

| Police Use Only | | | Commonwealth of Massachusetts | | | | RMV Document Number | | | | | | | | | | | | | | | | | |
|--|-------------------------------|-------------------------|---|--|--|------------------------|--|---|--------------|--|------------------|--|------------------|--|---------------|--|--------------|--|------------------|--|-----------------|--|------------------|--|
| Date of Crash 03/02/2020 | Time of Crash 1554 24HR | City/Town Wilmington | Motor Vehicle Crash Police Report | | Number Vehicles 2 | Number Injured 0 | Speed Limit 35 Latitude Longitude | State Police Local Police MBTA Police Campus Police Other | | | | | | | | | | | | | | | | |
| AT INTERSECTION: | | | < LOCATION > | | NOT AT INTERSECTION: | | | | | | | | | | | | | | | | | | | |
| 1 1 | | | CONCORD ST | | 2 10 | | | | | | | | | | | | | | | | | | | |
| Route# Direction | | | Name of Roadway/Street | | Route# Direction Address # Name of Roadway/Street | | | | | | | | | | | | | | | | | | | |
| At | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 1 | | | I93NBR39 RAMP | | 2 11 | | | | | | | | | | | | | | | | | | | |
| Route# Direction | | | Name of Intersecting Roadway/Street | | Feet N S E W of Mile Marker Exit Number | | | | | | | | | | | | | | | | | | | |
| Also at Intersection with | | | | | Feet N S E W of Route# Intersecting Roadway/Street | | | | | | | | | | | | | | | | | | | |
| 2 1 | | | Route# Direction Name of Intersecting Roadway/Street | | Feet N S E W of Landmark | | | | | | | | | | | | | | | | | | | |
| 3 | | | Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 1 #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped | | Crash Report ID# 20-74-AC | | | | | | | | | | | | | | | | | | | |
| 4 3 | | | License # S83753636 St MA DOB/Age | | Reg # P86237 Reg Type CO Reg State MA | | | | | | | | | | | | | | | | | | | |
| Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement | | | Veh Year 2013 Veh Make FORD Veh Config. 2 21 | | Owner J MASTERSON CONSTRUCTION CORP | | | | | | | | | | | | | | | | | | | |
| Operator GONCALVES, MANUEL C | | | Address 37 HOLTEN ST | | Address 46 PRINCE ST | | | | | | | | | | | | | | | | | | | |
| City PEABODY State MA Zip 01960-5546 | | | City DANVERS State MA Zip 01923-1438 | | Vehicle Action Prior to Crash 2 22 | | | | | | | | | | | | | | | | | | | |
| Insurance Company ARBELLA INDEMNITY INSURAN | | | Event Sequence 1 23 23 23 23 | | Damaged Area Code: 5 27 27 27 | | | | | | | | | | | | | | | | | | | |
| Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? 2 | | | Most Harmful Event 1 24 | | Test Status: 28 | | | | | | | | | | | | | | | | | | | |
| Citation # (If Issued) | | | Driver Contributing Code 1 25 25 | | Type of Test: 29 | | | | | | | | | | | | | | | | | | | |
| Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub | | | Driver Distracted by 0 26 | | BAC Test Result: 30 | | | | | | | | | | | | | | | | | | | |
| Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub | | | | | Susp. Alcohol: 2 31 Susp. Drug: 2 32 | | | | | | | | | | | | | | | | | | | |
| 6 1 | | | Please fill out for operator and all occupants involved | | Towed from scene? 1 33 | | | | | | | | | | | | | | | | | | | |
| 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 | | X | | X | | 1 | | 1 | | 4 | | 0 | | 0 | | 10 | | 1 | | | |
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| 7 3 | | | Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 #Occupants <input type="checkbox"/> Non-Motorist A Type 15 Action 16 Location 17 Condition 18 <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped | | | | | | | | | | | | | | | | | | | | | |
| 8 2 | | | License # S56789702 St MA DOB/Age | | Reg # 1BHL89 Reg Type PC Reg State MA | | | | | | | | | | | | | | | | | | | |
| Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement | | | Veh Year 2013 Veh Make MITSUBISHI Veh Config. 1 21 | | Owner PEOV, TYANNA ROTHANNY | | | | | | | | | | | | | | | | | | | |
| Operator RABANALES, DANY B | | | Address 10 COBBETT PL | | Address 83 JEAN AVE | | | | | | | | | | | | | | | | | | | |
| City LYNN State MA Zip 01902-4101 | | | City LOWELL State MA Zip 01852-5739 | | Vehicle Action Prior to Crash 1 22 | | | | | | | | | | | | | | | | | | | |
| Insurance Company GEICO GENERAL INSURANCE C | | | Event Sequence 1 23 23 23 23 | | Damaged Area Code: 1 27 2 27 8 27 | | | | | | | | | | | | | | | | | | | |
| Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? 2 | | | Most Harmful Event 1 24 | | Test Status: 28 | | | | | | | | | | | | | | | | | | | |
| Citation # (If Issued) | | | Driver Contributing Code 19 25 25 | | Type of Test: 29 | | | | | | | | | | | | | | | | | | | |
| Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub | | | Driver Distracted by 99 26 | | BAC Test Result: 30 | | | | | | | | | | | | | | | | | | | |
| Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub | | | | | Susp. Alcohol: 2 31 Susp. Drug: 2 32 | | | | | | | | | | | | | | | | | | | |
| 9 2 | | | Please fill out for operator/non-motorist and all occupants involved | | Towed from scene? 1 33 | | | | | | | | | | | | | | | | | | | |
| 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 | | X | | X | | 1 | | 1 | | 1 | | 0 | | 0 | | 10 | | 1 | | | |
| TYANNA PEOV | | | 83 JEAN AVE LOWELL, MA 01852-5739 | | | | F | | 3 | | 1 | | 1 | | 0 | | 0 | | 10 | | 1 | | | |
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→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ○ = Pedestrian ○ = Bicycle

