

Date of Crash: 04/23/2020 Time of Crash: 1838 24HR City/Town: **Wilmington** **Motor Vehicle Crash Police Report** Number Vehicles: 2 Number Injured: 0 Speed Limit: 15 Latitude: +042.5565 Longitude: -071.180  
 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>Route# Direction Address # Name of Roadway/Street</p> <p>222 MAIN ST</p> <p>Feet N S E W of _____ or _____</p> <p>Mile Marker Exit Number</p> <p>Feet N S E W of _____</p> <p>Route# Intersecting Roadway/Street</p> <p>Feet N S E W of _____</p> <p>Landmark</p>
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Please Select One of the Following:  Vehicle 12 #Occupants  Hit/Run  Moped Crash Report ID# **20-100-AC**

<p>License # <b>S82513553</b> St <b>MA</b> DOB/Age _____</p> <p>Sex <b>F</b> Lic. Class <b>D</b> 19 19 Lic. Restrictions <b>20</b> CDL _____</p> <p>Operator <b>MURRAY, GINA M</b></p> <p>Address <b>135 ELM ST</b></p> <p>City <b>TEWKSBURY</b> State <b>MA</b> Zip <b>01876-4410</b></p> <p>Insurance Company <b>SAFETY INSURANCE COMPANY</b></p> <p>Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> S <input checked="" type="checkbox"/> E <input checked="" type="checkbox"/> W Responding to Emergency? <b>2</b></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 # <b>7XJ615</b> Reg Type <b>PC</b> Reg State <b>MA</b></p> <p>Veh Year <b>2009</b> Veh Make <b>BMW</b> Veh Config. <b>1</b> 21</p> <p>Owner <b>NEVAEH INC</b></p> <p>Address <b>135 ELM ST</b></p> <p>City <b>TEWKSBURY</b> State <b>MA</b> Zip <b>01876-4410</b></p> <p>Vehicle Action Prior to Crash <b>10</b> 22 Damaged Area Code: <b>4</b> 27 <b>3</b> 27 <b>27</b></p> <p>Event Sequence <b>1</b> 23 <b>23</b> <b>23</b> <b>23</b> Test Status: <b>28</b></p> <p>Most Harmful Event <b>1</b> 24 Type of Test: <b>29</b></p> <p>Driver Contributing Code <b>18</b> 25 <b>25</b> BAC Test Result: <b>30</b></p> <p>Driver Distracted by <b>99</b> 26 Susp. Alcohol: <b>2</b> 31 Susp. Drug: <b>2</b> 32</p> <p>Towed from scene? <b>1</b> 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
<b>Operator</b>		See Above	<input checked="" type="checkbox"/>	<b>1</b>	<b>1</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	
<b>BRIELLA BURKHARDT</b>	135 ELM ST TEWKSBURY, MA 01876	02/20/2019	F	<b>6</b>	<b>4</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

