

## Police Use Only

## Commonwealth of Massachusetts

## RMV Document Number

Date of Crash  
05/05/2020Time of Crash  
**1649**  
24HRCity/Town  
**Wilmington**Motor Vehicle Crash  
Police ReportNumber  
Vehicles  
**2**Number  
Injured  
**1**Speed Limit **30**  
Latitude \_\_\_\_\_  
Longitude \_\_\_\_\_State Police ☐  
Local Police ☐  
MBTA Police ☐  
Campus Police ☐  
Other: ☐

## AT INTERSECTION:

## &lt; LOCATION &gt;

## 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 # **235 MAIN ST**  
Name of Roadway/Street  
Feet **N S E W** of \_\_\_\_\_ or \_\_\_\_\_  
Mile Marker Exit Number  
Feet **N S E W** of \_\_\_\_\_  
Route# Intersecting Roadway/Street  
Landmark

Please Select One  
of the Following:☒ Vehicle **1** #Occupants ☐ Hit/Run ☐ MopedCrash Report ID# **20-105-AC**

License # **S17981192** St **MA** DOB/Age \_\_\_\_\_  
Sex **F** Lic. Class **D** **19** **19** Lic. Restrictions **20** CDL \_\_\_\_\_  
Endorsement

Operator **MASELLA, MARYANN PILAR**  
Last First Middle

Address **45 HENRY ST**

City **WINCHESTER** State **MA** Zip **01890-3637**

Insurance Company **GEICO GENERAL INSURANCE C**

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 \_\_\_\_\_

Reg # **781MJ2** Reg Type **PC** Reg State **MA**

Veh Year **2015** Veh Make **NISSAN** Veh Config. **1** **21**

Owner **MASELLA, MARYANN PILAR**  
Last First Middle

Address **45 HENRY ST**

City **WINCHESTER** State **MA** Zip **01890-3637**

Vehicle Action Prior to Crash **4** **22** Damaged Area Code: **1** **27** **2** **27** **8** **27**

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

Most Harmful Event **1** **24** Type of Test: **1** **29**

Driver Contributing Code **4** **25** **25** BAC Test Result: **1** **30**

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  
System36  
Airbag  
Status37  
Eject  
Code38  
Trap  
Code39  
Injury  
Status40  
Transp.  
Code

Medical Facility

**Operator**

See Above

**1****1****4****0****0****9****2****Winchester  
Hospital**Please Select One  
of the Following:☒ Vehicle **2** #Occupants ☐ Non-Motorist A Type **15** Action **16** Location **17** Condition **18** ☐ Hit/Run ☐ Moped

License # **S95144156** St **MA** DOB/Age \_\_\_\_\_  
Sex **M** Lic. Class **D** **19** **19** Lic. Restrictions **20** CDL \_\_\_\_\_  
Endorsement

Operator **DEMPSEY, KENNETH M**  
Last First Middle

Address **22 APACHE WAY**

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

Insurance Company **SAFETY INSURANCE COMPANY**

Vehicle Travel Direction: **N X 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 \_\_\_\_\_

Reg # **97T750** Reg Type **PC** Reg State **MA**

Veh Year **2020** Veh Make **Jeep** Veh Config. **1** **21**

Owner **DEMPSEY, KENNETH M**  
Last First Middle

Address **22 APACHE WAY**

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

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

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

Most Harmful Event **1** **24** Type of Test: **1** **29**

Driver Contributing Code **1** **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/non-motorist and all occupants involved

Name (Last First Middle)

Address

DOB/Age

Sex

34  
Seat  
Pos.35  
Safety  
System36  
Airbag  
Status37  
Eject  
Code38  
Trap  
Code39  
Injury  
Status40  
Transp.  
Code

Medical Facility

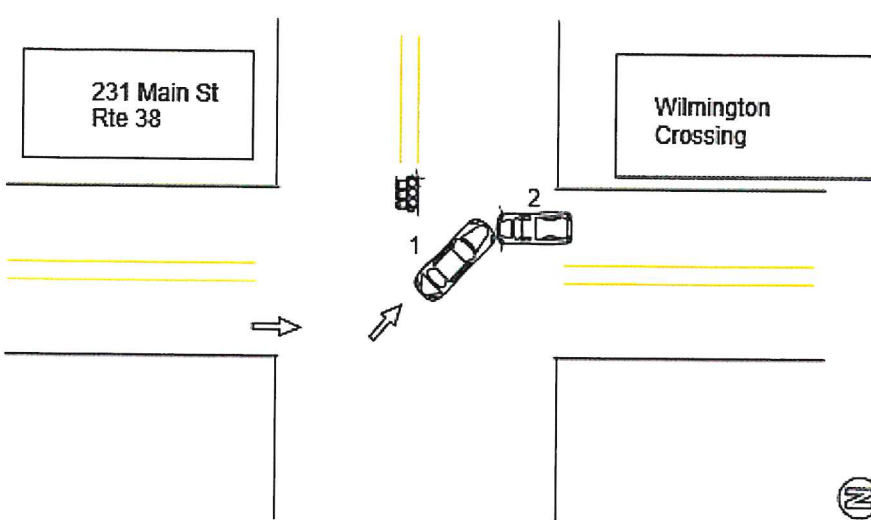
**Operator/Non-Motorist**

See Above

**1****1****4****0****0****10****1****MARCIA DEMPSEY****22 APACHE WAY  
WILMINGTON, MA 01887****F****3****1****4****0****0****10****1****6****4****5****0****0****10****1****4****4****5****0****0****10****1**

