

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

Route# Direction Name of Roadway/Street At Route# Direction Address # Name of Roadway/Street  
 1 14 **HOPKINS ST**

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# **20-37-AC**

License # **S48014711** St **MA** DOB/Age \_\_\_\_\_ Reg # **BLAZD** Reg Type **MC** Reg State **MA**  
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL \_\_\_\_\_ Veh Year **2011** Veh Make **SUZIKI** Veh Config. **3** 21  
 Operator **GUTIERREZ, FREDERICK JAMES** Owner **GUTIERREZ, FREDERICK JAMES**  
 Address **79 BALDWIN RD** Address **79 BALDWIN RD**  
 City **BILLERICA** State **MA** Zip **01821-3152** City **BILLERICA** State **MA** Zip **01821-3152**  
 Insurance Company **GEICO INDEMNITY COMPANY** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **97** 27 27 27  
 Vehicle Travel Direction:  N  S  E  W Responding to Emergency? **2** Event Sequence **43** 23 23 23 23 Test Status: **28**  
 Citation # (If Issued) \_\_\_\_\_ Most Harmful Event **43** 24 Type of Test: **29**  
 Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **99** 25 25 BAC Test Result: **30**  
 Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **99** 26 Susp. Alcohol: **2** 31 Susp. Drug: **2** 32  
 Towed from scene? **2** 33

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator</b>	See Above	<del>XXXXXX</del>	<del>XXXX</del>	<b>1</b>	<b>5</b>	<b>5</b>	<b>3</b>	<b>0</b>	<b>7</b>	<b>2</b>	<b>Lahey Clinic</b>

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

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

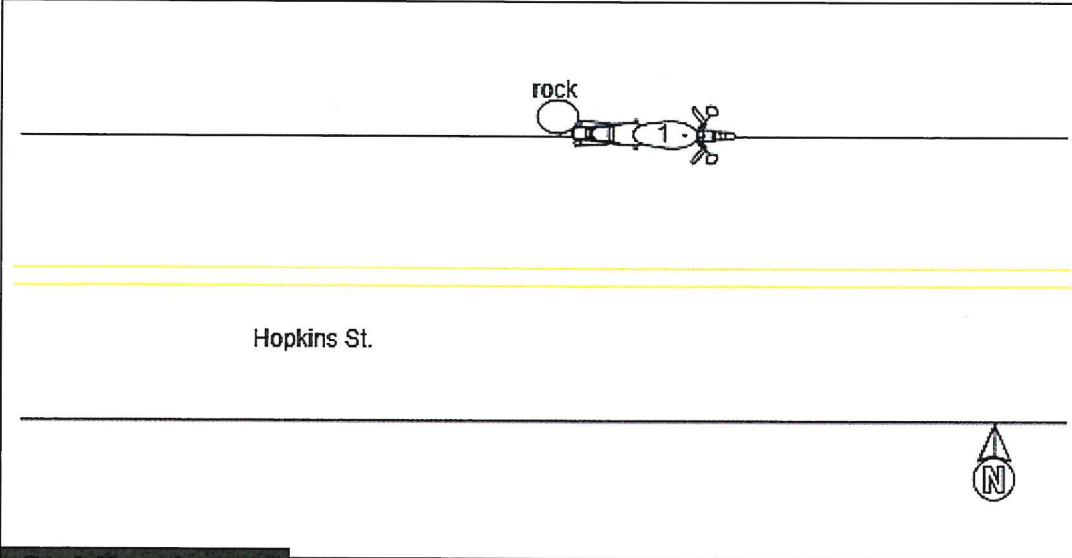
Please fill out for operator/non-motorist and all occupants involved

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

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

**Crash Diagram:**

ie: → 1 → 2 → ○ → ○



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

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

**Indicate North by Arrow**



**Crash Narrative:**

MV1 travelling westbound on Hopkins St. Operator of MV1 stated he was unsure what had occurred. He stated that he was travelling straight ahead when his motorcycle came out from underneath him and he struck his head (helmeted) off the ground. It appeared that the motorcycle had spun while sliding and struck a rock. Operator of MV1 transported by ambulance to Lahey Hospital.

