

Date of Crash 01/19/2020 Time of Crash 0153 24HR City/Town **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:
Route# _____ Direction _____ Name of Roadway/Street _____ At _____	Route# <u>6</u> Direction _____ Address # <u>FREEPORT DR</u>	Route# _____ Direction _____ Name of Roadway/Street _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____	_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Mile Marker _____ Exit Number _____	Route# _____ Direction _____ Name of Intersecting Roadway/Street _____
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 _____ Landmark _____	Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

Please Select One of the Following:  Vehicle 1 Occupants  Hit/Run  Moped Crash Report ID# **20-17-AC**

License # <u>S53991642</u> St. <u>MA</u> DOB/Age _____ Sex <u>M</u> Lic. Class <u>D</u> Lic. Restrictions <u>1</u> CDL Endorsement _____ Operator <u>MCGONAGLE, JAMES MARK</u> Address <u>6 FREEPORT DR</u> City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-1502</u> Insurance Company <u>SAFETY INSURANCE COMPANY</u> Vehicle Travel Direction: <input type="checkbox"/> N <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 _____	Reg # <u>29100</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2014</u> Veh Make <u>GMC</u> Veh Config. <u>1</u> Owner <u>MCGONAGLE, JAMES MARK</u> Address <u>6 FREEPORT DR</u> City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-1502</u> Vehicle Action Prior to Crash <u>10</u> Event Sequence <u>23</u> <u>23</u> <u>23</u> <u>23</u> Most Harmful Event <u>23</u> Driver Contributing Code <u>99</u> Driver Distracted by <u>0</u>	Damaged Area Code: <u>0</u> <u>27</u> <u>27</u> <u>27</u> Test Status: <u>1</u> Type of Test: <u>29</u> BAC Test Result: <u>30</u> Susp. Alcohol: <u>2</u> Susp. Drug: <u>2</u> Towed from scene? <u>2</u> <u>33</u>
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Please fill out for operator and all occupants involved											
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator</b>	See Above	<del>XXXXXX</del>	<del>XX</del>	1	1	4	0	0	10	1	

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

License # _____ St. _____ DOB/Age _____ Sex _____ Lic. Class <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL Endorsement _____ 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											
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>XX</del>	1							



Police Use Only		<b>Commonwealth of Massachusetts</b>				RMV Document Number							
Date of Crash 01/19/2020	Time of Crash 1207 24HR	City/Town Wilmington		<b>Motor Vehicle Crash Police Report</b>		Number Vehicles 2	Number Injured 1	Speed Limit <u>25</u>	State Police <input type="checkbox"/>	Local Police <input type="checkbox"/>	MBTA Police <input type="checkbox"/>	Campus Police <input type="checkbox"/>	Other: <input type="checkbox"/>

<b>AT INTERSECTION:</b>	<b>&lt; LOCATION &gt;</b>	<b>NOT AT INTERSECTION:</b>
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<p style="text-align: center;"><b>MAIN ST</b></p> <p>Route# _____ Direction _____ Name of Roadway/Street _____</p> <p style="text-align: center;">At _____</p> <p style="text-align: center;"><b>CHURCH ST</b></p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p> <p style="text-align: center;">Also at Intersection with _____</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p>	<p>Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____</p> <p>_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Mile Marker _____ or _____ Exit Number _____</p> <p>_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____</p> <p>_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____</p>
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Please Select One of the Following:	<input checked="" type="checkbox"/> Vehicle <u>1</u> #Occupants	<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped	Crash Report ID# <b>20-18-AC</b>
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License # <u>S56447274</u> St <u>MA</u> DOB/Age <u>12/19/1957</u> Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____ Operator <u>POLSONETTI, JOSEPH F</u> Address <u>650 WESTERN AVE</u> City <u>GLOUCESTER</u> State <u>MA</u> Zip <u>01930-5122</u> Insurance Company <u>GOVERNMENT EMPLOYEES INSU</u> 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 _____	Reg # <u>1CNR19</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2001</u> Veh Make <u>BUICKS</u> Veh Config. <u>1</u> <u>21</u> Owner <u>POLSONETTI, JOSEPH F</u> Address <u>650 WESTERN AVE</u> City <u>GLOUCESTER</u> State <u>MA</u> Zip <u>01930-5122</u> Vehicle Action Prior to Crash <u>4</u> <u>22</u> Damaged Area Code: <u>1</u> <u>27</u> <u>27</u> <u>27</u> Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>28</u> Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u> Driver Contributing Code <u>99</u> <u>25</u> <u>25</u> BAC Test Result: <u>30</u> Driver Distracted by <u>99</u> <u>26</u> Susp. Alcohol: <u>2</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
Operator	See Above	<del>XXXX</del>	<del>XX</del>	1	99	4	0	0	10	1	

