

Date of Crash 03/31/2020 Time of Crash 1001 City/Town 24HR Wilmington

Motor Vehicle Crash Police Report

Number Vehicles 1 Number Injured 0 Speed Limit 5

State Police Local Police MBTA Police Campus Police Other:

AT INTERSECTION: LOCATION NOT AT INTERSECTION:

1

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

Route# Direction Address # 352 MIDDLESEX AVE Name of Roadway/Street

2 10

1 11

2 1

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

Crash Report ID# 20-91-AC

3

License # S51706955 St MA DOB/Agé.. Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement

Reg # J72577 Reg Type CO Reg State MA Veh Year 2000 Veh Make FORD Veh Config. 2 21

7 12

4 1

Operator CERULLO, ANTHONY A Last First Middle

Owner CERULLO, ANTHONY A Last First Middle

Address 31 MILL ST APT A City BURLINGTON State MA Zip 01803-2601

Address 31 MILL ST APT A City BURLINGTON State MA Zip 01803-2601

Insurance Company THE COMMERCE INSURANCE CO

Vehicle Action Prior to Crash 1 22 Damaged Area Code: 97 27 27 27

5

Vehicle Travel Direction: N S X W Responding to Emergency? 2

Event Sequence 35 23 23 23 23 Test Status: 1 28

Citation # (If Issued)

Most Harmful Event 35 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

30 13

6 1

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

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

Please fill out for operator and all occupants involved

Table with columns: 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

7 9

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/Agé.. Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement

Reg # Reg Type Reg State Veh Year Veh Make Veh Config. 21

8 4

Operator Last First Middle

Owner Last First Middle

Address City State Zip

Address City State Zip

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

9 2

Vehicle Travel Direction: N S E W Responding to Emergency?

Event Sequence 23 23 23 23 Test Status: 28

Citation # (If Issued)

Most Harmful Event 24 Type of Test: 29

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

Driver Contributing Code 25 25 BAC Test Result: 30

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

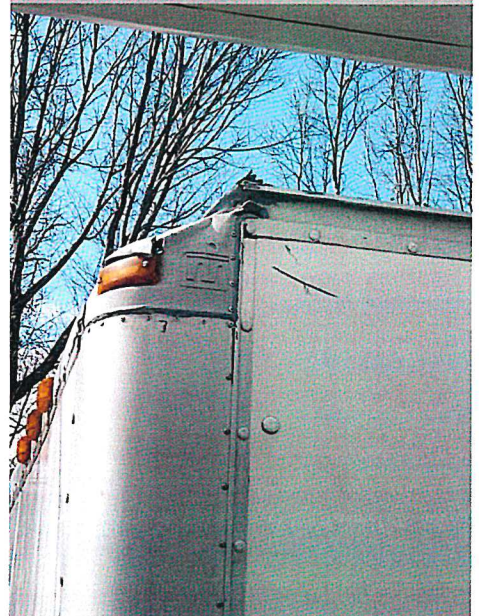
Driver Distracted by 26 Susp. Alcohol: 31 Susp. Drug: 32

1 14

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

Table with columns: 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

Wilmington Police Department
Images Associated with 20-91-AC



Wilmington Police Department
Images Associated with 20-91-AC



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

1 **1** Route# _____ Direction _____ Name of Roadway/Street _____ At _____

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

3 **3** Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

4 **4** Route# _____ Direction _____ Name of Roadway/Street _____ Address # **108** **GLEN RD** Mile Marker _____ Exit Number _____

5 **5** Feet **N S E W** of _____ or _____

6 **6** Feet **N S E W** of _____

7 **7** Feet **N S E W** of _____ Route# _____ Intersecting Roadway/Street _____

8 **8** Landmark _____

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped | Crash Report ID# **20-92-AC**

License # **S88448446** St **MA** DOB/A _____ Reg # **1786YF** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** Lic. Restrictions **20** CDL _____ Veh Year **2014** Veh Make **TOYOTA** Veh Config. **1**

Operator **STRYKOWSKI, JENNIFER A** Owner **STRYKOWSKI, JENNIFER A**

Address **67 NORTH WASHINGTON ST** Address **67 NORTH WASHINGTON ST**

City **WILMINGTON** State **MA** Zip **01887-2312** City **WILMINGTON** State **MA** Zip **01887-2312**

Insurance Company **METROPOLITAN PROPERTY AND** 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**

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? **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	X	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 # **SA0450731** St **MA** DOB/A _____ Reg # **1CPF17** Reg Type **PC** Reg State **MA**

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

Operator **FORCINA, RYAN CHRISTOPHER** Owner **FORCINA, KRISTN ELLIOTT**

Address **6 SENECA LN** Address **6 SENECA LN**

City **WILMINGTON** State **MA** Zip **01887-1980** City **WILMINGTON** State **MA** Zip **01887-1980**

Insurance Company **SAFETY INSURANCE COMPANY** Vehicle Action Prior to Crash **1** Damaged Area Code: **7 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) _____ 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? **1 33**

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

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above	XXXXXX	X	1	1	2	0	0	10	1	

