

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

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped Crash Report ID# **20-61-AC**

License # **S50031857** St **MA** DOB/Age _____ Reg # **1FBG44** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** Lic. Restrictions **1** CDL _____ Veh Year **2019** Veh Make **MERCEDES-BENZ** Veh Config. **1**

Operator **CHEKMEYAN, SYUZANNA** Owner **MICHAEL MARINA SALON INC**

Address **111 LOWELL RD APT 212** Address **2 MAIN ST**

City **NORTH READING** State **MA** Zip **01864** City **WOBURN** State **MA** Zip **01801**

Insurance Company **PREFERRED MUTUAL INSURANC** Vehicle Action Prior to Crash **4** Damaged Area Code: **7 27 27 27**

Vehicle Travel Direction: **N S E X** Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **1 28 29 30**

Citation # (If Issued) _____ Most Harmful Event **1 24** BAC Test Result: **1 30**

Viol. 1: Ch/Sec/Sub _____ Driver Contributing Code **4 25 25** Susp. Alcohol: **2 31** Susp. Drug: **2 32**

Viol. 3: Ch/Sec/Sub _____ Driver Distracted by **0 26** Towed from scene? **3 33**

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
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 # **S16668916** St **MA** DOB/Age _____ Reg # **799ZE5** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** Lic. Restrictions **1** CDL _____ Veh Year **2001** Veh Make **FORD** Veh Config. **1**

Operator **CALLINAN, JOHN EDWARD** Owner **CALLINAN, JOHN EDWARD**

Address **11 TARPIN TER** Address **11 TARPIN TER**

City **READING** State **MA** Zip **01867-4006** City **READING** State **MA** Zip **01867-4006**

Insurance Company **PLYMOUTH ROCK ASSURANCE C** Vehicle Action Prior to Crash **1** Damaged Area Code: **1 27 27 27**

Vehicle Travel Direction: **N S X W** Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **1 28 29 30**

Citation # (If Issued) _____ Most Harmful Event **1 24** BAC Test Result: **1 30**

Viol. 1: Ch/Sec/Sub _____ Driver Contributing Code **1 25 25** Susp. Alcohol: **2 31** Susp. Drug: **2 32**

Viol. 3: Ch/Sec/Sub _____ Driver Distracted by **0 26** Towed from scene? **2 33**

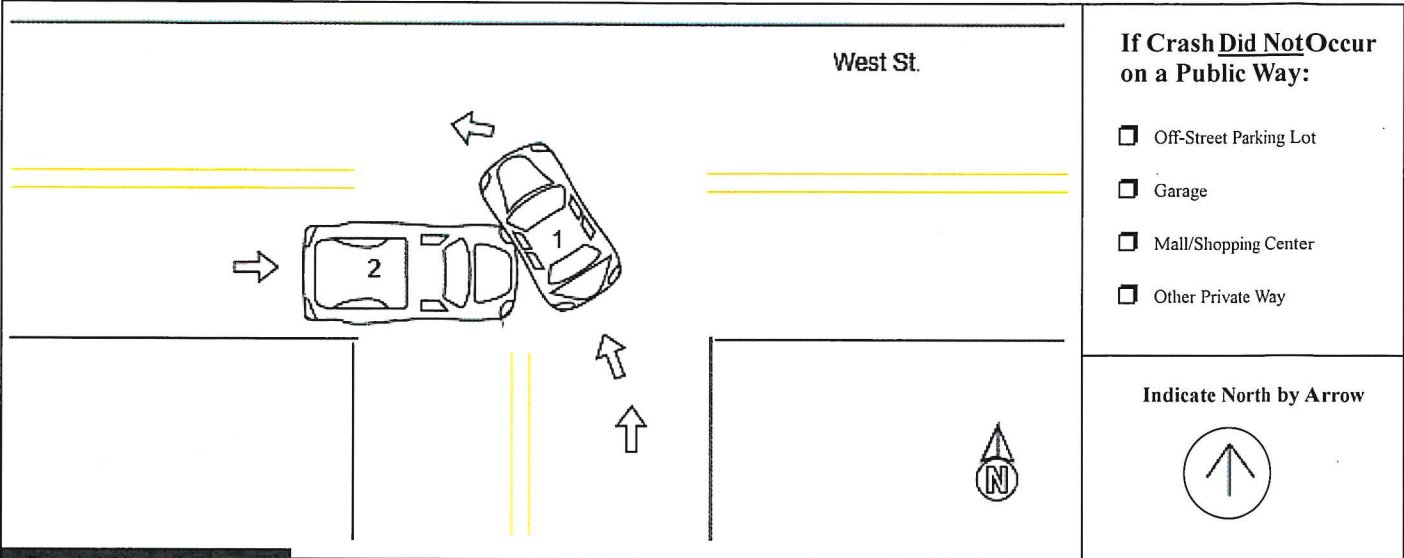
Please fill out for operator/non-motorist and all occupants involved

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

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○



Crash Narrative:

The operator of MV1 reported stopping at the exit of Regency Place before turning left onto West St. The operator of MV1 stated she did not see MV2 traveling East on West St. when she pulled onto the road.

The operator of MV2 reported traveling East on West St when MV1 pulled into traffic. The Operator of MV2 was unable to stop in time to avoid contact with MV1.

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 Meghan Sousa

214

Wilmington Police Department

02/23/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Police Use Only		Date of Crash 02/25/2020	Time of Crash 1745 24HR	City/Town Wilmington	Number Vehicles 2	Number Injured 0	Speed Limit <u>10</u>	Latitude _____	Longitude _____	State Police <input type="checkbox"/>	Local Police <input type="checkbox"/>	MBTA Police <input type="checkbox"/>	Campus Police <input type="checkbox"/>	Other: _____
AT INTERSECTION:					< LOCATION >	NOT AT INTERSECTION:								
Route# _____ Direction _____ Name of Roadway/Street _____ At _____					Route# <u>3</u> Direction _____ Address # _____ Name of Roadway/Street CHURCH ST									
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# **20-63-AC**

License # S00407296 St MA DOB/Ag. _____	Reg # 406T Reg Type PC Reg State MA
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement _____	Veh Year 2014 Veh Make GMC Veh Config. 1 21
Operator SULLIVAN, DANIEL J Last First Middle	Owner SULLIVAN, DANIEL J Last First Middle
Address 2 ROLLINS RD	Address 2 ROLLINS RD
City WILMINGTON State MA Zip 01887-3120	City WILMINGTON State MA Zip 01887-3120
Insurance Company THE COMMERCE INSURANCE CO	Vehicle Action Prior to Crash 11 22 Damaged Area Code: 7 27 27 27
Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u>	Event Sequence 1 23 23 23 23 Test Status: 1 28
Citation # (If Issued) _____	Most Harmful Event 1 24 Type of Test: 29
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code 1 25 25 BAC Test Result: 1 30
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by 0 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32
	Towed from scene? 2 33