Please Select One of the Following:	<input checked="" type="checkbox"/> Vehicle <u>2</u> #Occupants	<input type="checkbox"/> Non-Motorist A	Type <u>15</u> Action <u>16</u> Location <u>17</u> Condition <u>18</u>	<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped
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License # <u>S49930791</u> St <u>MA</u> DOB/Age <u>12/31/1985</u> Sex <u>F</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____ Operator <u>LARKIN, SAMANTHA J</u> Address <u>17 FULLER RD</u> City <u>BILLERICA</u> State <u>MA</u> Zip <u>01821-4269</u> Insurance Company <u>PROGRESSIVE DIRECT INSURA</u> Vehicle Travel Direction: <input type="checkbox"/> N <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 _____	Reg # <u>1MKR87</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2001</u> Veh Make <u>TOYOTA</u> Veh Config. <u>1</u> <u>21</u> Owner <u>LARKIN, SHANA JEAN</u> Address <u>17 FULLER RD</u> City <u>BILLERICA</u> State <u>MA</u> Zip <u>01821-4269</u> Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>8</u> <u>27</u> <u>1</u> <u>27</u> <u>7</u> <u>27</u> Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>28</u> Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u> Driver Contributing Code <u>2</u> <u>25</u> <u>99</u> <u>25</u> BAC Test Result: <u>30</u> Driver Distracted by <u>99</u> <u>26</u> Susp. Alcohol: <u>2</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/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>XXXX</del>	<del>XX</del>	1	99	4	0	0	9	2	Lahey Clinic



PERSONNEL NARRATIVE FOR PATROL OFFICER MICHAEL A WILSON

Ref: 20-18-AC

Entered: 02/04/2020 @ 1734

Entry ID: 209

Modified: 02/04/2020 @ 1825

Modified ID: 209

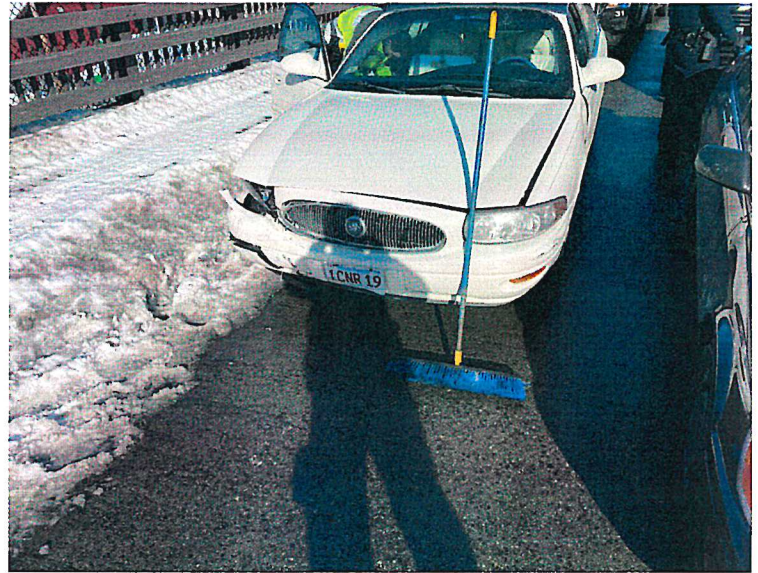
On Tuesday, February 4, 2020 I, Officer Wilson, was assigned to the Wilmington Public Safety Building as the uniformed Duty Desk Officer for the 8:00 AM - 4:00 PM shift. At approximately 3:00 PM, I spoke with Mr. Andrew Joseph Spinali, an involved and unbiased witness to the accident, via telephone to verify the statements he had made to me on scene on the day of 01/19/2020. I asked Mr. Spinali to explain what he had observed while he was stopped in traffic at the intersection of Burlington Avenue/Route 62 and Main Street/Route 38. Mr. Spinali stated that Mr. Polsonetti's vehicle, a white 2001 Buick LeSabre was traveling northbound on Main Street and began turning left onto Burlington Avenue. Mr. Spinali stated that the vehicle Ms. Larkin was operating, a green 1999 Toyota Corolla, was traveling southbound on Main Street towards Woburn. Mr. Spinali stated that Ms. Larkin's vehicle appeared to be traveling at a high rate of speed as it entered the intersection, "as if she might have been trying to beat a light," as she continued southbound on Main Street. He stated that Ms. Larkin's vehicle collided with Mr. Polsonetti's vehicle as he was turning onto Burlington Avenue. I asked Mr. Spinali to clarify Ms. Larkin's direction of travel several times, because while speaking with Mr. Spinali on scene, after the accident, he had initially stated that Ms. Larkin was traveling westbound on Church Street/Route 62 towards Burlington Avenue/Route 62 when the collision occurred. Mr. Spinali apologized for not being clear about the direction Ms. Larkin was traveling when we originally spoke. I advised Mr. Spinali that his clarified statement changed the dynamics of the accident and the report would now be amended to reflect that. I also advised Mr. Spinali that I would reach back out if further information was needed.