Crash Diagram:

ie: → 1 → 2 → ○ → ○

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|---|--|---|
| <p style="text-align: center;">Concord St</p> <p style="text-align: center;">I93NB Ramp</p> | | <p>If Crash Did Not Occur on a Public Way:</p> <p><input type="checkbox"/> Off-Street Parking Lot</p> <p><input type="checkbox"/> Garage</p> <p><input type="checkbox"/> Mall/Shopping Center</p> <p><input type="checkbox"/> Other Private Way</p> <p>Indicate North by Arrow</p> <div style="text-align: center;"> </div> |
|---|--|---|

Crash Narrative:

MV1 and MV2 travelling northbound on Concord St. in the area of I93NB Ramp. MSP Lt. DeAmbrose was blocking the southbound lanes with his emergency lights activated while a oversized vehicle was turning into the highway. MV1, at the direction of Lt. DeAmbrose stopped in his travel lane. MV2 rear ended MV1. Lt. DeAmbrose stated that he did not hear any indication that MV2 attempted to brake prior to the collision. No injuries reported. Damage to the front of MV2. Minor damage to rear bumper of MV1. MV2 towed by A&S Towing.

Witnesses:

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

Property Damage:

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

03/02/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

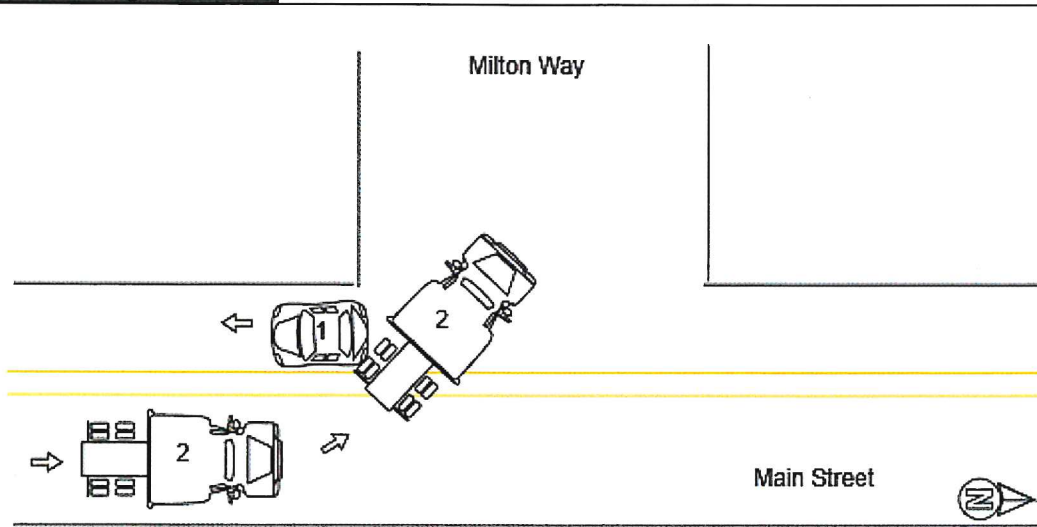
Precinct/Barracks

Date

| Police Use Only | | | Commonwealth of Massachusetts | | | | RMV Document Number | | | | |
|--|-------------------------------|-------------------------|--------------------------------------|--|--|---|------------------------|-------------------|----------|-----------|---|
| Date of Crash 03/03/2020 | Time of Crash 1456 24HR | City/Town Wilmington | Motor Vehicle Crash Police Report | | | Number Vehicles 2 | Number Injured 0 | Speed Limit 35 | Latitude | Longitude | State Police Local Police MBTA Police Campus Police Other |
| AT INTERSECTION: | | | < LOCATION > | | | | NOT AT INTERSECTION: | | | | |
| Route# Direction Name of Roadway/Street | | | | | | Route# Direction Address # Name of Roadway/Street | | | | | |
| At | | | | | | Feet N S E W of or Mile Marker Exit Number | | | | | |
| Route# Direction Name of Intersecting Roadway/Street | | | | | | Feet N S E W of Route# Intersecting Roadway/Street | | | | | |
| Also at Intersection with | | | | | | Feet N S E W of Landmark | | | | | |
| Route# Direction Name of Intersecting Roadway/Street | | | | | | | | | | | |
| Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 1 Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped | | | | | | Crash Report ID# 20-75-AC | | | | | |
| License # S66796690 St MA DOB/Age. Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement | | | | | | Reg # 568MD0 Reg Type PC Reg State MA Veh Year 2012 Veh Make NISSAN Veh Config. 1 21 | | | | | |
| Operator DESALVO, MARILYN Last First Middle | | | | | | Owner DESALVO, MARILYN Last First Middle | | | | | |
| Address 31 FRANCIS ST | | | | | | Address 31 FRANCIS ST | | | | | |
| City EVERETT State MA Zip 02149-4813 | | | | | | City EVERETT State MA Zip 02149-4813 | | | | | |
| Insurance Company THE COMMERCE INSURANCE CO | | | | | | Vehicle Action Prior to Crash 2 22 Damaged Area Code: 5 27 27 27 | | | | | |
| Vehicle Travel Direction: N X E W Responding to Emergency? 2 | | | | | | Event Sequence 1 23 23 23 23 Test Status: 1 28 | | | | | |
| Citation # (If Issued) | | | | | | Type of Test: 29 | | | | | |
| Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub | | | | | | BAC Test Result: 1 30 | | | | | |
| Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub | | | | | | Susp. Alcohol: 2 31 Susp. Drug: 2 32 | | | | | |
| Please fill out for operator and all occupants involved | | | | | | Towed from scene? 2 33 | | | | | |
| Name (Last First Middle) Address DOB/Age Sex 34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code Medical Facility | | | | | | | | | | | |
| Operator See Above | | | | | | 1 1 4 0 0 10 1 | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
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| Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 Occupants <input type="checkbox"/> Non-Motorist A Type 15 Action 16 Location 17 Condition 18 <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped | | | | | | | | | | | |
| License # 29239271 St PA DOB/Age. Sex M Lic. Class A 19 19 Lic. Restrictions 20 CDL Endorsement | | | | | | Reg # AG88986 Reg Type TL Reg State PA Veh Year 2003 Veh Make VOLVO Veh Config. 10 21 | | | | | |
| Operator DAEMONTE, JORDANO Last First Middle | | | | | | Owner JORDANO DAEMONTE Last First Middle | | | | | |
| Address 3308 RT 940 APT 104 | | | | | | Address 3308 ROUTE 940 | | | | | |
| City MT POCONO State PA Zip 18424 | | | | | | City MOUNT POCONO State PA Zip 18344 | | | | | |
| Insurance Company SENTRY | | | | | | Vehicle Action Prior to Crash 4 22 Damaged Area Code: 0 27 27 27 | | | | | |
| Vehicle Travel Direction: X S E W Responding to Emergency? 2 | | | | | | Event Sequence 1 23 23 23 23 Test Status: 1 28 | | | | | |
| Citation # (If Issued) | | | | | | Type of Test: 29 | | | | | |
| Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub | | | | | | BAC Test Result: 1 30 | | | | | |
| Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub | | | | | | Susp. Alcohol: 2 31 Susp. Drug: 2 32 | | | | | |
| Please fill out for operator/non-motorist and all occupants involved | | | | | | Towed from scene? 2 33 | | | | | |
| Name (Last First Middle) Address DOB/Age Sex 34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code Medical Facility | | | | | | | | | | | |
| Operator/Non-Motorist See Above | | | | | | 1 1 4 0 0 10 1 | | | | | |
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→ = 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:

MV 1 was driving south on Main St and was stopped/slowng in traffic. MV 2 was driving south on Main St. and was attempting to turn left onto Milton Way. Operator of MV 2 stated he accidentally struck the rear of MV 1 with the rear of his tractor trailer when he was trying to turn left. No injuries. No MV's towed.

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 # **AG88986** (From Vehicle Section)

Carrier Name _____ Bus Use ☐ 42
 Address _____ City _____ St _____ Zip _____
 US DOT #: _____ State Number _____ Issuing State _____ MC/MX/ICC #: _____
 Interstate ☐ 43 Cargo Body Type Code ☐ 44 GVWR/GCWR ☐ 45
 Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length ☐ 46

Hazmat Information:

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

Patrol Officer Kevin J Skinner

200

Wilmington Police Department

03/03/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

| | | | | | | | | | | | | | | |
|--|-------------------------------|-------------------------|--|--|--|--|------------------------|-------------------|--|-----------|---|---------------------------|--|--|
| Police Use Only | | | Commonwealth of Massachusetts | | | | RMV Document Number | | | | | | | |
| Date of Crash 03/04/2020 | Time of Crash 1218 24HR | City/Town Wilmington | Motor Vehicle Crash Police Report | | | Number Vehicles 3 | Number Injured 0 | Speed Limit 45 | Latitude | Longitude | State Police Local Police MBTA Police Campus Police Other | | | |
| AT INTERSECTION: | | | < LOCATION > | | | NOT AT INTERSECTION: | | | | | | | | |
| Route# Direction Name of Roadway/Street | | | Route# Direction Address # Name of Roadway/Street | | | 2 10 | | | | | | | | |
| At | | | Feet N S E W of or | | | 2 11 | | | | | | | | |
| Route# Direction Name of Intersecting Roadway/Street | | | Feet N S E W of | | | 2 11 | | | | | | | | |
| Also at Intersection with | | | Route# Intersecting Roadway/Street | | | 2 11 | | | | | | | | |
| Route# Direction Name of Intersecting Roadway/Street | | | Landmark | | | 2 11 | | | | | | | | |
| Please Select One of the Following: | | | <input checked="" type="checkbox"/> Vehicle 1 Occupants | | | <input type="checkbox"/> Hit/Run | | | <input type="checkbox"/> Moped | | | Crash Report ID# 20-76-AC | | |
| License # S44289770 St MA DOB/Age | | | Reg # R92517 Reg Type CO Reg State MA | | | Veh Year 2015 Veh Make FORD Veh Config. 2 21 | | | 1 12 | | | | | |
| Sex M Lic. Class 19 19 Lic. Restrictions 99 20 CDL Endorsement | | | Owner M AND K ENGINEERING INC | | | Address 166 NEW BOSTON ST | | | 1 13 | | | | | |
| Operator MENDICINO, MICHAEL JOHN | | | City WOBURN State MA Zip 01801-6204 | | | Vehicle Action Prior to Crash 2 22 | | | Damaged Area Code: 5 27 27 27 | | | | | |
| Address 16 LYLE TER | | | Event Sequence 1 23 23 23 23 | | | Test Status: 1 28 | | | Type of Test: 29 | | | | | |
| City MALDEN State MA Zip 02148 | | | Most Harmful Event 1 24 | | | BAC Test Result: 1 30 | | | Susp. Alcohol: 2 31 Susp. Drug: 2 32 | | | | | |
| Insurance Company ARBELLA PROTECTION INSURA | | | Driver Contributing Code 1 25 25 | | | Towed from scene? 2 33 | | | 1 13 | | | | | |
| Vehicle Travel Direction: X S E W Responding to Emergency? 2 | | | Driver Distracted by 0 26 | | | | | | | | | | | |
| Citation # (If Issued) | | | | | | | | | | | | | | |
| Viol. 1: Ch/Sec/Sub | | | Viol. 2: Ch/Sec/Sub | | | | | | | | | | | |
| Viol. 3: Ch/Sec/Sub | | | Viol. 4: Ch/Sec/Sub | | | | | | | | | | | |
| Please fill out for operator and all occupants involved | | | | | | | | | | | | | | |
| Name (Last First Middle) | | | Address | | | DOB/Age | | | Sex | | | | | |
| Operator | | | See Above | | | 1 | | | 1 | | | | | |
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| Please Select One of the Following: | | | <input checked="" type="checkbox"/> Vehicle 21 Occupants | | | <input type="checkbox"/> Non-Motorist A | | | Type 15 Action 16 Location 17 Condition 18 | | | | | |
| License # L260519108700 St QC DOB/Age | | | Reg # JLP6284 Reg Type BU Reg State NY | | | Veh Year 2020 Veh Make Land Rover Veh Config. 1 21 | | | 1 14 | | | | | |
| Sex M Lic. Class 99 19 19 Lic. Restrictions 20 CDL Endorsement | | | Owner EAN HOLDINGS | | | Address 14002 E 21ST STREET STE 1500 | | | 1 14 | | | | | |
| Operator LEGER, JULIEN | | | City TULSA State OK Zip 74134 | | | Vehicle Action Prior to Crash 2 22 | | | Damaged Area Code: 1 27 5 27 10 27 | | | | | |
| Address 3710 CH DE NOTRE DAME DE LA ME | | | Event Sequence 1 23 23 23 23 | | | Test Status: 1 28 | | | Type of Test: 29 | | | | | |
| City NOTRE DAME State QC Zip JOT2AO | | | Most Harmful Event 1 24 | | | BAC Test Result: 1 30 | | | Susp. Alcohol: 2 31 Susp. Drug: 2 32 | | | | | |
| Insurance Company FOR HIRE SELF-INSURER | | | Driver Contributing Code 1 25 25 | | | Towed from scene? 1 33 | | | | | | | | |
| Vehicle Travel Direction: X S E W Responding to Emergency? 2 | | | Driver Distracted by 0 26 | | | | | | | | | | | |
| Citation # (If Issued) | | | | | | | | | | | | | | |
| Viol. 1: Ch/Sec/Sub | | | Viol. 2: Ch/Sec/Sub | | | | | | | | | | | |
| Viol. 3: Ch/Sec/Sub | | | Viol. 4: Ch/Sec/Sub | | | | | | | | | | | |
| Please fill out for operator/non-motorist and all occupants involved | | | | | | | | | | | | | | |
