

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

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

38 S 474 MAIN ST
 Route# Direction Address # Name of Roadway/Street
 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 12 #Occupants Hit/Run Moped | Crash Report ID# **19-430-AC**

License # **S39772334** St **MA** DOB/Age _____ Reg # **9NE177** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D** Lic. Restrictions **20** CDL Endorsement _____ Veh Year **1999** Veh Make **HONDA** Veh Config. **1 21**
 Operator **MADDEN, PATRICK M** Owner **STCYR, FELICIA F**
 Address **12 BRAND AVE** Address **170 COUNTY RD**
 City **WILMINGTON** State **MA** Zip **01887-2640** City **TEWKSBURY** State **MA** Zip **01876-2445**
 Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **2 22** Damaged Area Code: **1 27 5 27 27**
 Vehicle Travel Direction: S E W Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **28**
 Citation # (If Issued) _____ Most Harmful Event **1 24** Type of Test: **29**
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **1 25 25** BAC Test Result: **30**
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0 26** Susp. Alcohol: **31** Susp. Drug: **32**
 Towed from scene? **1 33**

Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator		See Above	X	X	1	1	4	0	0	10	1
TYLER RICHARDSON	25 GOV PEABODY RD BILLERICA, MA 01821-2024	03/13/1997	M	3	1	3	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 # **S64226923** St **MA** DOB/Age _____ Reg # **98BP** Reg Type **CO** Reg State **MA**
 Sex **M** Lic. Class **A** Lic. Restrictions **20** CDL Endorsement _____ Veh Year **2019** Veh Make **Other-not listed** Veh Config. **97 21**
 Operator **DECAREAU, WILLIAM S** Owner **TODISCO SERVICES INC**
 Address **4 KARA LN** Address **94 CONDOR ST**
 City **BILLERICA** State **MA** Zip **01821-1409** City **E BOSTON** State **MA** Zip **02128**
 Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **2 22** Damaged Area Code: **1 27 2 27 27**
 Vehicle Travel Direction: S E W Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **28**
 Citation # (If Issued) _____ Most Harmful Event **1 24** Type of Test: **29**
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **19 25 25** BAC Test Result: **30**
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **5 26** Susp. Alcohol: **31** Susp. Drug: **32**
 Towed from scene? **2 33**

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

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ○/X = Pedestrian ○/B = Bicycle

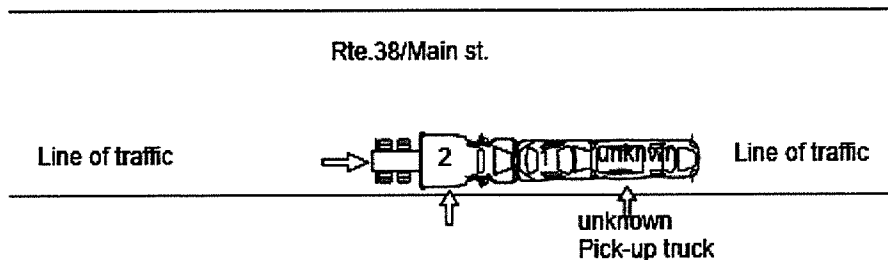
Crash Diagram:

ie: → 1 → 2 → ○/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:

Oper.#1 related while sitting in traffic on Rte.38n a heavy tow truck crashed into the rear of his m/v#1 causing it to crash into another unknown m/v in front of him. He related that it was an Ford F150 pick-up with black tail gate and the rest blue. He then related that the oper. of the unknown pick-up got out and looked at the rear of his truck and said no damage and left the scene.

Oper.#2 related that he was slowing for traffic on Rte.38n, as he started to break, his foot slipped off the break peddle and he crashed into the rear of m/v#1. (PWJ/142)

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St. _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

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

Hazmat Information:

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

Patrol Officer Paul W Jepson

142

Wilmington Police Department

12/16/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Police Use Only			Commonwealth of Massachusetts				RMV Document Number								
Date of Crash 12/17/2019	Time of Crash 0926 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 1	Number Injured 0	Speed Limit <u>25</u>	Latitude _____	Longitude _____	State Police <input type="checkbox"/>	Local Police <input type="checkbox"/>	MBTA Police <input type="checkbox"/>	Campus Police <input type="checkbox"/>	Other: _____ <input type="checkbox"/>

AT INTERSECTION:				< LOCATION >	NOT AT INTERSECTION:				
Route# _____ Direction _____ Name of Roadway/Street _____					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 _____				
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____					Mile Marker _____ Exit Number _____				
Also at Intersection with _____					Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____				
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____					Route# _____ Intersecting Roadway/Street _____				
					Landmark _____				

Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 12 #Occupants			<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped	Crash Report ID# 19-431-AC
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License # SA0830777 St MA DOB/Age _____				Reg # 9RH817 Reg Type PC Reg State MA			
Sex M Lic. Class D <input type="checkbox"/> 19 <input type="checkbox"/> 19	Lic. Restrictions 1 <input type="checkbox"/> 20		CDL _____		Veh Year 2012 Veh Make TOYOTA Veh Config. 1 <input type="checkbox"/> 21		
Operator DUQUE, MASSILLON				Owner DUQUE, MASSILLON			
Address 19 ELM VIEW TER				Address 19 ELM VIEW TER			
City BROCKTON State MA Zip 02301-3601				City BROCKTON State MA Zip 02301-3601			
Insurance Company GEICO GENERAL INSURANCE C				Vehicle Action Prior to Crash 1 <input type="checkbox"/> 22		Damaged Area Code: 1 <input type="checkbox"/> 27 2 <input type="checkbox"/> 27 8 <input type="checkbox"/> 27	
Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? 2				Event Sequence 10 <input type="checkbox"/> 23 <input type="checkbox"/> 35 <input type="checkbox"/> 23 <input type="checkbox"/> 23		Test Status: 1 <input type="checkbox"/> 28	
Citation # (If Issued) _____				Most Harmful Event 35 <input type="checkbox"/> 24		Type of Test: 29	
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____				Driver Contributing Code 99 <input type="checkbox"/> 25 <input type="checkbox"/> 25		BAC Test Result: 30	
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____				Driver Distracted by 0 <input type="checkbox"/> 26		Susp. Alcohol: 2 <input type="checkbox"/> 31 Susp. Drug: 2 <input type="checkbox"/> 32	
				Towed from scene? 1 <input type="checkbox"/> 33			

Please fill out for operator and all occupants involved												
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility	
Operator		See Above		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	1	1	4	0	0	10	1
GUERLIN JEAN BAPTISTE	129 EXCHANGE AVE MEDFORD, MA 02155		M	1	1	4	0	0	10	1		