**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 P Cavanaugh    195    Wilmington Police Department    02/03/2020  
 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  
 10 **ALDRICH RD**

Route# Direction Name of Intersecting Roadway/Street Also at Intersection with  
 Feet **N S E W** of Mile Marker Exit Number

Route# Direction Name of Intersecting Roadway/Street  
 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# **20-38-AC**

License # **S98578646** St **MA** DOB/Age \_\_\_\_\_ Reg # **1SKV48** Reg Type **PC** Reg State **MA**  
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL Endorsement \_\_\_\_\_ Veh Year **2006** Veh Make **PONTIAC** Veh Config. **1** 21  
 Operator **FOSTER, PAUL WILLIAM** Owner **FOSTER, PAUL WILLIAM**  
 Address **17 TOPLIFF ST** Address **17 TOPLIFF ST**  
 City **BILLERICA** State **MA** Zip **01821-6431** City **BILLERICA** State **MA** Zip **01821-6431**  
 Insurance Company **LM GENERAL INSURANCE COMP** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **2** 27 27 27  
 Vehicle Travel Direction: **N S X W** Responding to Emergency? **2** Event Sequence **22** 23 23 23 23 Test Status: **1** 28  
 Citation # (If Issued) \_\_\_\_\_ Most Harmful Event **22** 24 Type of Test: **2** 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 **99** 26 Susp. Alcohol: **2** 31 Susp. Drug: **99** 32  
 Towed from scene? **1** 33

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator</b>	See Above			<b>1</b>	<b>99</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>9</b>	<b>2</b>	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 \_\_\_\_\_ Reg # \_\_\_\_\_ Reg Type \_\_\_\_\_ Reg State \_\_\_\_\_  
 Sex \_\_\_\_\_ Lic. Class **D** 19 19 Lic. Restrictions **20** CDL Endorsement \_\_\_\_\_ 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

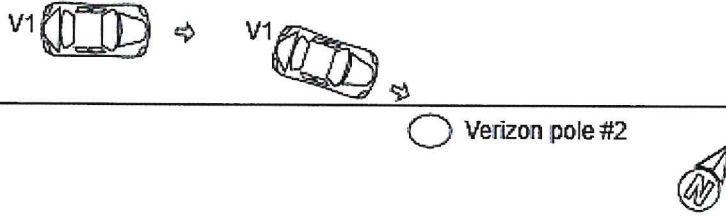
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator/Non-Motorist</b>	See Above			<b>1</b>							

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

**Crash Diagram:**

ie: → 1    → 2    → ○    → ○

Aldrich Rd in the vicinity of #10



**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:**

Upon my arrival the Opr was out of his vehicle standing by awaiting EMS response. The Opr stated that he was traveling down Aldrich Rd traveling approx 25mph when an animal ran out in front of him. The Opr swerved in an attempt to not hit the animal and collided with the utility pole. The collision caused a split approx 10-12ft up the pole that required immediate response by Verizon and RMLD. The Opr's vehicle was towed from the scene by A&S towing to their Facility. WFD transported the Opr to the Lahey Clinic for medical evaluation.

**Witnesses:**

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

**Property Damage:**

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
VERIZON	28 DIANA LN DRACUT MA 01826		4	UTILITY POLE

**Truck and Bus Information:**

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

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

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

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

Interstate  43 Cargo Body Type Code  44 GVWR/GCWR  45

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

**Hazmat Information:**

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

Patrol Officer Michael E Johnson

199

Wilmington Police Department

02/03/2020

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 # **I93SB HWY** Name of Roadway/Street

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

Route# Direction Name of Intersecting Roadway/Street

Feet **NSEW** of \_\_\_\_\_ of \_\_\_\_\_ or \_\_\_\_\_ Mile Marker Exit Number

Feet **NSEW** of \_\_\_\_\_ of \_\_\_\_\_ Route# Intersecting Roadway/Street

Feet **NSEW** of \_\_\_\_\_ Landmark

Please Select One of the Following:  Vehicle 12 #Occupants  Hit/Run  Moped Crash Report ID# **20-39-AC**

License # **S16597687** St **MA** DOB/Age \_\_\_\_\_ Reg # **2AW574** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **99** 20 CDL \_\_\_\_\_ Veh Year **2001** Veh Make **MAZDA** Veh Config. **1** 21

Operator **POLANCO, NICOMEDES** Owner **POLANCO, NICOMEDES**

Address **361 HAMPSHIRE ST APT 3** Address **361 HAMPSHIRE ST APT 3**

City **LAWRENCE** State **MA** Zip **01841-3107** City **LAWRENCE** State **MA** Zip **01841-3107**

Insurance Company **ARBELLA MUTUAL INSURANCE** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: 10 27 1 27 4 27

Vehicle Travel Direction: **NSEW** Responding to Emergency? **2** Event Sequence **24** 23 23 23 23 Test Status: 28

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

Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **11** 25 25 BAC Test Result: 30

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

Towed from scene? **1** 33

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator</b>	See Above	<del>XXXXXX</del>	<del>XXXX</del>	<b>1</b>	<b>99</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	
<b>LORENZA LOPEZ</b>	140 HOWARD ST LAWRENCE, MA 01841-2904		<b>F</b>	<b>3</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 **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: **NSEW** Responding to Emergency? \_\_\_\_\_ Event Sequence **23** 23 23 23 Test Status: 28