| Name (Last First Middle) | | | Address | | | DOB/Age | | | Sex | | | | | |
| Operator/Non-Motorist | | | See Above | | | 1 | | | 1 | | | | | |
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| Police Use Only | | | Commonwealth of Massachusetts | | | | RMV Document Number | | | | | | | |
|--|-------------------------------|-------------------------|---|--|---------|---|-------------------------|--------------------------------|------------------------|--|---|---|---|------------------------------------|
| Date of Crash 03/04/2020 | Time of Crash 1218 24HR | City/Town Wilmington | Motor Vehicle Crash Police Report | | | | Number Vehicles 3 | Number Injured 0 | Speed Limit 45 | State Police <input type="checkbox"/> | Local Police <input checked="" type="checkbox"/> | MBTA Police <input type="checkbox"/> | Campus Police <input type="checkbox"/> | Other: <input type="checkbox"/> |
| AT INTERSECTION: | | | < LOCATION > | | | | NOT AT INTERSECTION: | | | | | | | |
| Route# Direction Name of Roadway/Street | | | Route# Direction Address # Name of Roadway/Street | | | | | | | | | | | |
| At | | | Feet N S E W of or Mile Marker Exit Number | | | | | | | | | | | |
| Route# Direction Name of Intersecting Roadway/Street | | | Feet N S E W of Route# Intersecting Roadway/Street | | | | | | | | | | | |
| Also at Intersection with | | | Landmark | | | | | | | | | | | |
| Route# Direction Name of Intersecting Roadway/Street | | | | | | | | | | | | | | |
| Please Select One of the Following: | | | <input checked="" type="checkbox"/> Vehicle 31 #Occupants | | | <input type="checkbox"/> Hit/Run | | <input type="checkbox"/> Moped | | Crash Report ID# 20-76-AC | | | | |
| License # S49144408 St MA DOB/Age | | | Reg # MDIST2 Reg Type CO Reg State MA | | | | | | | | | | | |
| Sex M Lic. Class D 19 19 Lic. Restrictions 99 20 CDL Endorsement | | | Veh Year 2000 Veh Make International Veh Config. 13 21 | | | | | | | | | | | |
| Operator DISTASIO, MICHAEL R | | | Owner DISTASIO, MICHAEL R | | | | | | | | | | | |
| Address 231 CENTRAL ST | | | Address 231 CENTRAL ST | | | | | | | | | | | |
| City NORTH READING State MA Zip 01864-1304 | | | City NORTH READING State MA Zip 01864-1304 | | | | | | | | | | | |
| Insurance Company ARBELLA PROTECTION INSURA | | | Vehicle Action Prior to Crash 1 22 | | | Damaged Area Code: 2 27 1 27 27 | | | | | | | | |
| Vehicle Travel Direction: <input checked="" type="checkbox"/> S E W Responding to Emergency? 2 | | | Event Sequence 1 23 23 23 23 | | | Test Status: 1 28 | | | | | | | | |
| Citation # (If Issued) | | | Most Harmful Event 1 24 | | | Type of Test: 29 | | | | | | | | |
| Viol. 1: Ch/Sec/Sub | | | Driver Contributing Code 97 25 1 25 | | | BAC Test Result: 1 30 | | | | | | | | |
| Viol. 2: Ch/Sec/Sub | | | Driver Distracted by 99 26 | | | Susp. Alcohol: 2 31 Susp. Drug: 2 32 | | | | | | | | |
| Viol. 3: Ch/Sec/Sub | | | | | | Towed from scene? 2 33 | | | | | | | | |
| Viol. 4: Ch/Sec/Sub | | | | | | | | | | | | | | |
| Please fill out for operator and all occupants involved | | | | | | | | | | | | | | |
| Name (Last First Middle) | | | Address | | DOB/Age | Sex | 34 Seat Pos. | 35 Safety System | 36 Airbag Status | 37 Eject Code | 38 Trap Code | 39 Injury Status | 40 Transp. Code | Medical Facility |
| Operator | | | See Above | | | | 1 | 1 | 4 | 0 | 0 | 10 | 1 | |
| | | | | | | | | | | | | | | |
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| Please Select One of the Following: | | | <input type="checkbox"/> Vehicle 4 #Occupants | | | <input type="checkbox"/> Non-Motorist A | | Type 15 | Action 16 | Location 17 | Condition 18 | <input type="checkbox"/> Hit/Run <input type="checkbox"/> 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 | | | Driver Contributing Code 25 25 | | | BAC Test Result: 30 | | | | | | | | |
| Viol. 2: Ch/Sec/Sub | | | Driver Distracted by 26 | | | Susp. Alcohol: 31 Susp. Drug: 32 | | | | | | | | |
| Viol. 3: Ch/Sec/Sub | | | | | | Towed from scene? 33 | | | | | | | | |
| Viol. 4: Ch/Sec/Sub | | | | | | | | | | | | | | |
| Please fill out for operator/non-motorist and all occupants involved | | | | | | | | | | | | | | |
| Name (Last First Middle) | | | Address | | DOB/Age | Sex | 34 Seat Pos. | 35 Safety System | 36 Airbag Status | 37 Eject Code | 38 Trap Code | 39 Injury Status | 40 Transp. Code | Medical Facility |
| Operator/Non-Motorist | | | See Above | | | | 1 | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○



