

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

1 **CHESTNUT ST**  
 Route# Direction Name of Roadway/Street  
 At  
**MARION ST**  
 Route# Direction Name of Intersecting Roadway/Street  
 Also at Intersection with  
 2 1 Route# Direction Name of Intersecting Roadway/Street

Please Select One of the Following:  Vehicle 1 Occupants  Hit/Run  Moped  
 Crash Report ID# **20-107-AC**

License # **S17877778** St **MA** DOB/Age \_\_\_\_\_ Reg # **1190AM** Reg Type **PC** Reg State **MA**  
 Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **99** 20 CDL Endorsement \_\_\_\_\_ Veh Year **2013** Veh Make **CHEVROLET** Veh Config. **1** 21  
 Operator **MCNARY, KAREN HAYES** Owner **MCNARY, KAREN HAYES**  
 Address **4 MILLPOND DR** Address **4 MILLPOND DR**  
 City **NORTH BILLERICA** State **MA** Zip **01862-2324** City **NORTH BILLERICA** State **MA** Zip **01862-2324**  
 Insurance Company **SAFETY INSURANCE COMPANY** Vehicle Action Prior to Crash **3** 22 Damaged Area Code: **1** 27 27 27  
 Vehicle Travel Direction:  N  E  W Responding to Emergency? **2** Event Sequence **4** 23 23 23 23 Test Status: **1** 28  
 Citation # (If Issued) \_\_\_\_\_ Most Harmful Event **4** 24 Type of Test: **2** 29  
 Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **13** 25 25 BAC Test Result: **1** 30  
 Viol. 3: Ch/Sec/Sub \_\_\_\_\_ 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

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
<b>Operator</b>	See Above	<del>XXXXXX</del>	<del>XXXX</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

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

License # **S75305011** St **MA** DOB/Age \_\_\_\_\_ Reg # \_\_\_\_\_ Reg Type \_\_\_\_\_ Reg State \_\_\_\_\_  
 Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **99** 20 CDL Endorsement \_\_\_\_\_ Veh Year \_\_\_\_\_ Veh Make \_\_\_\_\_ Veh Config. **21**  
 Operator **FISHER, ILONA** Owner \_\_\_\_\_  
 Address **15 WEST ST** Address \_\_\_\_\_  
 City **WOBURN** State **MA** Zip **01801** 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? **2** 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. 3: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **26** Susp. Alcohol: **31** Susp. Drug: **32**  
 Towed from scene? **33**

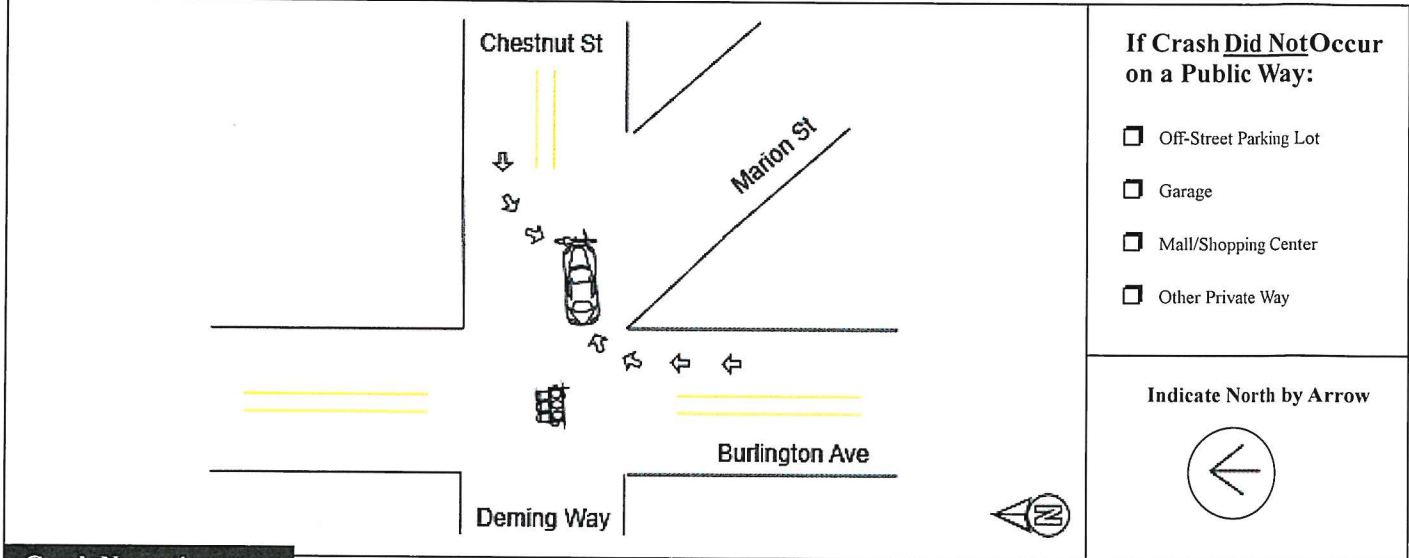
Please fill out for operator/non-motorist and all occupants involved