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

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

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

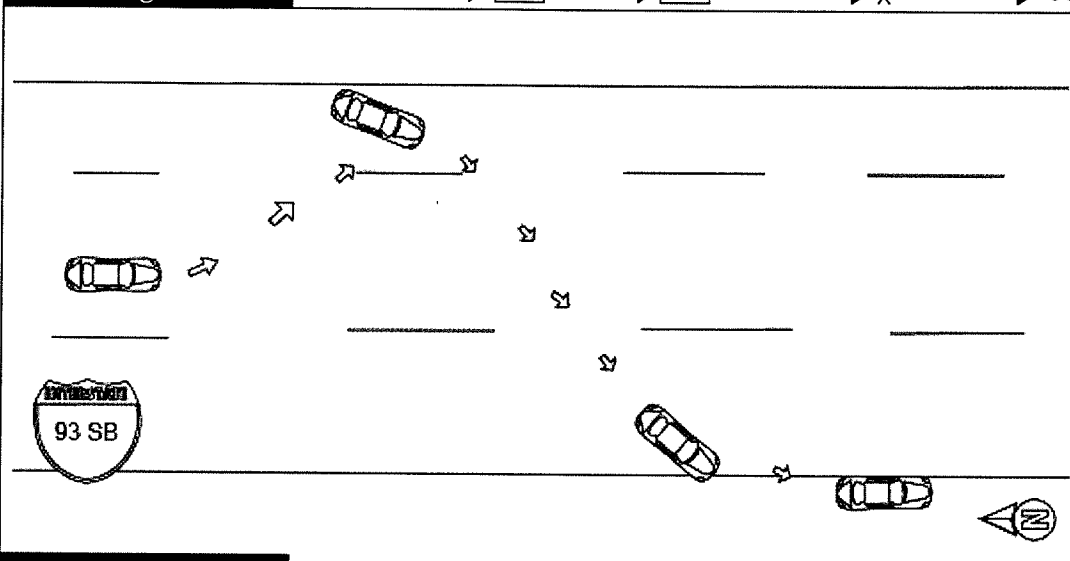
Towed from scene? **33**

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

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

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

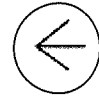
**Crash Diagram:**



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

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

Indicate North by Arrow



**Crash Narrative:**

Vehicle 1 was travelling southbound on interstate 93. Vehicle one lost control on a mixture of ice and snow and collided with the guard rail and then swerved back across the highway hitting the other guard rail and ending up in brake down lane. Both parties in vehicle were not injured and signed medical refusals. Vehicle was towed by A&S per State Police. (Wilmington Handled the accident on behalf of MSP due to another accident that they were tied up on).

**Witnesses:**

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

**Property Damage:**

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

**Truck and Bus Information:**

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

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

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

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

Interstate  43      Cargo Body Type Code  44      GVWR/GCWR  45

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

**Hazmat Information:**

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

Patrol Officer Michael R Cabral      207      Wilmington Police Department      02/06/2020  
 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 # **24 BUTTERSROW** Name of Roadway/Street

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

Route# Direction Name of Intersecting Roadway/Street Feet **NSEW** of Route# Intersecting Roadway/Street

Route# Direction Name of Intersecting Roadway/Street Feet **NSEW** of Landmark

Please Select One of the Following:  Vehicle **1** #Occupants  Hit/Run  Moped Crash Report ID# **20-41-AC**

License # **S38982250** St **MA** DOB/Age Sex **F** Lic. Class **D** Lic. Restrictions **20** CDL Endorsement

Operator **HEBERT, JENNIFER NOEL** Reg # **8VNG30** Reg Type **PC** Reg State **MA**

Veh Year **2008** Veh Make **MAZDA** Veh Config. **1** 21

Owner **HEBERT, BARBARA L** Address **1 ELIZABETH DR** City **WILMINGTON** State **MA** Zip **01887-3397**

Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **8** 27 **1** 27 **2** 27

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

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

Driver Contributing Code **20** 25 **7** 25 BAC Test Result: 30

Driver Distracted by **99** 26 Susp. Alcohol: **2** 31 Susp. Drug: **2** 32

Towed from scene? **2** 33

Please fill out for operator and all occupants involved

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

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

License # **S46287736** St **MA** DOB/Age Sex **F** Lic. Class **D** Lic. Restrictions **20** CDL Endorsement