I had previously spoke with Ms. Samantha Larkin and her mother Jean, via phone, and they reported that my initial accident report did not accurately reflect the circumstances and facts of the accident. Ms. Larkin was transported from the scene with a possible neck injury, so I was unable to speak with her at great length about her account of the accident. Ms. Larkin insisted that she was traveling southbound on Main Street returning from CVS in Wilmington when the collision occurred, and had not been traveling westbound on Church Street/Route 62. Ms. Larkin also stated that she was in possession of a dated and time stamped receipt from 12:01 PM that day that would corroborate her account. Ms. Larkin also insisted that she did not "run" any red lights as was initially reported and claimed that Mr. Polsonetti had "cut her off" as he attempted to turn left onto Burlington Avenue/Route 62. Once I learned of the new information regarding the accident from Mr. Spinali's statements, I immediately informed Ms. Larkin what I had just learned and stated that I would now be amending my report to accurately reflect the events of the accident. I also advised Ms. Larkin that I was unsure of how my amended report would affect any payments made by her insurance company to Mr. Polsonetti prior to today or which person was now deemed to be "at fault" for the accident.

Respectfully Submitted,

Patrolman Michael A. Wilson #209

Wilmington Police Department  
Images Associated with 20-18-AC



Date of Crash: 01/20/2020 | Time of Crash: 1415 24HR | City/Town: **Wilmington** | **Motor Vehicle Crash Police Report** | Number Vehicles: 2 | Number Injured: 0 | Speed Limit: 25 | State Police, Local Police, MBTA Police, Campus Police, Other:

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

<p><b>62 E MIDDLESEX AVE</b> Route# Direction Name of Roadway/Street</p> <p>At</p> <p><b>HIGH ST</b> Route# Direction Name of Intersecting Roadway/Street</p> <p>Also at Intersection with</p> <p>Route# Direction Name of Intersecting Roadway/Street</p>	<p>Route# Direction Address # Name of Roadway/Street</p> <p>Feet <b>N S E W</b> of _____ or _____</p> <p>Mile Marker _____ Exit Number _____</p> <p>Feet <b>N S E W</b> of _____</p> <p>Route# Intersecting Roadway/Street</p> <p>Feet <b>N S E W</b> of _____</p> <p>Landmark _____</p>
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Please Select One of the Following:  Vehicle **1** #Occupants  Hit/Run  Moped | Crash Report ID# **20-19-AC**

