

Date of Crash 12/22/2019	Time of Crash 0208 24HR	City/Town <b>Wilmington</b>	<b>Motor Vehicle Crash Police Report</b>	Number Vehicles 1	Number Injured 0	Speed Limit <u>30</u> Latitude _____ Longitude _____	<input type="checkbox"/> State Police <input type="checkbox"/> Local Police <input type="checkbox"/> MBTA Police <input type="checkbox"/> Campus Police <input type="checkbox"/> Other:
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**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 # <u>278</u> Name of Roadway/Street <u>SALEM ST</u> _____ 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 _____
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Please Select One of the Following:  Vehicle 1 Occupants  Hit/Run  Moped Crash Report ID# **19-444-AC**

License # <u>S75642380</u> St <u>MA</u> DOB/Age _____ Sex <u>M</u> Lic. Class <u>D</u> Lic. Restrictions <u>1</u> CDL _____ Operator <u>MOCCIO, BRENNAN C</u> Address <u>3 MARGARET RD</u> City <u>TEWKSBURY</u> State <u>MA</u> Zip <u>01876-3818</u> Insurance Company <u>SAFETY INSURANCE COMPANY</u> Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W 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>691YD8</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2008</u> Veh Make <u>BMW</u> Veh Config. <u>1</u> Owner <u>MOCCIO, BRENNAN C</u> Address <u>3 MARGARET RD</u> City <u>TEWKSBURY</u> State <u>MA</u> Zip <u>01876-3818</u> Vehicle Action Prior to Crash <u>1</u> Event Sequence <u>23</u> <u>23</u> <u>23</u> <u>23</u> Most Harmful Event <u>1</u> Driver Contributing Code <u>2</u> <u>25</u> <u>25</u> Driver Distracted by <u>0</u> Damaged Area Code: <u>11</u> <u>27</u> <u>27</u> <u>27</u> Test Status: <u>1</u> <u>28</u> Type of Test: <u>29</u> BAC Test Result: <u>1</u> <u>30</u> Susp. Alcohol: <u>1</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u> Towed from scene? <u>1</u> <u>33</u>
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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
<b>Operator</b>		See Above	<input checked="" type="checkbox"/>	1	1	3	0	0	10	2	Lahey Clinic

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 _____ Lic. Restrictions _____ CDL _____ Operator _____ Address _____ City _____ State _____ Zip _____ Insurance Company _____ Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____ Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # _____ Reg Type _____ Reg State _____ Veh Year _____ Veh Make _____ Veh Config. <u>21</u> Owner _____ Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash <u>22</u> Event Sequence <u>23</u> <u>23</u> <u>23</u> <u>23</u> Most Harmful Event <u>24</u> Driver Contributing Code <u>25</u> <u>25</u> Driver Distracted by <u>26</u> Damaged Area Code: <u>27</u> <u>27</u> <u>27</u> Test Status: <u>28</u> Type of Test: <u>29</u> BAC Test Result: <u>30</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		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator/Non-Motorist</b>		See Above	<input checked="" type="checkbox"/>	1							



Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash 12/22/2019 Time of Crash 2113 City/Town 24HR WILMINGTON

Motor Vehicle Crash Police Report

Number Vehicles 1 Number Injured 0 Speed Limit 30 State Police Local Police MBTA Police Campus Police Other

AT INTERSECTION:

LOCATION

NOT AT INTERSECTION:

1 4

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

Route# Direction Address # Name of Roadway/Street 400 WOBURN ST Feet N S E W of Mile Marker Exit Number Feet N S E W of Route# Intersecting Roadway/Street Feet N S E W of Landmark

2 10

1 11

2 1

3 97

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

Crash Report ID# 19-445-AC

4 1

License # S58721254 St MA DOB/Age Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement Operator GERMANO, MICHAEL T Address 1 ISABELLA WAY City WILMINGTON State MA Zip 01887-3076 Insurance Company SAFETY INSURANCE COMPANY

Reg # 8MS140 Reg Type PC Reg State MA Veh Year 2007 Veh Make ACURA Veh Config 1 21 Owner GERMANO, MICHAEL F Address 1 ISABELLA WAY City WILMINGTON State MA Zip 01887-3076

1 12

5 2

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

Vehicle Action Prior to Crash 1 22 Damaged Area Code: 8 27 27 27 Event Sequence 31 23 23 23 23 Test Status: 1 28 29 Type of Test: BAC Test Result: 1 30 Driver Contributing Code 1 25 25 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Driver Distracted by 0 26 Towed from scene? 1 33

10 13

6 1

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

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

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

1 14

9 2

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

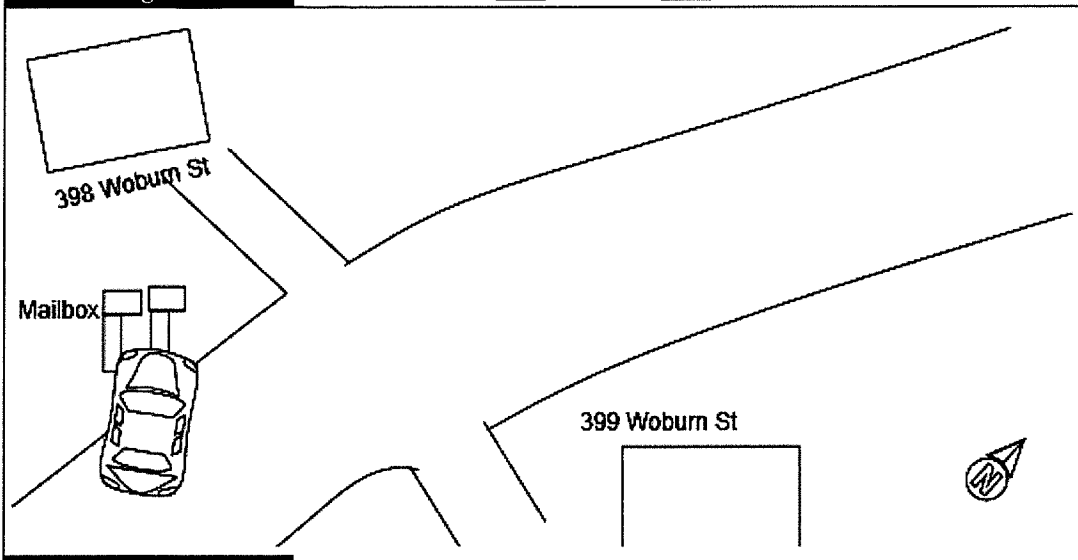
Vehicle Action Prior to Crash 22 Damaged Area Code: 27 27 27 Event Sequence 23 23 23 23 Test Status: 28 29 Type of Test: BAC Test Result: 30 Driver Contributing Code 25 25 Susp. Alcohol: 31 Susp. Drug: 32 Driver Distracted by 26 Towed from scene? 33

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

→ = 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 travelling northbound on Woburn Street when, in front of 396 Woburn st the operator of MV 1 explained that it felt as though the wheel dislodged from the axel causing the motor vehicle to lose control and crash into two mailboxes that were on the opposite side of the road.