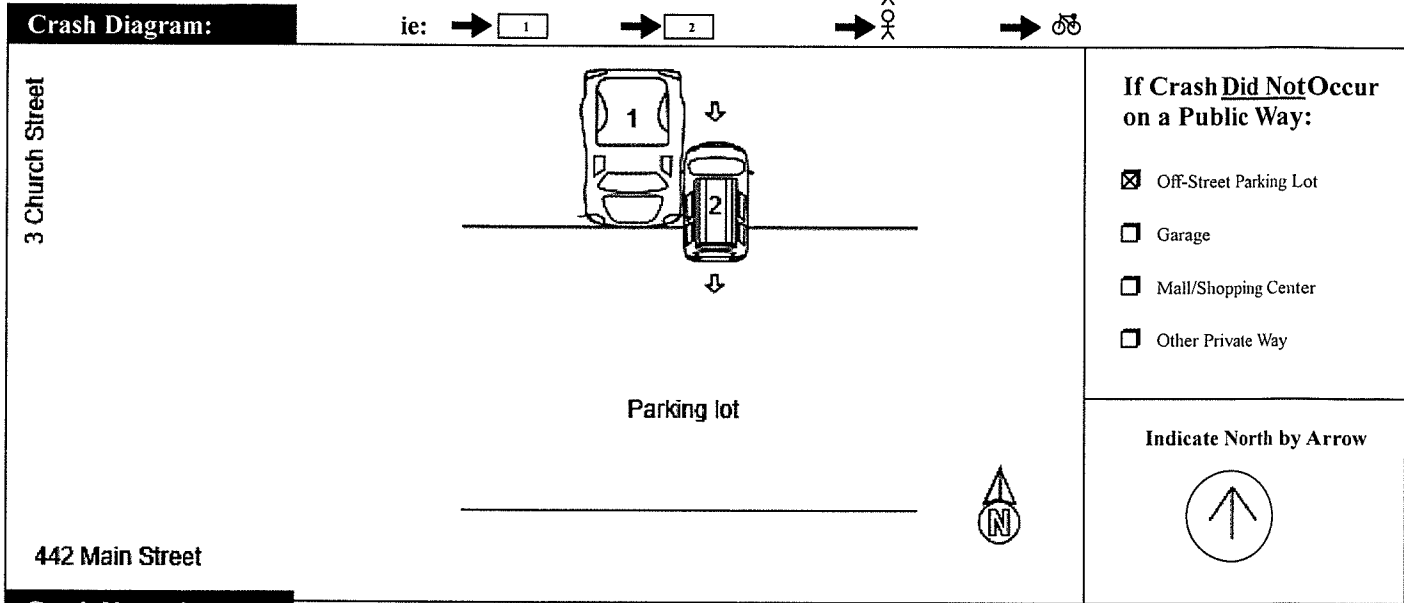
Please fill out for operator and all occupants involved											
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above	XXXXXX	XXXX	1	99	4	0	0	10	1	

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

License # SA0640453 St MA DOB/Ag. _____	Reg # 2524NM Reg Type PC Reg State MA
Sex F Lic. Class D 19 19 Lic. Restrictions I 20 CDL Endorsement _____	Veh Year 2009 Veh Make TOYOTA Veh Config. 1 21
Operator BOUCHER, SARA ISABELLA ANN Last First Middle	Owner BOUCHER, SUSAN VIEIRA Last First Middle
Address 71 SCHOOL ST	Address 71 SCHOOL ST
City TEWKSBURY State MA Zip 01876-4350	City TEWKSBURY State MA Zip 01876-4350
Insurance Company THE COMMERCE INSURANCE CO	Vehicle Action Prior to Crash 10 22 Damaged Area Code: 7 27 27 27
Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> S <input type="checkbox"/> W Responding to Emergency? <u>2</u>	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 12 25 15 25 BAC Test Result: 1 30
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by 0 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32
	Towed from scene? 2 33

Please fill out for operator/non-motorist and all occupants involved											
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above	XXXXXX	XXXX	1	1	4	0	0	10	1	

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ☺ = Pedestrian 🚲 = Bicycle
 ie: → 1 → 2 → ☺ → 🚲



Crash Narrative:

Operator of MV1, Mr. Sullivan stated that he was sitting inside his parked truck when the operator of the minivan next to him pulled out of the parking space and struck his vehicle twice. He got out of his truck in an attempt to exchange the necessary documentation and the minivan drove away. He then called the police to report. I later spoke to the operator of MV2, Ms. Boucher. She stated that she observed the operator of MV1 to appear angry, she panicked and drove away. All parties stated no injuries. See images for damage. See report 20-201-OF for more detailed information.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
SHANAHAN SEAN THOMAS	9 KNOLLWOOD RD TEWKSBURY MA 01876		

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 46

Hazmat Information:

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

Patrol Officer **Julio J Quiles** **197** **Wilmington Police Department** **02/25/2020**
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Images Associated with 20-63-AC



AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

Route# Direction Name of Roadway/Street: **129 E 1 LOWELL ST**

Route# Direction Name of Intersecting Roadway/Street: _____

Route# Direction Name of Intersecting Roadway/Street: _____

Route# Direction Name of Intersecting Roadway/Street: _____

Please Select One of the Following: Vehicle 1 Occupants Hit/Run Moped **Crash Report ID# 20-64-AC**

License # **NHL1324412** St **NH** DOB/Age: _____ Reg # **4417924** Reg Type **PC** Reg State **NH**

Sex **M** Lic. Class **D** Lic. Restrictions **20** CDL Endorsement _____ Veh Year **2005** Veh Make **FORD** Veh Config. **1 21**

Operator **LEE, SCOTT DAVID** Owner **LEE, SCOTT D**

Address **35R BEACON HILL RD** Address **35R BEACON HILL RD**

City **DERRY** State **NH** Zip **03038** City **DERRY** State **NH** Zip **03038**

Insurance Company **USAA GENRAL** Vehicle Action Prior to Crash **4 22** Damaged Area Code: **8 27 27 27**

Vehicle Travel Direction: **N S E X** Responding to Emergency? **99** 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 **4 25 25** BAC Test Result: **30**

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0 26** Susp. Alcohol: **31** Susp. Drug: **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	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 # **S95674668** St **MA** DOB/Age: _____ Reg # **87EE87** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** Lic. Restrictions **20** CDL Endorsement _____ Veh Year **2004** Veh Make **BUICKS** Veh Config. **1 21**

Operator **MCPHEE, ERIC JOSEPH** Owner **MCPHEE, THOMAS J JR**

Address **22 REXHAME ST** Address **22 REXHAME STREET MUST SHOW**

City **NORTH BILLERICA** State **MA** Zip **01862-2943** City **BILLERICA** State **MA** Zip **01821-0000**

Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **1 22** Damaged Area Code: **7 27 6 27 27**

Vehicle Travel Direction: **N S X 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**

