

Date of Crash 04/08/2020 Time of Crash 0922 24HR City/Town **Wilmington** **Motor Vehicle Crash Police Report** Number Vehicles 2 Number Injured 0 Speed Limit 30 State Police Local Police MBTA Police Campus Police Other:

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

<p>Route# _____ Direction _____ Name of Roadway/Street _____</p> <p>At _____</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p> <p>Also at Intersection with _____</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p>	<p>EVERETT AVE</p> <p>Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____</p> <p>_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____</p> <p>Mile Marker _____ Exit Number _____</p> <p>_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____</p> <p>Route# _____ Intersecting Roadway/Street _____</p> <p>_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____</p> <p>Landmark _____</p>
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Please Select One of the Following: Vehicle 1 Occupants Hit/Run Moped Crash Report ID# **20-94-AC**

<p>License # S35907615 St MA DOB/Age _____</p> <p>Sex M Lic. Class D Lic. Restrictions B CDL _____</p> <p>Operator GRABOWSKI, CONNOR W</p> <p>Address 3 ACORN DR</p> <p>City WILMINGTON State MA Zip 01887-1560</p> <p>Insurance Company THE COMMERCE INSURANCE CO</p> <p>Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? 2</p> <p>Citation # (If Issued) _____</p> <p>Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____</p> <p>Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____</p>	<p>Reg # 7087A Reg Type CO Reg State MA</p> <p>Veh Year 2013 Veh Make Other-not listed Veh Config. 97</p> <p>Owner A AND S TOWING INC</p> <p>Address 222 ANDOVER ST</p> <p>City WILMINGTON State MA Zip 01887</p> <p>Vehicle Action Prior to Crash 3 Damaged Area Code: 0 27 27 27</p> <p>Event Sequence 1 23 23 23 23 Test Status: 1 28</p> <p>Most Harmful Event 1 24 Type of Test: 29</p> <p>Driver Contributing Code 1 25 25 BAC Test Result: 30</p> <p>Driver Distracted by 0 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32</p> <p>Towed from scene? 2 33</p>
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Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator		See Above	<input checked="" type="checkbox"/>	1	1	4	0	0	10	1	

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

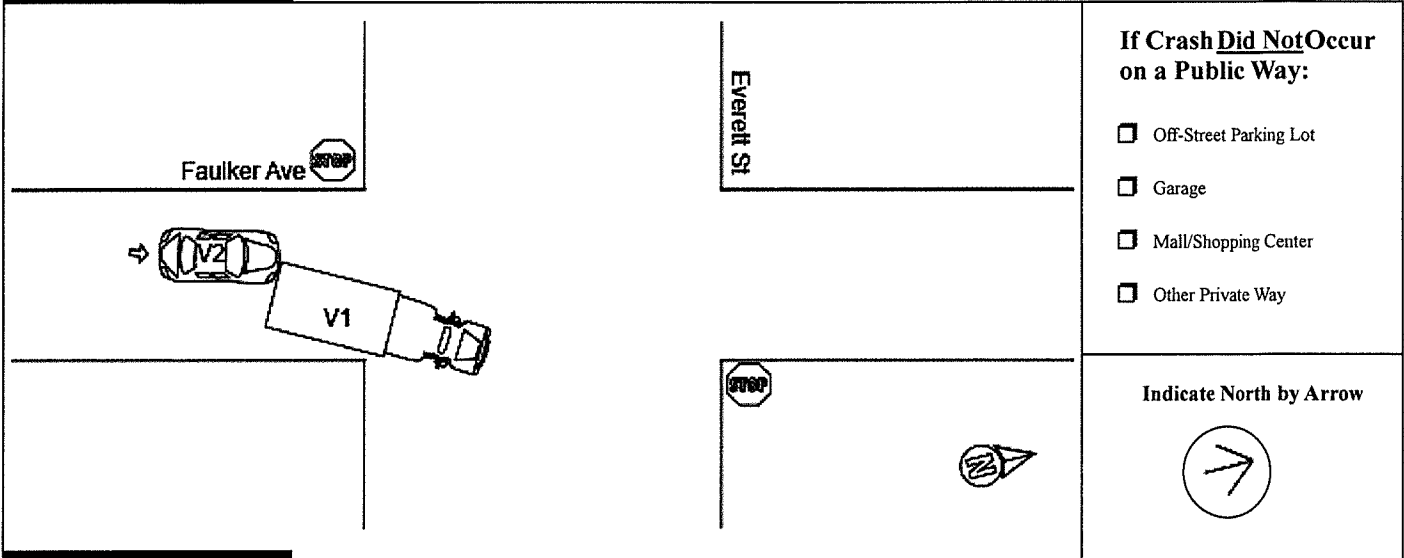
<p>License # S00929188 St MA DOB/Age _____</p> <p>Sex M Lic. Class D Lic. Restrictions B CDL _____</p> <p>Operator PAOLINI, WILLIAM A</p> <p>Address 13 BEECHING AVE</p> <p>City WILMINGTON State MA Zip 01887-1326</p> <p>Insurance Company PLYMOUTH ROCK ASSURANCE C</p> <p>Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? 2</p> <p>Citation # (If Issued) _____</p> <p>Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____</p> <p>Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____</p>	<p>Reg # 4EV113 Reg Type PC Reg State MA</p> <p>Veh Year 2002 Veh Make CHRYSLER Veh Config. 1</p> <p>Owner PAOLINI, WILLIAM A</p> <p>Address 13 BEECHING AVE</p> <p>City WILMINGTON State MA Zip 01887-1326</p> <p>Vehicle Action Prior to Crash 2 Damaged Area Code: 8 27 9 27 27</p> <p>Event Sequence 1 23 23 23 23 Test Status: 1 28</p> <p>Most Harmful Event 1 24 Type of Test: 29</p> <p>Driver Contributing Code 99 25 25 BAC Test Result: 30</p> <p>Driver Distracted by 99 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32</p> <p>Towed from scene? 2 33</p>
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Please fill out for operator/non-motorist and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist		See Above	<input checked="" type="checkbox"/>	1	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
- Mail/Shopping Center
- Other Private Way

