

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

1 **CUNNINGHAM ST**  
 Route# Direction Name of Roadway/Street  
 At  
**SALEM ST**  
 Route# Direction Name of Intersecting Roadway/Street  
 Also at Intersection with  
 2 Route# Direction Name of Intersecting Roadway/Street

3 Feet **N S E W** of \_\_\_\_\_ or \_\_\_\_\_ Mile Marker Exit Number  
 3 Feet **N S E W** of \_\_\_\_\_ Route# Intersecting Roadway/Street  
 3 Feet **N S E W** of \_\_\_\_\_  
 Landmark

Please Select One of the Following:  Vehicle 1 Occupants  Hit/Run  Moped  
 Crash Report ID# **19-454-AC**

License # **S74798400** St **MA** DOB/Age \_\_\_\_\_ Reg # **1BRJ60** Reg Type **PC** Reg State **MA**  
 Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL \_\_\_\_\_ Veh Year **2017** Veh Make **Infinity** Veh Config. **1** 21  
 Operator **DROZDOWSKI, MICHELLE G** Owner **DROZDOWSKI, MICHELLE G**  
 Last First Middle Last First Middle  
 Address **5 BIRCH RD** Address **5 BIRCH RD**  
 City **WILMINGTON** State **MA** Zip **01887-2677** City **WILMINGTON** State **MA** Zip **01887-2677**  
 Insurance Company **USAA CASUALTY INSURANCE C** Vehicle Action Prior to Crash **2** 22 Damaged Area Code: **7** 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: **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  
 Driver Distracted by \_\_\_\_\_ Towed from scene? **2** 33

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator</b>	See Above			<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 # **S10059672** St **MA** DOB/Age \_\_\_\_\_ Reg # **58K390** Reg Type **PC** Reg State **MA**  
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL \_\_\_\_\_ Veh Year **2000** Veh Make **FORD** Veh Config. **1** 21  
 Operator **ARSENAULT, JAKE PATRICK** Owner **ARSENAULT, JAKE PATRICK**  
 Last First Middle Last First Middle  
 Address **3224 EVERGREEN DR** Address **3224 EVERGREEN DR**  
 City **WILMINGTON** State **MA** Zip **01887-1177** City **WILMINGTON** State **MA** Zip **01887-1177**  
 Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **1** 27 27 27  
 Vehicle Travel Direction: **N S**  **W** Responding to Emergency? **2** Event Sequence **1** 23 23 23 23 Test Status: **1** 28  
 Citation # (If Issued) \_\_\_\_\_ Most Harmful Event **1** 24 Type of Test: **29**  
 Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **19** 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  
 Driver Distracted by \_\_\_\_\_ Towed from scene? **2** 33

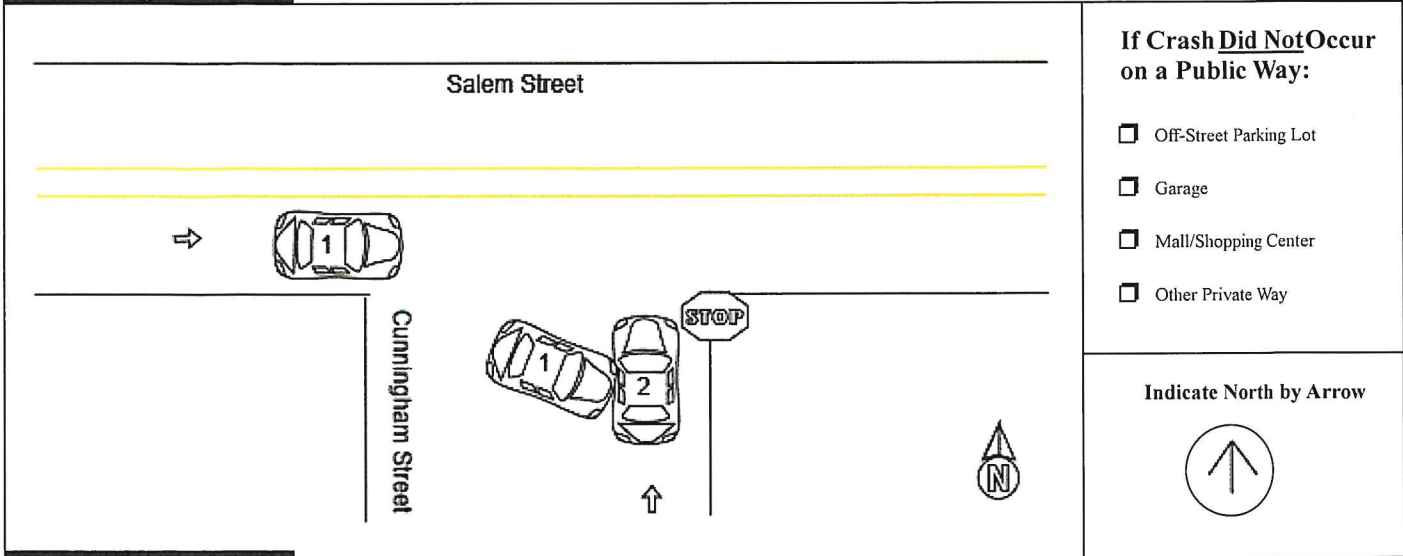
Please fill out for operator/non-motorist and all occupants involved

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			<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

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

**Crash Diagram:**

ie: → 1    → 2    → ○    → ○



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

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

**Indicate North by Arrow**



**Crash Narrative:**

MV 1 was driving on Salem Street attempting to turn right onto Cunningham Street. MV 2 was stopped at the stop sign. MV 1 crashed into MV 2 while MV 2 was stopped at the stop sign. MV 1 stated that due to the slippery roads, he was unable to make the right hand turn. He stated he slid into MV 2 due to the snowy/icy road.