**Witnesses:**

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

**Property Damage:**

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
<b>SIEGEL DAVID EDWARD</b>	399 WOBURN ST WILMINGTON MA 01887			<b>MAILBOX</b>
<b>PAOLINI ELAINE LOIS</b>	398 WOBURN ST WILMINGTON MA 01887-			<b>MAILBOX</b>

**Truck and Bus Information:**

Registration # \_\_\_\_\_ (From Vehicle Section)

Carrier Name \_\_\_\_\_ Bus Use  42

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

US DOT #: \_\_\_\_\_ State Number \_\_\_\_\_ Issuing State \_\_\_\_\_ MC/MX/ICC #: \_\_\_\_\_

Interstate  43    Cargo Body Type Code  44    GVWR/GCWR  45

Trailer Reg #: \_\_\_\_\_ Reg Type \_\_\_\_\_ Reg State \_\_\_\_\_ Reg Year \_\_\_\_\_ Trailer Length  46

**Hazmat Information:**

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

**Patrol Officer Shane A Foley**

**211**

**Wilmington Police Department 12/22/2019**

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Date of Crash: 12/23/2019 Time of Crash: 1439 City/Town: **Wilmington** **Motor Vehicle Crash** Number Vehicles: 2 Number Injured: 0 Speed Limit: 35 State Police  Local Police  MBTA Police  Campus Police  Other:

**Police Report**

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

<p>Route# <u>    </u> Direction <u>    </u> Name of Roadway/Street <u>    </u></p> <p align="center">At</p> <p>Route# <u>    </u> Direction <u>    </u> Name of Intersecting Roadway/Street <u>    </u></p> <p align="center">Also at Intersection with</p> <p>Route# <u>    </u> Direction <u>    </u> Name of Intersecting Roadway/Street <u>    </u></p>	<p>Route# <u>    </u> Direction <u>    </u> Address # <u>    </u> Name of Roadway/Street <u>    </u></p> <p>Feet <u>    </u> <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of <u>    </u> • <u>    </u> or <u>    </u></p> <p align="center">Mile Marker <u>    </u> Exit Number <u>    </u></p> <p>Feet <u>    </u> <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of <u>    </u></p> <p align="center">Route# <u>    </u> Intersecting Roadway/Street <u>    </u></p> <p>Feet <u>    </u> <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of <u>    </u></p> <p align="center">Landmark <u>    </u></p>
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Please Select One of the Following:  Vehicle 1 Occupants  Hit/Run  Moped Crash Report ID# **19-446-AC**

<p>License # <b>S08738345</b> St <b>MA</b> DOB/Age <u>    </u></p> <p>Sex <b>M</b> Lic. Class <b>D</b> 19 19 Lic. Restrictions <b>20</b> CDL <u>    </u></p> <p>Operator <b>EATON, DANIEL J</b></p> <p>Address <b>101 PEQUOIG AVE</b></p> <p>City <b>ATHOL</b> State <b>MA</b> Zip <b>01331-1546</b></p> <p>Insurance Company <b>QUINCY MUTUAL FIRE INSURA</b></p> <p>Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <b>2</b></p> <p>Citation # (If Issued) <u>    </u></p> <p>Viol. 1: Ch/Sec/Sub <u>    </u> Viol. 2: Ch/Sec/Sub <u>    </u></p> <p>Viol. 3: Ch/Sec/Sub <u>    </u> Viol. 4: Ch/Sec/Sub <u>    </u></p>	<p>Reg # <b>4427AS</b> Reg Type <b>PC</b> Reg State <b>MA</b></p> <p>Veh Year <b>2003</b> Veh Make <b>TOYOTA</b> Veh Config. <b>1</b> 21</p> <p>Owner <b>EATON, DANIEL J</b></p> <p>Address <b>101 PEQUOIG AVE</b></p> <p>City <b>ATHOL</b> State <b>MA</b> Zip <b>01331-1546</b></p> <p>Vehicle Action Prior to Crash <b>1</b> 22 Damaged Area Code: 1 27 2 27 27</p> <p>Event Sequence <b>1</b> 23 23 23 23 Test Status: 1 28</p> <p>Most Harmful Event <b>1</b> 24 Type of Test: 1 29</p> <p>Driver Contributing Code <b>1</b> 25 25 BAC Test Result: 1 30</p> <p>Driver Distracted by <b>0</b> 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32</p> <p>Towed from scene? <b>1</b> 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
<b>Operator</b>	See Above	<del>    </del>	<del>    </del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

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

<p>License # <b>S75809732</b> St <b>MA</b> DOB/Age <u>    </u></p> <p>Sex <b>F</b> Lic. Class <b>D</b> 19 19 Lic. Restrictions <b>20</b> CDL <u>    </u></p> <p>Operator <b>EXLEY, KIRA NICOLE</b></p> <p>Address <b>6 WINTERBERRY LN</b></p> <p>City <b>NORTH READING</b> State <b>MA</b> Zip <b>01864</b></p> <p>Insurance Company <b>METROPOLITAN PROPERTY AND</b></p> <p>Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input checked="" type="checkbox"/> W Responding to Emergency? <b>2</b></p> <p>Citation # (If Issued) <u>    </u></p> <p>Viol. 1: Ch/Sec/Sub <u>    </u> Viol. 2: Ch/Sec/Sub <u>    </u></p> <p>Viol. 3: Ch/Sec/Sub <u>    </u> Viol. 4: Ch/Sec/Sub <u>    </u></p>	<p>Reg # <b>1RLH74</b> Reg Type <b>PC</b> Reg State <b>MA</b></p> <p>Veh Year <b>2008</b> Veh Make <b>VOLKSWAGEN</b> Veh Config. <b>1</b> 21</p> <p>Owner <b>EXLEY, MARK C</b></p> <p>Address <b>6 WINTERBERRY LN</b></p> <p>City <b>NORTH READING</b> State <b>MA</b> Zip <b>01864-1819</b></p> <p>Vehicle Action Prior to Crash <b>4</b> 22 Damaged Area Code: 3 27 27 27</p> <p>Event Sequence <b>1</b> 23 23 23 23 Test Status: 1 28</p> <p>Most Harmful Event <b>1</b> 24 Type of Test: 1 29</p> <p>Driver Contributing Code <b>19</b> 25 <b>18</b> 25 BAC Test Result: 1 30</p> <p>Driver Distracted by <b>99</b> 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32</p> <p>Towed from scene? <b>1</b> 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
<b>Operator/Non-Motorist</b>	See Above	<del>    </del>	<del>    </del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	



Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash 12/23/2019 Time of Crash 1539 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:

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 NSEW of Mile Marker Exit Number Feet NSEW of Route# Intersecting Roadway/Street Feet NSEW of Landmark

Please Select One of the Following:

Vehicle 12 #Occupants Hit/Run Moped

Crash Report ID# 19-447-AC

License # S59269601 St MA DOB/Age Sex M Lic. Class 99 19 19 Lic. Restrictions 99 20 CDL Endorsement Operator GOESHERRERA, WALLACE H Address 66 WILSON ST City BILLERICA State MA Zip 01822-0000

Reg # 7YJ252 Reg Type PC Reg State MA Veh Year 2005 Veh Make TOYOTA Veh Config 1 21 Owner GOESHERRERA, WALLACE H Address 66 WILSON ST City BILLERICA State MA Zip 01822-0000

Insurance Company THE COMMERCE INSURANCE CO Vehicle Travel Direction: NSEW Responding to Emergency? 2 Citation # (If Issued) Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub

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

Table with columns: Name (Last First Middle), Address, DOB/Age, Sex, 34 Seat Pos., 35 Safety System, 36 Airbag Status, 37 Eject Code, 38 Trap Code, 39 Injury Status, 40 Transp. Code, Medical Facility. Includes Operator MALIEA DIPIETRO.

Please Select One of the Following:

Vehicle 21 #Occupants Non-Motorist A Type 15 Action 16 Location 17 Condition 18 Hit/Run Moped

License # S66524150 St MA DOB/Age Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement Operator OCONNOR, GEORGE Address 4 AMHERST RD City BURLINGTON State MA Zip 01803-2215

Reg # 864XB8 Reg Type PC Reg State MA Veh Year 2014 Veh Make NISSAN Veh Config 1 21 Owner OCONNOR, GEORGE Address 4 AMHERST RD City BURLINGTON State MA Zip 01803-2215

Insurance Company SAFETY INSURANCE COMPANY Vehicle Travel Direction: NSEW Responding to Emergency? 2 Citation # (If Issued) Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub

Vehicle Action Prior to Crash 1 22 Damaged Area Code: 8 27 27 27 Event Sequence 1 23 23 23 23 Test Status: 1 28 29 Type of Test: 1 30 BAC Test Result: 1 30 Driver Contributing Code 1 25 25 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Driver Distracted by 0 26 Towed from scene? 2 33

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





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

Route# \_\_\_\_\_ Direction \_\_\_\_\_ Name of Roadway/Street \_\_\_\_\_

Route# \_\_\_\_\_ Direction \_\_\_\_\_ Address # \_\_\_\_\_ Name of Roadway/Street \_\_\_\_\_

\_\_\_\_\_ Feet **N S E W** of \_\_\_\_\_ or \_\_\_\_\_

\_\_\_\_\_ Feet **N S E W** of \_\_\_\_\_

\_\_\_\_\_ Feet **N S E W** of \_\_\_\_\_

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

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

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

Landmark \_\_\_\_\_

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

Crash Report ID# **19-448-AC**

License # **S40602480** St **MA** DOB/Age \_\_\_\_\_ Reg # **77YN81** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** Lic. Restrictions **1** CDL Endorsement \_\_\_\_\_ Veh Year **2005** Veh Make **TOYOTA** Veh Config. **1**

Operator **HATZADOURIAN, TALENE MARIAM** Owner **HATZADOURIAN, TALENE MARIAM**

Address **59 MARION ST** Address **59 MARION ST**

City **WILMINGTON** State **MA** Zip **01887-3172** City **WILMINGTON** State **MA** Zip **01887-3172**

Insurance Company **METROPOLITAN PROPERTY AND** 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 **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**

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

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

License # **S31095241** St **MA** DOB/Age \_\_\_\_\_ Reg # **8KHZ40** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** Lic. Restrictions **1** CDL Endorsement \_\_\_\_\_ Veh Year **2016** Veh Make **HONDA** Veh Config. **1**

Operator **MERRITT, DIANNE A** Owner **MERRITT, DIANNE A**

Address **59 HARRIETT AVE** Address **59 HARRIETT AVE**

City **BURLINGTON** State **MA** Zip **01803-4842** City **BURLINGTON** State **MA** Zip **01803-4842**

Insurance Company **VERMONT MUTUAL INSURANCE** Vehicle Action Prior to Crash **1** Damaged Area Code: **8** **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: **1** **29**

Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **3** **25** **25** BAC Test Result: **1** **30**