Indicate North by Arrow



Crash Narrative:

V1 was travelling northbound on Faulker Ave. V1 was turning onto Everett St, but had to come to a stop to make the turn because there was another vehicle in the way. V2 was behind V1 and attempted to stop when V1 did. V2 was unable to stop and the operator said the vehicle slid on the wet roadway into the back of V1. V1 had no damage. V2 had damage to the hood, A pillar, B pillar, windshield, and passenger side mirror. There were no injuries and no vehicles were towed. Photos are attached.

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 Emily L Stebbins

210

Wilmington Police Department

04/08/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department
Images Associated with 20-94-AC



Police Use Only

Date of Crash: 04/08/2020 Time of Crash: 1242 City/Town: **Wilmington**

Number Vehicles: 1 Number Injured: 1 Speed Limit: 10

Latitude: Longitude: State Police Local Police MBTA Police Campus Police Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

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

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

Route# Direction Name of Intersecting Roadway/Street

Route# Direction Name of Intersecting Roadway/Street

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

Crash Report ID# **20-95-AC**

License # **S83525708** St **MA** DOB/Age _____ Reg # **Z2175** Reg Type **PC** Reg State **MA**

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

Operator **WOODSIDE, NEIL LLOYD** Owner **WOODSIDE, NEIL LLOYD**

Address **120 ALDRICH RD** Address **120 ALDRICH RD**

City **WILMINGTON** State **MA** Zip **01887-2227** City **WILMINGTON** State **MA** Zip **01887-2227**

Insurance Company **THE COMMERCE INSURANCE CO**

Vehicle Travel Direction: S E W Responding to Emergency? **2**

Citation # (If Issued) _____

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____

Vehicle Action Prior to Crash **3 22** Damaged Area Code: **2 27 27 27**

Event Sequence **4 23 23 23 23** Test Status: **1 28**

Most Harmful Event **4 24** Type of Test: **29**

Driver Contributing Code **19 25 25** BAC Test Result: **1 30**

Driver Distracted by **0 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**

Towed from scene? **2 33**

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

Please Select One of the Following: Vehicle 2 #Occupants Non-Motorist A Type **2 15** Action **2 16** Location **9 17** Condition **1 18** Hit/Run Moped

License # **S57899006** St **MA** DOB/Age _____ Reg # _____ Reg Type _____ Reg State _____

