

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

Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped
 Crash Report ID# **20-13-AC**

License # **NHL19711184** St **NH** DOB/Age _____ Reg # **4681585** Reg Type **PC** Reg State **NH**
 Sex **M** Lic. Class **19 19** Lic. Restrictions **1 20** CDL _____ Veh Year **2019** Veh Make **DODGE** Veh Config. **1 21**
 Operator **SHERMAN, MICHAEL ROBERT** Owner **ENTERPRISE FM TRUST**
 Address **1 OLDFIELD RD** Address **9315 OLIVE BLVD**
 City **NASHUA** State **NH** Zip **03060** City **ST LOUIS** State **MO** Zip **631323211**
 Insurance Company _____ Vehicle Action Prior to Crash **2 22** Damaged Area Code: **5 27 27 27**
 Vehicle Travel Direction: **N S E W** Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **1 28**
 Citation # (If Issued) _____ Most Harmful Event **1 24** Type of Test: **29**
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **1 25 25** BAC Test Result: **1 30**
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**
 Towed from scene? **2 33**

Please fill out for operator and all occupants involved

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

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

License # _____ St _____ DOB/Age _____ Reg # _____ Reg Type _____ Reg State _____
 Sex _____ Lic. Class **19 19** Lic. Restrictions **20** CDL _____ Veh Year _____ Veh Make _____ Veh Config. **21**
 Operator **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**

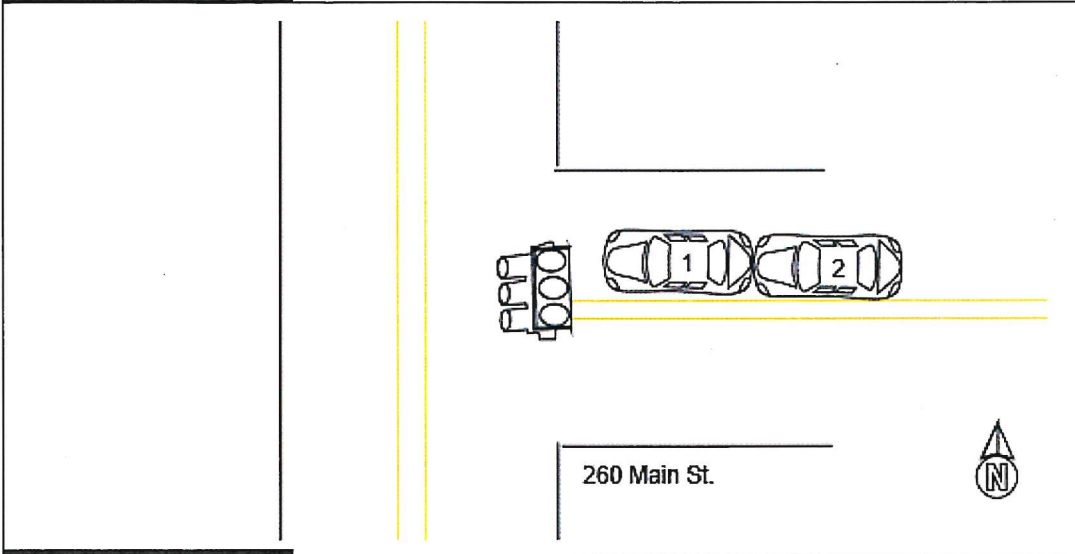
Please fill out for operator/non-motorist and all occupants involved

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
Operator/Non-Motorist	See Above			1							

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○



If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow



Crash Narrative:

MV 1 was stopped at a red light waiting to turn left onto Main st. when MV 2 hit MV 1 back bumper. MV 2 left the scene of the accident when MV 1 turned around to pull back into the parking lot. The operator of MV 1 reported 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 Meghan Sousa

214

Wilmington Police Department

01/14/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Date of Crash 01/15/2020 Time of Crash 0720 City/Town **Wilmington** **Motor Vehicle Crash** Number Vehicles 1 Number Injured 0 Speed Limit 20 State Police Local Police MBTA Police Campus Police Other
Police Report

