

Police Use Only			Commonwealth of Massachusetts				RMV Document Number								
Date of Crash 01/28/2020	Time of Crash 1808 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit <u>35</u>	Latitude _____	Longitude _____	State Police <input type="checkbox"/>	Local Police <input type="checkbox"/>	MBTA Police <input type="checkbox"/>	Campus Police <input type="checkbox"/>	Other: _____ <input type="checkbox"/>

AT INTERSECTION:	< LOCATION >	NOT AT INTERSECTION:
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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>195</u> Name of Roadway/Street <u>MAIN 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:	<input checked="" type="checkbox"/> Vehicle <u>1</u> #Occupants	<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped	Crash Report ID# 20-27-AC
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License # <u>S48287715</u> St <u>MA</u> DOB/Age _____ Sex <u>F</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____ Endorsement _____ Operator <u>RUSSO, ANGELA M</u> Last First Middle Address <u>6 HOUGHTON RD</u> City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-2247</u> Insurance Company <u>UNITED SERVICES AUTOMOBIL</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>3AN733</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2015</u> Veh Make <u>Jeep</u> Veh Config. <u>1</u> <u>21</u> Owner <u>RUSSO, JOSEPH R</u> Last First Middle Address <u>6 HOUGHTON RD</u> City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-2247</u> Vehicle Action Prior to Crash <u>4</u> <u>22</u> Damaged Area Code: <u>99</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>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>25</u> BAC Test Result: <u>1</u> <u>30</u> Driver Distracted by <u>1</u> <u>26</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</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
Operator	See Above	XXXXXX	X	1	1	4	0	0	10	1	

Please Select One of the Following:	<input checked="" type="checkbox"/> Vehicle <u>2</u> #Occupants	<input type="checkbox"/> Non-Motorist A	Type <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>S42665014</u> St <u>MA</u> DOB/Age _____ Sex <u>F</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____ Endorsement _____ Operator <u>LANCIONE, CHRISTIANA S</u> Last First Middle Address <u>84 SALEM ST</u> City <u>ANDOVER</u> State <u>MA</u> Zip <u>01810-2115</u> Insurance Company <u>GEICO GENERAL INSURANCE C</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>KALMTA</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2018</u> Veh Make <u>MERCEDES-BENZ</u> Veh Config. <u>1</u> <u>21</u> Owner <u>LANCIONE, CHRISTIANA S</u> Last First Middle Address <u>84 SALEM ST</u> City <u>ANDOVER</u> State <u>MA</u> Zip <u>01810-2115</u> Vehicle Action Prior to Crash <u>1</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>1</u> <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>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>2</u> <u>32</u> Towed from scene? <u>2</u> <u>33</u>
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Please fill out for operator/non-motorist and all occupants involved											
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above	XXXXXX	X	1	99	4	0	0	10	1	

Police Use Only			Commonwealth of Massachusetts				RMV Document Number								
Date of Crash 01/29/2020	Time of Crash 0749 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 1	Speed Limit <u>40</u>	Latitude _____	Longitude _____	State Police <input type="checkbox"/>	Local Police <input type="checkbox"/>	MBTA Police <input type="checkbox"/>	Campus Police <input type="checkbox"/>	Other: _____