If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow



Crash Narrative:

Mv 1 was traveling north on Main Street when he came to a stop with his blinker on (left) in order to turn in to UHAUL. Mv 2 was traveling behind Mv 1 and came to a stop when needed to do so. MV 3, also traveling north on Main St, rear-ended Mv 2, causes him to crash in to the rear end of Mv 1. Operator of Mv 3 stated that when he realized the vehicles in front of him were stopping he could not stop in time. Mv 2 was towed from the scene by A&S due to fluid leaking from the front end. Mv 1 and Mv 3 were operational with minimal damage. No injuries were observed or reported.

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use ☐ 42

Address _____ City _____ St _____ Zip _____

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

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

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

Hazmat Information:

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

Patrol Officer Scott Dunnett

202

Wilmington Police Department

03/04/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

| Police Use Only | | | Commonwealth of Massachusetts | | | | RMV Document Number | | | | | | |
|--|-------------------------------|-------------------------|---|---------|--|------------------------|--------------------------------|------------------|---------------------------|---|------------------|-----------------|------------------|
| Date of Crash 03/05/2020 | Time of Crash 0630 24HR | City/Town Wilmington | Motor Vehicle Crash Police Report | | Number Vehicles 3 | Number Injured 0 | Speed Limit 35 | Latitude | Longitude | State Police Local Police MBTA Police Campus Police Other | | | |
| AT INTERSECTION: | | | < LOCATION > | | NOT AT INTERSECTION: | | | | | | | | |
| Route# Direction Name of Roadway/Street | | | | | Route# Direction Address # Name of Roadway/Street | | | | | 2 10 | | | |
| At | | | | | Feet N S E W of or Mile Marker Exit Number | | | | | 2 11 | | | |
| Route# Direction Name of Intersecting Roadway/Street | | | | | Feet N S E W of Route# Intersecting Roadway/Street | | | | | 2 11 | | | |
| Also at Intersection with | | | | | Feet N S E W of Landmark | | | | | | | | |
| Route# Direction Name of Intersecting Roadway/Street | | | | | | | | | | | | | |
| Please Select One of the Following: | | | <input checked="" type="checkbox"/> Vehicle 1 Occupants | | <input type="checkbox"/> Hit/Run | | <input type="checkbox"/> Moped | | Crash Report ID# 20-77-AC | | | | |
| License # NHL15684334 St NH DOB/Age 7 | | | | | Reg # 4623018 Reg Type PC Reg State NH | | | | | 1 12 | | | |
| Sex F Lic. Class D Lic. Restrictions 20 CDL Endorsement | | | | | Veh Year 2016 Veh Make TOYOTA Veh Config. 1 21 | | | | | 1 12 | | | |
| Operator GREENSTEIN, JILL CATHERINE | | | | | Owner GREENSTEIN, JASON SCOTT | | | | | | | | |
| Address 14 KATHERINE WAY | | | | | Address 14 KATHERINE WAY | | | | | | | | |
| City PLAISTOW State NH Zip 03865 | | | | | City PLAISTOW State NH Zip 038652548 | | | | | | | | |
| Insurance Company | | | | | Vehicle Action Prior to Crash 2 22 Damaged Area Code: 5 27 27 27 | | | | | | | | |
| Vehicle Travel Direction: N S E X 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 | | | | | Susp. Alcohol: 31 Susp. Drug: 32 | | | | | 1 13 | | | |
| Driver Distracted by 0 26 | | | | | 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 | | X | X | 1 | 1 | 4 | 0 | 0 | 10 | 1 | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Please Select One of the Following: | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Vehicle 21 Occupants | | | | | | | | | | | | | |
| <input type="checkbox"/> Non-Motorist A Type 15 Action 16 Location 17 Condition 18 | | | | | | | | | | | | | |
| <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped | | | | | | | | | | | | | |
| License # 4300061580 St IN DOB/Age | | | | | Reg # 1BWZ66 Reg Type PC Reg State MA | | | | | | | | |
| Sex F Lic. Class D Lic. Restrictions 20 CDL Endorsement | | | | | Veh Year 2017 Veh Make TOYOTA Veh Config. 1 21 | | | | | | | | |
| Operator BEAVERS, DARIAN NICOLE | | | | | Owner SHIPMAN, JOSHUA DUANE | | | | | | | | |
| Address 1500 PRESTON RD APT 2306 | | | | | Address 3114 AVALON DR APT 3 | | | | | | | | |