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

Operator **MURPHY, PATRICK J** Owner _____

Address **22 ST PAUL ST** Address _____

City **WILMINGTON** State **MA** Zip **01887-1840** City _____ State _____ Zip _____

Insurance Company _____

Vehicle Travel Direction: N E W Responding to Emergency? **2**

Citation # (If Issued) _____

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____

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

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

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

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

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

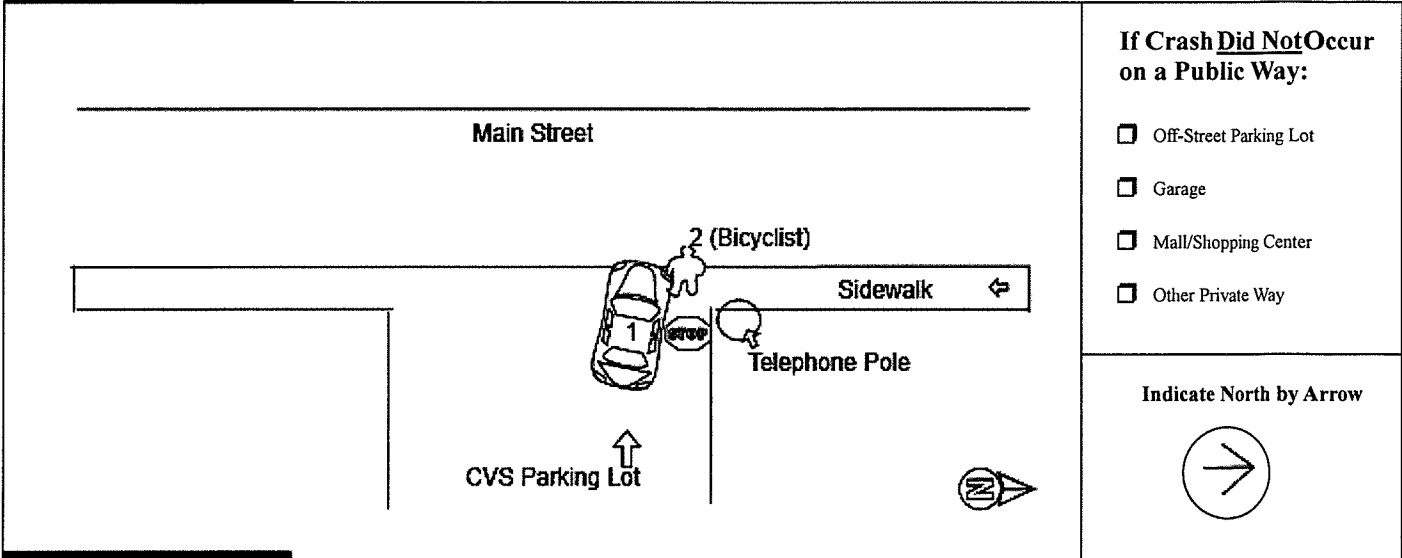
Towed from scene? **33**

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	<input checked="" type="checkbox"/>	1	99				8	2	Lahey Clinic

→ = 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 attempting to turn right onto Main St from the CVS parking lot. The bicyclist was riding on the sidewalk in the opposite direction of traffic. MV 1 informed me he believed he stopped at the stop sign but didn't see the bicyclist. He heard a bang and saw that he hit a bicyclist. The bicyclist informed me he was riding on the sidewalk toward CVS. He saw the truck start to slow down/stop at the stop sign. He believed the truck stopped to let him go, but then the 2 struck each other. The bicyclist stated he believed his left leg was run over (no other injuries). He was transported to Lahey Hospital. He was informed his bicycle was brought back to the station to be picked up at a later date.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
MCCAULEY RICHARD P	61 TAPLIN AVE WILMINGTON MA 01887-2063		

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

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

Hazmat Information:

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

Patrol Officer Kevin J Skinner

200

Wilmington Police Department

04/08/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Police Use Only		Date of Crash 04/10/2020		Time of Crash 0826 24HR		City/Town Wilmington		Number Vehicles 2		Number Injured 1		Speed Limit +042.5898		Latitude -071.160		Longitude -071.160		State Police <input type="checkbox"/> Local Police <input type="checkbox"/> MBTA Police <input type="checkbox"/> Campus Police <input type="checkbox"/> Other <input type="checkbox"/>	
AT INTERSECTION:								< LOCATION >				NOT AT INTERSECTION:							
Route# _____ Direction _____ Name of Roadway/Street _____								Route# <u>210</u> Direction _____ Address # _____ Name of Roadway/Street <u>BALLARDVALE ST</u>											
At _____								Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____											
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____								Mile Marker _____ Exit Number _____											
Also at Intersection with _____								Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____				Route# _____ Intersecting Roadway/Street _____							
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____								Landmark _____											