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

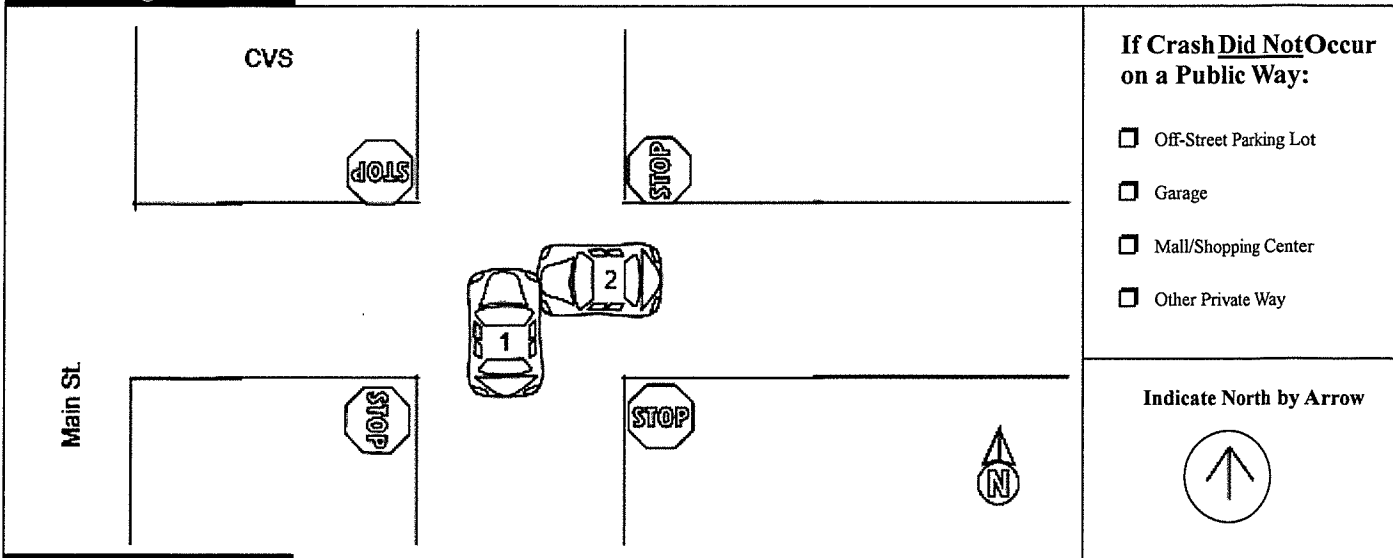
Towed from scene? **1** **33**

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

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

**Crash Diagram:**

ie: → 1 → 2 → ○ → ⚡



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

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

**Indicate North by Arrow**



**Crash Narrative:**

At approximately 4:05pm Dispatch received a call for a two car motor vehicle crash at 222 Main St at the intersection in the CVS parking lot. Upon arrival I spoke with the operator of Vehicle 1 who stated she stopped at the stop sign before driving into the intersection when Vehicle 2 traveled straight through the stop sign and crashed into her car. A witness was on scene identified as Ms. Victoria Fitzgerald who stated she was behind Vehicle 1 when she observed the driver stop at the intersection and then drive forward. Victoria further stated that the operator of vehicle 2 did not stop at the intersection and continued to drive straight into vehicle 1. No injuries were reported and both vehicles were towed by A&S Towing.

**Witnesses:**

Name (Last,First,Middle)	Address	Phone #	Statement
<b>FITZGERALD VICTORIA A</b>	6 CHANDLER RD WILMINGTON MA 01887-2449		

**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**

**12/23/2019**

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

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

**129** **LOWELL ST**  
 Route# Direction Name of Roadway/Street

At

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

Also at Intersection with

Route# Direction Name of Intersecting Roadway/Street

Route# Direction Address # Name of Roadway/Street

Feet **N S E W** of \_\_\_\_\_ or \_\_\_\_\_  
 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# **19-449-AC**

License # **S20833683** St **MA** DOB/Age \_\_\_\_\_ Reg # **D122** Reg Type **DC** Reg State **MA**

Sex **M** Lic. Class **D** Lic. Restrictions **B** CDL \_\_\_\_\_ Veh Year **2017** Veh Make **FORD** Veh Config. **2** **21**

Operator **MCCONOLOGUE, THOMAS ALLEN** Owner **WILMINGTON TOWN OF DEPT POLICE**

Address **1 ADELAIDE ST** Address **1 ADELAIDE ST**

City **WILMINGTON** State **MA** Zip **01887** City **WILMINGTON** State **MA** Zip **01887-2719**

Insurance Company **MIIA** Vehicle Action Prior to Crash **1** **22** Damaged Area Code: **3** **27** **27** **27**

Vehicle Travel Direction: **N S E W** Responding to Emergency? **1** 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 **4** **25** **25** BAC Test Result: **30**

Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **0** **26** Susp. Alcohol: **2** **31** Susp. Drug: **2** **32**

Towed from scene? **1** **33**

Please fill out for operator and all occupants involved

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

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

License # **S15264842** St **MA** DOB/Age \_\_\_\_\_ Reg # **8VPL10** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** Lic. Restrictions \_\_\_\_\_ Veh Year **2011** Veh Make **TOYOTA** Veh Config. **1** **21**

Operator **REED, LAURA K** Owner **REED, LAURA K**

Address **30 BURNHAM RD** Address **30 BURNHAM RD**

City **ANDOVER** State **MA** Zip **01810-3104** City **ANDOVER** State **MA** Zip **01810-3104**

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

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

Citation # (If Issued) \_\_\_\_\_ 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: **30**

Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **0** **26** Susp. Alcohol: **2** **31** Susp. Drug: **2** **32**

Towed from scene? **1** **33**

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

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

**Crash Diagram:**

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

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

**Indicate North by Arrow**

**Crash Narrative:**

V1 was a marked police cruiser that was parked in the parking lot of 211 Lowell Street conducting traffic enforcement at the intersection of Lowell St/Woburn Street. V1 pulled out on to Lowell Street with emergency lights activated to initiate a motor vehicle stop after witnessing a violation. V1 slowed and then went through the intersection after believing it was safe to go through the intersection. V2 was traveling south on Woburn Street and had a green light at the intersection. V2 struck V1 as V1 was passing through the intersection. No parties complained of injury. V1 sustained moderate damage to the front right tire and right side. V2 sustained moderate front end damage. Both vehicles were towed.

**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

<b>Sergeant Matthew D Stavro</b>	<b>180</b>	<b>Wilmington Police Department</b>	<b>12/24/2019</b>
Police Officer Name (Please Print)	Signature	ID/Badge #	Date

Date of Crash **12/24/2019** Time of Crash **1039** City/Town **Wilmington** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **1** Speed Limit **30** State Police  Local Police  MBTA Police  Campus Police  Other:

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

<p>Route# <b>93</b> Direction <b>S</b> Name of Roadway/Street <b>CONCORD ST</b></p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p>	<p>Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____</p> <p>_____ Feet <b>N S E W</b> of _____ • _____ or _____ Mile Marker _____ Exit Number _____</p> <p>_____ Feet <b>N S E W</b> of _____ Route# _____ Intersecting Roadway/Street _____</p> <p>_____ Feet <b>N S E W</b> of _____ Landmark _____</p>
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Please Select One of the Following:  Vehicle **1** #Occupants  Hit/Run  Moped Crash Report ID# **19-450-AC**