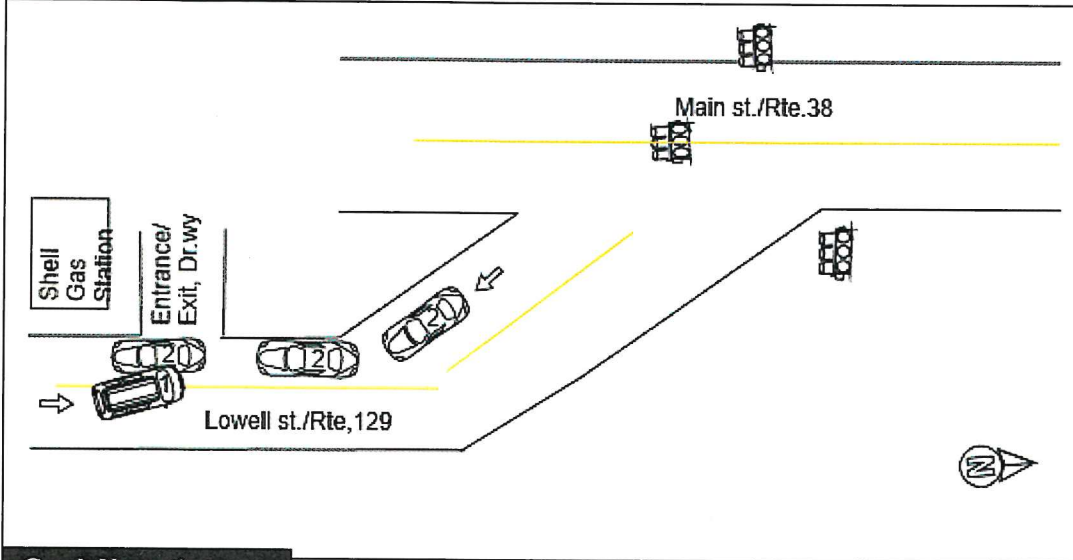
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0 26** Susp. Alcohol: **31** Susp. Drug: **32**

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	XXXXXX	X	1	1	4	0	0	10	1	

→ = 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:

Oper. #1 related he was making a left turn into the Shell Gas station, while doing so he struck m/v#2, who he said he never saw.

Oper. #2 related he was going straight on Lowell st./Rte.129, as he was in the area of the Shell Gas station, m/v#1 crashed into the left side of his m/v#2. (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 02/27/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Police Use Only: Date of Crash 02/27/2020, Time of Crash 0634, City/Town **Wilmington**, Number Vehicles 2, Number Injured 0, Speed Limit 35, State Police Local Police MBTA Police Campus Police Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

129 LOWELL ST
Route# Direction Name of Roadway/Street

At

WEST ST
Route# Direction Name of Intersecting Roadway/Street

Also at Intersection with

Route# Direction Name of Intersecting Roadway/Street

Route# Direction Address # Name of Roadway/Street

Feet N S E W of _____ or _____

Mile Marker _____ Exit Number _____

Feet N S E W of _____

Route# Intersecting Roadway/Street _____

Feet N S E W of _____

Landmark _____

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

Crash Report ID# **20-65-AC**

License # **02GZJ82181** St **NH** DOB/Age _____ Reg # **4017669** Reg Type **PC** Reg State **NH**

Sex **M** Lic. Class **D** Lic. Restrictions **20** CDL _____ Veh Year **2017** Veh Make **TOYOTA** Veh Config. **1** **21**

Operator **GERSKOWITZ, JOHN P** Owner **GERSKOWITZ, JOHN P**

Address **93G CAPITOL HILL DR** Address **93G CAPITOL HILL DR**

City **LONDONDERRY** State **NH** Zip **03053** City **LONDONDERRY** State **NH** Zip **03053**

Insurance Company **MET LIFE** Vehicle Action Prior to Crash **2** **22** Damaged Area Code: **5** **27** **27** **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 **1** **25** **25** BAC Test Result: **30**

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0** **26** Susp. Alcohol: **31** Susp. Drug: **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	XXXXXX	XXXX	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 # **059962379** St **GA** DOB/Age _____ Reg # **358L60** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** Lic. Restrictions **20** CDL _____ Veh Year **2020** Veh Make **Jeep** Veh Config. **1** **21**

Operator **ASHOUR, FAYSALNAJIB M** Owner **ASHOUR, FAYSALNAJIB M**

Address **6211 INWOOD DR APT 6211** Address **6211 INWOOD DR APT 6211**

City **WOBURN** State **MA** Zip **01801-5152** City **WOBURN** State **MA** Zip **01801-5152**

Insurance Company **GOVERNMENT EMPLOYEES INSU** Vehicle Action Prior to Crash **2** **22** Damaged Area Code: **1** **27** **27** **27**

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

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

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **19** **25** **25** BAC Test Result: **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? **2** **33**

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

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

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

Route# _____ Direction _____ Name of Roadway/Street _____

Route# _____ Direction _____ Name of Roadway/Street _____

Route# _____ Direction _____ Name of Roadway/Street _____

Route# _____ Direction _____ Name of Roadway/Street _____

Route# _____ Direction _____ Name of Roadway/Street _____

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

Crash Report ID# **20-66-AC**

License # **NHL14718623** St **NH** DOB/Age _____ eg # **4544289** Reg Type **PC** Reg State **NH**

Sex **F** Lic. Class **D** Lic. Restrictions _____ CDL _____ Veh Year **2018** Veh Make **TOYOTA** Veh Config. **1**

Operator **GOLOSOVKER, ALISON L** Owner **GOLOSOVKER, ALISON L**

Address **47 ROYAL CREST DR** Address **47 ROYAL CREST DR**

City **NASHUA** State **NH** Zip **030606644** City **NASHUA** State **NH** Zip **030606644**

Insurance Company _____ Vehicle Action Prior to Crash **5** Damaged Area Code: **1 27 27 27**

Vehicle Travel Direction: **N E W** Responding to Emergency? **2** Event Sequence **1 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 **4 25 25** BAC Test Result: **30**

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0 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
Operator	See Above	XXXXXX	XXXX	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 # **S37222994** St **MA** DOB/Age _____ Reg # **9536** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** Lic. Restrictions _____ CDL _____ Veh Year **2017** Veh Make **GMC** Veh Config. **2**

Operator **SULLIVAN, CHRISTOPHER S** Owner **SULLIVAN, CHRISTOPHER S**

Address **14 APACHE WAY** Address **14 APACHE WAY**

City **WILMINGTON** State **MA** Zip **01887-2691** City **WILMINGTON** State **MA** Zip **01887-2691**

Insurance Company **PLYMOUTH ROCK ASSURANCE C** Vehicle Action Prior to Crash **1** Damaged Area Code: **3 27 27 27**

Vehicle Travel Direction: **N E W** Responding to Emergency? **2** Event Sequence **1 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: **31** Susp. Drug: **32**

Towed from scene? **2 33**

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

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

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

1 **Route#** _____ **Direction** _____ **Name of Roadway/Street** _____ **Route#** 26 **Direction** _____ **Address #** _____ **Name of Roadway/Street** **BUTTERSROW**

At _____

2 **Route#** _____ **Direction** _____ **Name of Intersecting Roadway/Street** _____ **Feet** N S E W **of** _____ **Mile Marker** _____ **or** _____ **Exit Number** _____

Also at Intersection with _____

3 **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#** **20-67-AC**

License # S76828337 St MA DOB/Age _____ Reg # 9RE975 Reg Type PC Reg State MA

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

Operator VENTURA, GREGORY F Owner VENTURA, GREGORY F

Address 10 FLORA ST Address 10 FLORA ST

City HAVERHILL State MA Zip 01830-6604 City HAVERHILL State MA Zip 01830-6604

Insurance Company PROGRESSIVE DIRECT INSURA Vehicle Action Prior to Crash 1 22 Damaged Area Code: 2 27 3 27 27

Vehicle Travel Direction: N 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 1 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
Operator	See Above	XXXXXX	XX	<u>1</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	

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

License # S96774417 St MA DOB/Age _____ Reg # 2XJE31 Reg Type PC Reg State MA

Sex M Lic. Class D 19 19 Lic. Restrictions I 20 CDL _____ Veh Year 2009 Veh Make TOYOTA Veh Config. 1 21