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

Crash Report ID# **20-96-AC**

License # <u>S65463411</u> St <u>MA</u> DOB/Age _____				Reg # <u>7RV625</u> Reg Type <u>PC</u> Reg State <u>MA</u>			
Sex <u>F</u> Lic. Class <u>D</u> <input type="checkbox"/> 19 <input type="checkbox"/> 19		Lic. Restrictions <input type="checkbox"/> 20		CDL Endorsement _____		Veh Year <u>2017</u> Veh Make <u>VOLVO</u> Veh Config. <input type="checkbox"/> 1 <input type="checkbox"/> 21	
Operator <u>THOMSON, HEATHER A</u> Last First Middle				Owner <u>WOMBWELL, NATALIE ANN</u> Last First Middle			
Address <u>49 LUPINE RD APT 8</u>				Address <u>49 LUPINE RD APT 8</u>			
City <u>ANDOVER</u> State <u>MA</u> Zip <u>01810</u>				City <u>ANDOVER</u> State <u>MA</u> Zip <u>01810-3900</u>			
Insurance Company <u>USAA CASUALTY INSURANCE C</u>				Vehicle Action Prior to Crash <input type="checkbox"/> 10 <input type="checkbox"/> 22		Damaged Area Code: <input type="checkbox"/> 5 <input type="checkbox"/> 27 <input type="checkbox"/> 27 <input type="checkbox"/> 27	
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? <u>2</u>				Event Sequence <input type="checkbox"/> 1 <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23		Test Status: <input type="checkbox"/> 1 <input type="checkbox"/> 28	
Citation # (If Issued) _____				Most Harmful Event <input type="checkbox"/> 1 <input type="checkbox"/> 24		Type of Test: <input type="checkbox"/> 29	
Viol. 1: Ch/Sec/Sub _____		Viol. 2: Ch/Sec/Sub _____		Driver Contributing Code <input type="checkbox"/> 19 <input type="checkbox"/> 25 <input type="checkbox"/> 25		BAC Test Result: <input type="checkbox"/> 30	
Viol. 3: Ch/Sec/Sub _____		Viol. 4: Ch/Sec/Sub _____		Driver Distracted by <input type="checkbox"/> 0 <input type="checkbox"/> 26		Susp. Alcohol: <input type="checkbox"/> 2 <input type="checkbox"/> 31 Susp. Drug: <input type="checkbox"/> 2 <input type="checkbox"/> 32	
				Towed from scene? <input type="checkbox"/> 2 <input type="checkbox"/> 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"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
NATALIE WOMBWELL		49 LUPINE RD ANDOVER, MA 01810-3900	12/31/1982	F	3	0	4	0	0	8	1