Please Select One of the Following: <input type="checkbox"/> Vehicle 2 #Occupants			<input type="checkbox"/> Non-Motorist A	Type <input type="checkbox"/> 15	Action <input type="checkbox"/> 16	Location <input type="checkbox"/> 17	Condition <input type="checkbox"/> 18	<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped
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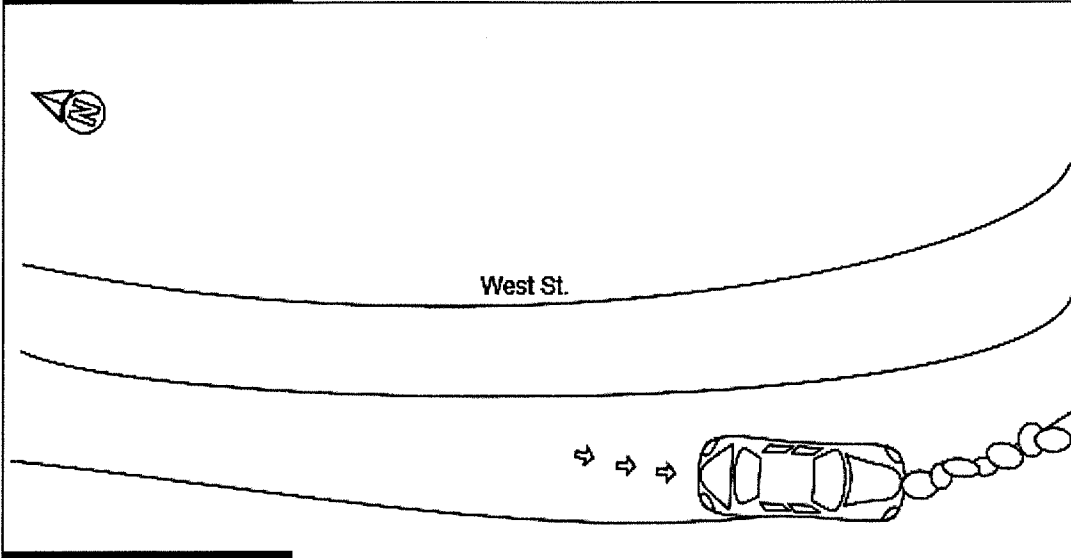
License # _____ St _____ DOB/Age _____				Reg # _____ Reg Type _____ Reg State _____			
Sex _____ Lic. Class <input type="checkbox"/> 19 <input type="checkbox"/> 19	Lic. Restrictions <input type="checkbox"/> 20		CDL _____		Veh Year _____ Veh Make _____ Veh Config. <input type="checkbox"/> 21		
Operator _____				Owner _____			
Address _____				Address _____			
City _____ State _____ Zip _____				City _____ State _____ Zip _____			
Insurance Company _____				Vehicle Action Prior to Crash <input type="checkbox"/> 22		Damaged Area Code: <input type="checkbox"/> 27 <input type="checkbox"/> 27 <input type="checkbox"/> 27	
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____				Event Sequence <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23		Test Status: <input type="checkbox"/> 28	
Citation # (If Issued) _____				Most Harmful Event <input type="checkbox"/> 24		Type of Test: <input type="checkbox"/> 29	
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____				Driver Contributing Code <input type="checkbox"/> 25 <input type="checkbox"/> 25		BAC Test Result: <input type="checkbox"/> 30	
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____				Driver Distracted by <input type="checkbox"/> 26		Susp. Alcohol: <input type="checkbox"/> 31 Susp. Drug: <input type="checkbox"/> 32	
				Towed from scene? <input type="checkbox"/> 33			

Please fill out for operator/non-motorist and all occupants involved											
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist		See Above		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	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:

The vehicle was traveling south on West St. It was snowing and the roads were slick. The driver stated he was traveling southbound and the vehicle slipped on the snow. The vehicle then slid into the mailbox and rock wall belonging to 29 West St. The mailbox was broken and some of the rocks were shifted. The front end of the vehicle was damaged and it was unable to be driven. A&S Towing towed the car to their lot. A note was left on the door of 29 West St. to notify them of the damage.

Witnesses:

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

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
LEWIS PAMELAJEAN	29 WEST ST WILMINGTON MA 01887			MAILBOX

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

210

Wilmington Police Department

12/17/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 12/17/2019	Time of Crash 1415 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit <u>30</u>	State Police <input type="checkbox"/>	Local Police <input type="checkbox"/>	MBTA Police <input type="checkbox"/>	Campus Police <input type="checkbox"/>	Other: <input type="checkbox"/>

AT INTERSECTION:			< LOCATION >	NOT AT INTERSECTION:			
Route# _____	Direction _____	Name of Roadway/Street _____		Route# _____	Direction _____	Address # _____	Name of Roadway/Street _____
At _____							
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 _____		Mile Marker _____ or Exit Number _____	
Also at Intersection with _____							
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 _____	
				Landmark _____			

Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle <u>1</u> #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped			Crash Report ID# 19-432-AC
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License # S90476758 St MA DOB/Age _____	Reg # 2TYB41 Reg Type PC Reg State MA
Sex F Lic. Class D 19 19 Lic. Restrictions B 20 CDL Endorsement _____	Veh Year 2016 Veh Make NISSAN Veh Config. 1 21
Operator STAFFIER, MARY JANE	Owner STAFFIER, EDWARD D
Address 45 HANCOCK ST	Address 45 HANCOCK ST
City READING State MA Zip 01867	City READING State MA Zip 01867-2321
Insurance Company METROPOLITAN PROPERTY AND	Vehicle Action Prior to Crash 2 22 Damaged Area Code: 4 27 3 27 2 27
Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u>	Event Sequence 1 23 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 99 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32
Towed from scene? 2 33	

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

Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle <u>2</u> #Occupants <input type="checkbox"/> Non-Motorist A Type <input type="checkbox"/> 15 Action <input type="checkbox"/> 16 Location <input type="checkbox"/> 17 Condition <input type="checkbox"/> 18 <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped		
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License # S61053516 St MA DOB/Age _____	Reg # 7VBX20 Reg Type PC Reg State MA
Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement _____	Veh Year 2017 Veh Make HONDA Veh Config. 1 21
Operator GONZALEZ CASTILLO, LUIS MANUEL	Owner GONZALEZ CASTILLO, LUIS MANUEL
Address 100 SUNSET AVE	Address 100 SUNSET AVE
City LAWRENCE State MA Zip 01841-1139	City LAWRENCE State MA Zip 01841-1139
Insurance Company METROPOLITAN PROPERTY AND	Vehicle Action Prior to Crash 1 22 Damaged Area Code: 8 27 7 27 2 27
Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u>	Event Sequence 1 23 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 5 25 7 25 BAC Test Result: 30
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by 99 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32
Towed from scene? 2 33	

Please fill out for operator/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	XX	1	1	4	0	0	10	1	

Police Use Only	Date of Crash 12/17/2019	Time of Crash 1457 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report	Number Vehicles 1	Number Injured 0	Speed Limit <u>25</u>	Latitude _____	Longitude _____	State Police <input type="checkbox"/>	Local Police <input type="checkbox"/>	MBTA Police <input type="checkbox"/>	Campus Police <input type="checkbox"/>	Other: _____
AT INTERSECTION:				< LOCATION >	NOT AT INTERSECTION:									
Route# _____ Direction _____ Name of Roadway/Street _____				Route# <u>49</u> Direction <u>WEST</u> Address # <u>ST</u> Name of Roadway/Street _____										
At _____				_____ Feet <u>N S E W</u> of _____ or _____ Mile Marker _____ Exit Number _____										
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____				_____ Feet <u>N S E W</u> of _____ Route# _____ Intersecting Roadway/Street _____										
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____				_____ Feet <u>N S E W</u> of _____ Landmark _____										

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

Crash Report ID# **19-433-AC**

License # <u>059962379</u> St <u>GA</u> DOB/Age _____ Sex <u>U</u> Lic. Class <u>C</u> Lic. Restrictions <u>B</u> CDL Endorsement _____ Operator <u>ASHOUR, FAYSALNAJIB M</u> Address <u>6211 INWOOD DR</u> City <u>WOBURN</u> State <u>MA</u> Zip <u>01801</u> Insurance Company <u>GOVERNMENT EMPLOYEES INSU</u> Vehicle Travel Direction: <u>N S E W</u> Responding to Emergency? <u>2</u> Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # <u>6CX757</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2017</u> Veh Make <u>Jeep</u> Veh Config. <u>1 21</u> Owner <u>ASHOUR, FAYSALNAJIB M</u> Address <u>6211 INWOOD DR</u> City <u>WOBURN</u> State <u>MA</u> Zip <u>01801</u> Vehicle Action Prior to Crash <u>1 22</u> Damaged Area Code: <u>2 27 3 27 10 27</u> Event Sequence <u>40 23 35 23 23</u> Test Status: <u>28</u> Most Harmful Event <u>35 24</u> Type of Test: <u>29</u> Driver Contributing Code <u>7 25 11 25</u> BAC Test Result: <u>30</u> Driver Distracted by <u>99 26</u> Susp. Alcohol: <u>2 31</u> Susp. Drug: <u>2 32</u> Towed from scene? <u>1 33</u>
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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	99	4	0	0	10	1	

