

**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

80 **BURLINGTON AVE**

Feet N S E W of 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# **20-109-AC**

License # **S72281043** St. **MA** DOB/Agc Reg # **3TX465** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** Lic. Restrictions **20** CDL Endorsement Veh Year **2015** Veh Make **HONDA** Veh Config. **1**

Operator **VICKERS, ALFRED G JR** Owner **VICKERS, MARIA A**

Address **49 PINES RD** Address **49 PINES RD**

City **BILLERICA** State **MA** Zip **01821** City **BILLERICA** State **MA** Zip **01821-5129**

Insurance Company **QUINCY MUTUAL FIRE INSURA** Vehicle Action Prior to Crash **2** Damaged Area Code: **5 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 29**

Citation # (If Issued) Most Harmful Event **1 24** Type of Test: **1 30**

Viol. 1: Ch/Sec/Sub Driver Contributing Code **1 25 25** BAC Test Result: **1 30** Susp. Alcohol: **2 31** Susp. Drug: **2 32**

Viol. 2: Ch/Sec/Sub Driver Distracted by **0 26** Towed from scene? **1 33**

Viol. 3: 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 2 #Occupants  Non-Motorist A Type **15** Action **16** Location **17** Condition **18**  Hit/Run  Moped

License # **S29549365** St. **MA** DOB/Agc Reg # **723FPO** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** Lic. Restrictions **20** CDL Endorsement Veh Year **2007** Veh Make **TOYOTA** Veh Config. **1**

Operator **DAUPHIN, BRISSON** Owner **DAUPHIN, BRISSON**

Address **57 SACHEM ST** Address **57 SACHEM ST**

City **BILLERICA** State **MA** Zip **01821-5119** City **BILLERICA** State **MA** Zip **01821-5119**

Insurance Company **ALLSTATE INSURANCE COMPAN** 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 29**

Citation # (If Issued) Most Harmful Event **1 24** Type of Test: **1 30**

Viol. 1: Ch/Sec/Sub Driver Contributing Code **1 25 25** BAC Test Result: **1 30** Susp. Alcohol: **2 31** Susp. Drug: **2 32**

Viol. 2: Ch/Sec/Sub Driver Distracted by **0 26** Towed from scene? **1 33**

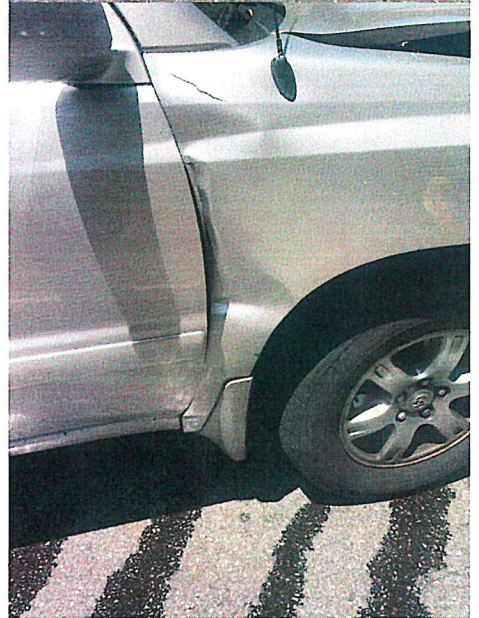
Viol. 3: Ch/Sec/Sub

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>	



Wilmington Police Department  
Images Associated with 20-109-AC



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

Route# Direction Name of Roadway/Street At Route# Direction Address # **154 ANDOVER ST**

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

Route# Direction Name of Intersecting Roadway/Street

Please Select One of the Following:  Vehicle 13 #Occupants  Hit/Run  Moped Crash Report ID# **20-110-AC**

License # **S11555754** St. **MA** DOB/Age \_\_\_\_\_ Reg # **8ELA30** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** Lic. Restrictions **1** CDL Endorsement \_\_\_\_\_ Veh Year **2010** Veh Make **TOYOTA** Veh Config. **1**

