motor Vehicle Crash Police Report

Number Vehicles 2 Number Injured 1 Speed Limit 25 State Police Local Police MBTA Police Campus Police Other

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1 2 3

2 10 3 11

Route# Direction BALLARDVALE ST At AVALON DR Name of Intersecting Roadway/Street

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

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

Crash Report ID# 20-8-AC

4 1

1 12

License # S47305733 St MA DOB/Age Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement Operator SWIFT, STEVEN D Address 41 BOSTON RD APT 334 City N BILLERICA State MA Zip 01862-1046

Reg # 4ZS921 Reg Type PC Reg State MA Veh Year 2014 Veh Make CHEVROLET Veh Config. 1 21 Owner SWIFT, STEVEN D Address 41 BOSTON RD APT 334 City N BILLERICA State MA Zip 01862-1046

5

Insurance Company CITIZENS INSURANCE COMPAN Vehicle Travel Direction: N S E X Responding to Emergency? 99 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: 11 27 27 27 Event Sequence 1 23 23 23 23 Test Status: 1 28 Type of Test: 29 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

1 13

6 1

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: See Above, Lowell General hospital.

7 3

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

8 1

1 14

License # S85795610 St MA DOB/Age Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement Operator CHARRON, BRIAN K Address 17 KENT ST City TEWKSBURY State MA Zip 01876-3939

Reg # T50638 Reg Type CO Reg State MA Veh Year 2018 Veh Make GMC Veh Config. 1 21 Owner SILVER PHOENIX CONSTRUCTION INC Address 210 ANDOVER ST APT 11 City WILMINGTON State MA Zip 01887-1229

9 2

Insurance Company SAFETY INSURANCE COMPANY Vehicle Travel Direction: N X E W Responding to Emergency? 2 Citation # (If Issued) T1683365 Viol. 1: Ch/Sec/Sub 89 8 Viol. 2: Ch/Sec/Sub Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub

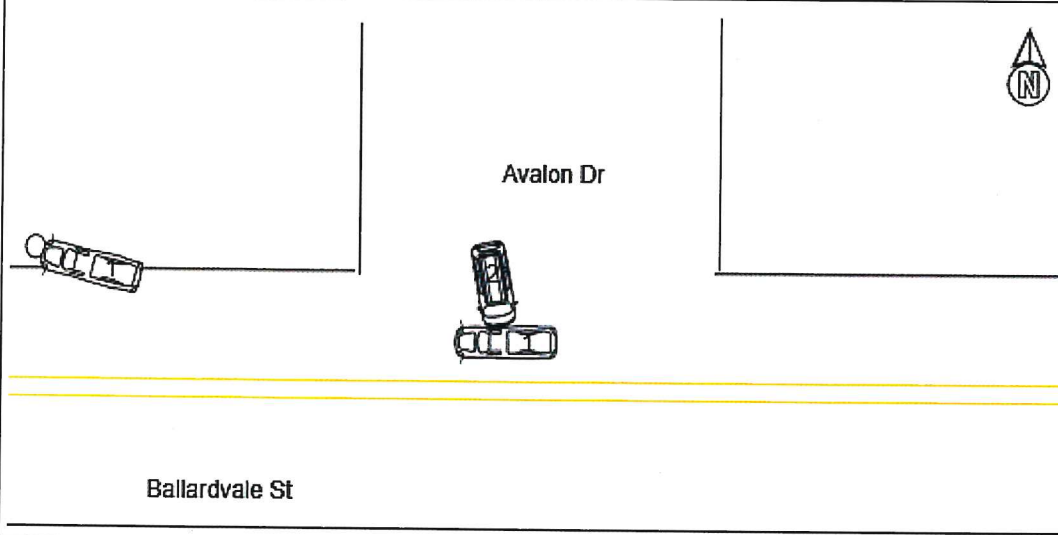
Vehicle Action Prior to Crash 4 22 Damaged Area Code: 2 27 27 27 Event Sequence 1 23 23 23 23 Test Status: 1 28 Type of Test: 29 BAC Test Result: 30 Driver Contributing Code 4 25 25 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Driver Distracted by 99 26 Towed from scene? 1 33

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: See Above.