<p>License # <b>S44123575</b> St <b>MA</b> DOB/Age _____</p> <p>Sex <b>M</b> Lic. Class <b>D</b> Lic. Restrictions <b>1</b> CDL Endorsement _____</p> <p>Operator <b>FOLEY, THOMAS E</b> Last First Middle</p> <p>Address <b>12 RODGERS CIR</b></p> <p>City <b>N READING</b> State <b>MA</b> Zip <b>01864-1610</b></p> <p>Insurance Company <b>CITIZENS INSURANCE COMPAN</b></p> <p>Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> S <input type="checkbox"/> W 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>7DKM80</b> Reg Type <b>PC</b> Reg State <b>MA</b></p> <p>Veh Year <b>2008</b> Veh Make <b>FORD</b> Veh Config. <b>1</b></p> <p>Owner <b>FOLEY, THOMAS E</b> Last First Middle</p> <p>Address <b>12 RODGERS CIR</b></p> <p>City <b>N READING</b> State <b>MA</b> Zip <b>01864-1610</b></p> <p>Vehicle Action Prior to Crash <b>1</b></p> <p>Event Sequence <b>1</b> <b>23</b> <b>23</b> <b>23</b> <b>23</b></p> <p>Most Harmful Event <b>1</b></p> <p>Driver Contributing Code <b>3</b> <b>25</b> <b>13</b> <b>25</b></p> <p>Driver Distracted by <b>0</b></p> <p>Damaged Area Code: <b>2</b> <b>27</b> <b>1</b> <b>27</b> <b>8</b> <b>27</b></p> <p>Test Status: <b>1</b> <b>28</b></p> <p>Type of Test: <b>29</b></p> <p>BAC Test Result: <b>30</b></p> <p>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
<b>Operator</b>		See Above	<input checked="" type="checkbox"/>	<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>S99069451</b> St <b>MA</b> DOB/Age _____</p> <p>Sex <b>F</b> Lic. Class <b>D</b> Lic. Restrictions <b>B</b> CDL Endorsement _____</p> <p>Operator <b>OHEARN, JOAN P</b> Last First Middle</p> <p>Address <b>31 LUCAYA CIR</b></p> <p>City <b>WILMINGTON</b> State <b>MA</b> Zip <b>01887-1507</b></p> <p>Insurance Company <b>THE COMMERCE INSURANCE CO</b></p> <p>Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W 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>2BG685</b> Reg Type <b>PC</b> Reg State <b>MA</b></p> <p>Veh Year <b>2017</b> Veh Make <b>HONDA</b> Veh Config. <b>1</b></p> <p>Owner <b>OHEARN, JOAN P</b> Last First Middle</p> <p>Address <b>31 LUCAYA CIR</b></p> <p>City <b>WILMINGTON</b> State <b>MA</b> Zip <b>01887-1507</b></p> <p>Vehicle Action Prior to Crash <b>1</b></p> <p>Event Sequence <b>1</b> <b>23</b> <b>23</b> <b>23</b> <b>23</b></p> <p>Most Harmful Event <b>1</b></p> <p>Driver Contributing Code <b>1</b> <b>25</b> <b>25</b></p> <p>Driver Distracted by <b>0</b></p> <p>Damaged Area Code: <b>3</b> <b>27</b> <b>27</b> <b>27</b></p> <p>Test Status: <b>1</b> <b>28</b></p> <p>Type of Test: <b>29</b></p> <p>BAC Test Result: <b>30</b></p> <p>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
<b>Operator/Non-Motorist</b>		See Above	<input checked="" type="checkbox"/>	<b>1</b>	<b>1</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	





**AT INTERSECTION:** **62 SALEM ST** **< 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 N S E W of \_\_\_\_\_ or \_\_\_\_\_

Mile Marker Exit Number

Route# Intersecting Roadway/Street

Landmark

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

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

License # **S71971412** St **MA** DOB/Age \_\_\_\_\_ Reg # **3JD222** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** Lic. Restrictions **B** CDL Endorsement \_\_\_\_\_ Veh Year **2013** Veh Make **CADILLAC** Veh Config. **1**

Operator **MCKENNA, COLLIN F** Owner **MCKENNA, COLLIN F**

Address **11 NAVILLUS RD** Address **11 NAVILLUS RD**

City **NORTH READING** State **MA** Zip **01864-1214** City **NORTH READING** State **MA** Zip **01864-1214**

Insurance Company **SAFETY INSURANCE COMPANY** Vehicle Action Prior to Crash **1** Damaged Area Code: **8 27 1 27 2 27**

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

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

Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **19 25 25** BAC Test Result: **30**

Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **99 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		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>	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 # **S62917321** St **MA** DOB/Age \_\_\_\_\_ Reg # **86XX92** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** Lic. Restrictions **1** CDL Endorsement \_\_\_\_\_ Veh Year **2011** Veh Make **VOLKSWAGEN** Veh Config. **1**

Operator **ONESSIMO, MARY ANN PAMELA** Owner **ONESSIMO, MICHAEL S**

Address **41 SHADY HILL DR** Address **41 SHADY HILL DR**

City **N READING** State **MA** Zip **01864-1405** City **N READING** State **MA** Zip **01864-1405**

Insurance Company **LIBERTY MUTUAL INSURANCE** Vehicle Action Prior to Crash **2** Damaged Area Code: **6 27 5 27 4 27**

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

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

Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **1 25 25** BAC Test Result: **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		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>	1	1	4	0	0	10	1	
<b>MICHAEL ONESSIMO</b>	41 SHADY HILL DR N READING, MA 01864-1405		M	3	1	4	0	0	10	1	