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

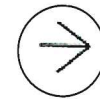
### Crash Diagram:



If Crash Did Not Occur  
on a Public Way:

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

Indicate North by Arrow



### Crash Narrative:

Motor vehicle crash at the intersection in front of 231 Main St in Wilmington. The operator of vehicle 1 was attempting a left turn into the Wilmington Crossing. Vehicle 2 was traveling straight along Rte 38/Main St. Vehicle 1 turned in front of vehicle 2. Vehicle 1 had damage to the front left, front center, and front right of the vehicle, and was towed from the scene by Cain's towing. The operator of vehicle 1 had her small dog with her, in the passenger compartment, which was transported by WPD Animal Control Officer to her home. Vehicle 2 had some damage to the front center of the vehicle and was driven from the scene. There was no airbag deployment in either vehicle. The operator of vehicle 1 was transported to Winchester Hospital. The operator of vehicle 2 and his 3 passengers refused medical treatment on scene.

### Witnesses:

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

### Property Damage:

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

### Truck and Bus Information:

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

Carrier Name \_\_\_\_\_ Bus Use ☐ 42

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

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

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

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

### Hazmat Information:

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

Patrol Officer Nicholas E Nofle

Police Officer Name (Please Print)

Signature

204

ID/Badge #

Wilmington Police Department

Department

Precinct/Barracks

05/05/2020

Date



Wilmington Police Department  
Images Associated with 20-105-AC



## Police Use Only

## Commonwealth of Massachusetts

## RMV Document Number

Date of Crash  
05/07/2020

Time of Crash  
0732  
24HR

City/Town  
Wilmington

Motor Vehicle Crash  
Police Report

Number Vehicles  
1

Number Injured  
0

Speed Limit  
20

Latitude

Longitude

State Police ☐  
Local Police ☐  
MBTA Police ☐  
Campus Police ☐  
Other: ☐

AT INTERSECTION:

&lt; LOCATION &gt;

NOT AT INTERSECTION:

Route# Direction Name of Roadway/Street

At

Route# Direction Name of Intersecting Roadway/Street

Also at Intersection with

Route# Direction Name of Intersecting Roadway/Street

Route# Direction Address # Name of Roadway/Street

Feet N S E W of or

Mile Marker Exit Number

Feet N S E W of

Route# Intersecting Roadway/Street

Feet N S E W of

Landmark

Please Select One of the Following:

☒ Vehicle 1 #Occupants ☐ Hit/Run ☐ Moped

Crash Report ID# 20-106-AC

License # S25774751 St MA DOB/Age

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

Operator HOURIHAN, JAMES T

Address 15 SCROXTON DR

City BILLERICA State MA Zip 01821-5221

Insurance Company SAFETY INSURANCE COMPANY

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

Reg # 4HV939 Reg Type PC Reg State MA

Veh Year 2011 Veh Make Jeep Veh Config. 1 21

Owner HOURIHAN, JAMES T

Address 15 SCROXTON DR

City BILLERICA State MA Zip 01821-5221

Vehicle Action Prior to Crash 1 22 Damaged Area Code: 11 27 27 27

Event Sequence 23 23 23 23 23 Test Status: 28

Most Harmful Event 23 24 Type of Test: 29

Driver Contributing Code 22 25 25 BAC Test Result: 30

Driver Distracted by 99 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32

Towed from scene? 1 33

Please fill out for operator and all occupants involved

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	99	3	0	0	10	1	

Please Select One of the Following:

☐ Vehicle 2 #Occupants ☐ Non-Motorist A Type 15 Action 16 Location 17 Condition 18 ☐ Hit/Run ☐ Moped

License # St DOB/Age

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

Operator

Address

City State Zip

Insurance Company

Vehicle Travel Direction: N S E 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 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

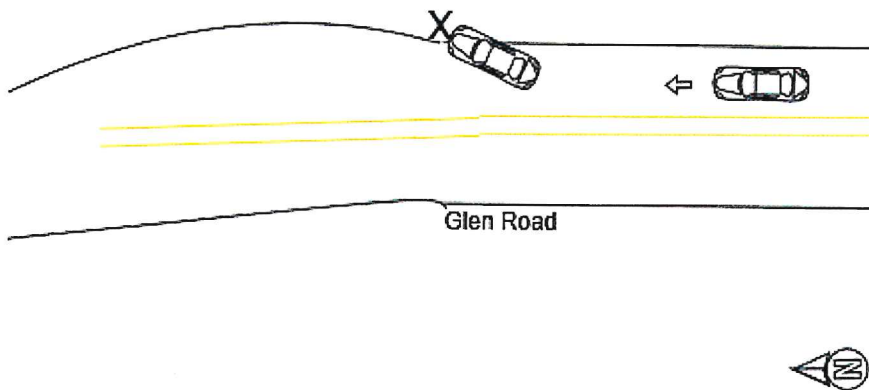
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above			1							



→ = 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:

Vehicle 1 stated they were driving down Glen Road when a "dog" ran across the street causing them to crash into the pole. I asked the operator how fast they were going and they stated 25mph. While I was investigating the scene, I noticed that all four tires on the vehicle were completely bald and had no tracks. Based on my observations, I determined that speed and the tires were the cause for the accident.

### 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 R Cabral

207

Wilmington Police Department

05/07/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date