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

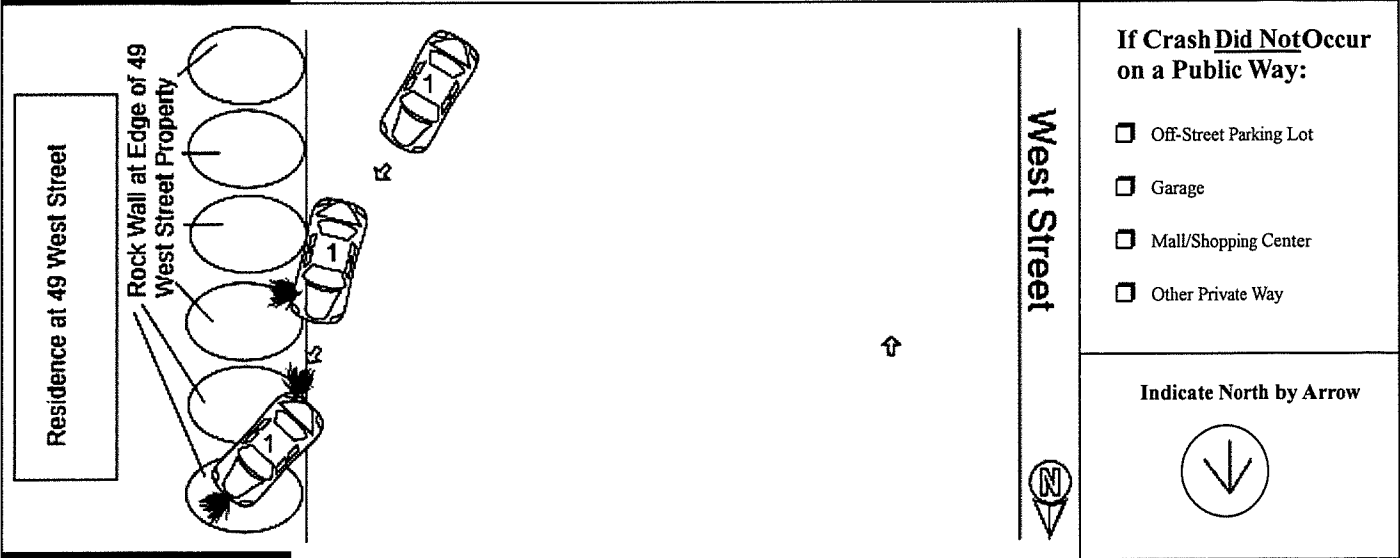
License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class <u>19 19</u> Lic. Restrictions <u>20</u> CDL Endorsement _____ Operator _____ Address _____ City _____ State _____ Zip _____ Insurance Company _____ Vehicle Travel Direction: <u>N S E W</u> Responding to Emergency? _____ Citation # (If Issued)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

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

Crash Diagram:

ie: → 1 → 2 → O → B



Crash Narrative:

MV1 was traveling southbound on West Street towards Nickerson Avenue. MV1 was approaching a slight bend in the road and attempted to slow down and turn slightly left to maintain the travel lane. The operator of MV1 stated that he attempted to brake and turn with the road, but that he felt his vehicle start to skid on the snow and slush. The operator stated he attempted to swerve back into the travel lane, but MV1 left the roadway to the right, struck several boulders that make up the rock wall at 49 West Street, and finally came to rest on top of two boulders. The operator was not injured. MV1 suffered extensive undercarriage damage and had to be towed from the scene. There was also extensive damage to the rock wall. The homeowners at 49 West Street were notified, and stated they would be filing a claim through their homeowner's insurance.

Witnesses:

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

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
FITZGERALD DANIEL C	49 WEST ST WILMINGTON MA 01887-301		97	ROCK (BOULDERS) WALL AT EDGE OF ROAD
FITZGERALD KALI E	49 WEST ST WILMINGTON MA 01887		97	ROCK (BOULDERS) WALL AT EDGE OF ROAD

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

12/17/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

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

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

2 4 Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

3 11 Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

4 10 Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

5 11 Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

6 11 Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

7 11 Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

8 11 Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

9 11 Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

10 11 Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

11 11 Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

12 11 Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

13 11 Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

14 11 Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

15 11 Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

16 11 Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

17 11 Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

18 11 Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

19 11 Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

20 11 Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

21 11 Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

22 11 Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

23 11 Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

24 11 Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

25 11 Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

26 11 Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

27 11 Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

28 11 Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

29 11 Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

30 11 Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

31 11 Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

32 11 Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

33 11 Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

34 11 Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

35 11 Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

36 11 Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

37 11 Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

38 11 Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

39 11 Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

40 11 Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

41 11 Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

42 11 Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

43 11 Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

44 11 Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

45 11 Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

46 11 Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

47 11 Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

48 11 Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

49 11 Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

50 11 Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

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

Crash Report ID# **19-434-AC**

License # **S90113527** St **MA** DOB/Age _____ Reg # **912WKY** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** Lic. Restrictions **20** CDL Endorsement _____ Veh Year **2014** Veh Make **FORD** Veh Config. **1 21**

Operator **JONES, ANTHONY M** Owner **JONES, ANTHONY M**

Address **52 PAON BLVD** Address **52 PAON BLVD**

City **WAKEFIELD** State **MA** Zip **01880-1136** City **WAKEFIELD** State **MA** Zip **01880-1136**

Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **1 22** Damaged Area Code: **8 27 7 27 6 27**

Vehicle Travel Direction: **NSEW** 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: **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			1	1	3	0	0	9	2	Winchester Hospital

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

License # **S38817596** St **MA** DOB/Age _____ Reg # **8FG764** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** Lic. Restrictions **20** CDL Endorsement _____ Veh Year **2012** Veh Make **CHEVROLET** Veh Config. **1 21**

Operator **FERREIRA, RICHARD** Owner **FERREIRA, RICHARD**

Address **47 SPRUCE ST APT 4** Address **47 SPRUCE ST APT 4**

City **CLINTON** State **MA** Zip **01510-2700** City **CLINTON** State **MA** Zip **01510-2700**

Insurance Company **ESURANCE INSURANCE COMPAN** Vehicle Action Prior to Crash **1 22** Damaged Area Code: **1 27 8 27 7 27**

Vehicle Travel Direction: **NSEW** Responding to Emergency? **2** Event Sequence **42 23 1 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 **7 25 9 25** BAC Test Result: **30**

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **99 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**

Towed from scene? **2 33**

Please fill out for operator/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	99	4	0	0	10	1	

Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash **12/17/2019** Time of Crash **1551** City/Town **Wilmington**
 24HR

Motor Vehicle Crash Police Report

Number Vehicles **2** Number Injured **0** Speed Limit **25**
 Latitude _____ Longitude _____
 State Police Local Police
 MBTA Police Campus Police
 Other: _____

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1

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

Route# _____ Direction _____ Address # **333** Name of Roadway/Street **CHESTNUT ST**

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

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

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

3 5

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

Crash Report ID# **19-435-AC**

4 1

License # **S31172762** St **MA** DOB/Age _____
 Sex **F** Lic. Class **D** **19** **19** Lic. Restrictions **20** CDL _____
 Endorsement _____
 Operator **DOREGO-KARNESKY, ANA I**
 Last First Middle

Reg # **16823** Reg Type **PC** Reg State **MA**
 Veh Year **2016** Veh Make **Jeep** Veh Config. **1** **21**
 Owner **DOREGO-KARNESKY, ANA I**
 Last First Middle

1 12

Address **3 ELEANOR DR**

Address **3 ELEANOR DR**

City **WILMINGTON** State **MA** Zip **01887-3198**

City **WILMINGTON** State **MA** Zip **01887-3198**

Insurance Company **UNITED SERVICES AUTOMOBIL**

Vehicle Action Prior to Crash **1** **22** Damaged Area Code: **7** **27** **27** **27**