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
<b>Operator/Non-Motorist</b>	See Above	<del>XXXXXX</del>	<del>XXXX</del>	<b>1</b>	<b>0</b>				<b>8</b>	<b>2</b>	<b>Lahey Clinic</b>

→ = Direction    1 = Vehicle 1    2 = Vehicle 2    O = Pedestrian    B = Bicycle

**Crash Diagram:**

ie: → 1 → 2 → O → B



**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:**

Upon arrival, I observed a MV in the middle of Chestnut St/Marion St intersection with a bike underneath it and a female party laying on the ground about 10 feet from the MV. MV Operator stated that she was turning from Burlington Ave onto Chestnut Street through a yellow light when she struck the cyclist. She reported that when she turned onto Chestnut St the sun was in her eyes and she could not see the cyclist. The Cyclist reported that she was riding on Chestnut street. Then as she got to the intersection she attempted to turn around in the street to head back the opposite direction when she was struck by the vehicle. She reported that the light on Chestnut Street was green. She sustained injuries to her leg and lower back and was transported to Lahey. Note:Cyclist was not wearing a helmet. The bike was brought to the station with significant damage.

**Witnesses:**

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

**Property Damage:**

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
FISHER ILONA	15 WEST ST WOBURN MA 01801			LOOK 585 WHITE CYCLING BIKE

**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

05/21/2020

Police Officer Name (Please Print)

Signature

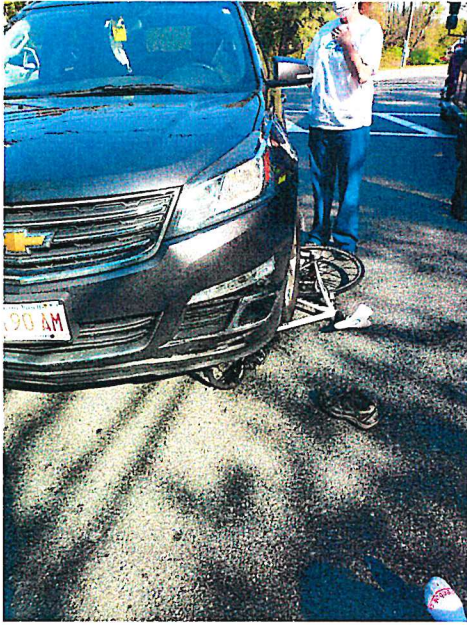
ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department  
Images Associated with 20-107-AC



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

Route# Direction Name of Roadway/Street At Route# Direction Address # Name of Roadway/Street  
 773 SALEM ST  
 Feet N S E W of Mile Marker Exit Number  
 Route# Direction Name of Intersecting Roadway/Street  
 Feet N S E W of Route# Intersecting Roadway/Street  
 Route# Direction Name of 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# **20-108-AC**

License # **S68119737** St **MA** DOB/Age Reg # **4RH281** Reg Type **PC** Reg State **MA**  
 Sex **F** Lic. Class **D** Lic. Restrictions **1** CDL Endorsement Veh Year **2012** Veh Make **VOLVO** Veh Config. **1**  
 Operator **MARTIGNETTI, TIA E** Owner **MARTIGNETTI, ELISE MARIE**  
 Address **7 CASTLE DR** Address **7 CASTLE DR**  
 City **WILMINGTON** State **MA** Zip **01887-3188** City **WILMINGTON** State **MA** Zip **01887-3188**  
 Insurance Company **ARBELLA MUTUAL INSURANCE** Vehicle Action Prior to Crash **1** Damaged Area Code: 1 27 2 27 27  
 Vehicle Travel Direction: **N S X W** Responding to Emergency? **2** Event Sequence **5** 23 23 23 23 Test Status: 1 28  
 Citation # (If Issued) Most Harmful Event **5** 24 Type of Test: 29  
 Viol. 1: Ch/Sec/Sub Driver Contributing Code **1** 25 25 BAC Test Result: 1 30  
 Viol. 2: Ch/Sec/Sub Driver Distracted by **0** 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
<b>Operator</b>	See Above			<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