Police Use Only: Date of Crash 01/21/2020, Time of Crash 1600 24HR, City/Town **Wilmington**, Number Vehicles 2, Number Injured 0, Speed Limit 35, 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 Address # Name of Roadway/Street

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

Route# Direction Name of Intersecting Roadway/Street

Feet  N  S  E  W of \_\_\_\_\_ or \_\_\_\_\_ Mile Marker Exit Number

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

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

Please Select One of the Following:  Vehicle 1 Occupants  Hit/Run  Moped Crash Report ID# **20-21-AC**

License # **S97154171** St **MA** DOB/Age \_\_\_\_\_ Reg # **5FW673** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL \_\_\_\_\_ Veh Year **2009** Veh Make **DODGE** Veh Config. **1** 21

Operator **RIVERA, KAREN L** Owner **RIVERA, KAREN L**

Address **52 CLIFTON AVE** Address **52 CLIFTON AVE**

City **SAUGUS** State **MA** Zip **01906-3860** City **SAUGUS** State **MA** Zip **01906-3860**

Insurance Company **PROGRESSIVE DIRECT INSURA** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **2** 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: **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

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>	<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 # **S21140490** St **MA** DOB/Age \_\_\_\_\_ Reg # **10455** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL \_\_\_\_\_ Veh Year **2005** Veh Make **GMC** Veh Config. **1** 21

Operator **CONNELL, THOMAS S** Owner **CONNELL MACHINE AND FABRICATION**

Address **217 HAMILTON ST** Address **217 HAMILTON ST**

City **SAUGUS** State **MA** Zip **01906-1561** City **SAUGUS** State **MA** Zip **01906-1561**

Insurance Company **SAFETY INSURANCE CO** Vehicle Action Prior to Crash **4** 22 Damaged Area Code: **3** 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 **4** 25 25 BAC Test Result: **1** 30

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

Towed from scene? **2** 33

Please fill out for operator/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>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	



Wilmington Police Department  
Images Associated with 20-21-AC



Date of Crash 01/21/2020 Time of Crash 1934 City/Town Wilmington **Motor Vehicle Crash Police Report** Number Vehicles 3 Number Injured 0 Speed Limit 40 State Police  Local Police  MBTA Police  Campus Police  Other   
 Latitude \_\_\_\_\_ Longitude \_\_\_\_\_

**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>400</u> Name of Roadway/Street <u>LOWELL 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# **20-22-AC**

License # <u>S57097408</u> St <u>MA</u> DOB/Age _____ Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL Endorsement _____ Operator <u>MONAGHAN, TIMOTHY IGNATIUS</u> Last First Middle Address <u>148 MAIN ST</u> City <u>NORTH ANDOVER</u> State <u>MA</u> Zip <u>01845-2434</u> Insurance Company <u>SAFETY INSURANCE COMPANY</u> Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? <u>2</u> Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # <u>23BG85</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2011</u> Veh Make <u>CADILLAC</u> Veh Config. <u>1</u> <u>21</u> Owner <u>MONAGHAN, TIMOTHY IGNATIUS</u> Last First Middle Address <u>148 MAIN ST</u> City <u>NORTH ANDOVER</u> State <u>MA</u> Zip <u>01845-2434</u> Vehicle Action Prior to Crash <u>4</u> <u>22</u> Damaged Area Code: <u>1</u> <u>27</u> <u>2</u> <u>27</u> <u>8</u> <u>27</u> Event Sequence <u>1</u> <u>23</u> <u>24</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u> Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u> Driver Contributing Code <u>4</u> <u>25</u> <u>19</u> <u>25</u> BAC Test Result: <u>1</u> <u>30</u> Driver Distracted by <u>0</u> <u>26</u> Susp. Alcohol: <u>2</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"/>	<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 # <u>S23205386</u> St <u>MA</u> DOB/Age _____ Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL Endorsement _____ Operator <u>GORMAN, MATTHEW JOHN</u> Last First Middle Address <u>11 JAMES RD</u> City <u>READING</u> State <u>MA</u> Zip <u>01867-3757</u> Insurance Company <u>ARBELLA MUTUAL INSURANCE</u> Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input checked="" 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>8ES695</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2011</u> Veh Make <u>Jeep</u> Veh Config. <u>1</u> <u>21</u> Owner <u>GORMAN, JOHN D</u> Last First Middle Address <u>11 JAMES RD</u> City <u>READING</u> State <u>MA</u> Zip <u>01867-3757</u> Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>1</u> <u>27</u> <u>8</u> <u>27</u> <u>27</u> Event Sequence <u>1</u> <u>23</u> <u>1</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u> Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u> Driver Contributing Code <u>1</u> <u>25</u> <u>11</u> <u>25</u> BAC Test Result: <u>1</u> <u>30</u> Driver Distracted by <u>0</u> <u>26</u> Susp. Alcohol: <u>2</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/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"/>	<u>1</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	