AT INTERSECTION:	< LOCATION >	NOT AT INTERSECTION:
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<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Route#</td> <td>Direction</td> <td>Name of Roadway/Street</td> </tr> <tr> <td colspan="3" style="text-align: center;">At</td> </tr> <tr> <td>Route#</td> <td>Direction</td> <td>Name of Intersecting Roadway/Street</td> </tr> <tr> <td colspan="3" style="text-align: center;">Also at Intersection with</td> </tr> <tr> <td>Route#</td> <td>Direction</td> <td>Name of Intersecting Roadway/Street</td> </tr> </table>	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	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Route#</td> <td>Direction</td> <td>Address #</td> <td>Name of Roadway/Street</td> </tr> <tr> <td colspan="4" style="text-align: center;">250 BALLARDVALE ST</td> </tr> <tr> <td colspan="4" style="text-align: center;">Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____</td> </tr> <tr> <td colspan="2" style="text-align: center;">Mile Marker</td> <td colspan="2" style="text-align: center;">Exit Number</td> </tr> <tr> <td colspan="4" style="text-align: center;">Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____</td> </tr> <tr> <td colspan="2" style="text-align: center;">Route#</td> <td colspan="2" style="text-align: center;">Intersecting Roadway/Street</td> </tr> <tr> <td colspan="4" style="text-align: center;">Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____</td> </tr> <tr> <td colspan="4" style="text-align: center;">Landmark</td> </tr> </table>	Route#	Direction	Address #	Name of Roadway/Street	250 BALLARDVALE ST				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:	<input checked="" type="checkbox"/> Vehicle <u>1</u> #Occupants	<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped	Crash Report ID# 20-28-AC
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License # NHL16255085 St NH DOB/Age _____ Sex M Lic. Class D <u>19</u> <u>19</u> Lic. Restrictions 1 <u>20</u> CDL _____ Operator HOULE, RYAN C Address 8 DUTTON RD City PELHAM State NH Zip 03076-3415 Insurance Company THE TRAVELERS INDEMNITY C 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 # 79069 Reg Type TR Reg State MA Veh Year 2007 Veh Make Mack Truck Veh Config. 8 <u>21</u> Owner DEMOULAS SUPER MKTS INC Address 875 EAST ST City TEWKSBURY State MA Zip 01876-1469 Vehicle Action Prior to Crash 2 <u>22</u> Damaged Area Code: 5 <u>27</u> <u>27</u> <u>27</u> Event Sequence 1 <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: 1 <u>28</u> Most Harmful Event 1 <u>24</u> Type of Test: 1 <u>29</u> Driver Contributing Code 1 <u>25</u> <u>25</u> BAC Test Result: 1 <u>30</u> Driver Distracted by 0 <u>26</u> Susp. Alcohol: 2 <u>31</u> Susp. Drug: 2 <u>32</u> Towed from scene? 2 <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	XXXXXX	XX	1	1	4	0	0	10	1	

Please Select One of the Following:	<input checked="" type="checkbox"/> Vehicle <u>2</u> #Occupants	<input type="checkbox"/> Non-Motorist A	Type <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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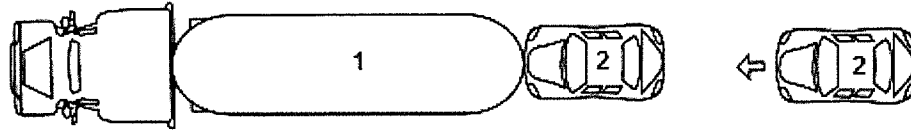
License # S23837931 St MA DOB/Age _____ Sex M Lic. Class D <u>19</u> <u>19</u> Lic. Restrictions 1 <u>20</u> CDL _____ Operator MITCHELL, RAYMOND J Address 16 DOWNING RD City PEABODY State MA Zip 01960-2702 Insurance Company THE COMMERCE INSURANCE CO Vehicle Travel Direction: <input checked="" type="checkbox"/> 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 # 7TS850 Reg Type PC Reg State MA Veh Year 2012 Veh Make Infinity Veh Config. 1 <u>21</u> Owner MITCHELL, RAYMOND J Address 16 DOWNING RD City PEABODY State MA Zip 01960-2702 Vehicle Action Prior to Crash 1 <u>22</u> Damaged Area Code: 1 <u>27</u> <u>27</u> <u>27</u> Event Sequence 1 <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: 1 <u>28</u> Most Harmful Event 1 <u>24</u> Type of Test: 1 <u>29</u> Driver Contributing Code 1 <u>25</u> <u>25</u> BAC Test Result: 1 <u>30</u> Driver Distracted by 0 <u>26</u> Susp. Alcohol: 2 <u>31</u> Susp. Drug: 2 <u>32</u> Towed from scene? 1 <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	XXXXXX	XX	1	1	1	0	0	8	1	

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

Crash Diagram:

ie: → 1 → 2 → O → B



If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow



250 BALLARDVALE ST



Crash Narrative:

The operator of MV 1 stated he was traveling north when he stopped for traffic. MV 1 started to travel forward with traffic when the operator of MV 2 struck the back of MV 1. As a result of the impact there was damage to the back of trailer of MV 1. Operator of MV 1 reported no injuries.