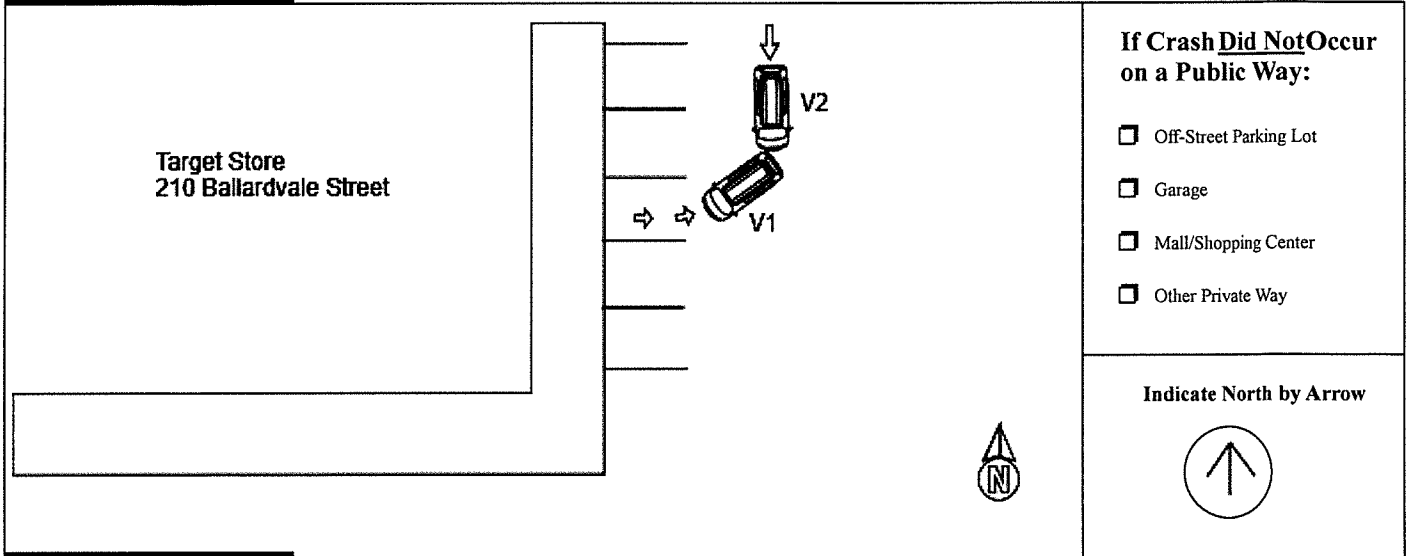
Please Select One of the Following: Vehicle 21 #Occupants Non-Motorist A Type 15 Action 16 Location 17 Condition 18 Hit/Run Moped

License # <u>S14942472</u> St <u>MA</u> DOB/Age _____				Reg # <u>E572</u> Reg Type <u>DC</u> Reg State <u>MA</u>			
Sex <u>F</u> Lic. Class <u>D</u> <input type="checkbox"/> 19 <input type="checkbox"/> 19		Lic. Restrictions <input type="checkbox"/> 20		CDL Endorsement _____		Veh Year <u>2019</u> Veh Make <u>FORD</u> Veh Config. <input type="checkbox"/> 2 <input type="checkbox"/> 21	
Operator <u>STEBBINS, EMILY LOUISE</u> Last First Middle				Owner <u>WILMINGTON POLICE DEPT</u> Last First Middle			
Address <u>1 ADELAIDE ST</u>				Address <u>1 ADELAIDE ST</u>			
City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887</u>				City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887</u>			
Insurance Company <u>MLIA</u>				Vehicle Action Prior to Crash <input type="checkbox"/> 1 <input type="checkbox"/> 22		Damaged Area Code: <input type="checkbox"/> 1 <input type="checkbox"/> 27 <input type="checkbox"/> 27 <input type="checkbox"/> 27	
Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u>				Event Sequence <input type="checkbox"/> 1 <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23		Test Status: <input type="checkbox"/> 1 <input type="checkbox"/> 28	
Citation # (If Issued) _____				Most Harmful Event <input type="checkbox"/> 1 <input type="checkbox"/> 24		Type of Test: <input type="checkbox"/> 29	
Viol. 1: Ch/Sec/Sub _____		Viol. 2: Ch/Sec/Sub _____		Driver Contributing Code <input type="checkbox"/> 1 <input type="checkbox"/> 25 <input type="checkbox"/> 25		BAC Test Result: <input type="checkbox"/> 30	
Viol. 3: Ch/Sec/Sub _____		Viol. 4: Ch/Sec/Sub _____		Driver Distracted by <input type="checkbox"/> 0 <input type="checkbox"/> 26		Susp. Alcohol: <input type="checkbox"/> 2 <input type="checkbox"/> 31 Susp. Drug: <input type="checkbox"/> 2 <input type="checkbox"/> 32	
				Towed from scene? <input type="checkbox"/> 1 <input type="checkbox"/> 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"/>	<input checked="" type="checkbox"/>	<input 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:



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 backing out of a parking spot along the east side of the Target Store at 210 Ballardvale Street. V2, a marked police vehicle, was traveling south in the parking lot. V1 backed into the front end of V2 striking the push bumper. V1 sustained rear bumper damage. V2 sustained damage to the push bar, front end, and vehicle hood. Neither operator complained of injuries. The passenger in V1 complained of minor whiplash pain, but refused any medical attention. V2 was towed from the scene.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
MACNAMARA JOHN D	96 MAIN ST WAKFIELD MA 01880		2
MARTINEAU GEORGE R	98 IDLEWILD RD TEWKSBURY MA 01876-3137		