Date of Crash 01/21/2020 Time of Crash 1934 City/Town **Wilmington** **Motor Vehicle Crash Police Report** Number Vehicles 3 Number Injured 0 Speed Limit 40 State Police  Local Police  MBTA Police  Campus Police  Other:

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

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

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

Route# Direction Name of Intersecting Roadway/Street

Feet  N  S  E  W of \_\_\_\_\_ or \_\_\_\_\_ Mile Marker Exit Number

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

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

Please Select One of the Following:  Vehicle 32 #Occupants  Hit/Run  Moped Crash Report ID# **20-22-AC**

License # **S87657230** St **MA** DOB/Age \_\_\_\_\_ Reg # **IC35YD** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** Lic. Restrictions **20** CDL \_\_\_\_\_ Veh Year **2016** Veh Make **Jeep** Veh Config. **1** 21

Operator **REILLY, JENNIFER M** Owner **REILLY, TERRENCE J**

Address **82 SPRUCE RD** Address **82 SPRUCE RD**

City **READING** State **MA** Zip **01867-1445** City **READING** State **MA** Zip **01867-1445**

Insurance Company **CITIZENS INSURANCE COMPAN** Vehicle Action Prior to Crash **2** 22 Damaged Area Code: **7** 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 **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

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>04/07/2008</del>	<del>M</del>	<del>1</del>	<del>1</del>	<del>4</del>	<del>0</del>	<del>0</del>	<del>10</del>	<del>1</del>	
<b>DECLIN REILLY</b>	82 SPRUCE RD READING, MA 01867	04/07/2008	M	3	1	4	0	0	10	1	

Please Select One of the Following:  Vehicle 4 #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 \_\_\_\_\_ Lic. Restrictions **20** CDL \_\_\_\_\_ Veh Year \_\_\_\_\_ Veh Make \_\_\_\_\_ Veh Config. **21**

Operator \_\_\_\_\_ Owner \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

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

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

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

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

Towed from scene? **33**

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

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator/Non-Motorist</b>	See Above	<del>04/07/2008</del>	<del>M</del>	<del>1</del>							





Wilmington Police Department  
Images Associated with 20-22-AC



Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash 01/22/2020 Time of Crash 0712 City/Town Wilmington

Motor Vehicle Crash Police Report

Number Vehicles 2 Number Injured 0 Speed Limit 30 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 126 MIDDLESEX AVE Feet N S E W of Mile Marker Exit Number

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

Crash Report ID# 20-23-AC

License # Sex Lic. Class 19 19 Lic. Restrictions 1 20 CDL Endorsement Operator Address City State Zip Insurance Company THE COMMERCE INSURANCE CO Vehicle Travel Direction: N X 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 # 834EY3 Reg Type PC Reg State MA Veh Year 2006 Veh Make NISSAN Veh Config. 1 21 Owner GRIFFIN, PAMELA ANN Address 127 MIDDLESEX AVE City WILMINGTON State MA Zip 01887-2724 Vehicle Action Prior to Crash 6 22 Damaged Area Code: 2 27 27 27 Test Status: 28 Type of Test: 29 BAC Test Result: 30 Driver Contributing Code 19 25 25 Susp. Alcohol: 31 Susp. Drug: 32 Driver Distracted by 0 26 Towed from scene? 2 33

Table with 12 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 # S63209176 St MA DOB/Age. Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement Operator DIFABIO, AMEDEO Address 36 TERCENTENNIAL DR City BILLERICA State MA Zip 01821-2951 Insurance Company METROPOLITAN PROPERTY AND 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

Reg # 115CMA Reg Type PC Reg State MA Veh Year 2006 Veh Make FORD Veh Config. 1 21 Owner DIFABIO, AMEDEO Address 36 TERCENTENNIAL DR City BILLERICA State MA Zip 01821-2951 Vehicle Action Prior to Crash 1 22 Damaged Area Code: 3 27 27 27 Test Status: 28 Type of Test: 29 BAC Test Result: 30 Driver Contributing Code 1 25 25 Susp. Alcohol: 31 Susp. Drug: 32 Driver Distracted by 0 26 Towed from scene? 2 33

Table with 12 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.