The operator of MV 2 stated he was traveling around 40MPH before he struck the back of the truck. The impact resulted in air bag deployment and resulted in damage to the front end of the vehicle. The operator of MV 2 reported he was having chest pain and was checked by Wilmington Fire Department. The operator was not transported and was picked up by a friend. MV 2 was towed by A&S.

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 # 79069 (From Vehicle Section)

Carrier Name Demoulas Super MKTS INC Bus Use 0 ⁴²

Address 875 EAST ST City TEWKSBURY St MA Zip 01876

US DOT #: 018292 State Number _____ Issuing State MA MC/MX/ICC #: _____

Interstate 43 Cargo Body Type Code 97 ⁴⁴ GVWR/GCWR 45

Trailer Reg #: _____ Reg Type TR Reg State AB Reg Year _____ Trailer Length 4 ⁴⁶

Hazmat Information:

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

Patrol Officer Meghan Sousa 214 Wilmington Police Department 01/29/2020
 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 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 _____ Exit Number

Feet N S E W of _____ Mile Marker _____

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

Landmark _____

Please Select One of the Following: Vehicle 1 Occupants Hit/Run Moped Crash Report ID# **20-29-AC**

License # **S56442902** St **MA** DOB/Age _____ Reg # **341JD5** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL _____ Veh Year **2008** Veh Make **CHEVROLET** Veh Config. **1** 21

Operator **REPPUCCI, LORRAINE C** Owner **REPPUCCI, LORRAINE C**

Address **55 RICHARDS RD** Address **55 RICHARDS RD**

City **READING** State **MA** Zip **01867-1839** City **READING** State **MA** Zip **01867-1839**

Insurance Company **LIBERTY MUTUAL INSURANCE** Vehicle Action Prior to Crash **11** 22 Damaged Area Code: **6** 27 27 27

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

Citation # (If Issued) _____ Most Harmful Event **2** 24 Type of Test: **29**

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

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

Towed from scene? **2** 33

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Sent Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above	XXXXXX	XXXX	1	0	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 # **S47360356** St **MA** DOB/Age _____ Reg # **291BG6** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL _____ Veh Year **2006** Veh Make **FORD** Veh Config. **1** 21

Operator **SCANLON, STEPHEN FRANCIS** Owner **SCANLON, STEPHEN FRANCIS**

Address **27 COLUMBIA ST** Address **27 COLUMBIA ST**

City **WILMINGTON** State **MA** Zip **01887-2415** City **WILMINGTON** State **MA** Zip **01887-2415**

Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **11** 22 Damaged Area Code: **5** 27 27 27

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

Citation # (If Issued) _____ Most Harmful Event **2** 24 Type of Test: **29**

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

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

Towed from scene? **2** 33

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

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

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

Route# Direction Name of Roadway/Street At Route# Direction Address # **260 MAIN ST** 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 _____ of _____ or _____ Mile Marker Exit Number

Feet **N S E W** of _____ 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# **20-29-AC**

License # **A09289300** St **MA** DOB/Age _____ Reg # **8JT439** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL _____ Veh Year **2012** Veh Make **CHEVROLET** Veh Config. **1** 21

Operator **TIBBETTS, JAMES A** Owner **TIBBETTS, JAMES A**

Address **30 LUCAYA CIR** Address **30 LUCAYA CIR**

City **WILMINGTON** State **MA** Zip **01887-1554** City **WILMINGTON** State **MA** Zip **01887-1554**

Insurance Company **ARBELLA MUTUAL INSURANCE** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **2** 27 27 27

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

Citation # (If Issued) _____ Most Harmful Event **2** 24 Type of Test: **2** 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

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	0	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 **19** 19 Lic. Restrictions **20** CDL _____ Veh Year _____ Veh Make _____ Veh Config. **21**