**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

12/30/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

**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  
 1 **OAKRIDGE CIR**  
 Feet N S E W of Mile Marker Exit Number  
 Feet N S E W of Route# Intersecting Roadway/Street  
 Feet N S E W of Landmark

Please Select One of the Following:  Vehicle 1 #Occupants  Hit/Run  Moped  
 Crash Report ID# **19-455-AC**

License # **SA0990687** St **MA** DOB/Age **19 19** Reg # **7ST529** Reg Type **PC** Reg State **MA**  
 Sex **M** Lic. Class **D** Lic. Restrictions **1 20** CDL Endorsement  
 Operator **MARTINEZ, JOSIAH RAESHAN** Owner **RUIZ, ADALBERTO D**  
 Address **35 MARCUS RD** Address **35 MARCUS RD**  
 City **WILMINGTON** State **MA** Zip **01887-1508** City **WILMINGTON** State **MA** Zip **01887-1508**  
 Insurance Company **CITIZENS INSURANCE COMPAN** Vehicle Action Prior to Crash **1 22** Damaged Area Code: **1 27 2 27 8 27**  
 Vehicle Travel Direction: **N X E W** Responding to Emergency? **2** Event Sequence **21 23 23 23 23** Test Status: **1 28**  
 Citation # (If Issued) \_\_\_\_\_ Most Harmful Event **21 24** Type of Test: **29**  
 Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **1 25 25** BAC Test Result: **1 30**  
 Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **0 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**  
 Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Towed from scene? **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	<del>XXXXXX</del>	<del>X</del>	<b>1</b>	<b>1</b>	<b>1</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

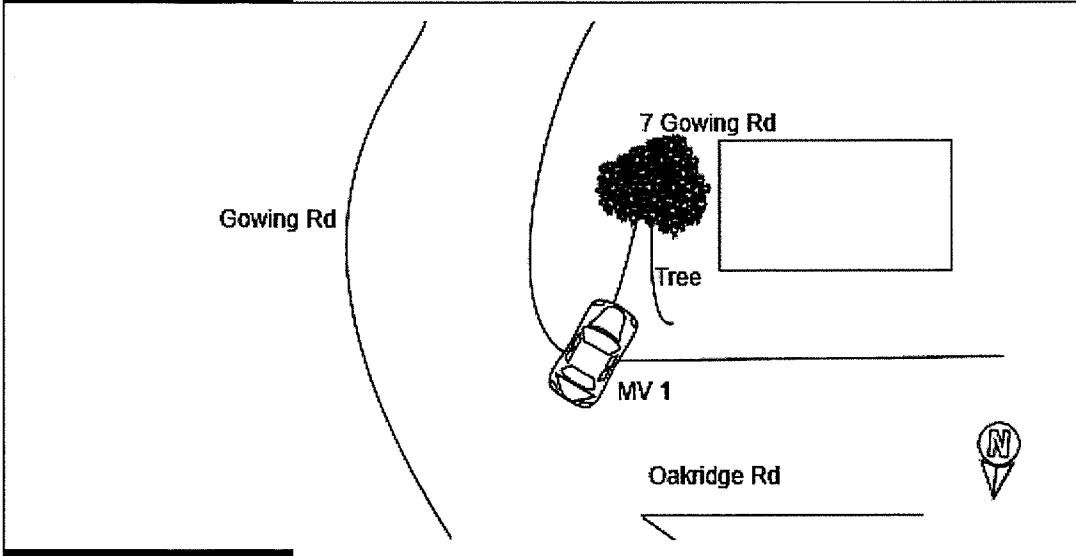
License # \_\_\_\_\_ St \_\_\_\_\_ DOB/Age \_\_\_\_\_ Reg # \_\_\_\_\_ Reg Type \_\_\_\_\_ Reg State \_\_\_\_\_  
 Sex \_\_\_\_\_ Lic. Class **19 19** Lic. Restrictions **20** CDL Endorsement  
 Operator \_\_\_\_\_ Owner \_\_\_\_\_  
 Address \_\_\_\_\_ Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ 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 \_\_\_\_\_ Driver Contributing Code **25 25** BAC Test Result: **30**  
 Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **26** Susp. Alcohol: **31** Susp. Drug: **32**  
 Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Towed from scene? **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	<del>XXXXXX</del>	<del>X</del>	<b>1</b>							

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

**Crash Diagram:**

ie: → 1    → 2    → O    →



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

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

**Indicate North by Arrow**



**Crash Narrative:**

Mv 1 was travelling southbound on Gowling Rd. The operator pressed his brakes to slow down in order to anticipate the upcoming curve in road. Given the icy/snowy conditions of the road the vehicles bumper began to slide to the right. The operator attempted to straighten the vehicle by turning the wheel in the opposite direction. Unable to straighten the vehicle, the vehicle crashed into a tree in the yard of 7 Gowling Rd.

**Witnesses:**

Name (Last,First,Middle)	Address	Phone #	Statement
CINO WILLIAM A	7 GOWING RD WILMINGTON MA 01887		

**Property Damage:**

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
CINO WILLIAM A	7 GOWING RD WILMINGTON MA 01887		97	TREE

**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

12/30/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

**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  
 Ballardvale St  
 Feet NSEW of \_\_\_\_\_ or \_\_\_\_\_  
 Mile Marker Exit Number  
 Feet NSEW of \_\_\_\_\_  
 Route# Intersecting Roadway/Street  
 Feet NSEW of \_\_\_\_\_  
 Landmark

Please Select One of the Following:  Vehicle 1 Occupants  Hit/Run  Moped  
 Crash Report ID# 19-456-AC

License # S55471492 St MA DOB/Age \_\_\_\_\_ Reg # S33221 Reg Type CO Reg State MA  
 Sex M Lic. Class D19 D19 Lic. Restrictions 120 CDL \_\_\_\_\_ Veh Year 2015 Veh Make FORD Veh Config. 121  
 Operator CAMILO, PABLO RAFAEL Owner ARI FLEET LT  
 Address 43 BROOK ST Address 4001 LEADENHALL RD  
 City LAWRENCE State MA Zip 01841-3907 City MT LAUREL State NJ Zip 08054-0000  
 Insurance Company ZURICH AMERICAN INSURANCE  
 Vehicle Travel Direction:  S  E  W Responding to Emergency? 2  
 Event Sequence 1 23 23 23 23  
 Most Harmful Event 1 24  
 Driver Contributing Code 1 25 25  
 Driver Distracted by 0 26  
 Damaged Area Code: 8 27 27 27  
 Test Status: 1 28  
 Type of Test: 29  
 BAC Test Result: 1 30  
 Susp. Alcohol: 2 31 Susp. Drug: 2 32  
 Towed from scene? 2 33