| City PLANO State IN Zip 75093-5132 | | | | | City WILMINGTON State MA Zip 01887-1160 | | | | | 2 14 | | | |
| Insurance Company GEICO GENERAL INSURANCE C | | | | | Vehicle Action Prior to Crash 1 22 Damaged Area Code: 1 27 5 27 27 | | | | | | | | |
| Vehicle Travel Direction: N S E X 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 | | | | | Susp. Alcohol: 31 Susp. Drug: 32 | | | | | | | | |
| 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 | | X | X | 1 | 1 | 4 | 0 | 0 | 10 | 1 | |
| | | | | | | | | | | | | | |
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|--|--|-------------------------------|-------------------------------|---|--|--|---------------------|----------------------------------|--|---------------------------|--|---|--|---|--|
| Police Use Only | | | Commonwealth of Massachusetts | | | | RMV Document Number | | | | | | | | |
| Date of Crash 03/05/2020 | | Time of Crash 0630 24HR | | City/Town Wilmington | | Motor Vehicle Crash Police Report | | Number Vehicles 3 | | Number Injured 0 | | Speed Limit 35 Latitude Longitude | | State Police Local Police MBTA Police Campus Police Other | |
| AT INTERSECTION: | | | | < LOCATION > | | NOT AT INTERSECTION: | | | | | | | | | |
| Route# Direction Name of Roadway/Street | | | | | | Route# Direction Address # Name of Roadway/Street | | | | | | | | | |
| At | | | | | | Feet N S E W of or Mile Marker Exit Number | | | | | | | | | |
| Route# Direction Name of Intersecting Roadway/Street | | | | | | Feet N S E W of Route# Intersecting Roadway/Street | | | | | | | | | |
| Also at Intersection with | | | | | | Landmark | | | | | | | | | |
| Route# Direction Name of Intersecting Roadway/Street | | | | | | | | | | | | | | | |
| Please Select One of the Following: | | | | <input checked="" type="checkbox"/> Vehicle 31 #Occupants | | <input type="checkbox"/> Hit/Run | | <input type="checkbox"/> Moped | | Crash Report ID# 20-77-AC | | | | | |
| License # SA1410521 St MA DOB/Age | | | | Reg # 8RHG20 Reg Type PC Reg State MA | | | | | | | | | | | |
| Sex M Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement | | | | Veh Year 2001 Veh Make CHEVROLET Veh Config. 1 21 | | | | | | | | | | | |
| Operator DIPESA, CAL G | | | | Owner DIPESA, GEORGE FRANK | | | | | | | | | | | |
| Address 1 COBALT ST APT UNIT | | | | Address 1 COBALT ST | | | | | | | | | | | |
| City WILMINGTON State MA Zip 01887-3804 | | | | City WILMINGTON State MA Zip 01887 | | | | | | | | | | | |
| Insurance Company THE COMMERCE INSURANCE CO | | | | Vehicle Action Prior to Crash 1 22 | | | | Damaged Area Code: 1 27 27 27 | | | | | | | |
| Vehicle Travel Direction: N S 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 | | | | Driver Contributing Code 19 25 25 | | | | BAC Test Result: 30 | | | | | | | |
| Viol. 2: Ch/Sec/Sub | | | | Driver Distracted by 99 26 | | | | Susp. Alcohol: 31 Susp. Drug: 32 | | | | | | | |
| Viol. 3: Ch/Sec/Sub | | | | Towed from scene? 2 33 | | | | | | | | | | | |
| Viol. 4: Ch/Sec/Sub | | | | | | | | | | | | | | | |
| Please fill out for operator and all occupants involved | | | | | | | | | | | | | | | |
| Name (Last First Middle) | | | | Address | | | | DOB/Age | | | | Sex | | | |
| Operator | | | | See Above | | | | 1 | | | | 1 | | | |
| | | | | | | | | | | | | | | | |
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| Please Select One of the Following: | | | | <input type="checkbox"/> Vehicle 4 #Occupants | | <input type="checkbox"/> Non-Motorist A | | Type 15 | | Action 16 | | Location 17 | | Condition 18 | |
| License # St DOB/Age | | | | Reg # Reg Type Reg State | | | | | | | | | | | |
| Sex Lic. Class 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 | | | | Driver Contributing Code 25 25 | | | | BAC Test Result: 30 | | | | | | | |
| Viol. 2: Ch/Sec/Sub | | | | Driver Distracted by 26 | | | | Susp. Alcohol: 31 Susp. Drug: 32 | | | | | | | |
| Viol. 3: Ch/Sec/Sub | | | | Towed from scene? 33 | | | | | | | | | | | |
| Viol. 4: Ch/Sec/Sub | | | | | | | | | | | | | | | |
| Please fill out for operator/non-motorist and all occupants involved | | | | | | | | | | | | | | | |
| Name (Last First Middle) | | | | Address | | | | DOB/Age | | | | Sex | | | |
| Operator/Non-Motorist | | | | See Above | | | | 1 | | | | 1 | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |

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

Crash Diagram:

382 Middlesex Ave.

Railway

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Indicate North by Arrow

Crash Narrative:

On 03/05/20 car 3 while travelling westbound on Middlesex Ave. crashed into the rear of car 2 which forced car 2 to crash into the rear of car 1. Car 1 and car 2 were both waiting in traffic for the train to cross Middlesex Ave. prior to the crash. The operator of Car 3 said he was distracted but did not know from what and his inattention made him crash.

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

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

Hazmat Information:

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

Patrol Officer Dillon Halliday

205

Wilmington Police Department

03/05/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

| Police Use Only | | | Commonwealth of Massachusetts | | | | RMV Document Number | | | | | | |
|--|-------------------------------|-------------------------|---|--------------|--------------|--------------------|------------------------|------------------------|--------------------------------------|--|---------------------------------------|-----------------------|------------------|
| Date of Crash 03/05/2020 | Time of Crash 1446 24HR | City/Town Wilmington | Motor Vehicle Crash Police Report | | | | Number Vehicles 2 | Number Injured 0 | Speed Limit <u>35</u> | State Police <input type="checkbox"/> | Local Police <input type="checkbox"/> | | |
| | | | | | | | Latitude _____ | Longitude _____ | 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>222</u> Direction <u>MAIN ST</u> Address # _____ Name of Roadway/Street _____ | | | | | | | | | | |
| Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____ | | | _____ Feet <u>N S E W</u> of _____ Mile Marker _____ Exit Number _____ | | | | | | | | | | |
| Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ | | | _____ Feet <u>N S E W</u> of _____ Route# _____ Intersecting Roadway/Street _____ Landmark _____ | | | | | | | | | | |
| Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle <u>14</u> #Occupants <u>1</u> <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped | | | Crash Report ID# 20-78-AC | | | | | | | | | | |
| License # <u>S47020743</u> St. <u>MA</u> DOB/Age _____ | | | Reg # <u>20317</u> Reg Type <u>BU</u> Reg State <u>MA</u> | | | | | | | | | | |
| Sex <u>M</u> Lic. Class <u>B</u> <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL Endorsement _____ | | | Veh Year <u>2014</u> Veh Make <u>Thomas</u> Veh Config. <u>4</u> | | | | | | | | | | |
| Operator <u>TEJADA-DAMASO, RAMON ISIDRO</u> | | | Owner <u>NRT BUS INC</u> | | | | | | | | | | |
| Address <u>16 BEACON ST APT 21</u> | | | Address <u>55 HAMPSHIRE RD</u> | | | | | | | | | | |
| City <u>LAWRENCE</u> State <u>MA</u> Zip <u>01843-2043</u> | | | City <u>METHUEN</u> State <u>MA</u> Zip <u>01844-1112</u> | | | | | | | | | | |
| Insurance Company <u>PILGRIM INSURANCE COMPANY</u> | | | Vehicle Action Prior to Crash <u>2</u> <u>22</u> Damaged Area Code: <u>0</u> <u>27</u> <u>27</u> <u>27</u> | | | | | | | | | | |
| Vehicle Travel Direction: <input checked="" type="checkbox"/> <u>S E W</u> Responding to Emergency? <u>2</u> | | | Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u> | | | | | | | | | | |
| Citation # (If Issued) _____ | | | Type of Test: <u>29</u> | | | | | | | | | | |
| Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ | | | Most Harmful Event <u>1</u> <u>24</u> BAC Test Result: <u>1</u> <u>30</u> | | | | | | | | | | |
| Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ | | | Driver Contributing Code <u>1</u> <u>25</u> <u>25</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u> | | | | | | | | | | |
| Driver Distracted by <u>0</u> <u>26</u> | | | Towed from scene? <u>2</u> <u>33</u> | | | | | | | | | | |
| Please fill out for operator and all occupants involved | | | | | | | | | | | | | |