Operator _____ Owner _____

Address _____ Address _____

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

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

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

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

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

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

Towed from scene? **33**

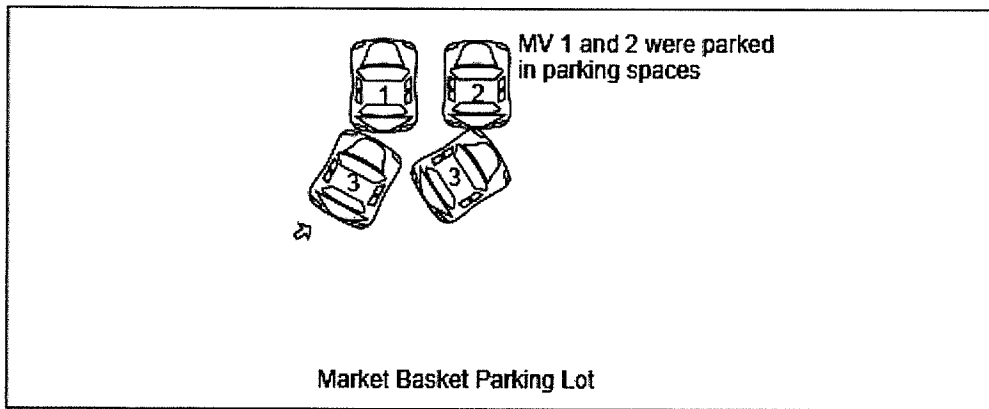
Please fill out for operator/non-motorist and all occupants involved

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

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

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 and 2 were parked in parking spots at Market Basket Parking Lot. MV 3 struck MV 1 and 2 proceeded to leave scene of accident. MV 3 was identified and couldn't remember hitting another vehicle. A request for medical evaluation was filed with RMV.

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

01/29/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Police Use Only			Commonwealth of Massachusetts				RMV Document Number		
Date of Crash 01/29/2020	Time of Crash 1710 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit <u>30</u>	State Police <input type="checkbox"/>
Latitude _____ MBTA Police <input type="checkbox"/> Longitude _____ Campus Police <input type="checkbox"/> Other _____ <input type="checkbox"/>									

AT INTERSECTION:	<	LOCATION	>	NOT AT INTERSECTION:
Route# _____ Direction _____ Name of Roadway/Street _____		355 MIDDLESEX AVE		Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____
At _____		Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____		Mile Marker _____ or Exit Number _____
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 _____
Also at Intersection with _____		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# **20-30-AC**

License # S10381034 St MA DOB/Ag: _____	Reg # 727VE8 Reg Type PC Reg State MA
Sex M Lic. Class D <u>19</u> <u>19</u> Lic. Restrictions 1 <u>20</u> CDL Endorsement _____	Veh Year 2002 Veh Make GMC Veh Config. 2 <u>21</u>
Operator DOUCETTE, THOMAS CHARLES Last First Middle	Owner DOUCETTE, THOMAS CHARLES Last First Middle
Address 21 SHELDON AVE	Address 21 SHELDON AVE
City WILMINGTON State MA Zip 01887-2927	City WILMINGTON State MA Zip 01887-2927
Insurance Company THE COMMERCE INSURANCE CO	Vehicle Action Prior to Crash 2 <u>22</u> Damaged Area Code: 4 <u>27</u> <u>27</u> <u>27</u>
Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> S <input checked="" type="checkbox"/> E <input checked="" type="checkbox"/> W Responding to Emergency? <u>2</u>	Event Sequence 1 <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: 1 <u>28</u>
Citation # (If Issued) _____	Most Harmful Event 1 <u>24</u> Type of Test: 30
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	BAC Test Result: 30
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Contributing Code 1 <u>25</u> <u>25</u> Susp. Alcohol: 31 Susp. Drug: 32
	Driver Distracted by 0 <u>26</u> Towed from scene? 2 <u>33</u>

Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above	XXXXXX	X	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 # S52054595 St MA DOB/Ag: _____	Reg # 2JD246 Reg Type PC Reg State MA
Sex M Lic. Class D <u>19</u> <u>19</u> Lic. Restrictions 1 <u>20</u> CDL Endorsement _____	Veh Year 2012 Veh Make CADILLAC Veh Config. 1 <u>21</u>
Operator ONEILL, JAMES W Last First Middle	Owner ONEILL, WALTER J Last First Middle
Address 30 FAY ST	Address 30 FAY ST
City WILMINGTON State MA Zip 01887-1807	City WILMINGTON State MA Zip 01887-1807
Insurance Company INTEGON NATIONAL INSURANC	Vehicle Action Prior to Crash 1 <u>22</u> Damaged Area Code: 1 <u>27</u> <u>27</u> <u>27</u>
Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> S <input checked="" type="checkbox"/> E <input checked="" type="checkbox"/> W Responding to Emergency? <u>2</u>	Event Sequence 1 <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: 28
Citation # (If Issued) _____	Most Harmful Event 1 <u>24</u> Type of Test: 29
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	BAC Test Result: 30
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Contributing Code 99 <u>25</u> <u>25</u> Susp. Alcohol: 31 Susp. Drug: 32
	Driver Distracted by 99 <u>26</u> Towed from scene? 1 <u>33</u>