Please fill out for operator and all occupants involved

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

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

License # S84737875 St MA DOB/Age \_\_\_\_\_ Reg # 73K830 Reg Type PC Reg State MA  
 Sex M Lic. Class D19 D19 Lic. Restrictions B20 CDL \_\_\_\_\_ Veh Year 2003 Veh Make TOYOTA Veh Config. 121  
 Operator GLAUDE, DEREK RAOUL Owner GLAUDE, DEREK RAOUL  
 Address 169 MOORE ST Address 169 MOORE ST  
 City LOWELL State MA Zip 01852-5062 City LOWELL State MA Zip 01852-5062  
 Insurance Company THE COMMERCE INSURANCE CO  
 Vehicle Travel Direction:  N  E  W Responding to Emergency? 2  
 Event Sequence 1 23 23 23 23  
 Most Harmful Event 1 24  
 Driver Contributing Code 4 25 25  
 Driver Distracted by 0 26  
 Damaged Area Code: 4 27 27 27  
 Test Status: 1 28  
 Type of Test: 29  
 BAC Test Result: 1 30  
 Susp. Alcohol: 2 31 Susp. Drug: 2 32  
 Towed from scene? 2 33

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

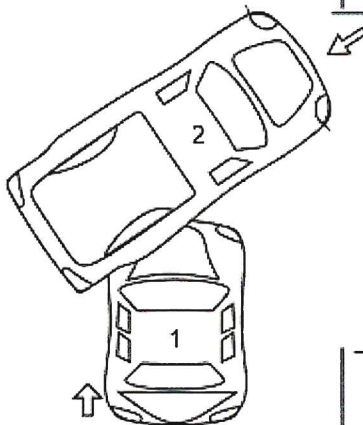
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above			1	1	4	0	0	10	1	

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

ie: → 1    → 2    → ○    → ⚙

**Crash Diagram:**

Ballardvale 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 Northbound on Ballardvale St. M/V 2 was travelling southbound on Ballardvale. M/V2 then entered the driveway at 193 Ballardvale St. to turn around and head back northbound on Ballardvale St. As M/V 2 was backing onto enter Ballardvale St. it struck and hit 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**

**12/31/2019**

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  
 Route# Direction Name of Intersecting Roadway/Street  
 Also at Intersection with  
 2 1 Route# Direction Name of Intersecting Roadway/Street

2 10A NORTH ST  
 Route# Direction Address # Name of Roadway/Street  
 Feet NSEW of or Exit Number  
 Feet NSEW of Route# Intersecting Roadway/Street  
 Feet NSEW of  
 Landmark

Please Select One of the Following:  Vehicle 1 #Occupants  Hit/Run  Moped  
 Crash Report ID# **19-457-AC**

License # **S57775851** St **MA** DOB/Age  
 Sex **M** Lic. Class **D** Lic. Restrictions **1** CDL Endorsement  
 Operator **SOLIMINI, ERIK K**  
 Address **6 DADANT DR**  
 City **WILMINGTON** State **MA** Zip **01887-2149**  
 Insurance Company **SAFETY INSURANCE**  
 Vehicle Travel Direction:  N  E  W Responding to Emergency? **2**  
 Citation # (If Issued)  
 Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub  
 Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub

Reg # **1YFR2** Reg Type **PC** Reg State **MA**  
 Veh Year **2019** Veh Make **HONDA** Veh Config. **1**  
 Owner **SOLIMINI, ERIK K**  
 Address **6 DADANT DR**  
 City **WILMINGTON** State **MA** Zip **01887-2149**  
 Vehicle Action Prior to Crash **1** Damaged Area Code: **6** **27** **27** **27**  
 Event Sequence **1** **23** **23** **23** **23** Test Status: **1** **28**  
 Most Harmful Event **1** **24** Type of Test: **29**  
 Driver Contributing Code **1** **25** **25** BAC Test Result: **1** **30**  
 Driver Distracted by **0** **26** Susp. Alcohol: **2** **31** Susp. Drug: **2** **32**  
 Towed from scene? **1** **33**

Please fill out for operator 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			<b>1</b>	<b>1</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>9</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 # **S67497107** St **MA** DOB/Age  
 Sex **M** Lic. Class **D** Lic. Restrictions **20** CDL Endorsement  
 Operator **DE TOMASI, DANILO**  
 Address **72 MOUNTAIN ST**  
 City **WOBURN** State **MA** Zip **01801**  
 Insurance Company **GOVERNMENT EMPLOYEES INSU**  
 Vehicle Travel Direction:  N  S  E  W Responding to Emergency? **2**  
 Citation # (If Issued)  
 Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub  
 Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub

Reg # **2TER40** Reg Type **PC** Reg State **MA**  
 Veh Year **2005** Veh Make **FORD** Veh Config. **1**  
 Owner **DETOMASI, MARIE LINDA**  
 Address **72 MOUNTAIN ST**  
 City **WOBURN** State **MA** Zip **01801-1230**  
 Vehicle Action Prior to Crash **10** Damaged Area Code: **4** **27** **27** **27**  
 Event Sequence **1** **23** **23** **23** **23** Test Status: **1** **28**  
 Most Harmful Event **1** **24** Type of Test: **29**  
 Driver Contributing Code **4** **25** **97** **25** BAC Test Result: **1** **30**  
 Driver Distracted by **0** **26** Susp. Alcohol: **2** **31** Susp. Drug: **2** **32**  
 Towed from scene? **2** **33**