Operator **MCHUGH, SHANNON E** Reg # **7CF677** Reg Type **PC** Reg State **MA**

Veh Year **2018** Veh Make **Jeep** Veh Config. **1** 21

Owner **MCHUGH, SHANNON E** Address **136 MOUNT VERNON AVE** City **MELROSE** State **MA** Zip **02176-5236**

Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **1** 27 **8** 27 **27**

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

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

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

Driver Distracted by **99** 26 Susp. Alcohol: **2** 31 Susp. Drug: **2** 32

Towed from scene? **1** 33

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

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

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

**Crash Diagram:**

ie: → 1 → 2 → ○ → ○

Butters Row Bridge

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

Off-Street Parking Lot

Garage

Mall/Shopping Center

Other Private Way

Indicate North by Arrow

**Crash Narrative:**

MV1 was traveling eastbound on Butters Row towards Main Street/Route 38. MV1 was traveling straight ahead as it crossed over the Butters Row Bridge. The Butters Row Bridge is a two-way, narrow, single lane, wooden bridge that requires the use of concave mirrors to determine if it is safe to proceed. MV2 was traveling westbound on Butters Row from Main Street/Route 38 and began traveling straight ahead onto the Butters Row Bridge. MV1 crested the bridge and saw MV2 approaching from the other direction. MV1 attempted to stop, but was unable to stop due to the wet, icy road conditions and collided head-on with MV2 who had stopped. Both MV1 and MV2 suffered front end damage. MV2 was disabled from the collision and was towed from the scene. There were no injuries.

**Witnesses:**

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

**Property Damage:**

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

**Truck and Bus Information:**

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

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

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

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

Interstate  43 Cargo Body Type Code  44 GVWR/GCWR  45

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

**Hazmat Information:**

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

Patrol Officer Michael A Wilson

209

Wilmington Police Department

02/06/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date



**AT INTERSECTION:** **LOCATION** **NOT AT INTERSECTION:**

**1** Route#            Direction            Name of Roadway/Street WILDWOOD ST

At           

Route#            Direction            Name of Intersecting Roadway/Street WOBURN ST

Also at Intersection with           

Route#            Direction            Name of Intersecting Roadway/Street           

Feet       N  S  E  W of            •            or           

Feet       N  S  E  W of            Mile Marker            Exit Number           

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

Feet       N  S  E  W of            Landmark           

Please Select One of the Following:  Vehicle 13 #Occupants  Hit/Run  Moped  Non-Motorist A Type 15 Action 16 Location 17 Condition 18  Hit/Run  Moped

Crash Report ID# **20-42-AC**

License # S88585128 St MA DOB/Age            Reg # 647VCH Reg Type PC Reg State MA

Sex F Lic. Class D 19 19 Lic. Restrictions B 20 CDL            Endorsement            Veh Year 2002 Veh Make TOYOTA Veh Config. 1 21

Operator MORRISSEY, DIANNE MARGARET Owner MORRISSEY, DIANNE MARGARET

Address 6 GANDALF WAY Address 6 GANDALF WAY

City WILMINGTON State MA Zip 01887-2320 City WILMINGTON State MA Zip 01887-2320

Insurance Company SAFETY INSURANCE COMPANY Vehicle Action Prior to Crash 2 22 Damaged Area Code: 7 27 8 27 1 27

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

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

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

Viol. 3: Ch/Sec/Sub            Viol. 4: Ch/Sec/Sub            Driver Distracted by 0 26 Susp. Alcohol: 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>	<u>1</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	
JONATHAN GALE	6 GANDALF WAY WILMINGTON, MA 01887		M	4	1	4	0	0	8	1	
NICHOLAS FROST	59 GLEN RD WILMINGTON, MA 01887-1819		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 # S20371673 St MA DOB/Age            Reg # 89JX17 Reg Type PC Reg State MA

Sex M Lic. Class D 19 19 Lic. Restrictions            20 CDL            Endorsement            Veh Year 2016 Veh Make FORD Veh Config. 1 21

Operator FITZGERALD, JOHN F JR Owner FITZGERALD, JOHN F JR

Address 12 WASHINGTON AVE Address 12 WASHINGTON AVE

City N WILMINGTON State MA Zip 01887-2307 City N WILMINGTON State MA Zip 01887-2307

Insurance Company SAFETY INSURANCE COMPANY Vehicle Action Prior to Crash 4 22 Damaged Area Code: 7 27 8 27 1 27

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

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

Viol. 1: Ch/Sec/Sub            Viol. 2: Ch/Sec/Sub            Driver Contributing Code 9 25 7 25 BAC Test Result: 30