Please fill out for operator/non-motorist and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above	XXXXXX	X	1	1	1	0	0	99	1	

Commonwealth of Massachusetts

Motor Vehicle Crash Police Report

Police Use Only		RMV Document Number			
Date of Crash 01/29/2020	Time of Crash 1806 24HR	City/Town Wilmington	Number Vehicles 2	Number Injured 1	Speed Limit <u>40</u> Latitude _____ Longitude _____
				State Police <input type="checkbox"/>	Local Police <input type="checkbox"/>
				MBTA Police <input type="checkbox"/>	Campus Police <input type="checkbox"/>
				Other: <input type="checkbox"/>	

AT INTERSECTION:	< LOCATION >	NOT AT INTERSECTION:
Route# _____ Direction _____ Name of Roadway/Street _____		Route# <u>34</u> Direction _____ Address # <u>LOWELL ST</u> Name of Roadway/Street _____
At _____		Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____		Mile Marker _____ Exit Number _____
Also at Intersection with _____		Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____		Route# _____ Intersecting Roadway/Street _____
		Landmark _____

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

Crash Report ID# **20-31-AC**

License # <u>S18699058</u> St <u>MA</u> DOB/Age _____	Reg # <u>235RV7</u> Reg Type <u>PC</u> Reg State <u>MA</u>
Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL _____	Veh Year <u>2016</u> Veh Make <u>HYUNDAI</u> Veh Config. <u>1</u> <u>21</u>
Operator <u>SARNO, ANTHONY ENRICO</u>	Owner <u>SARNO, ANTHONY ENRICO</u>
Address <u>569 FRANKLIN ST APT 4</u>	Address <u>569 FRANKLIN ST APT 4</u>
City <u>MELROSE</u> State <u>MA</u> Zip <u>02176-1727</u>	City <u>MELROSE</u> State <u>MA</u> Zip <u>02176-1727</u>
Insurance Company <u>THE COMMERCE INSURANCE CO</u>	Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>1</u> <u>27</u> <u>27</u> <u>27</u>
Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? <u>2</u>	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>
Citation # (If Issued) _____	Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>1</u> <u>29</u>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	BAC Test Result: <u>1</u> <u>30</u>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Contributing Code <u>99</u> <u>25</u> <u>25</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u>
	Driver Distracted by <u>99</u> <u>26</u> Towed from scene? <u>1</u> <u>33</u>

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				<u>1</u>	<u>99</u>	<u>1</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	
<u>MICHAEL HAWKINS</u>	<u>130 GILBERT ST MALDEN, MA 02148-1751</u>		<u>M</u>	<u>3</u>	<u>99</u>	<u>3</u>	<u>0</u>	<u>2</u>	<u>7</u>	<u>2</u>	<u>Lahey Clinic</u>

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

License # <u>S26117475</u> St <u>MA</u> DOB/Age _____	Reg # <u>9GB525</u> Reg Type <u>PC</u> Reg State <u>MA</u>
Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL _____	Veh Year <u>2012</u> Veh Make <u>MAZDA</u> Veh Config. <u>1</u> <u>21</u>
Operator <u>DUMAS, BENJAMIN DAVID</u>	Owner <u>DUMAS, BENJAMIN DAVID</u>
Address <u>23 OAKDALE RD</u>	Address <u>23 OAKDALE RD</u>
City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-1918</u>	City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-1918</u>
Insurance Company <u>GARRISON PROPERTY & CASUA</u>	Vehicle Action Prior to Crash <u>4</u> <u>22</u> Damaged Area Code: <u>4</u> <u>27</u> <u>27</u> <u>27</u>
Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? <u>2</u>	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>
Citation # (If Issued) _____	Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>1</u> <u>29</u>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	BAC Test Result: <u>1</u> <u>30</u>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Contributing Code <u>99</u> <u>25</u> <u>25</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u>
	Driver Distracted by <u>99</u> <u>26</u> Towed from scene? <u>1</u> <u>33</u>