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

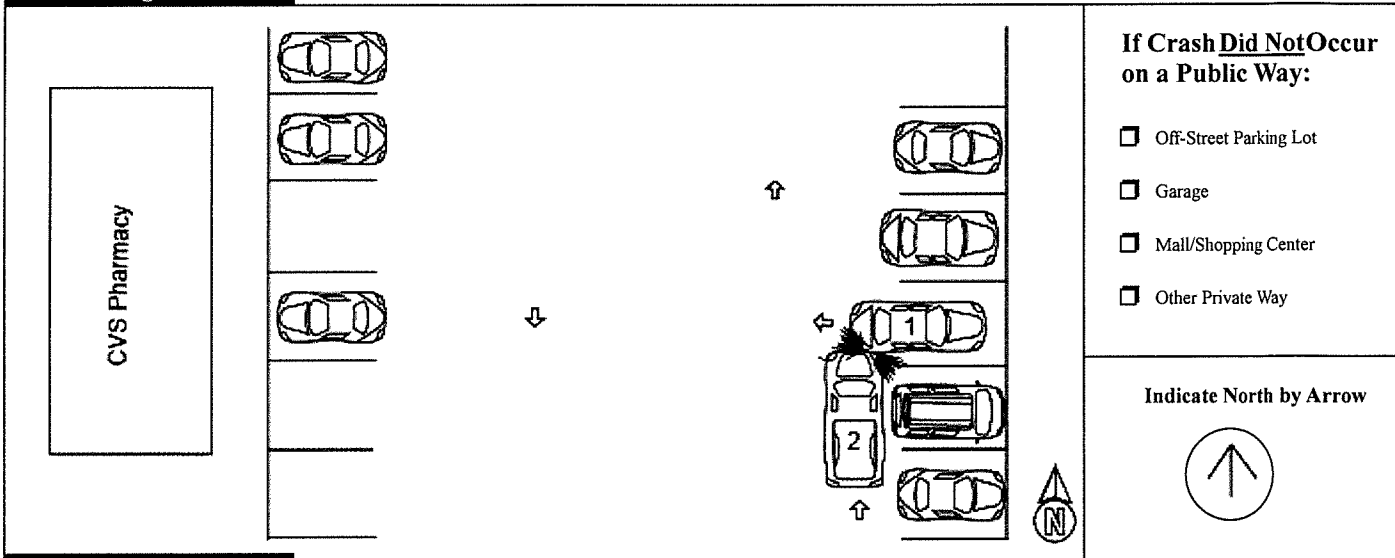
<p>License # <b>S71422611</b> St <b>MA</b> DOB/Age _____</p> <p>Sex <b>M</b> Lic. Class <b>D</b> 19 19 Lic. Restrictions <b>20</b> CDL _____</p> <p>Operator <b>DUNNETT, GEORGE KEITH</b></p> <p>Address <b>32 DUNTON RD</b></p> <p>City <b>WILMINGTON</b> State <b>MA</b> Zip <b>01887-2681</b></p> <p>Insurance Company <b>THE COMMERCE INSURANCE CO</b></p> <p>Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input checked="" type="checkbox"/> E <input checked="" type="checkbox"/> W Responding to Emergency? <b>2</b></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 # <b>3BYZ11</b> Reg Type <b>PC</b> Reg State <b>MA</b></p> <p>Veh Year <b>2020</b> Veh Make <b>Other-not listed</b> Veh Config. <b>1</b> 21</p> <p>Owner <b>DUNNETT, GEORGE KEITH</b></p> <p>Address <b>32 DUNTON RD</b></p> <p>City <b>WILMINGTON</b> State <b>MA</b> Zip <b>01887-2681</b></p> <p>Vehicle Action Prior to Crash <b>1</b> 22 Damaged Area Code: <b>2</b> 27 <b>3</b> 27 <b>27</b></p> <p>Event Sequence <b>1</b> 23 <b>23</b> <b>23</b> <b>23</b> Test Status: <b>28</b></p> <p>Most Harmful Event <b>1</b> 24 Type of Test: <b>29</b></p> <p>Driver Contributing Code <b>18</b> 25 <b>25</b> BAC Test Result: <b>30</b></p> <p>Driver Distracted by <b>99</b> 26 Susp. Alcohol: <b>2</b> 31 Susp. Drug: <b>2</b> 32</p> <p>Towed from scene? <b>2</b> 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
<b>Operator/Non-Motorist</b>		See Above	<input checked="" type="checkbox"/>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

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

**Crash Diagram:**

ie: → 1 → 2 → ○ → ○



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

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

**Indicate North by Arrow**



**Crash Narrative:**

MV1 was backing out of a parking space (headed westbound) in the CVS Pharmacy parking lot. MV2 was headed northbound through the CVS parking and traveling straight ahead. There were several other vehicles legally parked in other parking spaces around MV1. The operator of MV1 stated she checked in both directions before backing. Parked directly to the right of MV1 was a larger black vehicle with very dark tinted windows. The operator of MV2 stated he was traveling straight ahead and did not see MV1 starting to back up around the black and tinted vehicle that was parked next to MV1. MV1 continued to back out of the parking space. MV2 was unable to stop in time and collided with the right rear side of MV1. MV1 suffered right rear and right side damage. The right side airbags of MV1 were deployed and MV1 was towed from the scene by Cain's towing. MV2 suffered front right and right side damage, but was driven from the scene. There were no injuries reported to FD.