→ = 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:

Vehicle 1 was traveling straight, west bound on Ballardvale St. Vehicle 2 was attempting to turn left, east bound, onto Ballardvale from Avalon Dr. The operator of vehicle 2 said he did not see vehicle 1 when he pulled into the travel lane and crashed into the side of vehicle 1. This caused vehicle 1 to swerve to the right of the roadway and crash into Verizon utility pole #9. Both vehicles were towed by A&S.

Witnesses:

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

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
VERIZON	28 DIANA LN DRACUT MA 01826			UTILITY POLE

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 W Wandell

Police Officer Name (Please Print)

Signature

174

ID/Badge #

Wilmington Police Department

Department

Precinct/Barracks

01/10/2020

Date

Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash **01/10/2020** Time of Crash **1823** City/Town **Wilmington**
 24HR

Motor Vehicle Crash Police Report

Number Vehicles **2** Number Injured **0**

Speed Limit **65** State Police
 Latitude _____ Local Police
 Longitude _____ MBTA Police
 Other: _____ Campus Police

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 # _____ **I93SB HWY** Name of Roadway/Street _____
 _____ Feet **N** **E** **W** of _____ or _____
 Mile Marker _____ Exit Number _____
 _____ Feet **N** **S** **E** **W** of _____
 Route# _____ Intersecting Roadway/Street _____
 _____ Feet **N** **S** **E** **W** of _____
 Landmark _____

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

Crash Report ID# **20-9-AC**

License # **S87306958** St **MA** DOB/Age _____
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL _____
 Operator **AGUDELO-ALVAREZ, FREDY ALEJANDRO**
 Last First Middle
 Address **32B KENT ST**
 City **LAWRENCE** State **MA** Zip **01843-0000**
 Insurance Company **ALLSTATE INSURANCE COMPAN**
 Vehicle Travel Direction: **N** **E** **W** Responding to Emergency? **2**
 Citation # (If Issued) _____
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____

Reg # **638NWL** Reg Type **PC** Reg State **MA**
 Veh Year **2011** Veh Make **MAZDA** Veh Config. **1** 21
 Owner **CALLE, CAROLINA**
 Last First Middle
 Address **32B KENT ST**
 City **LAWRENCE** State **MA** Zip **01843-2806**
 Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **5** 27 **6** 27 **4** 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
Operator	See Above	XXXXXX	XXXX	1	1	4	0	0	10	1	
CAROLINA CALLE	32B KENT ST LAWRENCE, MA 01843-2806		F	3	1	4	0	0	10	1	

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

License # **S77132618** St **MA** DOB/Age _____
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL _____
 Operator **DEVRIES, MARK D**
 Last First Middle
 Address **28 CONGRESS ST**
 City **STONEHAM** State **MA** Zip **02180-2594**
 Insurance Company **THE COMMERCE INSURANCE CO**
 Vehicle Travel Direction: **N** **E** **W** Responding to Emergency? **2**
 Citation # (If Issued) _____
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____