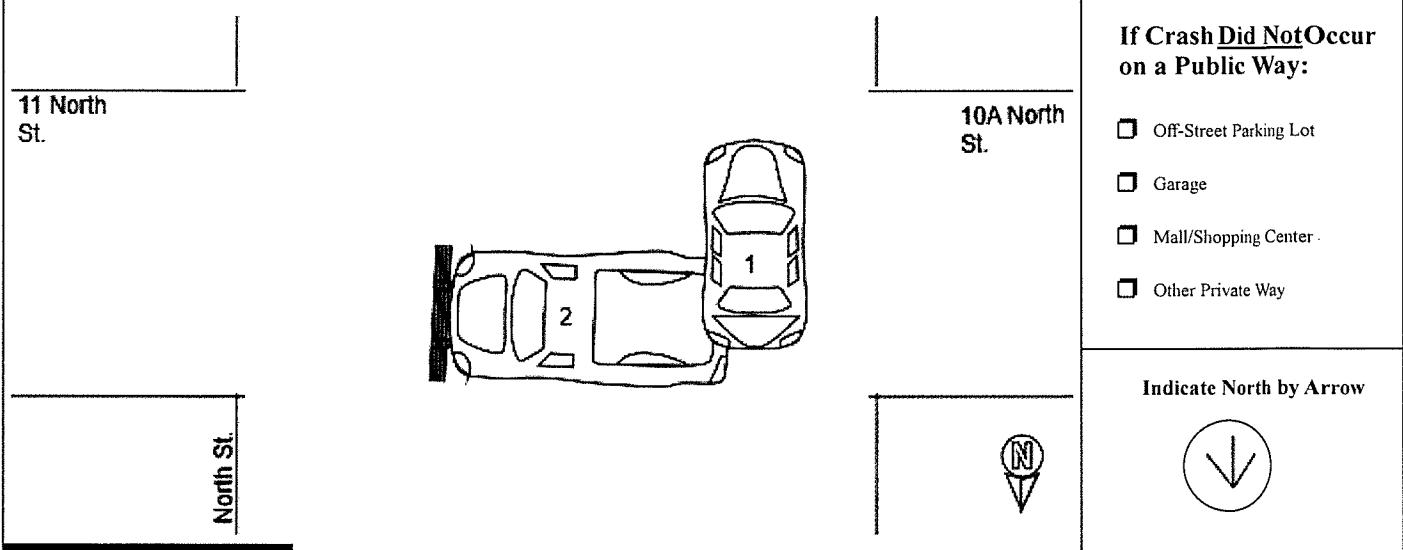
Please fill out for operator/non-motorist and all occupants involved

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			<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	
<b>MICHELLE DETOMASI</b>	<b>11 NORTH ST WILMINGTON, MA 01887-2136</b>		<b>F</b>	<b>3</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

ie: → 1 → 2 → ○ → ○

### Crash Diagram:



### Crash Narrative:

M/V 1 was travelling Southbound on North St. M/V 2 was plowing the driveway of 11 North St. As M/V 2 was backing onto North St. the operator's shoe, a slipper like moccasin, came off. As the shoe came off his foot it slipped off the brake and onto the accelerator. As M/V 2 entered the roadway it struck and hit 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	<b>206</b>	Wilmington Police Department	12/31/2019
<small>Police Officer Name (Please Print)</small>	<small>Signature</small>	<small>ID/Badge #</small>	<small>Department      Precinct/Barracks      Date</small>