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

Towed from scene? 2 33

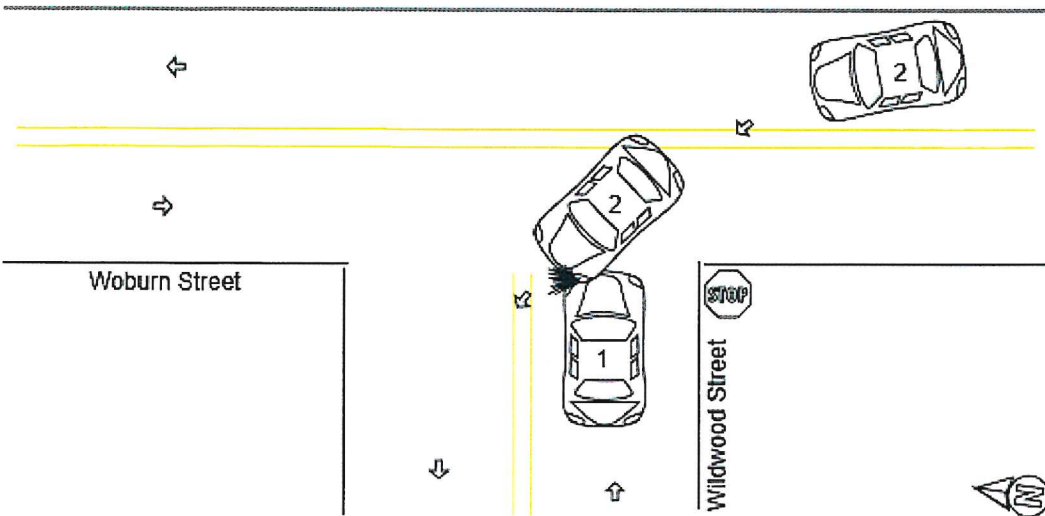
Please fill out for operator/non-motorist and all occupants involved

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

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

**Crash Diagram:**

ie: → 1 → 2 → O → ☺



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

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

**Indicate North by Arrow**



**Crash Narrative:**

MV1 was traveling southbound on Wildwood Street and came to stop at the intersection of Wildwood Street and Woburn Street. MV2 was traveling northbound on Woburn Street and attempting to turn left onto Wildwood Street. MV2 began turning left from Woburn Street onto Wildwood Street and struck MV1 which was stopped. The operator stated that he took the turn too fast and too sharply and collided with the front end of MV1. MV2 cut across MV1's travel lane when it struck MV1. Both MV1 and MV2 suffered left front end and left side damage. MV1 was disabled as a result of the crash and was towed from the scene. The two passengers of MV1 both signed medical refusals with the Wilmington Fire Department. One passenger, Mr. Gale, initially complained of neck soreness after the collision.

**Witnesses:**

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

**Property Damage:**

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

**Truck and Bus Information:**

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

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

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

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

Interstate  43    Cargo Body Type Code  44    GVWR/GCWR  45

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

**Hazmat Information:**

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

Patrol Officer Michael A Wilson

209

Wilmington Police Department

02/06/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Date of Crash **02/07/2020** Time of Crash **0724** 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   
 24HR

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

Route# _____ Direction _____ Name of Roadway/Street _____ At _____	Route# _____ Direction _____ Address # <b>9</b> Name of Roadway/Street <b>HAROLD AVE</b>
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 _____ 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 _____
	_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____

Please Select One of the Following:  Vehicle **1** #Occupants  Hit/Run  Moped Crash Report ID# **20-43-AC**

License # <b>S77910118</b> St. <b>MA</b> DOB/Age _____ Sex <b>M</b> Lic. Class <b>D</b> Lic. Restrictions <b>99</b> CDL _____ Operator <b>SILVA, CALVIN JOHN</b> Address <b>120 SESAME ST</b> City <b>TEWKSBURY</b> State <b>MA</b> Zip <b>01876-2512</b> Insurance Company <b>PLYMOUTH ROCK ASSURANCE C</b> Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <b>2</b> Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # <b>2RRD81</b> Reg Type <b>PC</b> Reg State <b>MA</b> Veh Year <b>2009</b> Veh Make <b>HONDA</b> Veh Config. <b>1</b> Owner <b>SILVA, JOHN MANUEL</b> Address <b>120 SESAME ST</b> City <b>TEWKSBURY</b> State <b>MA</b> Zip <b>01876-2512</b> Vehicle Action Prior to Crash <b>4</b> Event Sequence <b>22 23 23 23 23</b> Most Harmful Event <b>22 24</b> Driver Contributing Code <b>2 25 25</b> Driver Distracted by <b>99 26</b> Damaged Area Code: <b>1 27 3 27 6 27</b> Test Status: <b>28</b> Type of Test: <b>29</b> BAC Test Result: <b>30</b> Susp. Alcohol: <b>31</b> Susp. Drug: <b>32</b> Towed from scene? <b>1 33</b>
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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>	<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 _____ Sex _____ Lic. Class <b>19 19</b> Lic. Restrictions <b>20</b> 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. <b>21</b> Owner _____ Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash <b>22</b> Event Sequence <b>23 23 23 23</b> Most Harmful Event <b>24</b> Driver Contributing Code <b>25 25</b> Driver Distracted by <b>26</b> Damaged Area Code: <b>27 27 27</b> Test Status: <b>28</b> Type of Test: <b>29</b> BAC Test Result: <b>30</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	<del>XXXXXX</del>	<del>XX</del>	<b>1</b>							