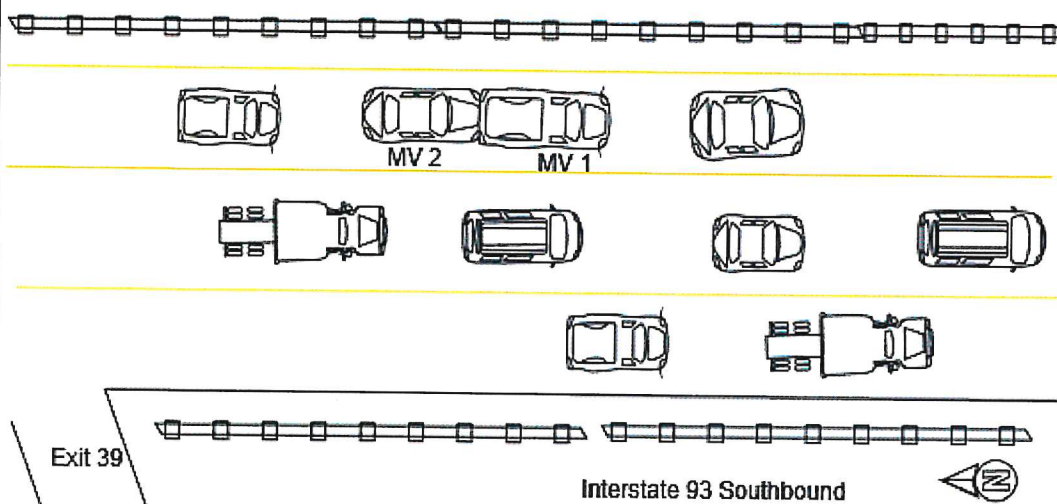
Reg # **4BS781** Reg Type **PC** Reg State **MA**
 Veh Year **2005** Veh Make **HONDA** Veh Config. **1** 21
 Owner **DEVRIES, MARK D**
 Last First Middle
 Address **28 CONGRESS ST**
 City **STONEHAM** State **MA** Zip **02180-2594**
 Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **1** 27 **8** 27 **2** 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 **20** 25 25 BAC Test Result: **1** 30
 Driver Distracted by **5** 26 Susp. Alcohol: **2** 31 Susp. Drug: **2** 32
 Towed from scene? **1** 33

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

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

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

MV 1 was travelling southbound in the far left lane of Interstate 93 S. MV 2 was also travelling southbound in the far left lane of the highway. During this time there was a high volume of traffic due to rush hour. Traffic had come to a stand still, and the operator of MV 2 was not paying attention because he was distracted by something in his car. He attempted to swerve and avoid MV 1, but rear ended the vehicle.

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

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

Hazmat Information:

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

Patrol Officer Shane A Foley

Police Officer Name (Please Print)

Signature

211
ID/Badge #

Wilmington Police Department
Department

Precinct/Barracks

01/10/2020
Date

Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash 01/10/2020 Time of Crash 1829 24HR City/Town **Wilmington**

Motor Vehicle Crash Police Report

Number Vehicles 2 Number Injured 0 Speed Limit 40 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
255 **LOWELL ST**
Feet N S E W of _____ or _____
Mile Marker Exit Number
Feet N S E W of _____
Route# Intersecting Roadway/Street
Feet N S E W of _____
Landmark

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

Crash Report ID# **20-10-AC**

License # **S26797133** St **MA** DOB/Age _____
Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL _____
Operator **DAVIS, DONNA L**
Address **7 MICHELINI LN**
City **READING** State **MA** Zip **01867-3563**
Insurance Company **SAFETY INSURANCE COMPANY**
Vehicle Travel Direction: N S W Responding to Emergency? **2**
Citation # (If Issued) _____
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____

Reg # **8XW916** Reg Type **PC** Reg State **MA**
Veh Year **2019** Veh Make **SUBARU** Veh Config. **1** 21
Owner **DAVIS, DONNA L**
Address **7 MICHELINI LN**
City **READING** State **MA** Zip **01867-3563**
Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **5** 27 27 27
Event Sequence **1** 23 23 23 23 Test Status: **28**
Most Harmful Event **1** 24 Type of Test: **29**
Driver Contributing Code **1** 25 25 BAC Test Result: **30**
Driver Distracted by **0** 26 Susp. Alcohol: **2** 31 Susp. Drug: **2** 32
Towed from scene? **2** 33