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

<p>Route# _____ Direction _____ Name of Roadway/Street _____</p> <p>At _____</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# 34 Direction _____ Address # CHESTNUT ST Name of Roadway/Street _____</p> <p>_____ Feet N S E W of _____ or _____</p> <p>_____ Feet N S E W of _____ Mile Marker _____ Exit Number _____</p> <p>_____ Feet N S E W of _____ Route# _____ Intersecting Roadway/Street _____</p> <p>_____ Feet N S E W of _____ Landmark _____</p>
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Please Select One of the Following: Vehicle 12 #Occupants Hit/Run Moped Crash Report ID# **20-14-AC**

<p>License # S98645874 St MA DOB/Age _____</p> <p>Sex F Lic. Class D Lic. Restrictions 20 CDL _____</p> <p>Operator SAVOIE, RACHEL M</p> <p>Address 9 ELIZABETH DR</p> <p>City WILMINGTON State MA Zip 01887-3397</p> <p>Insurance Company ARBELLA PROTECTION INSURA</p> <p>Vehicle Travel Direction: <input checked="" type="checkbox"/> S E W Responding to Emergency? 2</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 # 1CV235 Reg Type PC Reg State MA</p> <p>Veh Year 2014 Veh Make Infinity Veh Config. 1</p> <p>Owner HOME AGAIN PRIVATE CARE LLC</p> <p>Address 600 W CUMMINGS PARK ST APT 1225</p> <p>City WOBURN State MA Zip 01801-6354</p> <p>Vehicle Action Prior to Crash 1 Damaged Area Code: 3 27 27 27</p> <p>Event Sequence 22 23 23 23 23 Test Status: 28</p> <p>Most Harmful Event 22 24 Type of Test: 29</p> <p>Driver Contributing Code 15 25 20 25 BAC Test Result: 30</p> <p>Driver Distracted by 6 26 Susp. Alcohol: 31 Susp. Drug: 32</p> <p>Towed from scene? 1 33</p>
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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				1	1	2	0	0	10	1	
VIVIEN SAVOIE	9 ELIZABETH DR WILMINGTON, MA 01887	08/10/2007	F	3	1	2	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

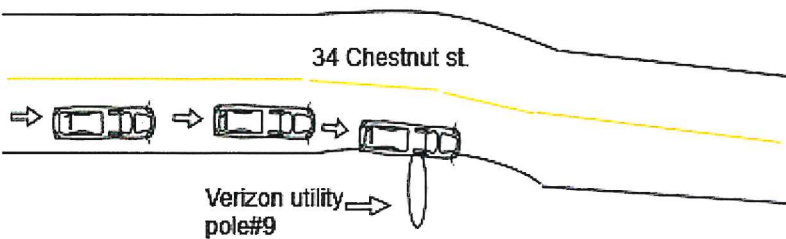
<p>License # _____ St _____ DOB/Age _____</p> <p>Sex _____ Lic. Class 19 19 Lic. Restrictions 20 CDL _____</p> <p>Operator _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Insurance Company _____</p> <p>Vehicle Travel Direction: <input type="checkbox"/> N S E W Responding to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

Oper. #1 related while she was traveling straight on Chestnut st., she side swiped a utility pole, which is very close to the roadside. She also related that she was taking her daughter to school, because she missed the school bus. As they were having a discussion about her not getting up in time for school, she struck the utility pole.

(PWJ/142)

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		4	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 Paul W Jepson

142

Wilmington Police Department

01/15/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Police Use Only		Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 01/17/2020	Time of Crash 0855 24HR	City/Town Wilmington		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit _____	State Police <input type="checkbox"/>
						Latitude _____	Longitude _____	Local Police <input type="checkbox"/>	MBTA Police <input type="checkbox"/>
								Campus Police <input type="checkbox"/>	Other: _____ <input type="checkbox"/>

AT INTERSECTION:		< LOCATION >	NOT AT INTERSECTION:	
Route# _____ Direction _____ Name of Roadway/Street _____		Route# _____ Direction _____ Address # 355 Name of Roadway/Street MIDDLESEX AVE		
At _____		_____ Feet N S E W of _____ or _____		
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____		_____ Feet N S E W of _____ Mile Marker _____ Exit Number _____		
Also at Intersection with _____		_____ Feet N S E W of _____ Route# _____ Intersecting Roadway/Street _____		
Route# _____ Direction _____ Name of 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# **20-15-AC**