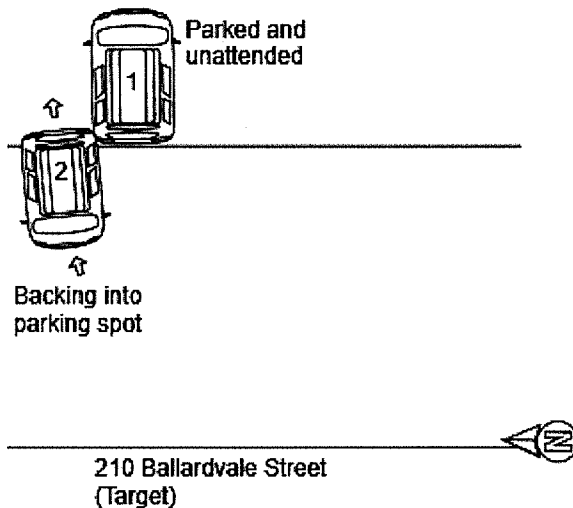


<b>Police Use Only</b>			<b>Commonwealth of Massachusetts</b>				<b>RMV Document Number</b>									
Date of Crash 01/01/2020	Time of Crash 1641 24HR	City/Town Wilmington	<b>Motor Vehicle Crash Police Report</b>				Number Vehicles 2	Number Injured 0	Speed Limit <u>10</u>	Latitude _____	Longitude _____	State Police <input type="checkbox"/>	Local Police <input type="checkbox"/>	MBTA Police <input type="checkbox"/>	Campus Police <input type="checkbox"/>	Other: <input type="checkbox"/>
<b>AT INTERSECTION:</b>			<b>LOCATION</b>				<b>NOT AT INTERSECTION:</b>									
Route# _____ Direction _____ Name of Roadway/Street _____			Route# _____ Direction _____ Address # <u>210</u> Name of Roadway/Street <u>BALLARDVALE ST</u>													
At _____			Feet <u>NSEW</u> of _____ or _____ Exit Number _____													
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			Feet <u>NSEW</u> of _____ Mile Marker _____													
Also at Intersection with _____			Feet <u>NSEW</u> of _____ Route# _____ Intersecting Roadway/Street _____													
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			Feet <u>NSEW</u> of _____				Landmark _____									
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle <u>10</u> #Occupants <u>    </u>			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Crash Report ID# <b>20-1-AC</b>									
License # _____ St _____ DOB/Age _____			Reg # <u>2JC956</u> Reg Type <u>PC</u> Reg State <u>MA</u>													
Sex _____ Lic. Class <u>19 19</u> Lic. Restrictions <u>20</u> CDL _____ Endorsement _____			Veh Year <u>2016</u> Veh Make <u>VOLVO</u> Veh Config. <u>1 21</u>													
Operator <u>Driverless M.V.</u> Last First Middle			Owner <u>BARBIE, THANH UYEN</u> Last First Middle													
Address _____			Address <u>2 HARWICH LN</u>													
City _____ State _____ Zip _____			City <u>ANDOVER</u> State <u>MA</u> Zip <u>01810-5043</u>													
Insurance Company <u>CITIZENS INSURANCE COMPAN</u>			Vehicle Action Prior to Crash <u>11 22</u> Damaged Area Code: <u>6 27 27 27</u>													
Vehicle Travel Direction: <u>NSEW</u> Responding to Emergency? <u>2</u>			Event Sequence <u>23 23 23 23</u> Test Status: <u>28</u>													
Citation # (If Issued) _____			Most Harmful Event <u>24</u> Type of Test: <u>29</u>													
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____			Driver Contributing Code <u>25 25</u> BAC Test Result: <u>30</u>													
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____			Driver Distracted by <u>26</u> Susp. Alcohol: <u>31</u> Susp. Drug: <u>32</u>													
Towed from scene? <u>2 33</u>																
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>    </del>	<del>    </del>	<u>1</u>										
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle <u>21</u> #Occupants <u>    </u>			<input type="checkbox"/> Non-Motorist A		Type <u>15</u>	Action <u>16</u>	Location <u>17</u>	Condition <u>18</u>	<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped					
License # <u>S71731733</u> St <u>MA</u> DOB/Age _____			Reg # <u>669GV8</u> Reg Type <u>PC</u> Reg State <u>MA</u>													
Sex <u>F</u> Lic. Class <u>D 19 19</u> Lic. Restrictions <u>99 20</u> CDL _____ Endorsement _____			Veh Year <u>2010</u> Veh Make <u>SUBARU</u> Veh Config. <u>1 21</u>													
Operator <u>BRACKE, STELLA KALULE</u> Last First Middle			Owner <u>BRACKE, MARKUS B</u> Last First Middle													
Address <u>77 HAROLD PARKER RD</u>			Address <u>77 HAROLD PARKER RD</u>													
City <u>ANDOVER</u> State <u>MA</u> Zip <u>01810-5201</u>			City <u>ANDOVER</u> State <u>MA</u> Zip <u>01810-5201</u>													
Insurance Company <u>THE COMMERCE INSURANCE CO</u>			Vehicle Action Prior to Crash <u>10 22</u> Damaged Area Code: <u>6 27 27 27</u>													
Vehicle Travel Direction: <u>NXEW</u> Responding to Emergency? <u>2</u>			Event Sequence <u>2 23 23 23 23</u> Test Status: <u>1 28</u>													
Citation # (If Issued) _____			Most Harmful Event <u>2 24</u> Type of Test: <u>29</u>													
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____			Driver Contributing Code <u>12 25 19 25</u> BAC Test Result: <u>1 30</u>													
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____			Driver Distracted by <u>99 26</u> Susp. Alcohol: <u>99 31</u> Susp. Drug: <u>99 32</u>													
Towed from scene? <u>2 33</u>																
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>    </del>	<del>    </del>	<u>1</u>	<u>99</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>				

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

**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:**

Owner of MV1, Thanh Barbie called the station reporting that her car was parked and unattended in the parking lot of Target when it was struck by another car. The car left the scene without providing any information. An anonymous eye witness saw the accident, took down both license plate numbers and gave it to Target staff. I watched Target's video surveillance footage and observed MV2 attempt to back into the parking spot next to MV1. It appeared that MV2 made contact with MV1 (Minor damage), then pulled out, parked in a different spot and the female operator later identified as Stella Bracke walked into the store. After some investigation I was able to speak to Mrs. Bracke. She stated that she did not realize she had made contact with the other car, thought that she hit the curb and just couldn't fit into that spot. No one was injured and no tow was needed. Mrs. Barbie did not want to pursue any charges and paper work was

**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 Julio J Quiles

197

Wilmington Police Department

01/01/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

# Wilmington Police Department

## Crash Narrative

### Case # 20-1-AC

Owner of MV1, Thanh Barbie called the station reporting that her car was parked and unattended in the parking lot of Target when it was struck by another car. The car left the scene without providing any information. An anonymous eye witness saw the accident, took down both license plate numbers and gave it to Target staff. I watched Target's video surveillance footage and observed MV2 attempt to back into the parking spot next to MV1. It appeared that MV2 made contact with MV1 (Minor damage), then pulled out, parked in a different spot and the female operator later identified as Stella Bracke walked into the store. After some investigation I was able to speak to Mrs. Bracke. She stated that she did not realize she had made contact with the other car, thought that she hit the curb and just couldn't fit into that spot. No one was injured and no tow was needed. Mrs. Barbie did not want to pursue any charges and paper work was exchanged via mail.

**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  
 Feet **NSEW** of \_\_\_\_\_ or \_\_\_\_\_ Mile Marker Exit Number  
 Feet **NSEW** of \_\_\_\_\_ Route# Intersecting Roadway/Street  
 Feet **NSEW** of \_\_\_\_\_ Landmark

Please Select One of the Following:  Vehicle **1** #Occupants  Hit/Run  Moped  
 Crash Report ID# **20-2-AC**

License # **S02368262** St **MA** DOB/Age \_\_\_\_\_ Reg # **1EAL73** Reg Type **PC** Reg State **MA**  
 Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL \_\_\_\_\_ Veh Year **2019** Veh Make **NISSAN** Veh Config. **1** 21  
 Operator **BERNARDO, SANTINA M** Owner **BERNARDO, SANTINA M**  
 Address **38 HUME AVE** Address **38 HUME AVE**  
 City **MEDFORD** State **MA** Zip **02155-5513** City **MEDFORD** State **MA** Zip **02155-5513**  
 Insurance Company **LIBERTY MUTUAL INSURANCE** Vehicle Action Prior to Crash **3** 22 Damaged Area Code: **6** 27 27 27  
 Vehicle Travel Direction: **NSEW** Responding to Emergency? **2** Event Sequence **1** 23 23 23 23 Test Status: **1** 28  
 Citation # (If Issued) \_\_\_\_\_ Most Harmful Event **1** 24 Type of Test: **29**  
 Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **1** 25 25 BAC Test Result: **1** 30  
 Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **0** 26 Susp. Alcohol: **2** 31 Susp. Drug: **2** 32  
 Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Towed from scene? **2** 33  
 Viol. 4: Ch/Sec/Sub \_\_\_\_\_