Operator HEATH, LOGAN P Owner HEATH, LOGAN P

Address 61 TRULL EAST LN Address 61 TRULL EAST LN

City LOWELL State MA Zip 01852-1629 City LOWELL State MA Zip 01852-1629

Insurance Company ARBELLA MUTUAL INSURANCE Vehicle Action Prior to Crash 1 22 Damaged Area Code: 8 27 27 27

Vehicle Travel Direction: N S 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 19 25 4 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
Operator/Non-Motorist	See Above	XXXXXX	XX	<u>1</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	

Wilmington Police Department
Crash Narrative
Case # 20-67-AC

MV1 was traveling westbound on Butters Row, over the Butters Row Bridge, towards Chestnut Street. The Butters Row Bridge is a narrow, single lane, two way bridge with concave mirrors to allow traffic to travel from both directions. MV2 was traveling eastbound on Butters Row towards Main Street/Route 38, and was approaching the Butters Row Bridge from the Chestnut Street side. MV1 was traveling straight ahead, came over the top of the bridge and was coming down the other side. MV2 was traveling straight ahead and began heading up the bridge. MV2 collided with MV1 on the bridge. The operator of MV2 stated that he was unfamiliar with the area and this was his first time traveling over the bridge and did not realize the bridge was only one lane wide. MV1 suffered very minor damage to the front left side. MV2 suffered damage to the front end, front left side, and left headlight. There were no injuries and both vehicles were driven from the scene.

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 _____ 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# **20-68-AC**

License # **S69360212** St **MA** DOB/Age _____ Reg # **8HS748** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **B** 20 CDL _____ Veh Year **2005** Veh Make **DODGE** Veh Config. **1** 21

Operator **FORGIONE, KYLIE ALEXANDRA** Owner **FORGIONE, CARRIEANN M**

Address **17 CRAWFORD DR** Address **17 CRAWFORD DR**

City **TEWKSBURY** State **MA** Zip **01876** City **TEWKSBURY** State **MA** Zip **01876-3003**

Insurance Company **LIBERTY MUTUAL INSURANCE** Vehicle Action Prior to Crash **2** 22 Damaged Area Code: 5 27 4 27 0 27

Vehicle Travel Direction: **N X 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? **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	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 # **S66852404** St **MA** DOB/Age _____ Reg # **S64850** Reg Type **CO** Reg State **MA**

Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **B** 20 CDL _____ Veh Year **2017** Veh Make **TOYOTA** Veh Config. **1** 21

Operator **VAIL, STEVEN RJ** Owner **ORKIN EXTERMINATING CO INC**

Address **86 FREMONT ST APT 1** Address _____

City **LOWELL** State **MA** Zip **01850-2128** City _____ State _____ Zip _____

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

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

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

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **19** 25 **5** 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

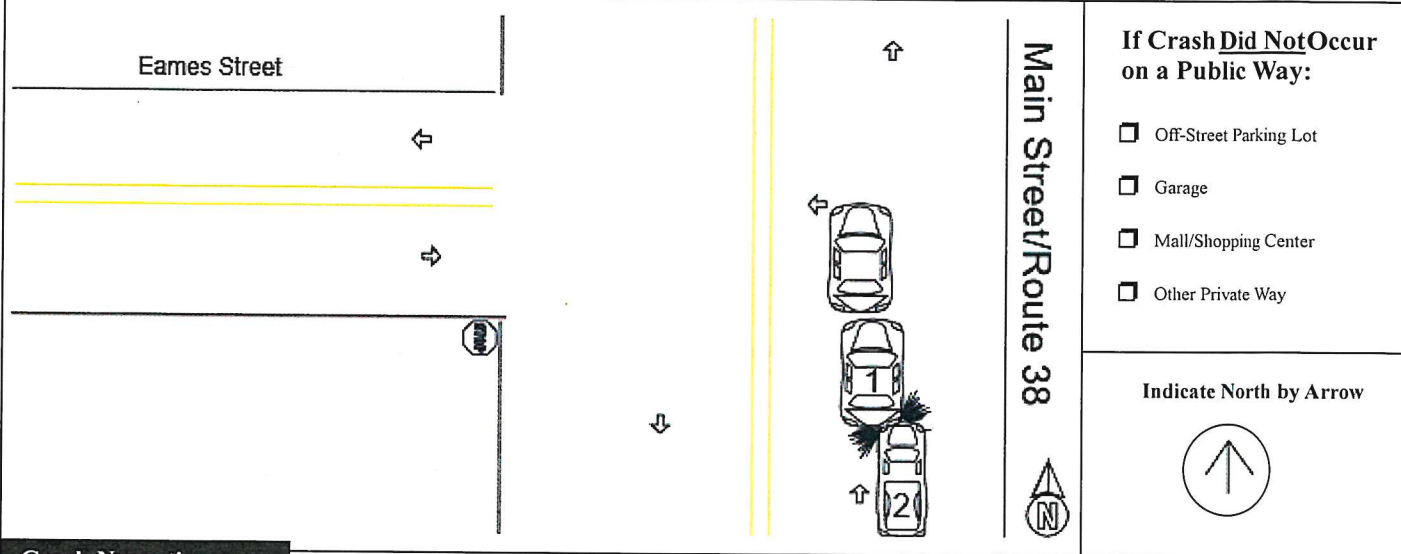
Towed from scene? **2** 33

Please fill out for operator/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	1	4	0	0	10	1	

Crash Diagram:

ie: → 1 → 2 → ☺ → 🚲



If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow



Crash Narrative:

MV1 was traveling southbound on Main Street/Route 38 and stopped in traffic as the vehicle in front of it was stopped to turn left on Eames Street. MV2 was also traveling southbound on Main Street/Route 38. MV1 was stopped in traffic. MV2 was traveling straight ahead. MV2 was following too closely and was unable to stop in time as MV1 came to a stop. MV2 collided with the rear of MV1. MV1 suffered center rear and right rear damage. MV2 suffered minor damage to the front left end. There were no injuries and both vehicles were driven from the scene.

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

Signature

209

ID/Badge #

Wilmington Police Department

Department

Precinct/Barracks

02/27/2020

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 _____ of _____ or _____ Mile Marker Exit Number

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

Feet **N S E W** of _____ of _____ Landmark

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

Crash Report ID# **20-69-AC**

License # **S75443452** St **MA** DOB/Age _____ Reg # **1RHG81** Reg Type **PC** Reg State **MA**

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

Operator **ABREU, ROBERT ELI** Owner **ABREU, ROBERT ELI**

Address **77 ORLEANS ST FL APT 2** Address **77 ORLEANS ST FL APT 2**

City **LOWELL** State **MA** Zip **01850-1114** City **LOWELL** State **MA** Zip **01850-1114**

Insurance Company **GOVERNMENT EMPLOYEES INSU** Vehicle Action Prior to Crash **4** 22 Damaged Area Code: **2** 27 **4** 27 **27**

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

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

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **4** 25 25 BAC Test Result: **1** 30

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

Towed from scene? **2** 33

Please fill out for operator 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	XXXX	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 # **S79362362** St **MA** DOB/Age _____ Reg # **5MVC80** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL _____ Veh Year **2011** Veh Make **HONDA** Veh Config. **1** 21