License # S19642770 St MA DOB/Age _____	Reg # 9RRE70 Reg Type PC Reg State MA
Sex F Lic. Class D Lic. Restrictions 99 CDL _____	Veh Year 2015 Veh Make DODGE Veh Config. 1
Operator SHARPE, JENNIFER	Owner SHARPE, JENNIFER
Address 20 KIMBERLY DR	Address 20 KIMBERLY DR
City TEWKSBURY State MA Zip 01876-1415	City TEWKSBURY State MA Zip 01876-1415
Insurance Company PLYMOUTH ROCK ASSURANCE C	Vehicle Action Prior to Crash 10
Vehicle Travel Direction: N S E W Responding to Emergency? 2	Damaged Area Code: 5 27 27 27
Citation # (If Issued) _____	Event Sequence 2 23 23 23 23
Viol. 1: Ch/Sec/Sub _____	Most Harmful Event 2 24
Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code 20 25 25
Viol. 3: Ch/Sec/Sub _____	Driver Distracted by 7 26
Viol. 4: Ch/Sec/Sub _____	Towed from scene? 2 33

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

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

License # S47431884 St MA DOB/Age _____	Reg # 4HH181 Reg Type PC Reg State MA
Sex M Lic. Class B Lic. Restrictions 99 CDL _____	Veh Year 2008 Veh Make NISSAN Veh Config. 1
Operator FREIRE, WILSON F	Owner FREIRE, WILSON F
Address 2413 SUMMIT DR	Address 2413 SUMMIT DR
City BRIDGEWATER State MA Zip 02324-2183	City BRIDGEWATER State MA Zip 02324-2183
Insurance Company SAFECO INSURANCE COMPANY	Vehicle Action Prior to Crash 2
Vehicle Travel Direction: N S E W Responding to Emergency? 2	Damaged Area Code: 1 27 2 27 8 27
Citation # (If Issued) _____	Event Sequence 1 23 23 23 23
Viol. 1: Ch/Sec/Sub _____	Most Harmful Event 1 24
Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code 1 25 25
Viol. 3: Ch/Sec/Sub _____	Driver Distracted by 0 26
Viol. 4: Ch/Sec/Sub _____	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	

Police Use Only: Date of Crash 01/18/2020, Time of Crash 1833, 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:

Route# _____ Direction _____ Name of Roadway/Street _____

Route# _____ Direction _____ Name of Roadway/Street _____

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

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

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

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

Feet _____ of _____ or _____

Feet _____ of _____

Feet _____ of _____

_____ Mile Marker _____ Exit Number _____

_____ Route# _____ Intersecting Roadway/Street _____

_____ Landmark _____

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

Crash Report ID# **20-16-AC**

License # **S95181515** St **MA** DOB/Age _____ Reg # **1PVN64** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** Lic. Restrictions **20** CDL _____ Veh Year **2018** Veh Make **CHRYSLER** Veh Config. **1**

Operator **MACNEILL, VALERIE** Owner **MACNEILL, VALERIE**

Address **31 CENTRAL AVE** Address **31 CENTRAL AVE**

City **MEDFORD** State **MA** Zip **02155-4023** City **MEDFORD** State **MA** Zip **02155-4023**

Insurance Company **LM GENERAL INSURANCE COMP** Vehicle Action Prior to Crash **1** Damaged Area Code: **1** **27** **8** **27** **27**

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

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

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

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

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

Viol. 4: Ch/Sec/Sub _____

Please fill out for operator and all occupants involved

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

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

License # **S91816591** St **MA** DOB/Age _____ Reg # **2HF420** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** Lic. Restrictions **20** CDL _____ Veh Year **2006** Veh Make **TOYOTA** Veh Config. **1**

Operator **BURKE, EMILY M** Owner **BURKE, ROBERT LOUIS**

Address **43 PARK ST** Address **43 PARK ST**

City **WILMINGTON** State **MA** Zip **01887-1510** City **WILMINGTON** State **MA** Zip **01887-1510**

Insurance Company **METROPOLITAN PROPERTY AND** Vehicle Action Prior to Crash **1** Damaged Area Code: **6** **27** **27** **27**

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

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

Viol. 1: Ch/Sec/Sub _____ Driver Contributing Code **12** **25** **25** BAC Test Result: **1** **30**

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

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

Viol. 4: Ch/Sec/Sub _____

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

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above	XXXXXX	XX	1	1	4	0	0	10	1	
MADISON CHRISTIAN	8 PINE HOLBROOK, MA 02343		F	3	1	4	0	0	10	1	

Wilmington Police Department
Images Associated with 20-16-AC