| Name (Last First Middle) | | Address | | DOB/Age | Sex | 34 Seat Pos. | 35 Safety System | 36 Airbag Status | 37 Eject Code | 38 Trap Code | 39 Injury Status | 40 Transp. Code | Medical Facility |
| Operator | | See Above | | X | X | <u>1</u> | <u>1</u> | <u>4</u> | <u>0</u> | <u>0</u> | <u>10</u> | <u>1</u> | |
| | | | | | | <u>7</u> | <u>1</u> | <u>4</u> | <u>0</u> | <u>0</u> | <u>10</u> | <u>1</u> | |
| | | | | | | <u>7</u> | <u>1</u> | <u>4</u> | <u>0</u> | <u>0</u> | <u>10</u> | <u>1</u> | |
| | | | | | | <u>7</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: <input checked="" type="checkbox"/> Vehicle <u>21</u> #Occupants <u>1</u> <input type="checkbox"/> Non-Motorist A Type <u>15</u> Action <u>16</u> Location <u>17</u> Condition <u>18</u> <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped | | | | | | | | | | | | | |
| License # <u>S89458058</u> St. <u>MA</u> DOB/Age _____ | | | Reg # <u>V35613</u> Reg Type <u>CO</u> Reg State <u>MA</u> | | | | | | | | | | |
| Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL Endorsement _____ | | | Veh Year <u>2019</u> Veh Make <u>FORD</u> Veh Config. <u>1</u> | | | | | | | | | | |
| Operator <u>WHOLEY, FREDERICK R</u> | | | Owner <u>RYDER TRUCK RENTAL LT</u> | | | | | | | | | | |
| Address <u>15 ANIS RD</u> | | | Address <u>329 JEFFERSON RD</u> | | | | | | | | | | |
| City <u>BELMONT</u> State <u>MA</u> Zip <u>02478-4524</u> | | | City <u>ROCHESTER</u> State <u>NY</u> Zip <u>14623-0000</u> | | | | | | | | | | |
| Insurance Company <u>ACE AMERICAN INSURANCE CO</u> | | | Vehicle Action Prior to Crash <u>2</u> <u>22</u> Damaged Area Code: <u>0</u> <u>27</u> <u>27</u> <u>27</u> | | | | | | | | | | |
| Vehicle Travel Direction: <input checked="" type="checkbox"/> <u>S E W</u> Responding to Emergency? <u>2</u> | | | Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u> | | | | | | | | | | |
| Citation # (If Issued) _____ | | | Type of Test: <u>29</u> | | | | | | | | | | |
| Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ | | | Most Harmful Event <u>1</u> <u>24</u> BAC Test Result: <u>1</u> <u>30</u> | | | | | | | | | | |
| Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ | | | Driver Contributing Code <u>19</u> <u>25</u> <u>25</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u> | | | | | | | | | | |
| Driver Distracted by <u>0</u> <u>26</u> | | | Towed from scene? <u>2</u> <u>33</u> | | | | | | | | | | |
| Please fill out for operator/non-motorist and all occupants involved | | | | | | | | | | | | | |
| Name (Last First Middle) | | Address | | DOB/Age | Sex | 34 Seat Pos. | 35 Safety System | 36 Airbag Status | 37 Eject Code | 38 Trap Code | 39 Injury Status | 40 Transp. Code | Medical Facility |
| Operator/Non-Motorist | | See Above | | X | X | <u>1</u> | <u>1</u> | <u>4</u> | <u>0</u> | <u>0</u> | <u>10</u> | <u>1</u> | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○

If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow



Crash Narrative:

MV 1 and MV 2 were stopped/slowng in traffic. MV 2 rear-ended MV 1 at low speed (1-5 mph). OP of mv 2 stated he accidentally took his foot off the brake and rolled in MV 1. No visible damage to either vehicle. There were 6 juveniles inside the bus. None were injured. School Nurse responded to scene due to juveniles parent's not being able to respond to the scene. School Nurse signed the treatment refusal on behalf of the juveniles.

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 # **20317** (From Vehicle Section)

Carrier Name **NRT TRANSPORTATION**

Bus Use **1** ⁴²

Address **90 HANOVER ST** City **NEWBURY** St **MA** Zip **01951**

US DOT #: **1166825** State Number _____ Issuing State **MA** MC/MX/ICC #: _____

Interstate **4** ⁴³ Cargo Body Type Code **1** ⁴⁴ GVWR/GCWR **2** ⁴⁵

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

Hazmat Information:

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

Patrol Officer Kevin J Skinner

200

Wilmington Police Department

03/05/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date