Operator **MARTINS-GIL, IZILDINHA J** Owner **MARTINS-GIL, IZILDINHA J**

Address **16 HIGHLANDVIEW RD** Address **16 HIGHLANDVIEW RD**

City **TEWKSBURY** State **MA** Zip **01876-1718** City **TEWKSBURY** State **MA** Zip **01876-1718**

Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **4** 27 **27** **27**

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

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

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

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

Towed from scene? **2** 33

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

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

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

1 1 Route# Direction Name of Roadway/Street At Route# Direction Address # Name of Roadway/Street

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

3 1 Route# Direction Name of Intersecting Roadway/Street

Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped Crash Report ID# **20-70-AC**

License # **S76077575** St **MA** DOB/Age _____ Reg # **1HJX15** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **99** 20 CDL _____ Veh Year **2004** Veh Make **NISSAN** Veh Config. **1** 21

Operator **DICOCCO, MARISSA PAIGE** Owner **DICOCCO, MARISSA PAIGE**

Address **15 DOLORES DR** Address **15 DOLORES DR**

City **TEWKSBURY** State **MA** Zip **01876-2534** City **TEWKSBURY** State **MA** Zip **01876-2534**

Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **11** 27 27 27

Vehicle Travel Direction: **NSE** Responding to Emergency? **2** Event Sequence **20** 23 42 23 41 23 21 Test Status: **1** 28

Citation # (If Issued) **T1684857** Most Harmful Event **21** 24 Type of Test: **29**

Viol. 1: Ch/Sec/Sub **90** 24**F** Viol. 2: Ch/Sec/Sub **94G** 13**E** Driver Contributing Code **10** 25 25 BAC Test Result: **30**

Viol. 3: Ch/Sec/Sub **90** 24**E** Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **99** 26 Susp. Alcohol: **2** 31 Susp. Drug: **1** 32

Towed from scene? **1** 33

Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility	
Operator		See Above	X	X	1	99	4	0	0	9	2	Lahey Clinic

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

License # _____ St _____ DOB/Age _____ 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**

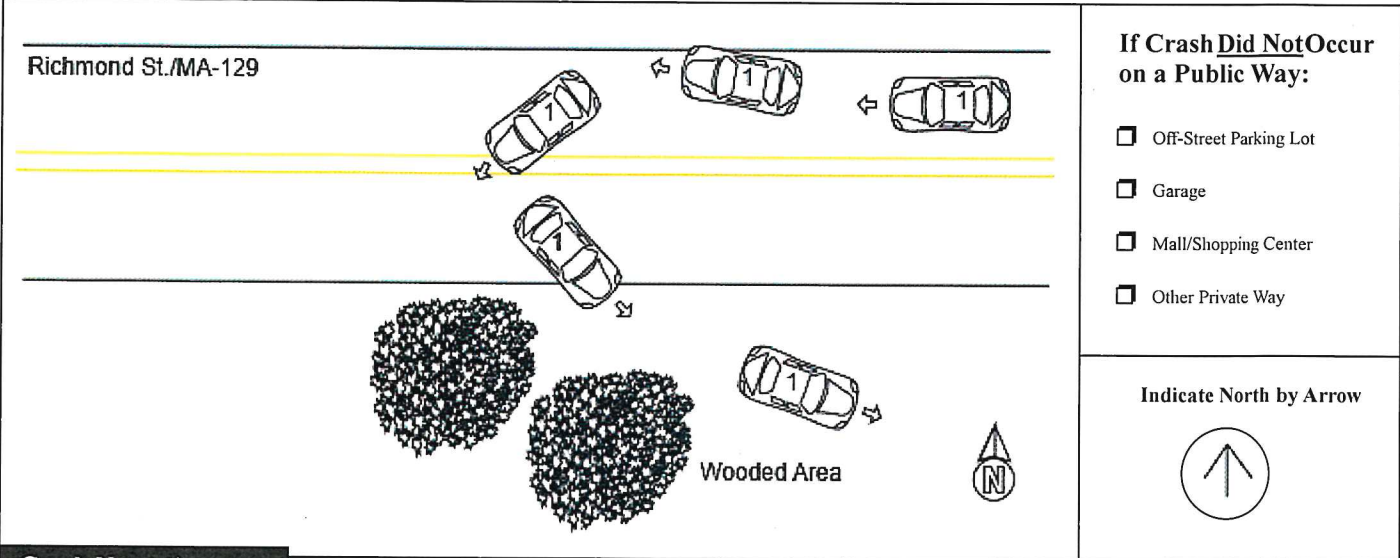
Towed from scene? **33**

Please fill out for operator/non-motorist and all occupants involved		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	X	X	1						

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○



Crash Narrative:

MV1 was traveling eastbound on Richmond St. MV1 began to drift to the right and made contact with the curb. Operator 1 tried to correct by cutting the wheel to the left, causing MV1 to cross over the double yellow line and into the opposite lane. MV1 drove across the lane, over the sidewalk and into the wooded area. Operator 1 was transported to Lahey by WFD. MV1 was towed by Cain's Towing.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
AKOTEY DONNA L	295 FOREST PARK RD DRACUT MA 01826		

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 02/29/2020
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Police Use Only	Date of Crash 02/29/2020	Time of Crash 1520 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report	Number Vehicles 2	Number Injured 0	Speed Limit <u>25</u>	State Police <input type="checkbox"/> Local Police <input type="checkbox"/> MBTA Police <input type="checkbox"/> Campus Police <input type="checkbox"/> Other: <input type="checkbox"/>	
AT INTERSECTION:				< LOCATION >	NOT AT INTERSECTION:				
Route# _____ Direction _____ Name of Roadway/Street _____ At _____				Route# <u>260</u> Direction _____ Address # _____ Name of Roadway/Street MAIN ST					2 10
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 _____					99 11
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____				Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____ Landmark _____					99 11

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

Crash Report ID# **20-71-AC**

License # <u>unknown</u> St _____ DOB/Age _____ Sex <u>F</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL _____ Endorsement _____ Operator <u>TILTON, PATRICIA A</u> Last First Middle Address <u>3 PARK AVE</u> City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-3737</u> Insurance Company <u>USAA GENERAL INDEMNITY 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>985ZS6</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>1997</u> Veh Make _____ Veh Config. <u>1</u> <u>21</u> Owner <u>TILTON, PATRICIA A</u> Last First Middle Address <u>3 PARK AVE</u> City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-3737</u> Vehicle Action Prior to Crash <u>11</u> <u>22</u> Damaged Area Code: <u>1</u> <u>27</u> <u>27</u> <u>27</u> Event Sequence <u>2</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>2</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>0</u> <u>26</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u> Towed from scene? <u>1</u> <u>33</u>	99 12
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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	10	4	0	0	10	1	