5

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

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

Citation # (If Issued) _____

Most Harmful Event **1** **24** Type of Test: **1** **29**

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

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

1 13

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

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

6 7

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

License # _____ DOB/Age _____
 Lic. Class **D** **19** **19** Lic. Restrictions **20** CDL _____
 Endorsement _____
 Operator _____
 Last First Middle

Reg # **9NA297** Reg Type **PC** Reg State **MA**
 Veh Year **2008** Veh Make **CHEVROLET** Veh Config. **1** **21**
 Owner **CONNELLY, HARRY M**
 Last First Middle

4 14

Address **69 CHESTNUT ST**

Address **69 CHESTNUT ST**

City _____ State _____ Zip _____

City **WILMINGTON** State **MA** Zip **01887-3911**

Insurance Company **LIBERTY MUTUAL INSURANCE**

Vehicle Action Prior to Crash **1** **22** Damaged Area Code: **6** **27** **27** **27**

9 2

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

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

Citation # (If Issued) _____

Most Harmful Event **1** **24** Type of Test: **1** **29**

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

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

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

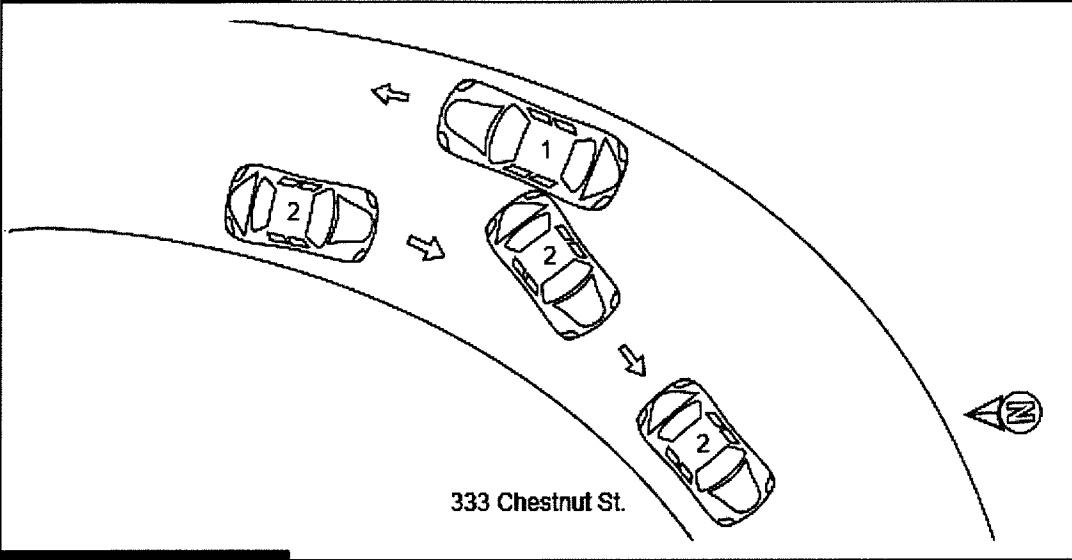
Driver Distracted by **0** **26** Susp. Alcohol: **2** **31** Susp. Drug: **2** **32**

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

→ = 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 North on Chestnut St while Vehicle 2 was traveling South. The operator of vehicle 2 reported she lost control of her vehicle while she was traveling around the turn in the road due to slushy road conditions. As a result, the left rear bumper of Vehicle 2 crossed into the opposite lane of travel striking Vehicle 1 and causing damage to the left side rear door and quarter panel of Vehicle 1. Both operators 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 12/17/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash 12/18/2019 Time of Crash 1124 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:

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 location details: Route# 38 S, Direction, Address # 235, Name of Roadway/Street MAIN ST, Feet, Mile Marker, Exit Number, Route#, Intersecting Roadway/Street, Landmark

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

Crash Report ID# 19-436-AC

Operator information: License # S20605892, St MA, Sex M, Lic. Class D, Operator ROSADINI, STEVEN J, Address 583 WATTAQUADOCK HILL RD, City BOLTON, State MA, Zip 01740-1234

Owner information: Reg # 747GE1, Reg Type PC, Reg State MA, Veh Year 2019, Veh Make FORD, Veh Config 1, Owner ROSADINI, STEVEN J, Address 583 WATTAQUADOCK HILL RD, City BOLTON, State MA, Zip 01740-1234

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. Row 1: Operator, See Above, [X], [X], 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

Crash Report ID# 19-436-AC

Operator information: License # S56449825, St MA, Sex F, Lic. Class D, Operator GUNDERSEN, GRACE ANYI, Address 6232 AVALON DR, City WILMINGTON, State MA, Zip 01887

Owner information: Reg # 6LL413, Reg Type PC, Reg State MA, Veh Year 2009, Veh Make CHEVROLET, Veh Config 1, Owner GUNDERSEN, KURT W, Address 16 MANNING ST, City WILMINGTON, State MA, Zip 01887-3730

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. Row 1: Operator/Non-Motorist, See Above, [X], [X], 1, 1, 4, 0, 0, 10, 1, []

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

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

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

Route# Direction Name of Intersecting Roadway/Street

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

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

Feet N S E W of _____ Landmark _____

Please Select One of the Following: Vehicle 1 Occupants Hit/Run Moped **Crash Report ID# 19-437-AC**

License # **S59191281** St **MA** DOB/Agc _____ Reg # **7GM314** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** Lic. Restrictions **20** CDL _____ Veh Year **2004** Veh Make **CHEVROLET** Veh Config. **2**

Operator **CUSHING, DARRIN LC** Owner **CUSHING, DARRIN LC**

Address **45 BUTTERSROW** Address **45 BUTTERSROW**

City **WILMINGTON** State **MA** Zip **01887-3340** City **WILMINGTON** State **MA** Zip **01887-3340**

Insurance Company **SAFETY INSURANCE COMPANY** Vehicle Action Prior to Crash **1** Damaged Area Code: **1 27 27 27**

Vehicle Travel Direction: S E W Responding to Emergency? **2** Event Sequence **30 23 23 23 23** Test Status: **1 28**

Citation # (If Issued) _____ Most Harmful Event **30 24** Type of Test: **29**

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **11 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	99	4	3	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/Agc _____ Reg # _____ Reg Type _____ Reg State _____

Sex _____ Lic. Class _____ Lic. Restrictions **20** CDL _____ Veh Year _____ Veh Make _____ Veh Config. **21**

Operator _____ Owner _____

Address _____ Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Insurance Company _____ Vehicle Action Prior to Crash **22** Damaged Area Code: **27 27 27**

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

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

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

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

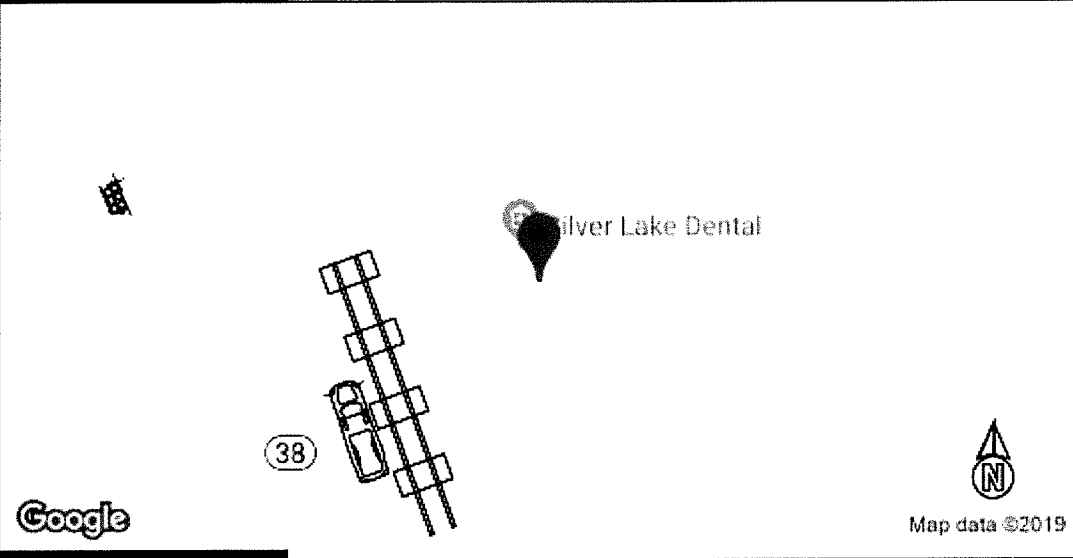
Towed from scene? **33**

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

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



Google

Map data ©2019

Crash Narrative:

Vehicle 1 was traveling North on RTE 38 when the vehicle in front stopped abruptly. To avoid a collision Vehicle 1's operator swerved and struck the fence alongside Silver Lake Dental.