**Witnesses:**

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

**Property Damage:**

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

**Truck and Bus Information:**

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

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

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

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

Interstate  43    Cargo Body Type Code  44    GVWR/GCWR  45

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

**Hazmat Information:**

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

Patrol Officer Michael A Wilson

209

Wilmington Police Department

04/23/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

<b>Police Use Only</b>			<b>Commonwealth of Massachusetts</b>				<b>RMV Document Number</b>			
Date of Crash 04/25/2020	Time of Crash 1613 24HR	City/Town Wilmington	<b>Motor Vehicle Crash Police Report</b>			Number Vehicles 2	Number Injured 1	Speed Limit <u>30</u>	State Police <input type="checkbox"/>	Local Police <input type="checkbox"/>
						Latitude _____	Longitude _____	MBTA Police <input type="checkbox"/>	Campus Police <input type="checkbox"/>	Other: _____ <input type="checkbox"/>

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

<p>1 <b>1</b></p> <p>Route# _____ Direction _____ Name of Roadway/Street _____</p> <p style="text-align: center;">At _____</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p> <p style="text-align: center;">Also at Intersection with _____</p> <p>2 <b>1</b></p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p>	<p>2 <b>10</b></p> <p>Route# _____ Direction <u>2</u> <b>LOWELL ST</b></p> <p>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 style="text-align: center;">Mile Marker _____ Exit Number _____</p> <p>3 <b>11</b></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 style="text-align: center;">Landmark _____</p>
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3 **3**

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

Crash Report ID# **20-101-AC**

<p>4 <b>1</b></p> <p>License # <u>S35623966</u> St <u>MA</u> DOB/Age _____</p> <p>Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____</p> <p>Operator <u>KING, KRISTOFFER D</u></p> <p>Address <u>60 N MAIN ST APT 403</u></p> <p>City <u>NATICK</u> State <u>MA</u> Zip <u>01760-3456</u></p> <p>Insurance Company <u>PREFERRED MUTUAL INSURANC</u></p> <p>Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u></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 # <u>1APD15</u> Reg Type <u>PC</u> Reg State <u>MA</u></p> <p>Veh Year <u>2010</u> Veh Make <u>FORD</u> Veh Config. <u>1</u> <u>21</u></p> <p>Owner <u>KING, KRISTEN LEE</u></p> <p>Address <u>60 N MAIN ST APT 403</u></p> <p>City <u>NATICK</u> State <u>MA</u> Zip <u>01760-3456</u></p> <p>Vehicle Action Prior to Crash <u>4</u> <u>22</u> Damaged Area Code: <u>3</u> <u>27</u> <u>27</u> <u>27</u></p> <p>Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>28</u></p> <p>Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u></p> <p>Driver Contributing Code <u>19</u> <u>25</u> <u>4</u> <u>25</u> BAC Test Result: <u>30</u></p> <p>Driver Distracted by <u>7</u> <u>26</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u></p> <p>Towed from scene? <u>1</u> <u>33</u></p>
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6 **1**

Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator</b>	See Above	<del>XXXXXX</del>	<del>M</del>	<u>1</u>	<u>1</u>	<u>2</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	

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

<p>8 <b>2</b></p> <p>License # <u>S62013938</u> St <u>MA</u> DOB/Age _____</p> <p>Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____</p> <p>Operator <u>BORELLI, SANTINO</u></p> <p>Address <u>287 PARK ST</u></p> <p>City <u>MEDFORD</u> State <u>MA</u> Zip <u>02155-2666</u></p> <p>Insurance Company <u>PROGRESSIVE DIRECT INSURA</u></p> <p>Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u></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 # <u>2G4417</u> Reg Type <u>MC</u> Reg State <u>MA</u></p> <p>Veh Year <u>2006</u> Veh Make <u>HONDA</u> Veh Config. <u>3</u> <u>21</u></p> <p>Owner <u>BORELLI, SANTINO</u></p> <p>Address <u>287 PARK ST</u></p> <p>City <u>MEDFORD</u> State <u>MA</u> Zip <u>02155-2666</u></p> <p>Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>1</u> <u>27</u> <u>27</u> <u>27</u></p> <p>Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>28</u></p> <p>Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u></p> <p>Driver Contributing Code <u>1</u> <u>25</u> <u>25</u> BAC Test Result: <u>30</u></p> <p>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></p> <p>Towed from scene? <u>1</u> <u>33</u></p>
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9 **2**

Please fill out for operator/non-motorist and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator/Non-Motorist</b>	See Above	<del>XXXXXX</del>	<del>M</del>	<u>1</u>	<u>5</u>	<u>5</u>	<u>3</u>	<u>0</u>	<u>8</u>	<u>2</u>	Lahey Clinic