Wilmington Police Department  
Crash Narrative  
Case # 20-43-AC

Vehicle 1 was travelling on Harold Ave. According to operator, they were travelling 23 MPH and hit a patch of ice and lost control striking the utility pole and fire hydrant. Vehicle one struck the support cable for the utility pole causing the top half of the pole to break and force the power line to rip off a home across the street. Operator stated that they were heading to Shawsheen Tech School (Billerica). It should be noted that the residential neighborhood of Harold Ave is not connected to Shawsheen Tech. The operator stated that he goes through Harold Ave to "beat the light". The light is located at Lake Street and Shawsheen Avenue. The only way to avoid the light from Harold Avenue is to continue through further residential neighborhoods. Through my experience, the vehicle was travelling well over 35 mph when it lost control and the ice that Vehicle 1 struck was avoidable as the road was clear in the middle and salt was put down prior.

Date of Crash **02/08/2020** Time of Crash **0142** City/Town **Wilmington** **Motor Vehicle Crash** Number Vehicles **2** Number Injured **0** Speed Limit **40** State Police  Local Police  MBTA Police  Campus Police  Other

**Police Report**

<b>AT INTERSECTION:</b>	<b>&lt; LOCATION &gt;</b>	<b>NOT AT INTERSECTION:</b>
Route# _____ Direction _____ Name of Roadway/Street _____ At _____	Route# <b>38</b> Direction <b>N</b> Address # <b>679</b> Name of Roadway/Street <b>MAIN ST</b>	Route# _____ Direction _____ Name of Roadway/Street _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Mile Marker _____ or _____ Exit Number _____
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 _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____

Please Select One of the Following:  Vehicle **1** #Occupants  Hit/Run  Moped Crash Report ID# **20-44-AC**

License # <b>S09988657</b> St <b>MA</b> DOB/Age _____ Sex <b>M</b> Lic. Class <b>D</b> Lic. Restrictions <b>20</b> CDL Endorsement _____ Operator <b>DELACRUZ, MIGUEL A</b> Address <b>20 WILLOW ST APT 2</b> City <b>METHUEN</b> State <b>MA</b> Zip <b>01844-4344</b> Insurance Company <b>LM GENERAL INSURANCE COMP</b> Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <b>2</b> Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # <b>6DF612</b> Reg Type <b>PC</b> Reg State <b>MA</b> Veh Year <b>2005</b> Veh Make <b>HONDA</b> Veh Config. <b>1</b> Owner <b>DELACRUZ, MIGUEL A</b> Address <b>20 WILLOW ST APT 2</b> City <b>METHUEN</b> State <b>MA</b> Zip <b>01844-4344</b> Vehicle Action Prior to Crash <b>11</b> Event Sequence <b>1</b> <b>23</b> <b>23</b> <b>23</b> <b>23</b> Most Harmful Event <b>1</b> <b>24</b> Driver Contributing Code <b>1</b> <b>25</b> <b>25</b> Driver Distracted by <b>0</b> <b>26</b> Damaged Area Code: <b>6</b> <b>27</b> <b>27</b> <b>27</b> Test Status: <b>28</b> Type of Test: <b>29</b> BAC Test Result: <b>30</b> Susp. Alcohol: <b>31</b> Susp. Drug: <b>32</b> Towed from scene? <b>1</b> <b>33</b>
--	---