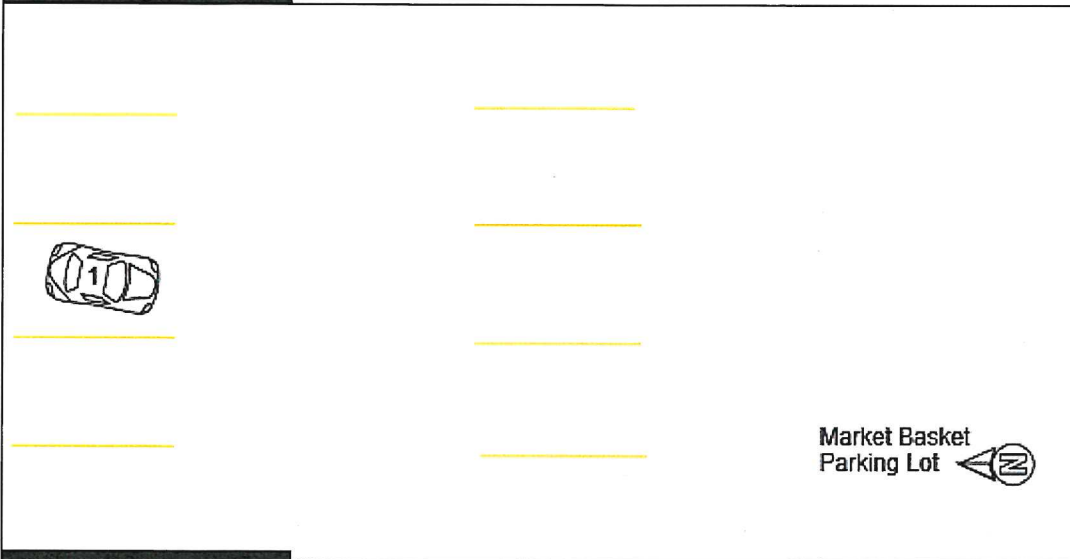
Please Select One of the Following: Vehicle 2 #Occupants Non-Motorist A Type 15 Action 16 Location 17 Condition 18 Hit/Run Moped

License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class _____ Lic. Restrictions _____ CDL _____ Endorsement _____ Operator <u>unknown</u> 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>	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
Operator/Non-Motorist	See Above	XXXXXX	XXXX	1							

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:

The Operator of MV1 called to report an accident in the parking lot of Market Basket when she returned to her car to find the front bumper ripped off. A Market Basket employee identified as Maryjane Martin stated the driver of the vehicle that struck MV1 came into the store with her daughter. Another woman who was not involved in the accident talked to operator of MV2 and relayed the information to Maryjane in an attempt to contact the operator of MV1 over the store intercom. Maryjane stated she never obtained the operator of MV2's information but was able to identify the woman on the Market Basket video. MV2 was described as a black Silverado truck with unknown plate. Investigation to continue pending new learned information.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
MARTIN MARYJANE E	36 ELEANOR DR WILMINGTON MA 01887-0000		

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 46

Hazmat Information:

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

Patrol Officer Meghan Sousa

214

Wilmington Police Department

02/29/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Date of Crash **02/29/2020** Time of Crash **1853** City/Town **Wilmington** **Motor Vehicle Crash** Number Vehicles **2** Number Injured **0** Speed Limit **35** State Police
 24HR **Police Report** Latitude _____ Local Police
 Longitude _____ Campus Police
 Other _____ Other _____

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

Route# _____ Direction _____ Name of Roadway/Street _____ At _____ Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____ Route# _____ Direction _____ Name of Intersecting Roadway/Street _____	Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ _____ 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 _____ _____ Feet N S E W of _____ _____ Landmark _____
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Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped Crash Report ID# **20-72-AC**

License # S99737875 St MA DOB/Ag. _____ Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL _____ Operator CAMPEA, PELINO Address 25 JOY TER City MALDEN State MA Zip 02148-4713 Insurance Company SAFETY INSURANCE COMPANY Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> 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 # 3CY345 Reg Type PC Reg State MA Veh Year 2018 Veh Make HYUNDAI Veh Config. 1 21 Owner CAMPEA, PELINO Address 25 JOY TER City MALDEN State MA Zip 02148-4713 Vehicle Action Prior to Crash 4 22 Damaged Area Code: 1 27 2 27 8 27 Event Sequence 1 23 23 23 23 Test Status: 1 28 Most Harmful Event 1 24 Type of Test: 29 Driver Contributing Code 99 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 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	1	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

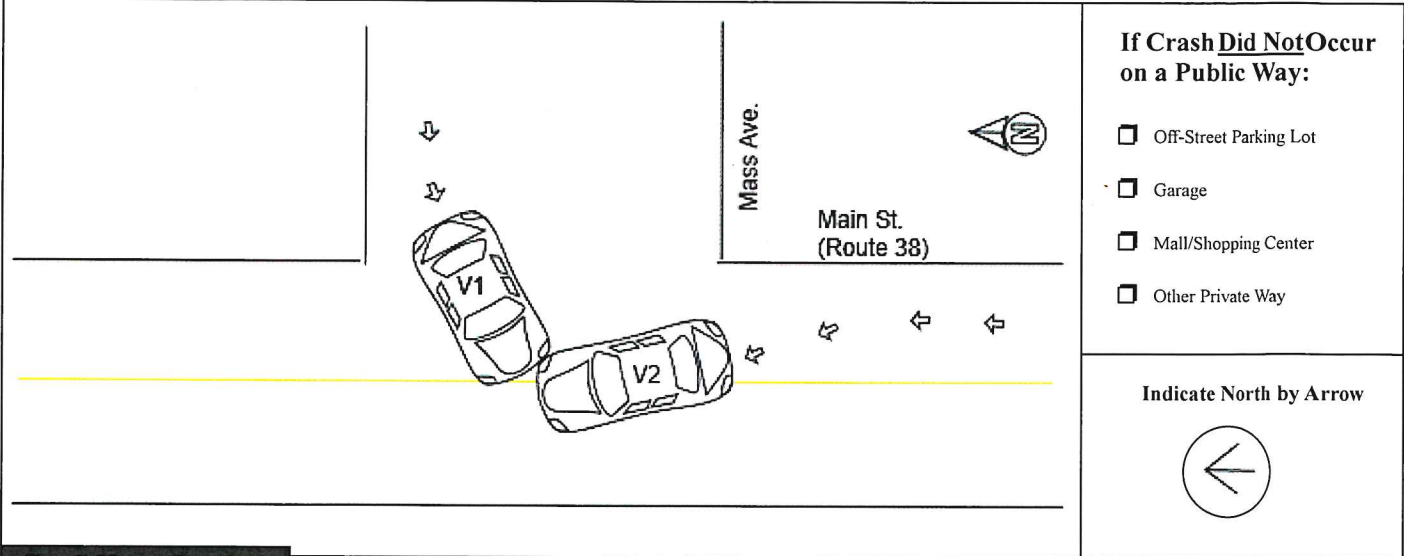
License # S25556505 St MA DOB/Ag. _____ Sex M Lic. Class D 19 19 Lic. Restrictions B 20 CDL _____ Operator TACEY, IAN RH Address 22 GREENWOOD AVE City TEWKSBURY State MA Zip 01876-3413 Insurance Company USAA CASUALTY INSURANCE C Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> 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 # 494FC6 Reg Type PC Reg State MA Veh Year 2010 Veh Make MAZDA Veh Config. 1 21 Owner HARRINGTON, LAURA L Address 22 GREENWOOD AVE City TEWKSBURY State MA Zip 01876-3413 Vehicle Action Prior to Crash 1 22 Damaged Area Code: 8 27 27 27 Event Sequence 1 23 23 23 23 Test Status: 1 28 Most Harmful Event 1 24 Type of Test: 29 Driver Contributing Code 99 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		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	
ROBERT CHISHOLM		30 BRIAN LN TEWKSBURY, MA 01876-0000	M	6	1	4	0	0	10	1	
ZACHARY HINES		20 KATIE WAY TEWKSBURY, MA 01876-1959	M	3	1	4	0	0	10	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:

V1 was taking a left out of Mass Ave onto Main St. Driver stated he stopped and looked both ways, did not see anyone, and proceeded to turn left. V1 then collided with V2 in the roadway. V2's driver stated he attempted to swerve around V1 to avoid the crash. The driver of V1 stated the crash was his fault. The witness stated that V1 was inching out almost to the yellow center line and then proceeded to turn left. She corroborated that V2 attempted to swerve out of the way. V1 had heavy front end damage. V2 had damage to the front passenger side. There were no injuries and everyone refused transport by the Fire Department. Airbags went off in V1. All parties were wearing their seatbelts. Both cars were towed by Cain's Towing.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
TOOMEY-RITTERSHA JANE M	7 CLORINDA RD WILMINGTON MA 01887-0000		

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 Emily L Stebbins

210

Wilmington Police Department 02/29/2020

Police Officer Name (Please Print)

Signature

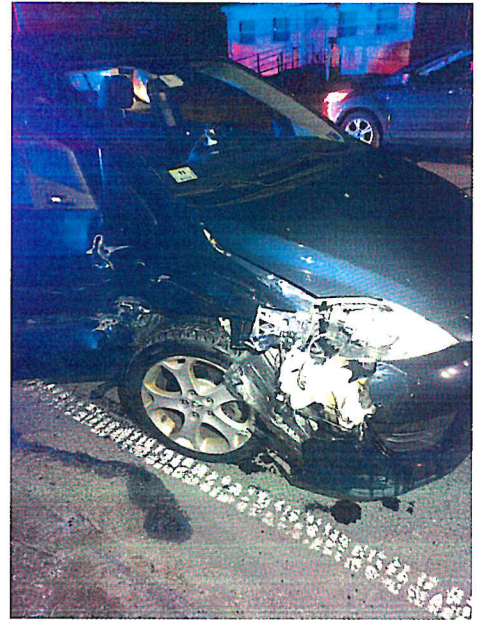
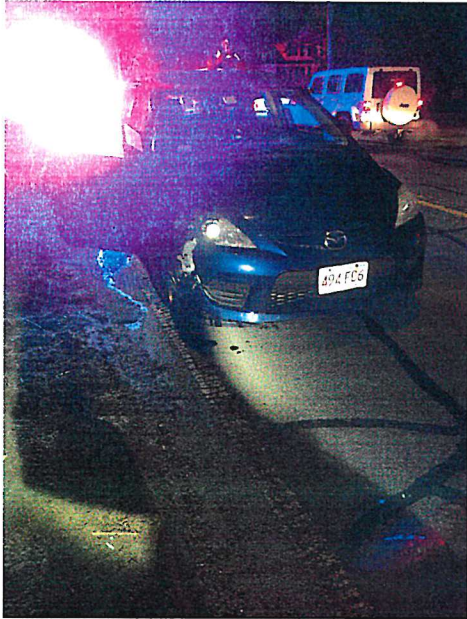
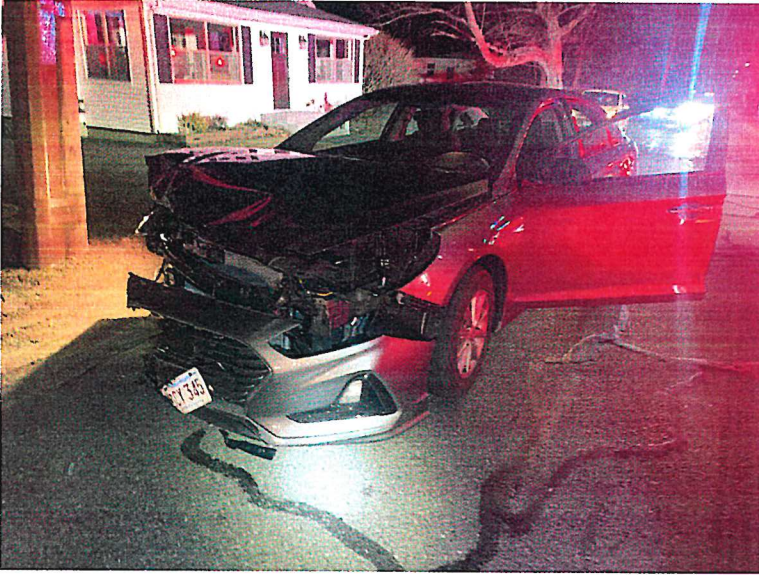
ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department
Images Associated with 20-72-AC



Date of Crash 02/29/2020 Time of Crash 2016 24HR City/Town **Wilmington** **Motor Vehicle Crash Police Report** Number Vehicles 2 Number Injured 0 Speed Limit 35 State Police Local Police MBTA Police Campus Police Other:

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

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

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

Route# Direction Name of Intersecting Roadway/Street

Feet N S E W of _____ or _____ Mile Marker Exit Number

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

Feet N S E W of _____ Landmark

Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped Crash Report ID# **20-73-AC**

License # **S75046367** St **MA** DOB/Age _____ Reg # **4527RF** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class D M Lic. Restrictions 20 CDL _____ Veh Year **2017** Veh Make **CHEVROLET** Veh Config. 2 21

Operator **HANSFORD, JEREMY D** Owner **HANSFORD, JEREMY D**

Address **3 MARK RD** Address **3 MARK RD**

City **TEWKSBURY** State **MA** Zip **01876-3229** City **TEWKSBURY** State **MA** Zip **01876-3229**

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

Vehicle Travel Direction: S E W Responding to Emergency? 2 Event Sequence 1 23 23 23 23 Test Status: 3 28

Citation # (If Issued) **T2061761** Most Harmful Event 1 24 Type of Test: 2 29

Viol. 1: Ch/Sec/Sub **90 24** Viol. 2: Ch/Sec/Sub **90 24** Driver Contributing Code 10 25 21 25 BAC Test Result: 3 30

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by 5 26 Susp. Alcohol: 1 31 Susp. Drug: 2 32

Towed from scene? 3 33

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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 # **E571** Reg Type **LF** Reg State **MA**

Sex _____ Lic. Class 19 19 Lic. Restrictions 20 CDL _____ Veh Year **2019** Veh Make **FORD** Veh Config. 21

Operator **Driverless M.V.** Owner **TOWN OF WILMINGTON POLICE DEPT**

Address _____ Address **1 ADELAIDE ST**

City _____ State _____ Zip _____ City **WILMINGTON** State **MA** Zip **01887**

Insurance Company _____ Vehicle Action Prior to Crash 11 22 Damaged Area Code: 3 27 27 27

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

Citation # (If Issued) _____ Most Harmful Event 1 24 Type of Test: 2 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