Date of Crash 01/23/2020 Time of Crash 0715 City/Town Wilmington **Motor Vehicle Crash Police Report** Number Vehicles 2 Number Injured 0 Speed Limit 25 State Police  Local Police  MBTA Police  Campus Police  Other:

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

<p>Route# _____ Direction _____ Name of Roadway/Street _____</p> <p style="text-align: center;">At</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p> <p style="text-align: center;">Also at Intersection with</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p>	<p>Route# _____ Direction _____ Address # <u>48</u> Name of Roadway/Street <u>BUTTERSROW</u></p> <p>_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W of _____ or _____</p> <p style="text-align: center;">Mile Marker _____ Exit Number _____</p> <p>_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W of _____</p> <p style="text-align: center;">Route# _____ Intersecting Roadway/Street _____</p> <p>_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W of _____</p> <p style="text-align: center;">Landmark _____</p>
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Please Select One of the Following:  Vehicle 1 #Occupants  Hit/Run  Moped Crash Report ID# **20-24-AC**

<p>License # <u>S90669933</u> St <u>MA</u> DOB/Age _____</p> <p>Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL _____</p> <p>Operator <u>DESROSIERS, RONSARD E</u></p> <p>Address <u>25 FOREST ST</u></p> <p>City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-2857</u></p> <p>Insurance Company <u>PROGRESSIVE DIRECT INSURA</u></p> <p>Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input checked="" type="checkbox"/> W Responding to Emergency? <u>2</u></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 # <u>8HZ978</u> Reg Type <u>PC</u> Reg State <u>MA</u></p> <p>Veh Year <u>2005</u> Veh Make <u>TOYOTA</u> Veh Config. <u>1</u> <u>21</u></p> <p>Owner <u>DESROSIERS, RONSARD E</u></p> <p>Address <u>25 FOREST ST</u></p> <p>City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-2857</u></p> <p>Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>1</u> <u>27</u> <u>8</u> <u>27</u> <u>27</u></p> <p>Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u></p> <p>Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>1</u> <u>29</u></p> <p>Driver Contributing Code <u>1</u> <u>25</u> <u>25</u> BAC Test Result: <u>1</u> <u>30</u></p> <p>Driver Distracted by <u>0</u> <u>26</u> Susp. Alcohol: <u>31</u> Susp. Drug: <u>32</u></p> <p>Towed from scene? <u>2</u> <u>33</u></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>XXXXXX</del>	<del>XXXX</del>	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

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



Wilmington Police Department  
Images Associated with 20-24-AC



Date of Crash 01/23/2020	Time of Crash 2115 24HR	City/Town <b>Wilmington</b>	<b>Motor Vehicle Crash Police Report</b>	Number Vehicles 1	Number Injured 1	Speed Limit <u>35</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# <u>25</u> Direction _____ Address # <u>CONCORD ST</u> Name of Roadway/Street _____	Route# _____ Direction _____ Name of Roadway/Street _____ At _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____	_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Mile Marker _____ Exit Number _____	Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____	_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____	Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Landmark _____

Please Select One of the Following:  Vehicle 1 #Occupants  Hit/Run  Moped Crash Report ID# **20-25-AC**

License # <u>S60243128</u> St <u>MA</u> DOB/Age _____ Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL _____ Operator <u>DALL, ANDREW M</u> Address <u>41 KILBY ST</u> City <u>WOBURN</u> State <u>MA</u> Zip <u>01801-2902</u> Insurance Company <u>PROGRESSIVE DIRECT INSURA</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) <u>T1683297</u> Viol. 1: Ch/Sec/Sub <u>90</u> <u>24</u> Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # <u>38A290</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2012</u> Veh Make <u>KIA</u> Veh Config. <u>1</u> <u>21</u> Owner <u>DALL, ANDREW M</u> Address <u>41 KILBY ST</u> City <u>WOBURN</u> State <u>MA</u> Zip <u>01801-2902</u> Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>3</u> <u>27</u> <u>1</u> <u>27</u> <u>27</u> Event Sequence <u>24</u> <u>23</u> <u>41</u> <u>23</u> <u>35</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u> Most Harmful Event <u>35</u> <u>24</u> Type of Test: <u>29</u> Driver Contributing Code <u>10</u> <u>25</u> <u>25</u> BAC Test Result: <u>1</u> <u>30</u> Driver Distracted by <u>99</u> <u>26</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>99</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	<del>X</del>	<del>X</del>	1	0	1	0	0	9	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 <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> 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> Damaged Area Code: <u>27</u> <u>27</u> <u>27</u> Event Sequence <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>28</u> Most Harmful Event <u>24</u> Type of Test: <u>29</u> Driver Contributing Code <u>25</u> <u>25</u> BAC Test Result: <u>30</u> Driver Distracted by <u>26</u> Susp. Alcohol: <u>31</u> Susp. Drug: <u>32</u> Towed from scene? <u>33</u>
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Please fill out for operator/non-motorist and all occupants involved		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>X</del>	<del>X</del>	1						