Witnesses:

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

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
GREGORY ANDRE	96 MAIN NORTH READING MA 01864		4	FENCE

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 Rafael G Cruz

198

Wilmington Police Department

12/18/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash **12/19/2019** Time of Crash **1417** 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	Route# _____ Direction _____ Name of Roadway/Street _____ At _____	2	Route# _____ Direction _____ Address # 702 Name of Roadway/Street WOBURN ST
2	Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____	3	_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____ Mile Marker _____ Exit Number _____
2	Route# _____ Direction _____ Name of Intersecting Roadway/Street _____	3	_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____
			_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped
 Crash Report ID# **19-438-AC**

3	License # S42163586 St MA DOB/Age _____ Sex F Lic. Class D <input type="checkbox"/> 19 <input type="checkbox"/> 19 Lic. Restrictions <input type="checkbox"/> 20 CDL _____ Endorsement _____	12	Reg # 99GP91 Reg Type PC Reg State MA Veh Year 2016 Veh Make HONDA Veh Config. 1 <input type="checkbox"/> 21
4	Operator CONNARNEY, CHERYL A Last First Middle	12	Owner CONNARNEY, RICHARD P Last First Middle
4	Address 36 OAKDALE RD	12	Address 36 OAKDALE RD
5	City WILMINGTON State MA Zip 01887-4016	12	City WILMINGTON State MA Zip 01887-4016
5	Insurance Company VERMONT MUTUAL INSURANCE	13	Vehicle Action Prior to Crash <input type="checkbox"/> 6 <input type="checkbox"/> 22 Damaged Area Code: <input type="checkbox"/> 7 <input type="checkbox"/> 27 <input type="checkbox"/> 27 <input type="checkbox"/> 27
5	Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? 2	13	Event Sequence <input type="checkbox"/> 1 <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23 Test Status: <input type="checkbox"/> 28
6	Citation # (If Issued) _____	13	Most Harmful Event <input type="checkbox"/> 1 <input type="checkbox"/> 24 Type of Test: <input type="checkbox"/> 29
6	Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	13	Driver Contributing Code <input type="checkbox"/> 13 <input type="checkbox"/> 25 <input type="checkbox"/> 4 <input type="checkbox"/> 25 BAC Test Result: <input type="checkbox"/> 30
6	Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	13	Driver Distracted by <input type="checkbox"/> 0 <input type="checkbox"/> 26 Susp. Alcohol: <input type="checkbox"/> 31 Susp. Drug: <input type="checkbox"/> 32
		13	Towed from scene? <input type="checkbox"/> 1 <input type="checkbox"/> 33

Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	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

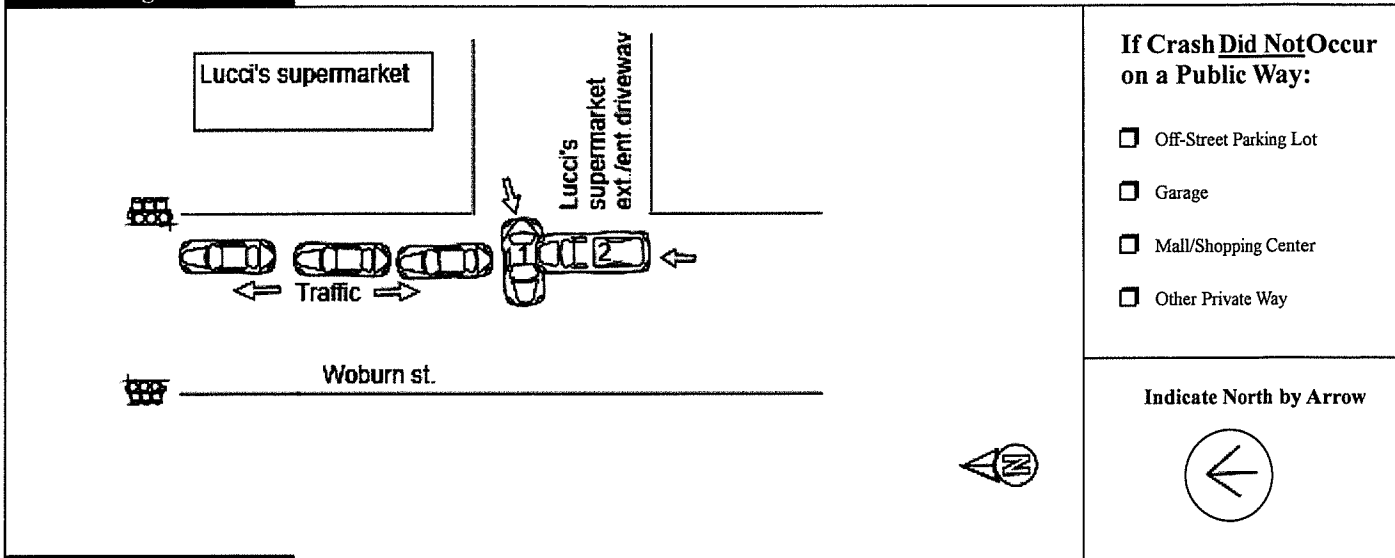
7	License # S71763380 St MA DOB/Age _____ Sex F Lic. Class D <input type="checkbox"/> 19 <input type="checkbox"/> 19 Lic. Restrictions <input type="checkbox"/> 20 CDL _____ Endorsement _____	14	Reg # 6XY318 Reg Type PC Reg State MA Veh Year 2015 Veh Make GMC Veh Config. 1 <input type="checkbox"/> 21
8	Operator REDDING, ZARA ES Last First Middle	14	Owner REDDING, ZARA ES Last First Middle
8	Address 37 MCGUIRE RD	14	Address 37 MCGUIRE RD
9	City SUTTON State MA Zip 01590-2726	14	City SUTTON State MA Zip 01590-2726
9	Insurance Company THE COMMERCE INSURANCE CO	14	Vehicle Action Prior to Crash <input type="checkbox"/> 1 <input type="checkbox"/> 22 Damaged Area Code: <input type="checkbox"/> 2 <input type="checkbox"/> 27 <input type="checkbox"/> 27 <input type="checkbox"/> 27
9	Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? 2	14	Event Sequence <input type="checkbox"/> 1 <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23 Test Status: <input type="checkbox"/> 28
	Citation # (If Issued) _____	14	Most Harmful Event <input type="checkbox"/> 1 <input type="checkbox"/> 24 Type of Test: <input type="checkbox"/> 29
	Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	14	Driver Contributing Code <input type="checkbox"/> 1 <input type="checkbox"/> 25 <input type="checkbox"/> 25 BAC Test Result: <input type="checkbox"/> 30
	Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	14	Driver Distracted by <input type="checkbox"/> 0 <input type="checkbox"/> 26 Susp. Alcohol: <input type="checkbox"/> 31 Susp. Drug: <input type="checkbox"/> 32
		14	Towed from scene? <input type="checkbox"/> 2 <input type="checkbox"/> 33

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

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○



Crash Narrative:

Oper. #1 related she was attempting to exit the driveway of Lucci's market. While doing so the traffic was heavy and the sun was in her eyes. She was attempting to make a left turn when a pick-up truck came out of know where and crashed in to the side of her m/v#1

Oper. #2 related she was traveling straight and m/v#1 came out of the driveway in front of her. She had know time to stop and crashed into m/v#1.