<p>License # <b>S90178048</b> St <b>MA</b> DOB/Ag. _____</p> <p>Sex <b>M</b> Lic. Class <b>D</b> <b>19</b> <b>D</b> <b>19</b> Lic. Restrictions <b>1</b> <b>20</b> CDL _____ Endorsement _____</p> <p>Operator <b>BARILE, KEVIN M</b> Last First Middle</p> <p>Address <b>1 STANDISH RD</b></p> <p>City <b>STONEHAM</b> State <b>MA</b> Zip <b>02180-2346</b></p> <p>Insurance Company <b>GRAPHIC ARTS MUTUAL INSUR</b></p> <p>Vehicle Travel Direction: <b>N X E W</b> Responding to Emergency? <b>2</b></p> <p>Citation # (If Issued) _____</p> <p>Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____</p> <p>Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____</p>	<p>Reg # <b>B362</b> Reg Type <b>PC</b> Reg State <b>MA</b></p> <p>Veh Year <b>2011</b> Veh Make <b>FORD</b> Veh Config. <b>1</b> <b>21</b></p> <p>Owner <b>ELIRAB LLC</b> Last First Middle</p> <p>Address <b>11 LINDEN ST</b></p> <p>City <b>READING</b> State <b>MA</b> Zip <b>01867</b></p> <p>Vehicle Action Prior to Crash <b>4</b> <b>22</b> Damaged Area Code: <b>3</b> <b>27</b> <b>27</b> <b>27</b></p> <p>Event Sequence <b>1</b> <b>23</b> <b>23</b> <b>23</b> <b>23</b> Test Status: <b>1</b> <b>28</b></p> <p>Most Harmful Event <b>1</b> <b>24</b> Type of Test: <b>29</b></p> <p>Driver Contributing Code <b>1</b> <b>25</b> <b>25</b> BAC Test Result: <b>1</b> <b>30</b></p> <p>Driver Distracted by <b>0</b> <b>26</b> Susp. Alcohol: <b>2</b> <b>31</b> Susp. Drug: <b>2</b> <b>32</b></p> <p>Towed from scene? <b>1</b> <b>33</b></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	See Above	<del>XXXXXX</del>	<del>M</del>	1	1	2	0	0	10	1	

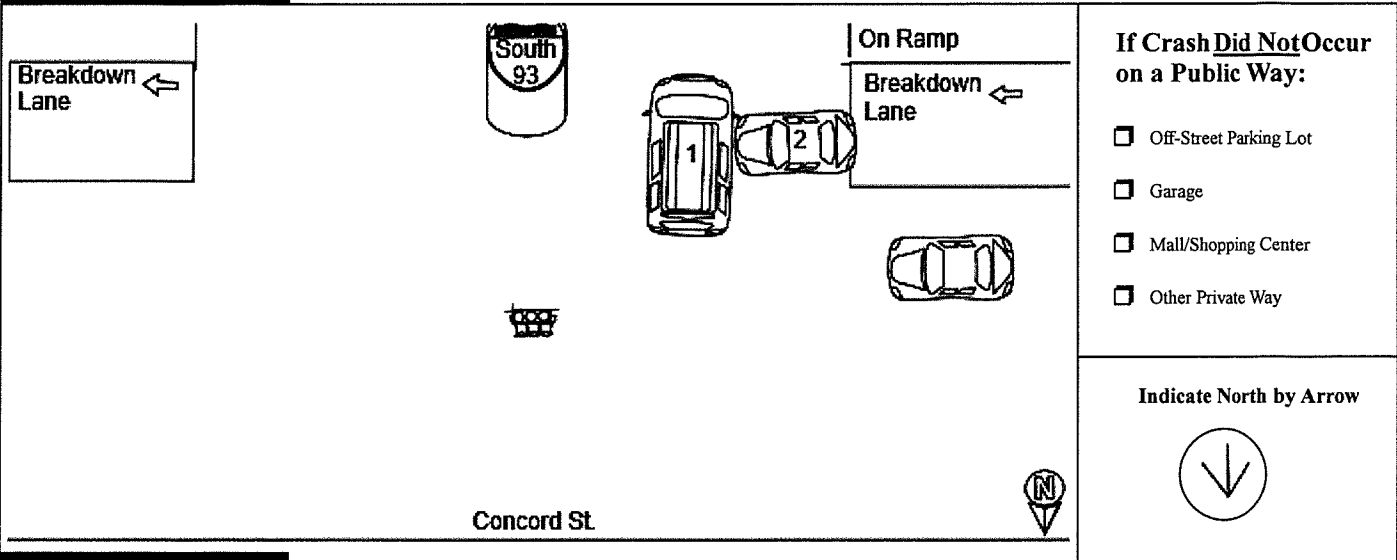
Please Select One of the Following:  Vehicle **2** #Occupants  Non-Motorist A Type **15** Action **16** Location **17** Condition **18**  Hit/Run  Moped

<p>License # <b>S31322458</b> St <b>MA</b> DOB/Ag. _____</p> <p>Sex <b>M</b> Lic. Class <b>D</b> <b>19</b> <b>D</b> <b>19</b> Lic. Restrictions <b>1</b> <b>20</b> CDL _____ Endorsement _____</p> <p>Operator <b>COLON, EMMANUEL</b> Last First Middle</p> <p>Address <b>234 BAILEY ST 3RD FLOOR</b></p> <p>City <b>LAWRENCE</b> State <b>MA</b> Zip <b>01843-0000</b></p> <p>Insurance Company <b>THE STANDARD FIRE INSURAN</b></p> <p>Vehicle Travel Direction: <b>N S X W</b> Responding to Emergency? <b>2</b></p> <p>Citation # (If Issued) _____</p> <p>Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____</p> <p>Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____</p>	<p>Reg # <b>1XGD31</b> Reg Type <b>PC</b> Reg State <b>MA</b></p> <p>Veh Year <b>2007</b> Veh Make <b>ACURA</b> Veh Config. <b>1</b> <b>21</b></p> <p>Owner <b>COLON, EMMANUEL</b> Last First Middle</p> <p>Address <b>234 BAILEY ST 3RD FLOOR</b></p> <p>City <b>LAWRENCE</b> State <b>MA</b> Zip <b>01843-0000</b></p> <p>Vehicle Action Prior to Crash <b>1</b> <b>22</b> Damaged Area Code: <b>1</b> <b>27</b> <b>27</b> <b>27</b></p> <p>Event Sequence <b>1</b> <b>23</b> <b>23</b> <b>23</b> <b>23</b> Test Status: <b>1</b> <b>28</b></p> <p>Most Harmful Event <b>1</b> <b>24</b> Type of Test: <b>29</b></p> <p>Driver Contributing Code <b>3</b> <b>25</b> <b>9</b> <b>25</b> BAC Test Result: <b>1</b> <b>30</b></p> <p>Driver Distracted by <b>0</b> <b>26</b> Susp. Alcohol: <b>2</b> <b>31</b> Susp. Drug: <b>2</b> <b>32</b></p> <p>Towed from scene? <b>1</b> <b>33</b></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	See Above	<del>XXXXXX</del>	<del>M</del>	1	0	1	0	0	8	2	Other Medical Facility

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

**Crash Diagram:**



**Crash Narrative:**

M/V 1 was attempting to turn left from Concord St. to go onto the on ramp of 93 South. The M/V in the opposite travel lane signaled M/V 1 to turn left. As M/V 1 was making the left turn, M/V 2 was traveling down the breakdown lane at a high rate of speed and collided with M/V 1.