Please Select One of the Following:  Vehicle 23 Occupants  Non-Motorist A Type **15** Action **16** Location **17** Condition **18**  Hit/Run  Moped

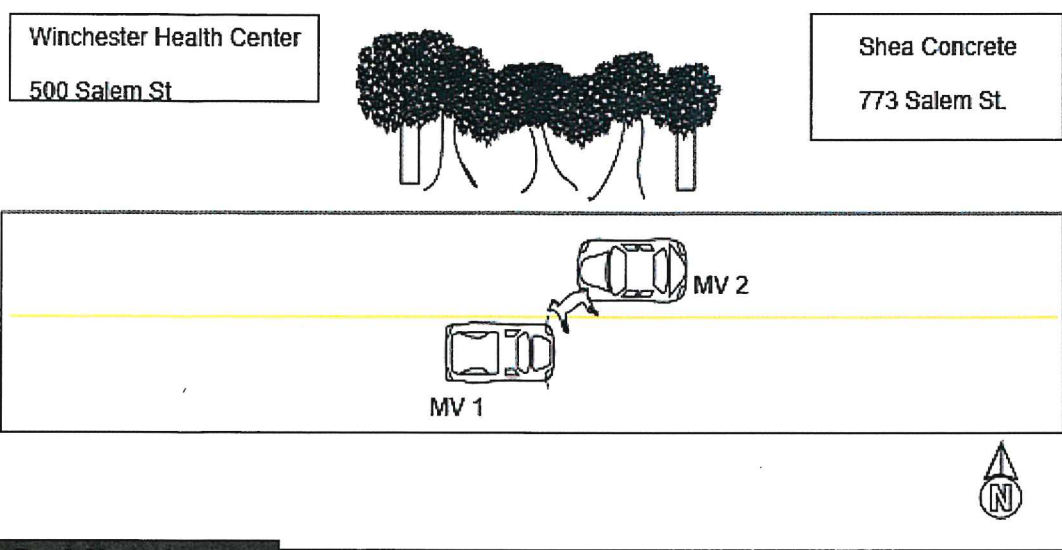
License # **S21695146** St **MA** DOB/Age Reg # **114XOW** Reg Type **PC** Reg State **MA**  
 Sex **M** Lic. Class **D** Lic. Restrictions **1** CDL Endorsement Veh Year **2020** Veh Make **Jeep** Veh Config. **1**  
 Operator **MILLETT, ERIK C** Owner **MILLETT, ERIK C**  
 Address **34 W WATER ST** Address **34 W WATER ST**  
 City **WAKEFIELD** State **MA** Zip **01880-2908** City **WAKEFIELD** State **MA** Zip **01880-2908**  
 Insurance Company **ELECTRIC INSURANCE COMPAN** Vehicle Action Prior to Crash **1** Damaged Area Code: 7 27 8 27 27  
 Vehicle Travel Direction: **N S E X** Responding to Emergency? **2** Event Sequence **5** 23 23 23 23 Test Status: 1 28  
 Citation # (If Issued) Most Harmful Event **5** 24 Type of Test: 29  
 Viol. 1: Ch/Sec/Sub Driver Contributing Code **1** 25 25 BAC Test Result: 1 30  
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 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
<b>Operator/Non-Motorist</b>	See Above			<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	
<b>JENNIFER MILLETT</b>	<b>34 W WATER ST WAKEFIELD, MA 01880</b>			<b>6</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	
				<b>3</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:**



**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 2, operated by Erik Millett was travelling westbound on rt 62 in the town of Wilmington when they saw a deer come out from the woods and the car collided with the front end of the vehicle as well as the drivers side mirror. The deer was sent into the other lane of traffic from the impact. MV 2, operated by Tia Martignetti was travelling eastbound on rt 62 and collided with the deer.

**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 #: \_\_\_\_\_

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**Hazmat Information:**

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Patrol Officer Shane A Foley      211      Wilmington Police Department      05/21/2020  
 Police Officer Name (Please Print)      Signature      ID/Badge #      Department      Precinct/Barracks      Date