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

Sergeant Matthew D Stavro

180

Wilmington Police Department

04/10/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Date of Crash 04/11/2020	Time of Crash 1736 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report	Number Vehicles 1	Number Injured 1	Speed Limit 30	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"/>
Latitude _____		Longitude _____					

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

Route# _____ Direction _____ Name of Roadway/Street _____ At _____ Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____ Route# _____ Direction _____ Name of Intersecting Roadway/Street _____	Route# _____ Direction _____ Address # 210 Name of Roadway/Street ANDOVER ST _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____ Mile Marker _____ Exit Number _____ _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____ _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____
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Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped Crash Report ID# **20-97-AC**

License # S57364575 St MA DOB/Age _____ Sex M Lic. Class D <input type="checkbox"/> 19 <input type="checkbox"/> 19 Lic. Restrictions B <input type="checkbox"/> 20 CDL _____ Operator GANTI, JAGADESH Address 28 NADINE LN City NORTH ANDOVER State MA Zip 01845-5932 Insurance Company GEICO GENERAL INSURANCE C Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? 2 Citation # (If Issued) T1684039 Viol. 1: Ch/Sec/Sub 90 24 Viol. 2: Ch/Sec/Sub 90 24 Viol. 3: Ch/Sec/Sub 89 4A Viol. 4: Ch/Sec/Sub _____	Reg # 7BR780 Reg Type PC Reg State MA Veh Year 2015 Veh Make HONDA Veh Config. 1 21 Owner GANTI, JAGADESH Address 28 NADINE LN City NORTH ANDOVER State MA Zip 01845-5932 Vehicle Action Prior to Crash 1 22 Damaged Area Code: 2 27 3 27 27 Event Sequence 40 23 22 23 23 23 Test Status: 3 28 Most Harmful Event 22 24 Type of Test: 2 29 Driver Contributing Code 9 25 25 BAC Test Result: 5 30 Driver Distracted by 99 26 Susp. Alcohol: 1 31 Susp. Drug: 2 32 Towed from scene? 3 33
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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	XXXX	XX	1	1	1	0	0	8	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 <input type="checkbox"/> 19 <input type="checkbox"/> 19 Lic. Restrictions <input type="checkbox"/> 20 CDL _____ Operator _____ Address _____ City _____ State _____ Zip _____ Insurance Company _____ Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____ Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # _____ Reg Type _____ Reg State _____ Veh Year _____ Veh Make _____ Veh Config. 21 Owner _____ Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 22 Damaged Area Code: 27 27 27 Event Sequence 23 23 23 23 Test Status: 28 Most Harmful Event 24 Type of Test: 29 Driver Contributing Code 25 25 BAC Test Result: 30 Driver Distracted by 26 Susp. Alcohol: 31 Susp. Drug: 32 Towed from scene? 33
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Please fill out for operator/non-motorist and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above	XXXX	XX	1							

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

Crash Diagram:



Crash Narrative:

MV1 was traveling westbound on Andover Street in the area of 210 Andover Street. MV1 was traveling straight ahead and then left the marked travel lane and the roadway to the right and struck Verizon Utility Pole #47. Verizon Utility Pole #47 was a double utility pole that was previously braced together. MV1 struck the older pole that was located closest to the roadway and did not strike to newer and larger utility pole that has been set. MV1 swerved back into the roadway and continued traveling straight ahead before coming to rest just prior to 214 Andover Street. The force of the crash sheared the older pole from the brace and left the older wooden pole and all of the attached wires hanging across the roadway, making it impassable. MV1 suffered front right and right side damage. The operator of MV1 was arrested for O.U.I.-Liquor, Negligent Operation of a Motor Vehicle, and Marked Lanes Violation. MV1 was towed 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
VERIZON FIOS	251 MAIN ST WILMINGTON MA 01887		4	VERIZON UTILITY POLE #47

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

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

Hazmat Information:

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

Patrol Officer Michael A Wilson 209 Wilmington Police Department 04/11/2020
Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Images Associated with 20-97-AC