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				<u>1</u>	<u>99</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	

Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 01/30/2020	Time of Crash 1808 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 1	Speed Limit <u>40</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

AT INTERSECTION:			< LOCATION >	NOT AT INTERSECTION:		
Route# _____ Direction _____ Name of Roadway/Street _____			Route# _____ Direction _____ Address # <u>430</u> Name of Roadway/Street <u>SALEM ST</u>			
At _____			Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____			
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			Mile Marker _____ Exit Number _____			
Also at Intersection with _____			Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____			
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			Route# _____ Intersecting Roadway/Street _____			
			Landmark _____			

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

Crash Report ID# **20-32-AC**

License # <u>S89302460</u> St <u>MA</u> DOB/Age _____	Reg # <u>N12877</u> Reg Type <u>CO</u> Reg State <u>MA</u>
Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL _____	Veh Year <u>2008</u> Veh Make <u>HONDA</u> Veh Config. <u>1</u> <u>21</u>
Operator <u>HICKEY, CHRISTOPHER J</u>	Owner <u>HICKEY, CHRISTOPHER J</u>
Address <u>1 WINONA RD</u>	Address <u>1 WINONA RD</u>
City <u>BURLINGTON</u> State <u>MA</u> Zip <u>01803-2012</u>	City <u>BURLINGTON</u> State <u>MA</u> Zip <u>01803-2012</u>
Insurance Company <u>ARBELLA MUTUAL INSURANCE</u>	Vehicle Action Prior to Crash <u>4</u> <u>22</u> Damaged Area Code: <u>11</u> <u>27</u> <u>27</u> <u>27</u>
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u>	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>
Citation # (If Issued) _____	Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	BAC Test Result: <u>1</u> <u>30</u>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Contributing Code <u>99</u> <u>25</u> <u>25</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u>
	Driver Distracted by <u>0</u> <u>26</u> Towed from scene? <u>1</u> <u>33</u>

Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above	XXXXXX	X	<u>1</u>	<u>0</u>	<u>3</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>S17783837</u> St <u>MA</u> DOB/Age _____	Reg # <u>FH148</u> Reg Type <u>PC</u> Reg State <u>MA</u>
Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL _____	Veh Year <u>2010</u> Veh Make <u>AUDI</u> Veh Config. <u>1</u> <u>21</u>
Operator <u>NOSSIFF, AARON J</u>	Owner <u>NOSSIFF, JOHN GEORGE</u>
Address <u>108 LOWELL RD APT 304</u>	Address <u>16 CEDAR RD</u>
City <u>NORTH READING</u> State <u>MA</u> Zip <u>01864-1684</u>	City <u>ANDOVER</u> State <u>MA</u> Zip <u>01810-1740</u>
Insurance Company <u>THE COMMERCE INSURANCE CO</u>	Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>1</u> <u>27</u> <u>27</u> <u>8</u> <u>27</u>
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u>	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>
Citation # (If Issued) <u>T1682820</u>	Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u>
Viol. 1: Ch/Sec/Sub <u>90</u> <u>23</u> Viol. 2: Ch/Sec/Sub _____	BAC Test Result: <u>1</u> <u>30</u>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Contributing Code <u>99</u> <u>25</u> <u>25</u> Susp. Alcohol: <u>31</u> Susp. Drug: <u>32</u>
	Driver Distracted by <u>99</u> <u>26</u> Towed from scene? <u>1</u> <u>33</u>

Please fill out for operator/non-motorist and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above	XXXXXX	X	<u>1</u>	<u>99</u>	<u>3</u>	<u>0</u>	<u>0</u>	<u>7</u>	<u>2</u>	Lahey Clinic