***It should be noted that there is a slight rise/hill to the roadway just before the driveway, which make it difficult at times to see other m/v's as you enter/exit the lot.

*** (PWJ/142)

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

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

Hazmat Information:

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

Patrol Officer Paul W Jepson

142

Wilmington Police Department 12/19/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash 12/19/2019 Time of Crash 1434 City/Town WILMINGTON

Motor Vehicle Crash Police Report

Number Vehicles 2 Number Injured 0 Speed Limit 20 State Police Local Police MBTA Police Campus Police Other

AT INTERSECTION: LOCATION NOT AT INTERSECTION:

Location details for intersection and non-intersection, including route numbers, directions, and street names.

Please Select One of the Following: [X] Vehicle 1 Occupants [] Hit/Run [] Moped Crash Report ID# 19-439-AC

Operator and Owner information for the first vehicle, including license numbers, addresses, and insurance details.

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

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

Operator and Owner information for the second vehicle, including license numbers, addresses, and insurance details.

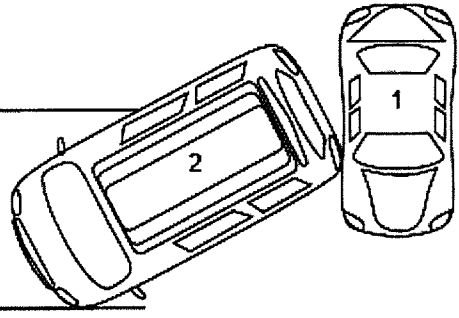
Table with columns for Name, Address, DOB/Age, Sex, and various safety codes (34-40) for the operator/non-motorist.

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○

240 Main St.



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:

M/V 1 was travelling westbound in the parking lot. M/V 2 was backing out of its spot when it collided into M/V 1. The damage was on the right side of M/V 1. No injuries were reported.

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

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

Hazmat Information:

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

Patrol Officer Brian Tavares 206 Wilmington Police Department 12/19/2019
Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

CDP1 11-24-00

Commonwealth of Massachusetts

Motor Vehicle Crash Police Report

Police Use Only		RMV Document Number			
Date of Crash 12/19/2019	Time of Crash 1549 24HR	City/Town Wilmington	Number Vehicles 2	Number Injured 0	Speed Limit <u>30</u> Latitude _____ Longitude _____
			<input type="checkbox"/> State Police <input checked="" type="checkbox"/> Local Police <input type="checkbox"/> MBTA Police <input type="checkbox"/> Campus Police <input type="checkbox"/> Other: _____		

AT INTERSECTION:	< LOCATION >	NOT AT INTERSECTION:
Route# _____ Direction _____ Name of Roadway/Street CLARK ST At _____ Route# _____ Direction _____ Name of Intersecting Roadway/Street MIDDLESEX AVE Also at Intersection with _____ Route# _____ Direction _____ Name of Intersecting Roadway/Street _____	Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____ Mile Marker _____ Exit Number _____ _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____ _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____	

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

Crash Report ID# **19-440-AC**



License # S37602806 St MA DOB/Ag _____	Reg # 8780ZS Reg Type PC Reg State MA
Sex M Lic. Class <input type="checkbox"/> B <input type="checkbox"/> 19 <input type="checkbox"/> 19 Lic. Restrictions <input type="checkbox"/> 1 <input type="checkbox"/> 20 CDL Endorsement _____	Veh Year 2013 Veh Make FORD Veh Config. <input type="checkbox"/> 1 <input type="checkbox"/> 21
Operator FURBUSH, DANIEL PHILIP IV Last First Middle	Owner FURBUSH, DANIEL PHILIP IV Last First Middle
Address 117 PRINGLE ST	Address 117 PRINGLE ST
City TEWKSBURY State MA Zip 01876-2428	City TEWKSBURY State MA Zip 01876-2428
Insurance Company AMICA MUTUAL INSURANCE CO	Vehicle Action Prior to Crash <input type="checkbox"/> 1 <input type="checkbox"/> 22
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u>	Damaged Area Code: <input type="checkbox"/> 4 <input type="checkbox"/> 27 <input type="checkbox"/> 27 <input type="checkbox"/> 27
Citation # (If Issued) _____	Event Sequence <input type="checkbox"/> 1 <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Most Harmful Event <input type="checkbox"/> 1 <input type="checkbox"/> 24
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Contributing Code <input type="checkbox"/> 1 <input type="checkbox"/> 25 <input type="checkbox"/> 25
	Driver Distracted by <input type="checkbox"/> 0 <input type="checkbox"/> 26
	Towed from scene? <input type="checkbox"/> 2 <input type="checkbox"/> 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	M	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

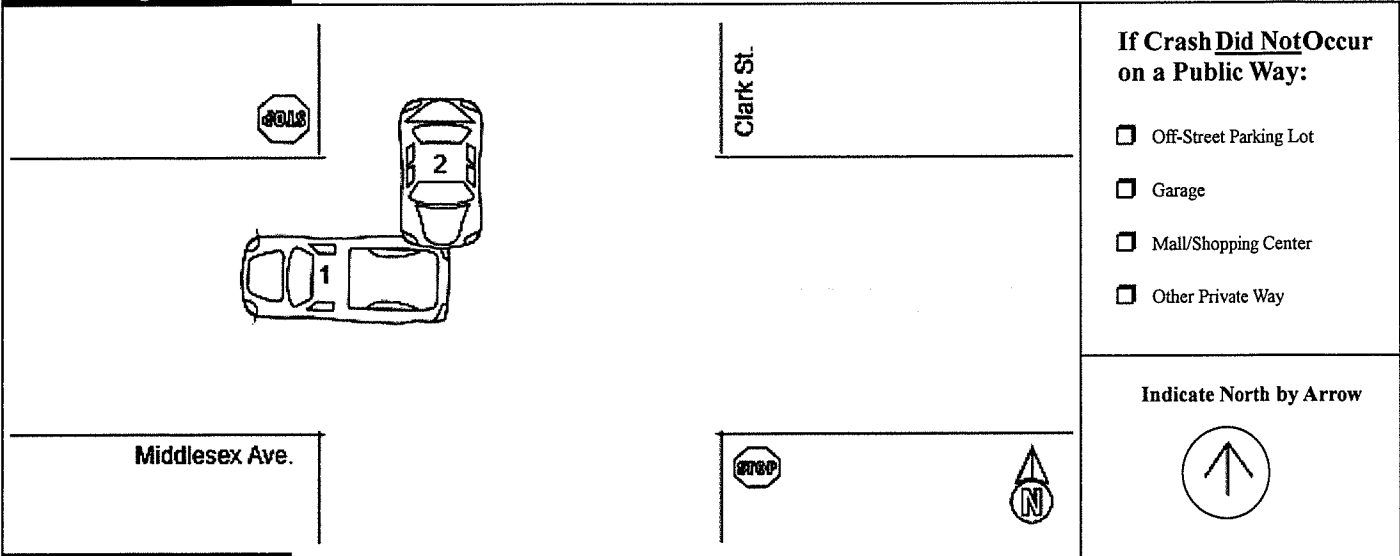
License # S41930502 St MA DOB/Ag _____	Reg # 143XLC Reg Type PC Reg State MA
Sex M Lic. Class <input type="checkbox"/> D <input type="checkbox"/> 19 <input type="checkbox"/> 19 Lic. Restrictions <input type="checkbox"/> 1 <input type="checkbox"/> 20 CDL Endorsement _____	Veh Year 2009 Veh Make AUDI Veh Config. <input type="checkbox"/> 1 <input type="checkbox"/> 21
Operator NAIDU, RAMESH K Last First Middle	Owner NAIDU, RAMESH K Last First Middle
Address 109 CAMBRIDGE ST	Address 109 CAMBRIDGE ST
City BURLINGTON State MA Zip 01803-4115	City BURLINGTON State MA Zip 01803-4115
Insurance Company ALLSTATE INSURANCE COMPAN	Vehicle Action Prior to Crash <input type="checkbox"/> 1 <input type="checkbox"/> 22
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: <input type="checkbox"/> 2 <input type="checkbox"/> 27 <input type="checkbox"/> 27 <input type="checkbox"/> 27
Citation # (If Issued) _____	Event Sequence <input type="checkbox"/> 1 <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Most Harmful Event <input type="checkbox"/> 1 <input type="checkbox"/> 24
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Contributing Code <input type="checkbox"/> 1 <input type="checkbox"/> 25 <input type="checkbox"/> 25
	Driver Distracted by <input type="checkbox"/> 0 <input type="checkbox"/> 26
	Towed from scene? <input type="checkbox"/> 2 <input type="checkbox"/> 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	M	1	1	4	0	0	10	1	
ANJANA NAIDU	109 CAMBRIDGE ST BURLINGTON, MA 01803-4115	10/10/1948	F	3	1	4	0	0	10	1	