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

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

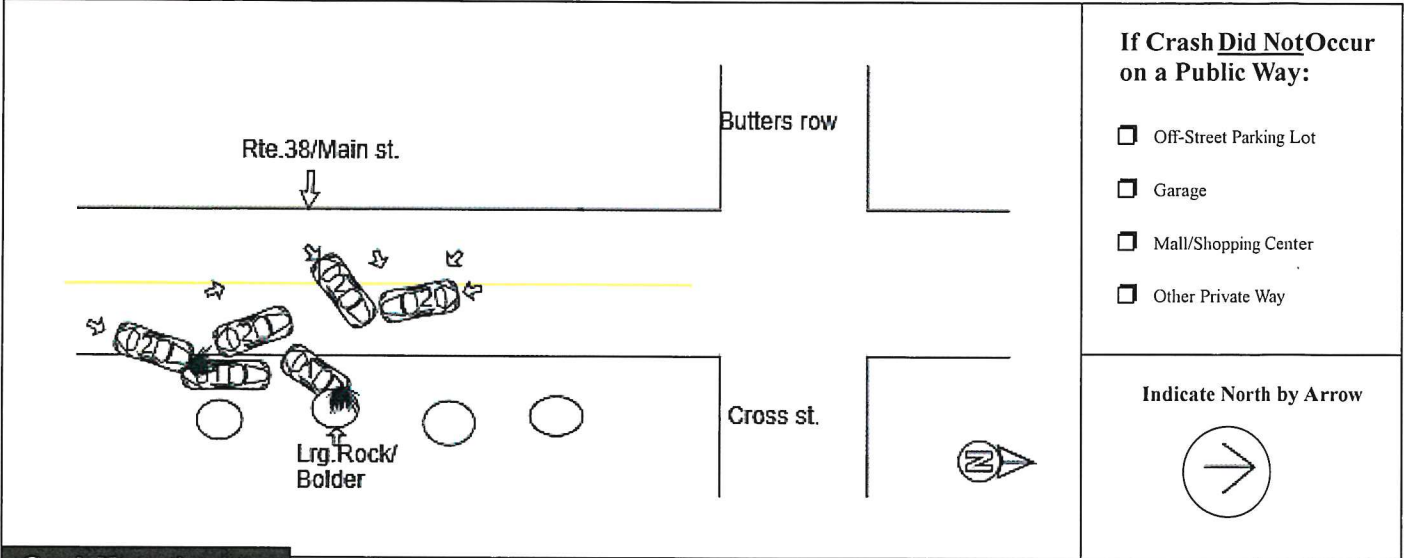
License # <b>NHL10001458</b> St <b>NH</b> DOB/A _____ Sex <b>M</b> Lic. Class <b>B</b> Lic. Restrictions <b>20</b> CDL Endorsement _____ Operator <b>FRECHETTE, KENNETH DONALD</b> Address <b>23 HAMPSTEAD RD</b> City <b>SALEM</b> State <b>NH</b> Zip <b>030792404</b> Insurance Company <b>STATE FARM</b> Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <b>2</b> Citation # (If Issued) <b>T1684574</b> Viol. 1: Ch/Sec/Sub <b>90</b> <b>24J</b> Viol. 2: Ch/Sec/Sub <b>90</b> <b>24O</b> Viol. 3: Ch/Sec/Sub <b>89</b> <b>4A</b> Viol. 4: Ch/Sec/Sub _____	g # <b>4683853</b> Reg Type <b>PC</b> Reg State <b>NH</b> Veh Year <b>2018</b> Veh Make <b>HONDA</b> Veh Config. <b>1</b> Owner <b>FRECHETTE, KENNETH DONALD</b> Address <b>23 HAMPSTEAD RD</b> City <b>SALEM</b> State <b>NH</b> Zip <b>030792404</b> Vehicle Action Prior to Crash <b>1</b> Event Sequence <b>2</b> <b>23</b> <b>23</b> <b>23</b> <b>23</b> Most Harmful Event <b>2</b> <b>24</b> Driver Contributing Code <b>10</b> <b>25</b> <b>20</b> <b>25</b> Driver Distracted by <b>4</b> <b>26</b> Damaged Area Code: <b>5</b> <b>27</b> <b>27</b> <b>27</b> Test Status: <b>3</b> <b>28</b> Type of Test: <b>2</b> <b>29</b> BAC Test Result: <b>5</b> <b>30</b> Susp. Alcohol: <b>1</b> <b>31</b> Susp. Drug: <b>32</b> Towed from scene? <b>1</b> <b>33</b>
--	---

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>3</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

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

**Crash Diagram:**

ie: → 1 → 2 → ○ → ⚡



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

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

Indicate North by Arrow



**Crash Narrative:**

Oper. #1 related he was parked off to the side of the roadway waiting for a friend from work to drop an item off to him, when m/v#2 came from behind and crashed into the rear of his m/v#1, his m/v was then pushed forward causing the front of his m/v to crash into a large rock/bolder.