Wilmington Police Department
Images Associated with 20-92-AC



Date of Crash 04/06/2020 Time of Crash 1535 24HR City/Town **Wilmington**

Motor Vehicle Crash Police Report

Number Vehicles 2 Number Injured 2 Speed Limit 30 Latitude Longitude State Police Local Police MBTA Police Campus Police Other

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1

Route# Direction Name of Roadway/Street At

Route# Direction Address # Name of Roadway/Street 355 MIDDLESEX AVE

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

Feet N S E W of Mile Marker Exit Number

2

Route# Direction Name of Intersecting Roadway/Street

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

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

Crash Report ID# 20-93-AC

3

License # S58148801 St MA DOB/Ag

Reg # 973PX8 Reg Type PC Reg State MA

Sex F Lic. Class D 19 19 Lic. Restrictions 99 20 CDL Endorsement

Veh Year 2009 Veh Make HONDA Veh Config. 1 21

Operator GALASSI, VIRGINIA GONTIJO

Owner GALASSI, VIRGINIA GONTIJO

Address 15 HANKS ST APT 2

Address 15 HANKS ST APT 2

City LOWELL State MA Zip 01852-3619

City LOWELL State MA Zip 01852-3619

Insurance Company GEICO GENERAL INSURANCE C

Vehicle Action Prior to Crash 2 22 Damaged Area Code: 4 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)

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

6

Please fill out for operator and all occupants involved

Table with columns: 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 row: See Above, 1, 1, 4, 0, 0, 10, 1.

7

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

License # S32394884 St MA DOB/Ag

Reg # 1K6428 Reg Type MC Reg State MA

Sex M Lic. Class D M 19 19 Lic. Restrictions 99 20 CDL Endorsement

Veh Year 2011 Veh Make HARLEY-DAVIDSON Veh Config. 3 21

Operator PLANTE, MICHAEL ROBERT

Owner PLANTE, MICHAEL ROBERT

Address 11 MYSTIC AVE

Address 11 MYSTIC AVE

City WILMINGTON State MA Zip 01887-2116

City WILMINGTON State MA Zip 01887-2116

Insurance Company SAFETY INSURANCE COMPANY

Vehicle Action Prior to Crash 1 22 Damaged Area Code: 1 27 7 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)

Most Harmful Event 1 24 Type of Test: 29

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

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

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

Driver Distracted by 5 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32

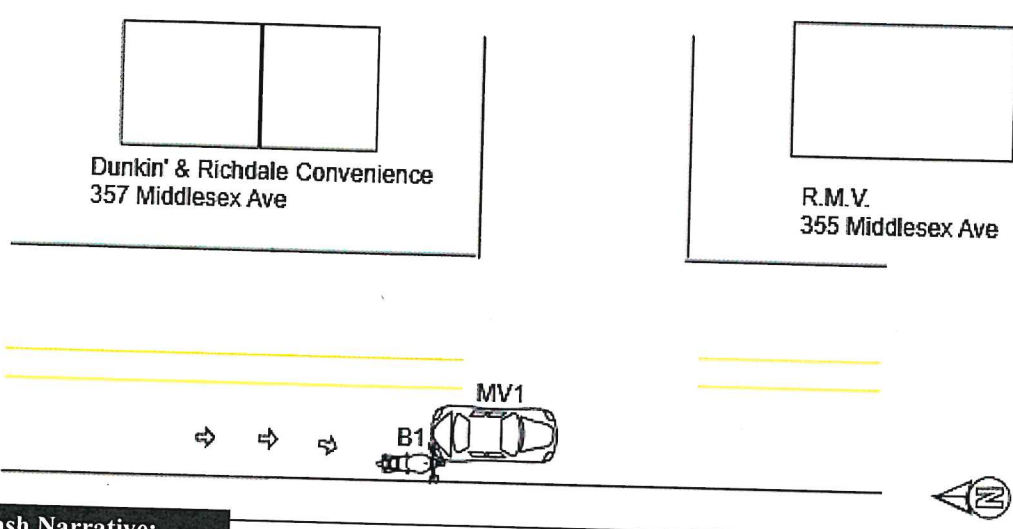
9

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

Table with columns: 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 row: See Above, 1, 5, 5, 3, 0, 7, 2, Mass General hospital. PATRICIA PLANTE row: 11 MYSTIC AVE WILMINGTON, MA 01887, 4, 5, 5, 3, 0, 7, 2, Lahey Clinic.

→ = 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:

MV1 was stopped in the roadway with her blinker on waiting to turn left into the RMV parking lot when she was rear ended by a Motorcycle (B1). MV1 sustained damage to the right rear end of her vehicle but was able to pull off the road into the driveway. No injured were observed or reported by Ms. Galassi. Both occupants of the motorcycle were laying on the ground upon our arrival. Michael and Patricia appeared to have sustained serious injuries. Michael was transported to MGH and Patricia was transported to Lahey. It was reported to us that Michael might have looked away for a second subsequently causing him to rear end MV1 in the road way. MV1 and B1 was towed away by Cains Towing.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
JONES ERIC R	54 FEDERAL ST WILMINGTON MA 01887-0000	508-517-5773	

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 04/06/2020
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date