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

Crash Diagram:

ie: → 1 → 2 →  → 



If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow



Crash Narrative:

M/V 1 was traveling westbound on Middlesex Ave. towards Main St. M/V 2 was traveling southbound on Clark St. towards Church St. The operator of M/V 1 observed M/V 2 traveling down Clark St. entering Middlesex Ave without coming to a complete stop at the intersection. M/V 1 attempted to avoid the collision by entering the other travel lane. M/V 2 collided into the back of M/V 1.

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 Tavares

206

Wilmington Police Department

12/19/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash 12/19/2019 Time of Crash 1838 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:

Form for intersection details including Route#, Direction, Name of Roadway/Street, and Mile Marker.

Please Select One of the Following: Vehicle 1 Occupants Hit/Run Moped Crash Report ID# 19-441-AC

Operator and Owner information including License #, Reg #, Sex, Lic. Class, Address, City, State, Zip, Insurance Company, and Vehicle details.

Table for operator and occupants involved with columns for Name, Address, DOB/Age, Sex, and various injury codes.

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

Operator and Owner information for the second vehicle, including License #, Reg #, Sex, Lic. Class, Address, City, State, Zip, Insurance Company, and Vehicle details.

Table for operator/non-motorist and all occupants involved for the second vehicle with columns for Name, Address, DOB/Age, Sex, and various injury codes.

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○

280 Lowell Street



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 and MV 2 were driving east on Lowell St. Both operators stated MV 2 rear ended MV 1. Operator of MV 1 was arrested for OUI. No injuries. Cains towed MV 1.

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

12/19/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Police Use Only	Date of Crash 12/20/2019	Time of Crash 1755 24HR	City/Town Wilmington	Number Vehicles 2	Number Injured 4	Speed Limit 45	Latitude	Longitude	State Police <input type="checkbox"/>	Local Police <input type="checkbox"/>	MBTA Police <input type="checkbox"/>	Campus Police <input type="checkbox"/>	Other: <input type="checkbox"/>
AT INTERSECTION:				LOCATION				NOT AT INTERSECTION:					
Route# <u> </u> Direction <u> </u> Name of Roadway/Street <u> </u>				Route# <u> </u> Direction <u> </u> Address # <u> </u> Name of Roadway/Street <u> </u>									
At				Feet <u> </u> <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of <u> </u> or <u> </u>									
Route# <u> </u> Direction <u> </u> Name of Intersecting Roadway/Street <u> </u>				Feet <u> </u> <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of <u> </u> Route# <u> </u> Intersecting Roadway/Street <u> </u>									
Also at Intersection with				Feet <u> </u> <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of <u> </u> Route# <u> </u> Intersecting Roadway/Street <u> </u>									
Route# <u> </u> Direction <u> </u> Name of Intersecting Roadway/Street <u> </u>				Feet <u> </u> <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of <u> </u> Route# <u> </u> Intersecting Roadway/Street <u> </u>				Landmark <u> </u>					

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

Crash Report ID# **19-442-AC**

License # S52573336 St MA DOB/Age <u> </u> Sex M Lic. Class D <input type="checkbox"/> 19 <input type="checkbox"/> 19 Lic. Restrictions <input type="checkbox"/> 20 CDL <u> </u> Operator YEBY, AKA GUY CONSTA CONSTANT Address 367 HILDRETH ST City LOWELL State MA Zip 01850-1145 Insurance Company LM GENERAL INSURANCE COMP	Reg # 1CWV53 Reg Type PC Reg State MA Veh Year 2019 Veh Make HONDA Veh Config. 1 <input type="checkbox"/> 21 Owner YEBY, AKA GUY CONSTA CONSTANT Address 367 HILDRETH ST City LOWELL State MA Zip 01850-1145 Vehicle Action Prior to Crash <input type="checkbox"/> 1 <input type="checkbox"/> 22 Event Sequence <input type="checkbox"/> 1 <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 41 <input type="checkbox"/> 23 <input type="checkbox"/> 43 Most Harmful Event <input type="checkbox"/> 43 <input type="checkbox"/> 24 Driver Contributing Code <input type="checkbox"/> 11 <input type="checkbox"/> 25 <input type="checkbox"/> 25 Driver Distracted by <input type="checkbox"/> 99 <input type="checkbox"/> 26
Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u> Citation # (If Issued) <u> </u> Viol. 1: Ch/Sec/Sub <u> </u> Viol. 2: Ch/Sec/Sub <u> </u> Viol. 3: Ch/Sec/Sub <u> </u> Viol. 4: Ch/Sec/Sub <u> </u>	Damaged Area Code: <input type="checkbox"/> 11 <input type="checkbox"/> 27 <input type="checkbox"/> 27 <input type="checkbox"/> 27 Test Status: <input type="checkbox"/> 28 Type of Test: <input type="checkbox"/> 29 BAC Test Result: <input type="checkbox"/> 30 Susp. Alcohol: <input type="checkbox"/> 2 <input type="checkbox"/> 31 Susp. Drug: <input type="checkbox"/> 2 <input type="checkbox"/> 32 Towed from scene? <input type="checkbox"/> 1 <input type="checkbox"/> 33