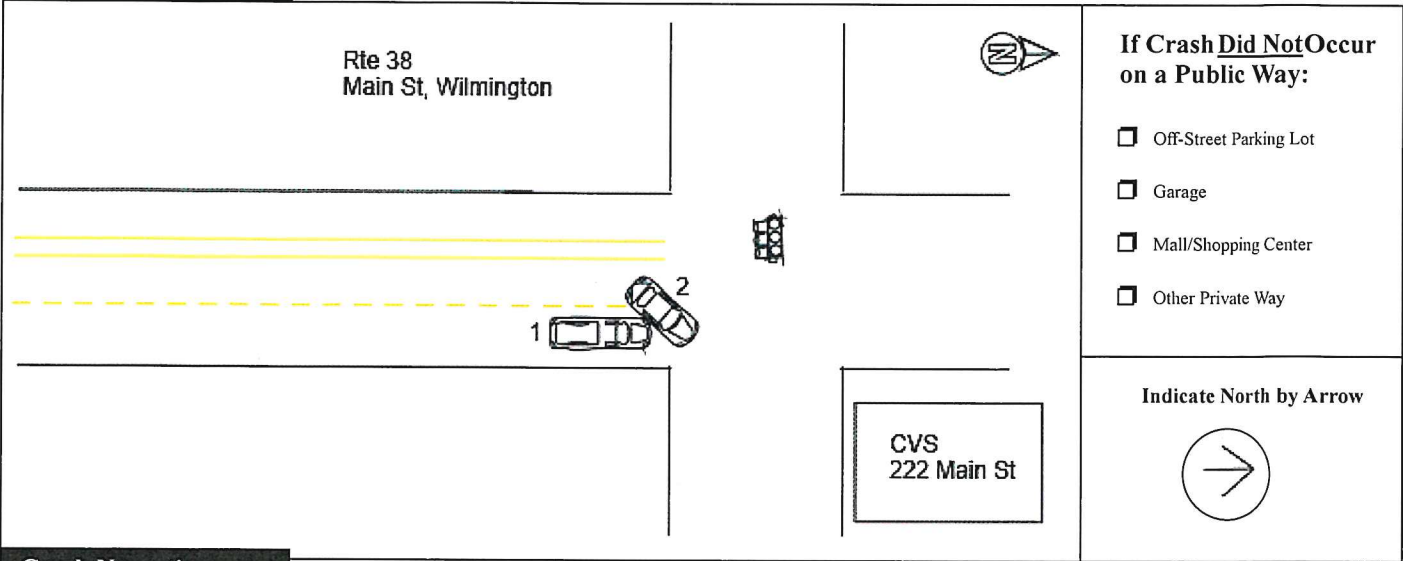
Please fill out for operator/non-motorist and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 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"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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

Crash Diagram:

ie: → 1 → 2 → ○



Crash Narrative:

Motor Vehicle Crash. Called to the scene for an operator asleep at the wheel at the intersection. Cruiser 31 (Vehicle 2) arrived to the scene and pulled in front of vehicle 1, with emergency lights on. I arrived on scene as back up (cruiser 32). Multiple people on scene, and I all tried to wake the driver up. His doors were locked and the windows were closed. I banged on his window and he started to wake up. Vehicle 1 was running and in drive. When the operator woke up, he proceeded to drive forward and crashed into cruiser 31 (Vehicle 2). The cruiser was unoccupied and in park with emergency lights on at the time.

There was damage to the right side of vehicle 2. There was damage to the front left, and front center of vehicle 1. There were no injuries reported. Vehicle 1 was towed from the scene by Cain's following the arrest of the operator of vehicle 1.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
JOHNSON MICHAEL	1 ADELAIDE ST WILMINGTON MA 01887	978-658-5071	1

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

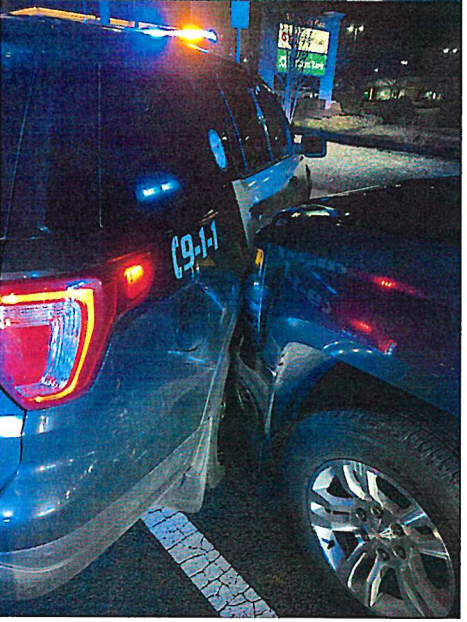
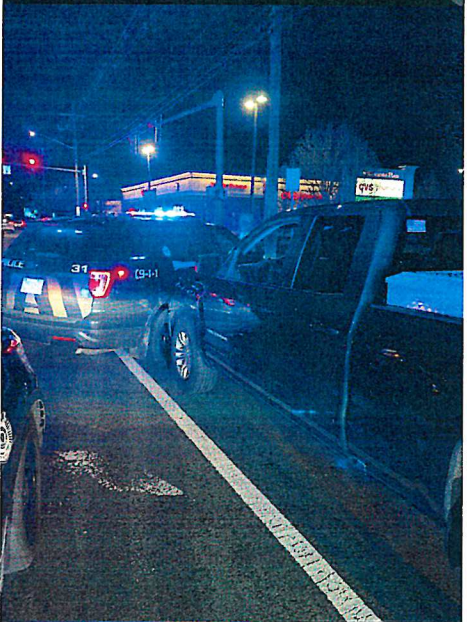
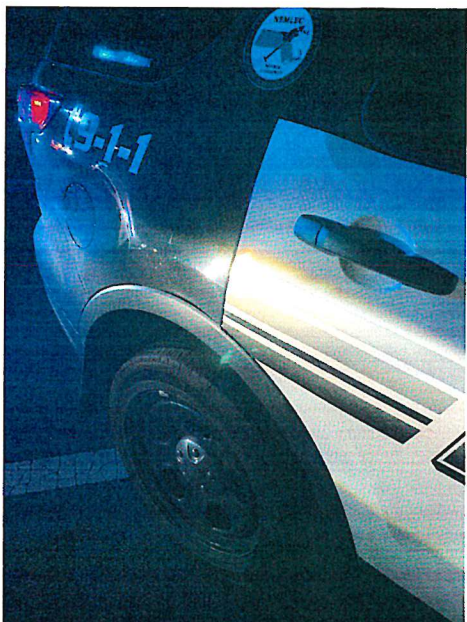
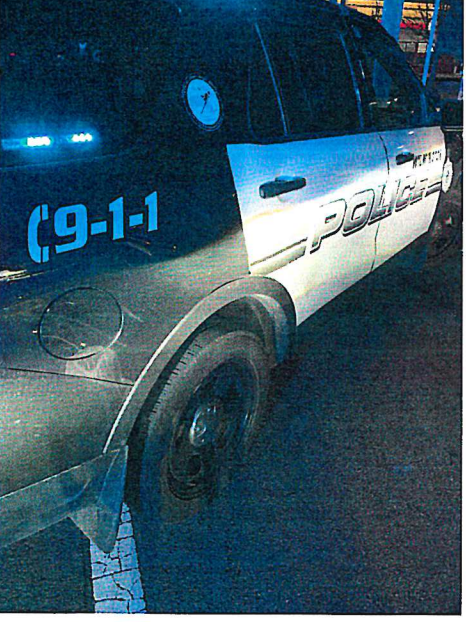
Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 46 _____

Hazmat Information:

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

Patrol Officer Nicholas E Nofhle 204 Wilmington Police Department 02/29/2020
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Images Associated with 20-73-AC



Wilmington Police Department
Images Associated with 20-73-AC