**Witnesses:**

Name (Last,First,Middle)	Address	Phone #	Statement
MCMULLEN LAUREN E	4 BALDWIN LN NORTH READING MA 01864		2

**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

12/24/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash 12/24/2019 Time of Crash 1635 City/Town WILMINGTON

Motor Vehicle Crash Police Report

Number Vehicles 2 Number Injured 0 Speed Limit 15 State Police Local Police MBTA Police Campus Police Other

AT INTERSECTION:

LOCATION

NOT AT INTERSECTION:

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

Route# Direction Address # Name of Roadway/Street Feet NSEW of Mile Marker Exit Number

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

Crash Report ID# 19-451-AC

License # S97857788 St MA DOB/Age Sex F Lic. Class D 19 19 Lic. Restrictions 99 20 CDL Endorsement Operator BUTLER, AMANDA B Address 10 PINEGROVE AVE City BILLERICA State MA Zip 01821-5852 Insurance Company THE COMMERCE INSURANCE CO

Reg # 2PV255 Reg Type PC Reg State MA Veh Year 2018 Veh Make TOYOTA Veh Config 1 21 Owner BUTLER, AMANDA B Address 10 PINEGROVE AVE City BILLERICA State MA Zip 01821-5852 Vehicle Action Prior to Crash 1 22 Damaged Area Code: 8 27 1 27 27 Test Status: 1 28 29 Type of Test: 30 BAC Test Result: Susp. Alcohol: 2 31 Susp. Drug: 2 32 Towed from scene? 2 33

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

Please Select One of the Following: [X] Vehicle 2 Occupants [ ] Non-Motorist A

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

License # S17924724 St MA DOB/Age Sex M Lic. Class D 19 19 Lic. Restrictions 99 20 CDL Endorsement Operator STEWART, DOUGLAS R Address 12 ELIZABETH DR City WILMINGTON State MA Zip 01887-3397 Insurance Company CITIZENS INSURANCE COMPAN

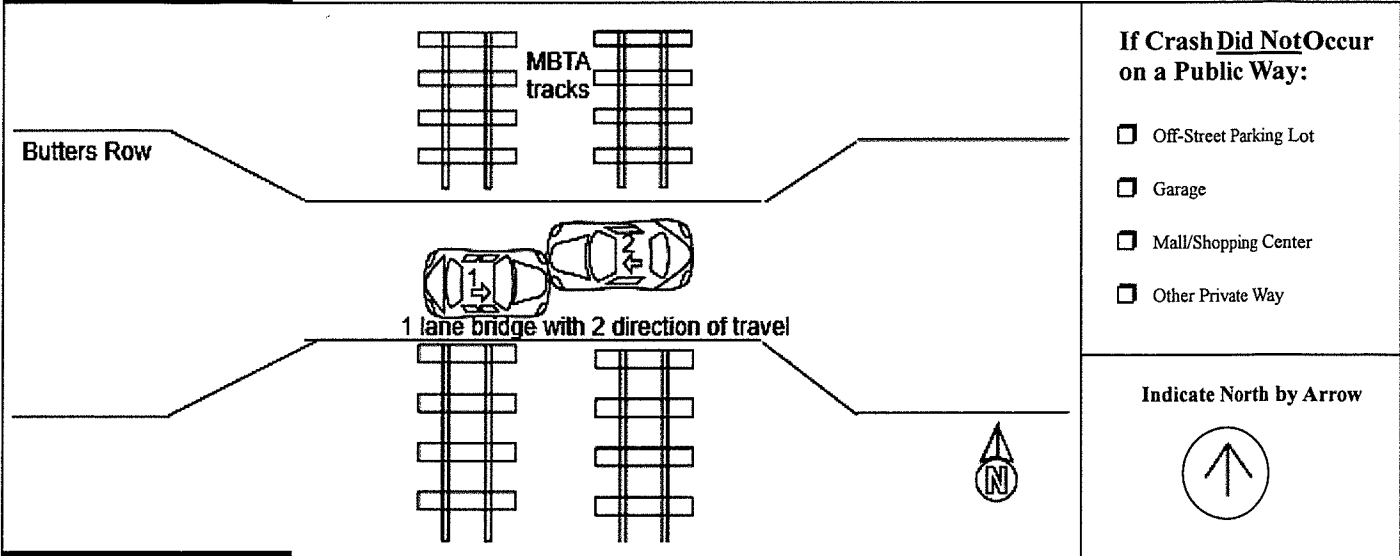
Reg # 6HR452 Reg Type PC Reg State MA Veh Year 2018 Veh Make HONDA Veh Config 1 21 Owner STEWART, DOUGLAS R Address 12 ELIZABETH DR City WILMINGTON State MA Zip 01887-3397 Vehicle Action Prior to Crash 1 22 Damaged Area Code: 9 27 1 27 27 Test Status: 1 28 29 Type of Test: 30 BAC Test Result: Susp. Alcohol: 2 31 Susp. Drug: 2 32 Towed from scene? 2 33

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

➔ = Direction    1 = Vehicle 1    2 = Vehicle 2    ○ = Pedestrian    ⚲ = Bicycle

**Crash Diagram:**

ie: ➔ 1 ➔ 2 ➔ ○ ➔ ⚲



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

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

Indicate North by Arrow



**Crash Narrative:**

MV1 was traveling eastbound over the Butters Row bridge. The operator of MV1 was unfamiliar with the fact that the Butters Row bridge narrows to 1 lane but still allows for travel in opposite directions. Due to this, the operator of MV1 did not use caution while traveling over the bridge. At this time, MV2 was traveling westbound entering the bridge. Both vehicles hit each other on the top of the bridge. Both vehicles sustained damage to the front of their vehicles. No one was injured and both vehicles were able to drive away under thier own power.