Date of Crash 01/24/2020 Time of Crash 1905 24HR City/Town **Wilmington** **Motor Vehicle Crash Police Report** Number Vehicles 2 Number Injured 0 Speed Limit 65 State Police  Local Police  MBTA Police  Campus Police  Other:

AT INTERSECTION:	< LOCATION >	NOT AT INTERSECTION:
Route# _____ Direction _____ Name of Roadway/Street _____ At _____		<b>I93NB HWY</b>
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____	_____ Feet <b>N S E W</b> of _____ Mile Marker _____ or _____ Exit Number _____	
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____	_____ Feet <b>N S E W</b> of _____ Route# _____ Intersecting Roadway/Street _____	
		Landmark _____

Please Select One of the Following:  Vehicle 1 #Occupants  Hit/Run  Moped Crash Report ID# **20-26-AC**

License # <b>S21563253</b> St. <b>MA</b> DOB/Age _____ Reg # <b>213C90</b> Reg Type <b>PC</b> Reg State <b>MA</b>	
Sex <b>F</b> Lic. Class <b>D</b> Lic. Restrictions <b>20</b> CDL Endorsement _____ Veh Year <b>2020</b> Veh Make <b>KIA</b> Veh Config. <b>1</b>	
Operator <b>ANDREWS, JESSEE MICHELE</b> Owner <b>ANDREWS, JESSEE MICHELE</b>	
Address <b>4 5TH ST</b> Address <b>4 5TH ST</b>	
City <b>LOWELL</b> State <b>MA</b> Zip <b>01850-2146</b> City <b>LOWELL</b> State <b>MA</b> Zip <b>01850-2146</b>	
Insurance Company <b>GOVERNMENT EMPLOYEES INSU</b> Vehicle Action Prior to Crash <b>1</b>	Damaged Area Code: <b>5</b> <b>27</b> <b>2</b> <b>27</b> <b>27</b>
Vehicle Travel Direction: <input checked="" type="checkbox"/> <b>S E W</b> Responding to Emergency? <b>2</b> 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>	Type of Test: <b>29</b>
Citation # (If Issued) _____ Most Harmful Event <b>1</b> <b>24</b> BAC Test Result: <b>1</b> <b>30</b>	Susp. Alcohol: <b>2</b> <b>31</b> Susp. Drug: <b>2</b> <b>32</b>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code <b>99</b> <b>25</b> <b>25</b> Driver Distracted by <b>0</b> <b>26</b> Towed from scene? <b>2</b> <b>33</b>	

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		<input checked="" type="checkbox"/>	<b>1</b>	<b>99</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 # _____ St. _____ DOB/Age _____ Reg # _____ Reg Type _____ Reg State _____	
Sex _____ Lic. Class <b>19</b> <b>19</b> Lic. Restrictions <b>20</b> CDL Endorsement _____ Veh Year _____ Veh Make _____ Veh Config. <b>21</b>	
Operator <b>unknown</b> Owner _____	
Address _____ Address _____	
City _____ State _____ Zip _____ City _____ State _____ Zip _____	
Insurance Company _____ Vehicle Action Prior to Crash <b>22</b> Damaged Area Code: <b>27</b> <b>27</b> <b>27</b>	
Vehicle Travel Direction: <input type="checkbox"/> <b>N S E W</b> Responding to Emergency? _____ Event Sequence <b>23</b> <b>23</b> <b>23</b> <b>23</b> Test Status: <b>28</b>	
Citation # (If Issued) _____ Most Harmful Event <b>24</b> Type of Test: <b>29</b>	
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code <b>25</b> <b>25</b> BAC Test Result: <b>30</b>	
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by <b>26</b> Susp. Alcohol: <b>31</b> Susp. Drug: <b>32</b>	
	Towed from scene? <b>33</b>

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		<input checked="" type="checkbox"/>	<b>1</b>							