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<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 # **S51806542** St **MA** DOB/Age \_\_\_\_\_ Reg # **1ZBF31** Reg Type **PC** Reg State **MA**  
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL \_\_\_\_\_ Veh Year **2005** Veh Make **FORD** Veh Config. **1** 21  
 Operator **BROOKS, NICHOLAS JOHN** Owner **BROOKS, KEITH ALAN**  
 Address **4 WESTLAND DR** Address **4 WESTLAND DR**  
 City **TEWKSBURY** State **MA** Zip **01876-1245** City **TEWKSBURY** State **MA** Zip **01876-1245**  
 Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **4** 22 Damaged Area Code: **2** 27 27 27  
 Vehicle Travel Direction: **NSEW** Responding to Emergency? **2** Event Sequence **1** 23 23 23 23 Test Status: **1** 28  
 Citation # (If Issued) \_\_\_\_\_ Most Harmful Event **1** 24 Type of Test: **29**  
 Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **1** 25 25 BAC Test Result: **1** 30  
 Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **0** 26 Susp. Alcohol: **2** 31 Susp. Drug: **2** 32  
 Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Towed from scene? **2** 33  
 Viol. 4: Ch/Sec/Sub \_\_\_\_\_

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

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

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

**Crash Diagram:**

ie: → 1    → 2    → O    → B

222 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:**

See 20-5-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

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

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

Interstate  Cargo Body Type Code  GVWR/GCWR

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

**Hazmat Information:**

Placard  Material 1 digit #  Material Name \_\_\_\_\_ Material 4 digit # \_\_\_\_\_ Release code

Patrol Officer Meghan Sousa

214

Wilmington Police Department

01/02/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

## PERSONNEL NARRATIVE FOR PATROL OFFICER MEGHAN SOUSA

Ref: 20-5-OF

Entered: 01/03/2020 @ 1553	Entry ID: 214
Modified: 01/04/2020 @ 1121	Modified ID: 214
Approved: 01/04/2020 @ 1538	Approval ID: 152

I Officer Meghan Sousa of the Wilmington Police Department, report the following brief summary of facts:

On Thursday, January 2, 2020 I, Officer Sousa was assigned to the 8:00am-4:00pm uniformed patrol shift in marked cruiser 31, sector 1. At approximately 2:00pm a hit and run was reported that occurred in front of the McDonalds on Main St in Wilmington. Upon arrival I spoke with the operator of a green 2005 Ford Mustang, identified as Nicholas Brooks. Nicholas stated he was leaving the parking lot of McDonalds and was turning left onto Main St when the Operator of a black SUV was turning right onto Main St coming from Richmond St. Nicholas stated both vehicles made contact causing minor damage. Nicholas believes the vehicles made contact while they were turning or shortly after. Nicholas further stated that the operator of the black SUV might not have realized that she hit his car. Nicholas was able to see the plate on the other vehicle but was unable to make contact with the operator after she pulled into the parking lot. Dispatch was able to provide phone numbers for the RO of the black SUV identified as Ms. Santana Bernardo. I was able to speak with Santana who stated she thought she might have went over a pothole in the road but was uncertain if she hit another car. Santana mentioned that she pulled into the parking lot of the CVS to see if she hit the car next to her but was unable to find the other car and noticed no damage to her vehicle. I informed Santana that a crash report was completed for the incident and advised her to contact her insurance company to make them aware of the accident. Reference crash report 20-2-AC.

Respectfully Submitted,

Officer Meghan Sousa Badge#214

Police Use Only

# Commonwealth of Massachusetts

RMV Document Number

Date of Crash  
01/03/2020

Time of Crash  
1949  
24HR

City/Town  
**Wilmington**

## 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:

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# 1 Direction \_\_\_\_\_ Address # CHURCH ST  
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# **20-3-AC**

License # S43841636 St MA DOB/Age \_\_\_\_\_

Sex F Lic. Class D Lic. Restrictions 20 CDL \_\_\_\_\_  
Endorsement \_\_\_\_\_

Operator JENKINS, FAYE MARIE  
Last First Middle

Address 18 ARLENE AVE

City WILMINGTON State MA Zip 01887-0000

Insurance Company VERMONT MUTUAL INSURANCE

Vehicle Travel Direction: N S E Responding to Emergency? 1

Citation # (If Issued) T1684072

Viol. 1: Ch/Sec/Sub 90 24 Viol. 2: Ch/Sec/Sub 90 24

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

Reg # 70XX07 Reg Type PC Reg State MA

Veh Year 2014 Veh Make HONDA Veh Config. 1

Owner JENKINS, FAYE MARIE  
Last First Middle

Address 18 ARLENE AVE

City WILMINGTON State MA Zip 01887-0000

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

Event Sequence 1 23 23 23 23 Test Status: 3 28

Most Harmful Event 1 24 Type of Test: 2 29

Driver Contributing Code 10 25 25 BAC Test Result: 5 30

Driver Distracted by 0 26 Susp. Alcohol: 1 31 Susp. Drug: 2 32

Towed from scene? 3 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			<u>1</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	

Please Select One of the Following:

Vehicle 2 #Occupants  Non-Motorist A

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

License # S47914478 St MA DOB/Age \_\_\_\_\_

Sex F Lic. Class D Lic. Restrictions 20 CDL \_\_\_\_\_  
Endorsement \_\_\_\_\_

Operator BAVIN, KAILA MARISSA  
Last First Middle

Address 48 MARION ST

City WILMINGTON State MA Zip 01887-3148

Insurance Company PROGRESSIVE CASUALTY INSU

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

Citation # (If Issued) \_\_\_\_\_

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

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

Reg # 389ZS6 Reg Type PC Reg State MA

Veh Year 2015 Veh Make MITSUBISHI Veh Config. 1

Owner BAVIN, KAILA MARISSA  
Last First Middle

Address 48 MARION ST

City WILMINGTON State MA Zip 01887-3148

Vehicle Action Prior to Crash 2 Damaged Area Code: 5 27 27 27

Event Sequence 1 23 23 23 23 Test Status: 28

Most Harmful Event 1 24 Type of Test: 29

Driver Contributing Code 1 25 25 BAC Test Result: 30

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

Towed from scene? 2 33

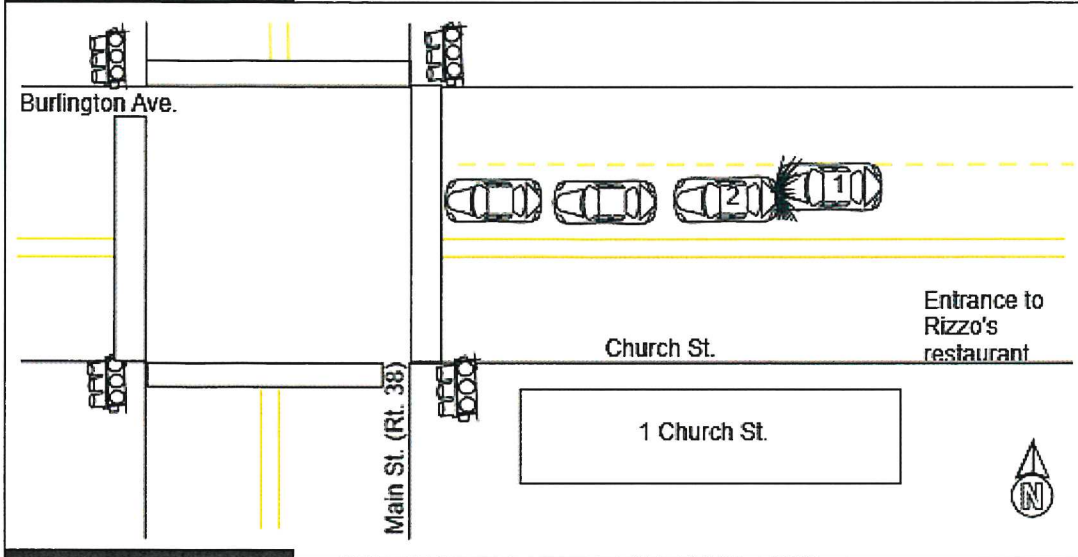
Please fill out for operator/non-motorist and all occupants involved

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			<u>1</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	

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

**Crash Diagram:**

ie: → 1    → 2    → ○    → ○



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

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

Indicate North by Arrow



**Crash Narrative:**

On 01/03/20 Car 1 while travelling Westbound on Church St. crashed into the rear of Car 2. Ref report 20-5-AR. Car 1 towed by Forest towing to their yard.

**Witnesses:**

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

**Property Damage:**

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

**Truck and Bus Information:**

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

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

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

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

Interstate  43    Cargo Body Type Code  44    GVWR/GCWR  45

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

**Hazmat Information:**

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

Patrol Officer Dillon Halliday

205

Wilmington Police Department

01/03/2020

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 \_\_\_\_\_  
 Route# Direction Name of Intersecting Roadway/Street  
 \_\_\_\_\_ Also at Intersection with \_\_\_\_\_  
 2 3  
 Route# Direction Name of Intersecting Roadway/Street  
 \_\_\_\_\_

2 10  
 Route# Direction Address # **299 SALEM ST**  
 \_\_\_\_\_  
 Feet **N S E W** of \_\_\_\_\_ or \_\_\_\_\_  
 Mile Marker \_\_\_\_\_ Exit Number \_\_\_\_\_  
 1 11  
 Feet **N S E W** of \_\_\_\_\_  
 Route# Intersecting Roadway/Street \_\_\_\_\_  
 Feet **N S E W** of \_\_\_\_\_  
 Landmark \_\_\_\_\_

Please Select One of the Following:  Vehicle 1 #Occupants  Hit/Run  Moped  
 Crash Report ID# **20-4-AC**

License # \_\_\_\_\_ S \_\_\_\_\_ DOB/Age \_\_\_\_\_ Reg # **4TD826** Reg Type **PC** Reg State **MA**  
 Sex \_\_\_\_\_ Lic. Class **D 19 19** Lic. Restrictions **20** CDL \_\_\_\_\_ Veh Year **2007** Veh Make **FORD** Veh Config. **1 21**  
 Operator \_\_\_\_\_ Middle \_\_\_\_\_ Owner **BRAGG, JACOB ARTHUR**  
 Address \_\_\_\_\_ Address **126 PRINGLE ST**  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City **TEWKSBURY** State **MA** Zip **01876-0000**  
 Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **1 22** Damaged Area Code: **11 27 27 27**  
 Vehicle Travel Direction: **N S E W** Responding to Emergency? **2** Event Sequence **31 23 21 23 43 23 23** Test Status: **1 28**  
 Citation # (If Issued) \_\_\_\_\_ Most Harmful Event **43 24** Type of Test: **29**  
 Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **7 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

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

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

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



AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1 4  
Route# 62 Direction \_\_\_\_\_ Name of Roadway/Street MIDDLESEX AVE  
At \_\_\_\_\_  
Route# \_\_\_\_\_ Direction \_\_\_\_\_ Name of Intersecting Roadway/Street FEDERAL ST  
Also at Intersection with \_\_\_\_\_  
2 3  
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 \_\_\_\_\_  
2 11  
Feet  N  S  E  W of \_\_\_\_\_  
Route# \_\_\_\_\_ Intersecting Roadway/Street \_\_\_\_\_  
Feet  N  S  E  W of \_\_\_\_\_  
Route# \_\_\_\_\_ Intersecting Roadway/Street \_\_\_\_\_  
Landmark \_\_\_\_\_