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

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

Reg # **5XT974** Reg Type **PC** Reg State **MA**
Veh Year **2002** Veh Make **NISSAN** Veh Config. **1** 21
Owner **WEHBE, NASSER A**
Address **1 HILLTOP DR**
City **PEABODY** State **MA** Zip **01960-3185**
Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **1** 27 27 27
Event Sequence **1** 23 23 23 23 Test Status: **28**
Most Harmful Event **1** 24 Type of Test: **29**
Driver Contributing Code **5** 25 25 BAC Test Result: **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		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above			1	1	1	0	0	10	1	

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○

Lowell St
(Rt. 129)



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:

Both MVs travelling eastbound on Lowell St. (Rt. 129) in traffic. Operator of MV1 stated that MV2 had been travelling very closely to her rear bumper, including not being able to see its headlights at a couple of points. She stated that sh was slowing for traffic when she felt the impact. Operator of MV2 stated that he does not have ABS so when MV1 braked he was unable to stop in time. No injuries reported. Minor damage to the rear bumper of MV1. Significant damage to the front of MV2. MV2 towed by A&S Towing.

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

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

Hazmat Information:

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

Patrol Officer Kevin P Cavanaugh

Police Officer Name (Please Print)

Signature

195

ID/Badge #

Wilmington Police Department

Department

Precinct/Barracks

01/10/2020

Date

Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash 01/11/2020 Time of Crash 1105 24HR City/Town **Wilmington**

Motor Vehicle Crash Police Report

Number Vehicles 2 Number Injured 0

Speed Limit 25 State Police
 Latitude _____ Local Police
 Longitude _____ MBTA Police
 Other: _____ Campus Police

AT INTERSECTION:

LOCATION

NOT AT INTERSECTION:

1 **129** **SHAWSHEEN AVE**
 Route# Direction Name of Roadway/Street
 At
NICHOLS ST
 Route# Direction Name of Intersecting Roadway/Street
 Also at Intersection with
 2 **1** Route# Direction Name of Intersecting Roadway/Street

Route# Direction Address # Name of Roadway/Street
 Feet N S E W of _____ or _____
 Mile Marker _____ Exit Number _____
 Feet N S E W of _____
 Route# Intersecting Roadway/Street
 Feet N S E W of _____
 Landmark _____

3 Please Select One of the Following: Vehicle 13 #Occupants Hit/Run Moped

Crash Report ID# **20-11-AC**

4 License # **S63408465** St **MA** DOB/Ag. _____
 Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **99** 20 CDL Endorsement _____
 Operator **KUCHARSKI, GAIL D**
 Last First Middle
 Address **17 GOV HUTCHINSON RD**
 City **BILLERICA** State **MA** Zip **01821**
 Insurance Company **ELECTRIC INSURANCE COMPAN**
 Vehicle Travel Direction: S E W Responding to Emergency? **2**
 Citation # (If Issued) _____
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____

Reg # **CC4299** Reg Type **PC** Reg State **MA**
 Veh Year **2017** Veh Make **HYUNDAI** Veh Config. **1** 21
 Owner **KUCHARSKI, JOHN A**
 Last First Middle
 Address **17 GOV HUTCHINSON RD**
 City **BILLERICA** State **MA** Zip **01821-2026**
 Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **1** 27 **8** 27 **2** 27
 Event Sequence **1** 23 **23** **23** **23** Test Status: **1** 28
 Most Harmful Event **1** 24 Type of Test: **29**
 Driver Contributing Code **99** 25 **25** BAC Test Result: **30**
 Driver Distracted by **99** 26 Susp. Alcohol: **2** 31 Susp. Drug: **2** 32
 Towed from scene? **1** 33

Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above	XXXXXX	XXXX	1	1	1	0	0	10	1	
JOHN KUCHARSKI	17 GOV HUTCHINSON RD BILLERICA, MA 01821-2026		M	3	1	1	0	0	10	1	
				4	1	4	0	0	10	1	

7 3 Please Select One of the Following: Vehicle 21 #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