**Witnesses:**

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

**Property Damage:**

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

**Truck and Bus Information:**

Registration # \_\_\_\_\_ (From Vehicle Section)

Carrier Name \_\_\_\_\_ Bus Use  42

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

US DOT #: \_\_\_\_\_ State Number \_\_\_\_\_ Issuing State \_\_\_\_\_ MCMX/ICC #: \_\_\_\_\_

Interstate  43 Cargo Body Type Code  44 GVWR/GCWR  45

Trailer Reg #: \_\_\_\_\_ Reg Type \_\_\_\_\_ Reg State \_\_\_\_\_ Reg Year \_\_\_\_\_ Trailer Length  46

**Hazmat Information:**

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

Patrol Officer Joseph A Fitzgerald

215

Wilmington Police Department

12/24/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date



<b>Police Use Only</b>	Date of Crash 12/24/2019	Time of Crash 1727 24HR	City/Town <b>Wilmington</b>	<b>Motor Vehicle Crash Police Report</b>	Number Vehicles 2	Number Injured 0	Speed Limit <u>30</u> Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input type="checkbox"/> MBTA Police <input type="checkbox"/> Campus Police <input type="checkbox"/> Other: _____	
<b>AT INTERSECTION:</b>				<b>&lt; LOCATION &gt;</b>	<b>NOT AT INTERSECTION:</b>				
Route# _____ Direction _____ Name of Roadway/Street _____				Route# <u>344</u> Direction _____ Address # <u>WOBURN ST</u> Name of Roadway/Street _____					2 10
At _____				_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____					3 11
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 _____					3 11
Also at Intersection with _____				Route# _____ Intersecting Roadway/Street _____					3 11
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 _____					3 11
				Landmark _____					3 11

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

Crash Report ID# **19-452-AC**

License # <u>S41513981</u> St <u>MA</u> DOB/Age _____ Sex <u>M</u> Lic. Class <u>D</u> <sup>19</sup> / <sub>19</sub> Lic. Restrictions <u>99</u> <sup>20</sup> / <sub>20</sub> CDL _____ Operator <u>BONACCORSI, ANTHONY J</u> Address <u>26 KENMAR DR</u> City <u>BILLERICA</u> State <u>MA</u> Zip <u>01821-4817</u> Insurance Company <u>THE COMMERCE INSURANCE CO</u>	Reg # <u>8DH440</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2012</u> Veh Make <u>FORD</u> Veh Config. <u>1</u> <sup>21</sup> / <sub>21</sub> Owner <u>BONACCORSI, ANTHONY J</u> Address <u>26 KENMAR DR</u> City <u>BILLERICA</u> State <u>MA</u> Zip <u>01821-4817</u> Vehicle Action Prior to Crash <u>1</u> <sup>22</sup> / <sub>22</sub> Damaged Area Code: <u>8</u> <sup>27</sup> / <sub>27</sub> <u>27</u> <sup>27</sup> / <sub>27</sub> Event Sequence <u>1</u> <sup>23</sup> / <sub>23</sub> <u>23</u> <sup>23</sup> / <sub>23</sub> <u>23</u> <sup>23</sup> / <sub>23</sub> Test Status: <u>1</u> <sup>28</sup> / <sub>28</sub> Most Harmful Event <u>1</u> <sup>24</sup> / <sub>24</sub> Type of Test: <u>29</u> <sup>29</sup> / <sub>29</sub> Driver Contributing Code <u>1</u> <sup>25</sup> / <sub>25</sub> <u>25</u> <sup>25</sup> / <sub>25</sub> BAC Test Result: <u>30</u> <sup>30</sup> / <sub>30</sub> Driver Distracted by <u>0</u> <sup>26</sup> / <sub>26</sub> Susp. Alcohol: <u>2</u> <sup>31</sup> / <sub>31</sub> Susp. Drug: <u>2</u> <sup>32</sup> / <sub>32</sub> Towed from scene? <u>1</u> <sup>33</sup> / <sub>33</sub>
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> Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	

Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator</b>	See Above	<del>XXXXXX</del>	<del>XXXX</del>	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 # <u>NHL15921688</u> St <u>NH</u> DOB/Age _____ Sex <u>M</u> Lic. Class <u>D</u> <sup>19</sup> / <sub>19</sub> Lic. Restrictions <u>99</u> <sup>20</sup> / <sub>20</sub> CDL _____ Operator <u>BURNS, CHRISTOPHER ELIOT</u> Address <u>4 CENTER ST</u> City <u>LITCHFIELD</u> State <u>NH</u> Zip <u>03052</u> Insurance Company _____	Reg # <u>RUKDGME</u> Reg Type <u>PC</u> Reg State <u>NH</u> Veh Year <u>2018</u> Veh Make <u>VOLKSWAGEN</u> Veh Config. <u>1</u> <sup>21</sup> / <sub>21</sub> Owner <u>BURNS, CHRISTOPHER ELIOT</u> Address <u>4 CENTER ST</u> City <u>LITCHFIELD</u> State <u>NH</u> Zip <u>03052</u> Vehicle Action Prior to Crash <u>1</u> <sup>22</sup> / <sub>22</sub> Damaged Area Code: <u>2</u> <sup>27</sup> / <sub>27</sub> <u>27</u> <sup>27</sup> / <sub>27</sub> Event Sequence <u>1</u> <sup>23</sup> / <sub>23</sub> <u>23</u> <sup>23</sup> / <sub>23</sub> <u>23</u> <sup>23</sup> / <sub>23</sub> Test Status: <u>1</u> <sup>28</sup> / <sub>28</sub> Most Harmful Event <u>1</u> <sup>24</sup> / <sub>24</sub> Type of Test: <u>29</u> <sup>29</sup> / <sub>29</sub> Driver Contributing Code <u>1</u> <sup>25</sup> / <sub>25</sub> <u>25</u> <sup>25</sup> / <sub>25</sub> BAC Test Result: <u>30</u> <sup>30</sup> / <sub>30</sub> Driver Distracted by <u>0</u> <sup>26</sup> / <sub>26</sub> Susp. Alcohol: <u>2</u> <sup>31</sup> / <sub>31</sub> Susp. Drug: <u>2</u> <sup>32</sup> / <sub>32</sub> Towed from scene? <u>1</u> <sup>33</sup> / <sub>33</sub>
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W 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 _____	