Oper. #2 related he was heading home, following his GPS, when he looked down to see where he was, he must have crashed into m/v#1. Oper. #2 also related he had too much to drink and was drinking Vodka. Ref. to arrest#20-48-AR for further details. (PWJ/142)

**Witnesses:**

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

**Property Damage:**

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

**Truck and Bus Information:**

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

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

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

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

Interstate  43    Cargo Body Type Code  44    GVWR/GCWR  45

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

**Hazmat Information:**

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

Patrol Officer Paul W Jepson

142

Wilmington Police Department

02/08/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Date of Crash **02/08/2020** 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:**

1	Route# _____ Direction _____ Name of Roadway/Street _____ At _____	Route# _____ Direction _____ Address # <b>94</b> Name of Roadway/Street <b>GLEN RD</b>	2	10
2	Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____	_____ Feet <b>N S E W</b> of _____ Mile Marker _____ or _____ Exit Number _____	3	11
3	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# **20-45-AC**

4	License # _____, DOB/Age _____ Sex _____ Lic. Class <b>D</b> <b>19</b> <b>19</b> Lic. Restrictions <b>70</b> CDL Endorsement _____ Operator: Last _____ First _____ Address _____ City _____ Sta _____ Zip _____ Insurance Company <b>THE COMMERCE INSURANCE CO</b>	Reg # <b>1CZD44</b> Reg Type <b>PC</b> Reg State <b>MA</b> Veh Year <b>2013</b> Veh Make <b>NISSAN</b> Veh Config. <b>1</b> <b>21</b> Owner <b>MOULARAS, ELENI</b> Address <b>91 GLEN RD</b> City <b>WILMINGTON</b> State <b>MA</b> Zip <b>01887-1880</b> Vehicle Action Prior to Crash <b>10</b> <b>22</b> Damaged Area Code: <b>4</b> <b>27</b> <b>5</b> <b>27</b> <b>6</b> <b>27</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> Most Harmful Event <b>1</b> <b>24</b> Type of Test: <b>29</b> Driver Contributing Code <b>1</b> <b>25</b> <b>25</b> BAC Test Result: <b>30</b> Driver Distracted by <b>0</b> <b>26</b> Susp. Alcohol: <b>2</b> <b>31</b> Susp. Drug: <b>2</b> <b>32</b> Towed from scene? <b>2</b> <b>33</b>	1	12
5	Vehicle Travel Direction: <b>N S E W</b> Responding to Emergency? <b>2</b>			
6	Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____		1	13

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>	<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

8	License # _____, DOB/Age _____ Sex <b>M</b> Lic. Class <b>D</b> <b>19</b> <b>19</b> Lic. Restrictions <b>99</b> <b>20</b> CDL <b>H</b> Endorsement _____ Operator: Last <b>LAMARCA, JESSE A</b> Address <b>60 MAUREEN DR</b> City <b>TEWKSBURY</b> State <b>MA</b> Zip <b>01876-3621</b> Insurance Company <b>LIBERTY MUTUAL INSURANCE</b>	Reg # <b>923FA1</b> Reg Type <b>PC</b> Reg State <b>MA</b> Veh Year <b>2004</b> Veh Make <b>DODGE</b> Veh Config. <b>1</b> <b>21</b> Owner <b>LAMARCA, LOUIS A JR</b> Address <b>60 MAUREEN DR</b> City <b>TEWKSBURY</b> State <b>MA</b> Zip <b>01876-3621</b> Vehicle Action Prior to Crash <b>1</b> <b>22</b> Damaged Area Code: <b>2</b> <b>27</b> <b>27</b> <b>27</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> Most Harmful Event <b>1</b> <b>24</b> Type of Test: <b>29</b> Driver Contributing Code <b>99</b> <b>25</b> <b>25</b> BAC Test Result: <b>30</b> Driver Distracted by <b>99</b> <b>26</b> Susp. Alcohol: <b>2</b> <b>31</b> Susp. Drug: <b>2</b> <b>32</b> Towed from scene? <b>1</b> <b>33</b>	1	14
9	Vehicle Travel Direction: <b>S E W</b> Responding to Emergency? <b>2</b>			
9	Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____		1	14

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



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

**Crash Diagram:**

ie: → 1 → 2 → ○ → 🚲

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

Off-Street Parking Lot

Garage

Mall/Shopping Center

Other Private Way

**Indicate North by Arrow**

**Crash Narrative:**

MV1 slowly backing out of driveway of 91 Glen Rd. Did not see MV2 come around bend. MV2 struck MV1 with front fender (headlight) and hit MV2 rear bumper. Both vehicles heavily damaged. MV2 was able to move out of roadway and back into driveway. MV2 was able to be driven off of roadway and onto Rhodes St and wait for tow. Operator of MV2 called AAA. No apparent injuries to either operator.

**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 Joseph A Fitzgerald      215      Wilmington Police Department      02/08/2020

Police Officer Name (Please Print)      Signature      ID/Badge #      Department      Precinct/Barracks      Date