2 License # **S92751732** St **MA** DOB/Ag. _____
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **99** 20 CDL Endorsement _____
 Operator **MANNE, JOSEPH V**
 Last First Middle
 Address **21 BRITTANY LN**
 City **BILLERICA** State **MA** Zip **01821-2259**
 Insurance Company **PLYMOUTH ROCK ASSURANCE C**
 Vehicle Travel Direction: N S E W Responding to Emergency? **2**
 Citation # (If Issued) _____
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____

Reg # **218AG8** Reg Type **PC** Reg State **MA**
 Veh Year **2008** Veh Make **GMC** Veh Config. **1** 21
 Owner **MANNE, JOSEPH V**
 Last First Middle
 Address **21 BRITTANY LN**
 City **BILLERICA** State **MA** Zip **01821-2259**
 Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **1** 27 **8** 27 **27**
 Event Sequence **1** 23 **23** **23** **23** Test Status: **1** 28
 Most Harmful Event **1** 24 Type of Test: **29**
 Driver Contributing Code **99** 25 **25** BAC Test Result: **30**
 Driver Distracted by **99** 26 Susp. Alcohol: **2** 31 Susp. Drug: **2** 32
 Towed from scene? **1** 33

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

Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash 01/11/2020 Time of Crash 1254 24HR City/Town **Wilmington**

Motor Vehicle Crash Police Report

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

AT INTERSECTION:

< LOCATION >

NOT AT INTERSECTION:

1 Route# _____ Direction _____ Name of Roadway/Street _____
 At _____
 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 # **190** Name of Roadway/Street **MAIN ST**
 _____ Feet **NSEW** of _____ or _____
 Mile Marker _____ Exit Number _____
 5 11 _____ Feet **NSEW** of _____
 Route# _____ Intersecting Roadway/Street _____
 _____ Feet **NSEW** of _____
 Landmark _____

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

Crash Report ID# **20-12-AC**

4 1 License # **S95665964** St **MA** DOB/Ag _____
 Sex **M** Lic. Class **99** **19** **19** Lic. Restrictions **99** **20** CDL _____
 Operator **NEWHOUSE, RALPH E III**
 Last First Middle
 Address **28 NASSAU AVE**
 City **WILMINGTON** State **MA** Zip **01887-2820**

Reg # **SR737T** Reg Type **CO** Reg State **MA**
 Veh Year **2002** Veh Make **FORD** Veh Config. **2** **21**
 Owner **NEWHOUSE, RALPH E JR**
 Last First Middle
 Address **193 TAFT RD**
 City **WILMINGTON** State **MA** Zip **01887-2820**

5 Insurance Company **QUINCY MUTUAL FIRE INSURA**
 Vehicle Travel Direction: **S E W** Responding to Emergency? **2**
 Citation # (If Issued) _____
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____

Vehicle Action Prior to Crash **11** **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: **29**
 Driver Contributing Code **1** **25** **25** BAC Test Result: **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
Operator	See Above	XXXXXX	X	1	10	4	0	0	10	1	

7 1 Please Select One of the Following: Vehicle **2** #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

8 99 License # _____ St _____ DOB/Ag _____
 Sex _____ Lic. Class **D** **19** **19** Lic. Restrictions **99** **20** CDL _____
 Operator _____
 Last First Middle
 Address _____
 City _____ State _____ Zip _____

Reg # **2RFS60** Reg Type **PC** Reg State **MA**
 Veh Year **2012** Veh Make **TOYOTA** Veh Config. **1** **21**
 Owner **SULLIVAN, DONALD P**
 Last First Middle
 Address **3 BEVERLY AVE**
 City **WILMINGTON** State **MA** Zip **01887-1716**

Insurance Company **THE COMMERCE INSURANCE CO**
 Vehicle Travel Direction: **N 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 _____

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

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above	XXXXXX	X	1	99	4	0	0	10	1	