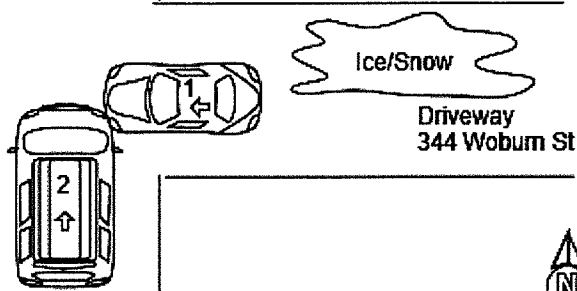
Please fill out for operator/non-motorist and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator/Non-Motorist</b>	See Above	<del>XXXXXX</del>	<del>XXXX</del>	1	99	4	0	0	10	1	
<b>MARADITH MARKHAM-BURNS</b>	4 CENTER ST LITCHFIELD, NH 03052		F	1	99	4	0	0	10	1	

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

### Crash Diagram:

Woburn St

ie: → 1 → 2 → →



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

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

Indicate North by Arrow



### Crash Narrative:

MV1 was exiting the driveway of 344 Woburn St. The operator of MV1 checked the traffic coming from the left and from the right without stopping. As he approached the end of the driveway he saw MV2 coming from his left. He quickly hit his brakes but slid forward on the ice and snow in the driveway. MV1 slid forward into MV2. WFD checked on all involved, all signed refusals. Both recieved heavy front end damage and were towed by A&S. All parties involved were able to find rides.

### Witnesses:

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

### Property Damage:

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

### Truck and Bus Information:

Registration # \_\_\_\_\_ (From Vehicle Section)

Carrier Name \_\_\_\_\_ Bus Use 42

Address \_\_\_\_\_ City \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_

US DOT #: \_\_\_\_\_ State Number \_\_\_\_\_ Issuing State \_\_\_\_\_ MCMX/ICC #: \_\_\_\_\_

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

Trailer Reg #: \_\_\_\_\_ Reg Type \_\_\_\_\_ Reg State \_\_\_\_\_ Reg Year \_\_\_\_\_ Trailer Length 46

#### Hazmat Information:

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

Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash 12/24/2019 Time of Crash 2259 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:

1 4

2 1

3

4 3

5 1

6 1

2 10

3 11

1 12

1 13

1 14

Route# Direction MAIN ST At BURLINGTON AVE

Route# Direction Address # Name of Roadway/Street

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

Crash Report ID# 19-453-AC

License # S56175511 St MA DOB/Age Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement Operator BENTLEY, BROOKE A

Reg # 9YW126 Reg Type PC Reg State MA Veh Year 2007 Veh Make ACURA Veh Config. 1 21 Owner BENTLEY, BROOKE A

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

7 3

8 1

9 2

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# 19-453-AC

License # S19603943 St MA DOB/Age Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement Operator WASHBURN, PAMELA A

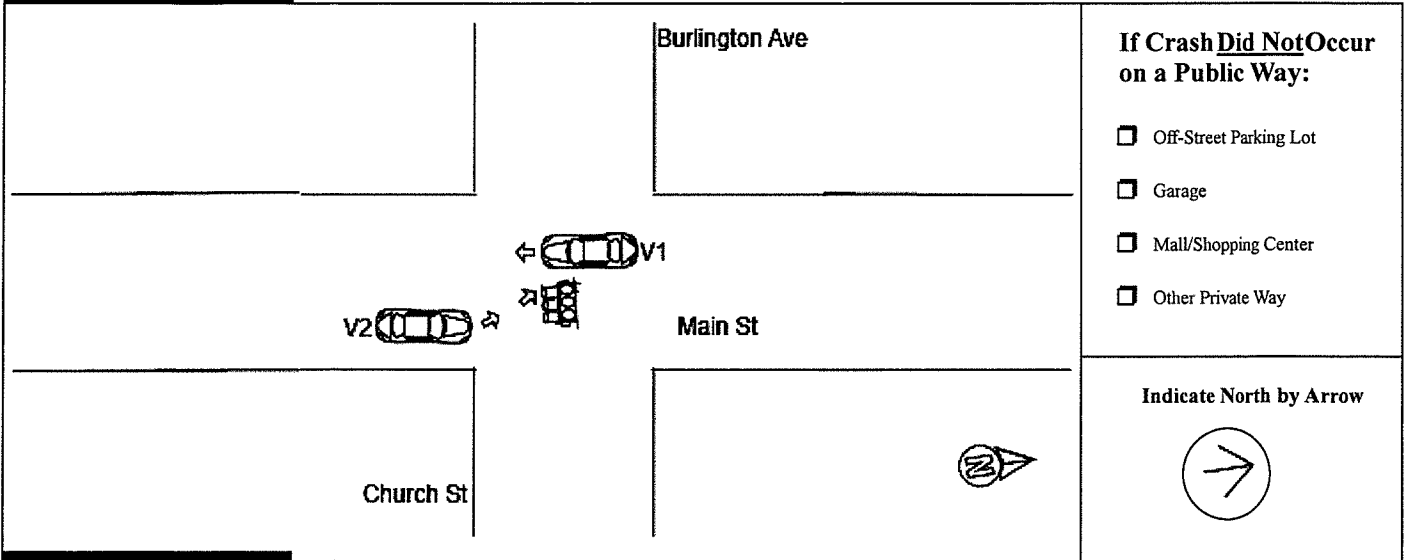
Reg # 4476NF Reg Type PC Reg State MA Veh Year 2018 Veh Make SUBARU Veh Config. 1 21 Owner WASHBURN, PAMELA A

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

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

**Crash Diagram:**

ie: → 1 → 2 → ○ → ○



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

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

**Indicate North by Arrow**



**Crash Narrative:**

V1 was traveling southbound on Main St towards the city of Woburn. As V1 entered the intersection V2 failed to yield and struck the vehicle. This intersection has a flashing yellow light which allows NB traffic to turn left. Both Opr's stated to me that they did not see each other until seconds before impact. No one was injured as a result of this accident and both refused medical treatment. Due to the damage sustained in the accident both vehicles were towed from the scene by A&S towing.

**Witnesses:**

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

**Property Damage:**

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

**Truck and Bus Information:**

Registration # \_\_\_\_\_ (From Vehicle Section)

Carrier Name \_\_\_\_\_ Bus Use  42

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

US DOT #: \_\_\_\_\_ State Number \_\_\_\_\_ Issuing State \_\_\_\_\_ MC/MX/ICC #: \_\_\_\_\_

Interstate  43    Cargo Body Type Code  44    GVWR/GCWR  45

Trailer Reg #: \_\_\_\_\_ Reg Type \_\_\_\_\_ Reg State \_\_\_\_\_ Reg Year \_\_\_\_\_ Trailer Length  46

**Hazmat Information:**

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

Patrol Officer Michael E Johnson

199

Wilmington Police Department

12/24/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date