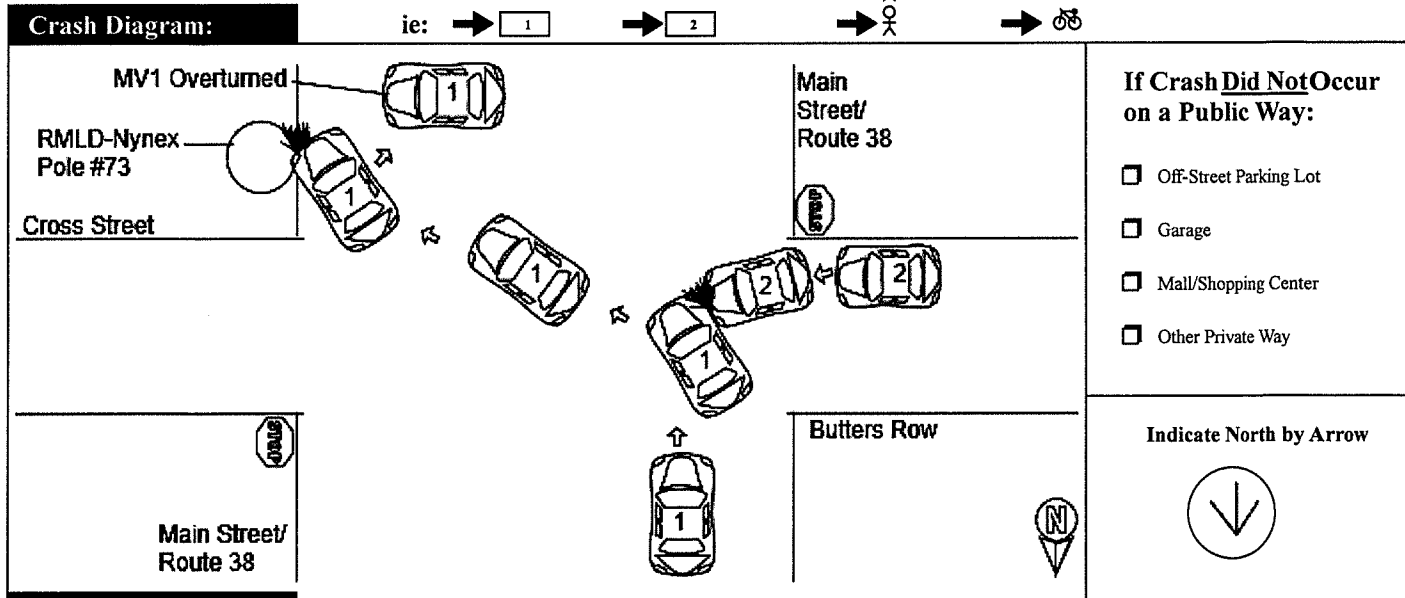
Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lahey Clinic
SEKA ANDRIEN YEBY		12/22/1996	M	4	99	3	0	0	9	2	Lahey Clinic
YAO KOJASSI		06/12/1993	M	3	99	3	0	0	9	2	Lahey Clinic
NGUESSAN BOSSUHO		02/23/1977	M	6	99	3	0	0	9	2	Lahey Clinic

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

License # S63766047 St MA DOB/Age <u> </u> Sex F Lic. Class D <input type="checkbox"/> 19 <input type="checkbox"/> 19 Lic. Restrictions <input type="checkbox"/> 20 CDL <u> </u> Operator MULRENAN, E JANE Address 30 PARK ST City WILMINGTON State MA Zip 01887-1511 Insurance Company SAFETY INSURANCE COMPANY	Reg # 253WW6 Reg Type PC Reg State MA Veh Year 2014 Veh Make CADILLAC Veh Config. 1 <input type="checkbox"/> 21 Owner MULRENAN, E JANE Address 30 PARK ST City WILMINGTON State MA Zip 01887-1511 Vehicle Action Prior to Crash <input type="checkbox"/> 6 <input type="checkbox"/> 22 Event Sequence <input type="checkbox"/> 1 <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23 Most Harmful Event <input type="checkbox"/> 1 <input type="checkbox"/> 24 Driver Contributing Code <input type="checkbox"/> 4 <input type="checkbox"/> 25 <input type="checkbox"/> 25 Driver Distracted by <input type="checkbox"/> 99 <input type="checkbox"/> 26
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? <u>2</u> Citation # (If Issued) <u> </u> Viol. 1: Ch/Sec/Sub <u> </u> Viol. 2: Ch/Sec/Sub <u> </u> Viol. 3: Ch/Sec/Sub <u> </u> Viol. 4: Ch/Sec/Sub <u> </u>	Damaged Area Code: <input type="checkbox"/> 8 <input type="checkbox"/> 27 <input type="checkbox"/> 1 <input type="checkbox"/> 27 <input type="checkbox"/> 2 <input type="checkbox"/> 27 Test Status: <input type="checkbox"/> 28 Type of Test: <input type="checkbox"/> 29 BAC Test Result: <input type="checkbox"/> 30 Susp. Alcohol: <input type="checkbox"/> 2 <input type="checkbox"/> 31 Susp. Drug: <input type="checkbox"/> 2 <input type="checkbox"/> 32 Towed from scene? <input type="checkbox"/> 2 <input type="checkbox"/> 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				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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



If Crash Did Not Occur on a Public Way:

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



Crash Narrative:

MV1 was traveling southbound on Main Street/Route 38 as it approached the intersection of Butters Row and Cross Street. MV2 was stopped at the stop sign at the intersection of Butters Row and Main Street/Route 38. MV2 started to pull out of Butters Row headed across Main Street towards Cross Street. MV1 was traveling straight ahead as MV2 started to pull out in front of it. MV1 swerved to the left in an attempt to avoid MV2, but MV2 collided with the right side of MV1. After colliding with MV2, MV1 then swerved left across the northbound lane on Main Street, mounted the curb, struck Nynex Utility Pole #73, and rolled over coming to rest on its roof. MV2 suffered minor damage to its front end, but was able to be driven from the scene. MV1 was totaled, suffering damage in all areas, and was towed from the scene. All four occupants of MV1 were transported to Lahey Hospital for evaluation by Action EMS and Wilmington FD. Operator of MV2 was not injured.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
PHELAN JOSEPH B	11 SUSAN DR SAUGUS MA 01906-1262		
KOMMINENI SAGAR C	2 MURRAY HILL CIR WILMINGTON MA 01887		

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
READING MUNICIPAL LIGHT DEPARTMEN	230 ASH ST READING MA 01867		4	NYNEX #73 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 A Wilson 209 Wilmington Police Department 12/20/2019
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash 12/21/2019 Time of Crash 1239 City/Town WILMINGTON

Motor Vehicle Crash Police Report

Number Vehicles 2 Number Injured 0 Speed Limit 25 State Police Local Police MBTA Police Campus Police Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1 Route# Direction 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 20 NICKERSON AVE Address # Name of Roadway/Street Feet NSEW of Mile Marker Exit Number 8 11 Feet NSEW of Route# Intersecting Roadway/Street Feet NSEW of Landmark

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

Crash Report ID# 19-443-AC

4 1 License # S33812918 St MA DOB/Age Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement Operator CRESS, DOROTHY A Address 99 RIVERSIDE AVE City MEDFORD State MA Zip 02155-0000 Insurance Company LIBERTY MUTUAL INSURANCE 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

1 12 Reg # 543SP1 Reg Type PC Reg State MA Veh Year 2012 Veh Make HONDA Veh Config. 1 21 Owner CRESS, DOROTHY A Address 99 RIVERSIDE AVE City MEDFORD State MA Zip 02155-0000 Vehicle Action Prior to Crash 1 22 Damaged Area Code: 8 27 27 27 Event Sequence 2 23 23 23 23 Test Status: 1 28 Most Harmful Event 2 24 Type of Test: 29 BAC Test Result: 1 30 Driver Contributing Code 16 25 25 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Driver Distracted by 0 26 Towed from scene? 2 33

Table with 10 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, Winchester Hospital.

7 1 Please Select One of the Following: [X] Vehicle 20 Occupants [] Non-Motorist A Type 15 Action 16 Location 17 Condition 18 [] Hit/Run [] Moped

8 1 License # Reg # 6SV868 Reg Type PC Reg State MA Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement Operator Driverless M.V. Address 20 NICKERSON AVE City WILMINGTON State MA Zip 01887-3041 Insurance Company PROGRESSIVE DIRECT INSURA Vehicle Action Prior to Crash 11 22 Damaged Area Code: 27 27 27 Event Sequence 23 23 23 23 Test Status: 28 Most Harmful Event 24 Type of Test: 29 BAC Test Result: 30 Driver Contributing Code 25 25 Susp. Alcohol: 31 Susp. Drug: 32 Driver Distracted by 26 Towed from scene? 33

Table with 10 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 → ○ → ○

20 Nickerson Ave



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:

See report 19-1394-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 Meghan Sousa

214

Wilmington Police Department

12/21/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date