3 2  
Please Select One of the Following:  Vehicle 12 #Occupants  Hit/Run  Moped  
Crash Report ID# 20-5-AC

1 2  
License # S22667384 St MA DOB/Age \_\_\_\_\_  
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL \_\_\_\_\_  
Operator DIMECO, LELAND E  
Address 10 BLUEBERRY CIR  
City ANDOVER State MA Zip 01810-5032  
Insurance Company AMICA MUTUAL INSURANCE CO  
Vehicle Travel Direction:  N  S  E  W Responding to Emergency? 2  
Citation # (If Issued) \_\_\_\_\_  
Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_  
Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_

1 12  
Reg # 7LG634 Reg Type PC Reg State MA  
Veh Year 2017 Veh Make Jeep Veh Config. 1 21  
Owner DIMECO, SUZANNE J  
Address 10 BLUEBERRY CIR  
City ANDOVER State MA Zip 01810-5032  
Vehicle Action Prior to Crash 2 22 Damaged Area Code: 5 27 27 27  
Event Sequence 1 23 23 23 23 Test Status: 1 28  
Most Harmful Event 1 24 Type of Test: 29  
Driver Contributing Code 1 25 25 BAC Test Result: 30  
Driver Distracted by 0 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32  
Towed from scene? 2 33

2 2  
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>M</del>	<u>1</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>9</u>	<u>1</u>	
SUZANNE DIMECO	10 BLUEBERRY CIR ANDOVER, MA 01810-5032		F	<u>3</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>9</u>	<u>1</u>	

7 3  
Please Select One of the Following:  Vehicle 22 #Occupants  Non-Motorist A Type 15 Action 16 Location 17 Condition 18  Hit/Run  Moped

8 1  
License # S82457171 St MA DOB/Age \_\_\_\_\_  
Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL \_\_\_\_\_  
Operator OLIVEIRA, HILLERY D  
Address 7 ENGLEWOOD DR  
City N WILMINGTON State MA Zip 01887-3010  
Insurance Company NORFOLK & DEDHAM MUTUAL F  
Vehicle Travel Direction:  N  S  E  W Responding to Emergency? 2  
Citation # (If Issued) T1683449  
Viol. 1: Ch/Sec/Sub 90 24 Viol. 2: Ch/Sec/Sub 90 13  
Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_

1 14  
Reg # 5HR775 Reg Type PC Reg State MA  
Veh Year 2005 Veh Make FORD Veh Config. 1 21  
Owner OLIVEIRA, HILLERY D  
Address 7 ENGLEWOOD DR  
City N WILMINGTON State MA Zip 01887-3010  
Vehicle Action Prior to Crash 1 22 Damaged Area Code: 1 27 27 27  
Event Sequence 1 23 23 23 23 Test Status: 3 28  
Most Harmful Event 1 24 Type of Test: 2 29  
Driver Contributing Code 10 25 19 25 BAC Test Result: 5 30  
Driver Distracted by 5 26 Susp. Alcohol: 1 31 Susp. Drug: 99 32  
Towed from scene? 1 33

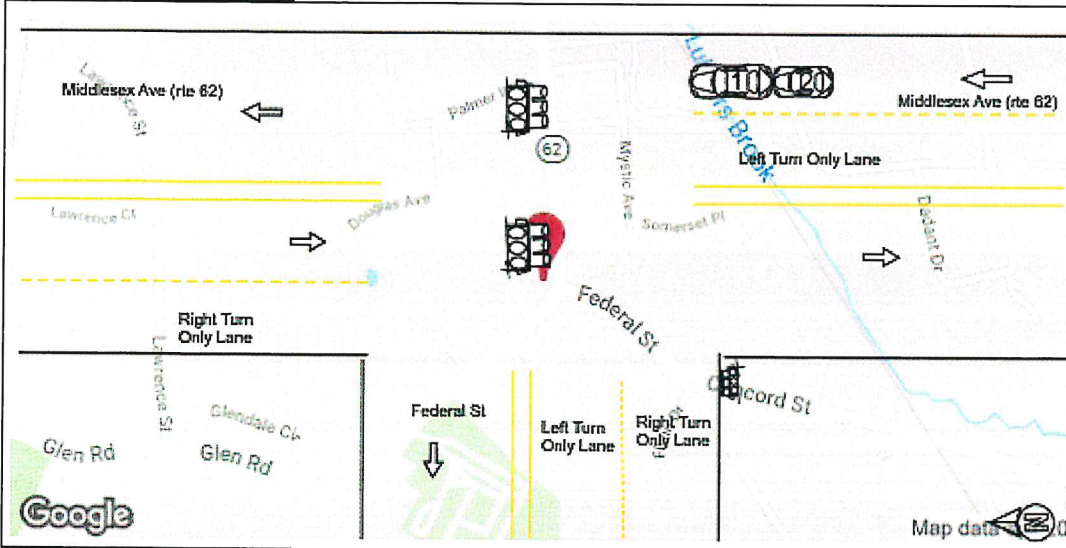
9 2  
Please fill out for operator/non-motorist and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator/Non-Motorist</b>	See Above	<del>XXXXXX</del>	<del>M</del>	<u>1</u>	<u>99</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	
CHRISTOPHER GILL	7 ENGLEWOOD DR WILMINGTON, MA 01887-3010		M	<u>3</u>	<u>99</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	

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

**Crash Diagram:**

ie: → 1 → 2 → OOK → ☺



**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 stopped at the red light facing west bound on Middlesex Ave (rte62). Vehicle 2 was traveling straight, west bound on Middlesex Ave. Vehicle 2 never stopped as it approached the red light, in back of vehicle 1. Vehicle 2 crashed into the rear of vehicle 1. The operator of vehicle 2 was arrested for operating under the Influence of an intoxicating liquor (ref case 20-8-AR).

**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 W Wandell      174      Wilmington Police Department      01/04/2020  
 Police Officer Name (Please Print)      Signature      ID/Badge #      Department      Precinct/Barracks      Date