Commonwealth of Massachusetts

Motor Vehicle Crash Police Report

Police Use Only | **RMV Document Number**

Date of Crash: 01/31/2020 | Time of Crash: 1412 | City/Town: **Wilmington**

Number Vehicles: 2 | Number Injured: 0 | Speed Limit: 25

Latitude: _____ | Longitude: _____

State Police | Local Police | MBTA Police | Campus Police | Other: _____

LOCATION

AT INTERSECTION: | **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 _____

Feet N S E W of _____

Route# _____ Intersecting Roadway/Street _____

Feet N S E W of _____

Landmark _____

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

Crash Report ID# **20-33-AC**

License # **S36655525** St **MA** DOB/Ag: _____

Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL _____

Operator **SYLVESTRE, TERRANCE S**

Address **2 LONG POND RD**

City **TYNGSBORO** State **MA** Zip **01879-1354**

Insurance Company **PHILADELPHIA INDEMNITY IN**

Vehicle Travel Direction: 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 # **6RZ327** Reg Type **PC** Reg State **MA**

Veh Year **2017** Veh Make **FORD** Veh Config. **1** 21

Owner **NUPATH INC**

Address **147 NEW BOSTON ST**

City **WOBURN** State **MA** Zip **01801-6201**

Vehicle Action Prior to Crash **1** 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: **1** 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? **2** 33

Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator		See Above	<input checked="" type="checkbox"/>	1	1	4	0	0	10	1	
MARK CALLIGANDES	NA NA, MA 01887		M	3	1	4	0	0	10	1	
SEBASTIAN CHRONSCINSKI	NA NA, MA 01887		M	4	1	4	0	0	10	1	
DAVID RITCHIE	***UNKNOWN*** WILMINGTON, MA 01887		M	6	1	4	0	0	10	1	

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

License # **S15286461** St **MA** DOB/Ag: _____

Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL _____

Operator **DELUCA, JONATHAN MICHAEL**

Address **11 FREDDY RD**

City **BILLERICA** State **MA** Zip **01821-2204**

Insurance Company **PLYMOUTH ROCK ASSURANCE C**

Vehicle Travel Direction: 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 # **401TYS** Reg Type **PC** Reg State **MA**

Veh Year **2001** Veh Make **CHEVROLET** Veh Config. **1** 21

Owner **DELUCA, DANIEL M**

Address **11 FREDDY RD**

City **BILLERICA** State **MA** Zip **01821-2204**

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

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

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

Driver Contributing Code **20** 25 25 BAC Test Result: **1** 30

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

Towed from scene? **2** 33

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

Police Use Only			Commonwealth of Massachusetts				RMV Document Number									
Date of Crash 01/31/2020	Time of Crash 1520 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report				Number Vehicles 1	Number Injured 0	Speed Limit <u>5</u>	Latitude _____	Longitude _____	State Police <input type="checkbox"/>	Local Police <input type="checkbox"/>	MBTA Police <input type="checkbox"/>	Campus Police <input type="checkbox"/>	Other: _____ <input type="checkbox"/>

AT INTERSECTION:	< LOCATION >	NOT AT INTERSECTION:
Route# _____ Direction _____ Name of Roadway/Street _____ At _____	Route# _____ Direction _____ Address # <u>224</u> Name of Roadway/Street <u>MAIN ST</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 _____ or _____ 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 _____ Route# _____ Intersecting Roadway/Street _____	Route# _____ Direction _____ Name of Intersecting Roadway/Street _____
		Landmark _____

Please Select One of the Following:	<input checked="" type="checkbox"/> Vehicle <u>1</u> #Occupants	<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped	Crash Report ID# 20-34-AC
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License # <u>S23037945</u> St <u>MA</u> DOB/Age _____ Sex <u>F</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>99</u> <u>20</u> CDL _____ Operator <u>GOODWIN, ROSEMARY</u> Address <u>25 GLENWOOD RD</u> City <u>TEWKSBURY</u> State <u>MA</u> Zip <u>01876-4456</u> Insurance Company <u>AMICA MUTUAL INSURANCE CO</u> Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u> Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # <u>582LE7</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2007</u> Veh Make <u>NISSAN</u> Veh Config. <u>1</u> <u>21</u> Owner <u>GOODWIN, ROSEMARY</u> Address <u>25 GLENWOOD RD</u> City <u>TEWKSBURY</u> State <u>MA</u> Zip <u>01876-4456</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>2</u> <u>27</u> Event Sequence <u>20</u> <u>23</u> <u>35</u> <u>23</u> <u>21</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u> Most Harmful Event <u>21</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	XXXXXX	XXXX	1	1	4	0	0	10	1	

Please Select One of the Following:	<input 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 # _____ 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
Operator/Non-Motorist	See Above	XXXXXX	XXXX	1							

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1 Route# Direction Name of Roadway/Street At

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

2 Route# Direction Name of Intersecting Roadway/Street

Route# Direction Address # Name of Roadway/Street

Feet N S E W of Mile Marker or Exit Number

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

Feet N S E W of Landmark

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

Crash Report ID# **20-35-AC**

License # **S27973714** St **MA** DOB/Age Reg # **998BA6** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** Lic. Restrictions **20** CDL Endorsement Veh Year **2008** Veh Make **VOLKSWAGEN** Veh Config. **1**

Operator **RYDER, CHRISTOPHER F** Owner **RYDER, CHRISTOPHER F**

Address **14 WILDWOOD ST** Address **14 WILDWOOD ST**

City **CHELMSFORD** State **MA** Zip **01824-2433** City **CHELMSFORD** State **MA** Zip **01824-2433**

Insurance Company **SAFETY INSURANCE COMPANY** Vehicle Action Prior to Crash **9** Damaged Area Code: **7 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 **97 25 25** BAC Test Result: **1 30**

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

Towed from scene? **2 33**

Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above	 	 	1	99	4	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 # **S22962161** St **MA** DOB/Age Reg # **9PB736** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** Lic. Restrictions **20** CDL Endorsement Veh Year **2010** Veh Make **SUBARU** Veh Config. **1**

Operator **COSTA, JOSEPH ROY** Owner **COSTA, JOSEPH ROY**

Address **3 JUNE RD** Address **3 JUNE RD**

City **STONEHAM** State **MA** Zip **02180** City **STONEHAM** State **MA** Zip **02180**

Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **2** Damaged Area Code: **3 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 **99 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/non-motorist and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above	 	 	1	1	4	0	0	10	1	

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 02/01/2020	Time of Crash 0451 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 1	Number Injured 1	Speed Limit <u>25</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

AT INTERSECTION:	< LOCATION >	NOT AT INTERSECTION:
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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>126</u> Name of Roadway/Street <u>EAMES 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:	<input checked="" type="checkbox"/> Vehicle <u>1</u> #Occupants	<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped	Crash Report ID# 20-36-AC
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License # <u>S51930735</u> St. <u>MA</u> DOB/Age _____ Sex <u>F</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____ Endorsement _____ Operator <u>LE, CHRISTIANE T</u> Last First Middle Address <u>66 DRACUT ST</u> City <u>LAWRENCE</u> State <u>MA</u> Zip <u>01843-2535</u> Insurance Company <u>GOVERNMENT EMPLOYEES INSU</u> Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u> Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # <u>384XXE</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2013</u> Veh Make <u>NISSAN</u> Veh Config. <u>1</u> <u>21</u> Owner <u>LE, CHRISTIANE T</u> Last First Middle Address <u>66 DRACUT ST</u> City <u>LAWRENCE</u> State <u>MA</u> Zip <u>01843-2535</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>27</u> Event Sequence <u>22</u> <u>23</u> <u>41</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>28</u> Most Harmful Event <u>22</u> <u>24</u> Type of Test: <u>29</u> Driver Contributing Code <u>12</u> <u>25</u> <u>25</u> BAC Test Result: <u>30</u> Driver Distracted by <u>0</u> <u>26</u> Susp. Alcohol: <u>31</u> Susp. Drug: <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	<input checked="" type="checkbox"/> M <input type="checkbox"/> F	<u>1</u>	<u>1</u>	<u>3</u>	<u>0</u>	<u>0</u>	<u>8</u>	<u>2</u>	Lahey Clinic

Please Select One of the Following:	<input 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 # _____ St. _____ DOB/Age _____ Sex _____ Lic. Class <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____ Endorsement _____ Operator _____ Last First Middle 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 _____ Last First Middle 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
Operator/Non-Motorist		See Above	<input checked="" type="checkbox"/> M <input type="checkbox"/> F	<u>1</u>							