Operator **HEGER, JOHN RYAN** Owner **HEGER, JOHN RYAN**

Address **24 GUNDERSON RD** Address **24 GUNDERSON RD**

City **WILMINGTON** State **MA** Zip **01887-1543** City **WILMINGTON** State **MA** Zip **01887-1543**

Insurance Company **SAFETY INSURANCE COMPANY** Vehicle Action Prior to Crash **1** Damaged Area Code: **8 27 7 27 27**

Vehicle Travel Direction:  **S E W** Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **1 28 29 30**

Citation # (If Issued) \_\_\_\_\_ Most Harmful Event **1 24** BAC Test Result: **1 30**

Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **20 25 25** Susp. Alcohol: **2 31** Susp. Drug: **2 32**

Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **6 26** Towed from scene? **1 33**

Viol. 3: Ch/Sec/Sub \_\_\_\_\_ 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	<del>XXXXXX</del>	<del>X</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	
				<b>6</b>	<b>4</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	
				<b>5</b>	<b>4</b>	<b>4</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

License # **S59104601** St. **MA** DOB/Age \_\_\_\_\_ Reg # **6NF571** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** Lic. Restrictions **1** CDL Endorsement \_\_\_\_\_ Veh Year **2017** Veh Make **CHEVROLET** Veh Config. **1**

Operator **TRULLO, ROBERT A** Owner **TRULLO, ROBERT A**

Address **110 WOLCOTT ST** Address **110 WOLCOTT ST**

City **TEWKSBURY** State **MA** Zip **01876-4153** City **TEWKSBURY** State **MA** Zip **01876-4153**

Insurance Company **VERMONT MUTUAL INSURANCE** Vehicle Action Prior to Crash **1** Damaged Area Code: **6 27 7 27 27**

Vehicle Travel Direction:  **N E W** Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **1 28 29 30**

Citation # (If Issued) \_\_\_\_\_ Most Harmful Event **1 24** BAC Test Result: **1 30**

Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **1 25 25** Susp. Alcohol: **2 31** Susp. Drug: **2 32**

Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **0 26** Towed from scene? **1 33**

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

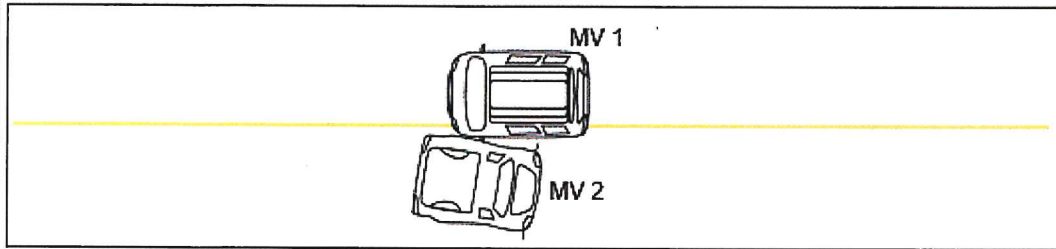
Please fill out for operator/non-motorist and all occupants involved

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	<del>XXXXXX</del>	<del>X</del>	<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 → ○ → ○



155 Andover St

**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 travelling northbound on Andover St. MV 2 was travelling southbound on Andover St. MV 1 was travelling and his two small children were demanding his attention. He proceeded to reach back to the back seat to help them and was unable to maintain vision on the road. In doing so his vehicle crossed the double yellow line and went into the opposing lane of traffic. MV 2 was passing MV 1 and was unable to avoid MV 1 and the vehicles collided. Both vehicles were towed to A&S Towing.

**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 Shane A Foley

211

Wilmington Police Department

05/27/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

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

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

Route# Direction Name of Roadway/Street  
 Route# Direction Name of Intersecting Roadway/Street  
 Route# Direction Name of Intersecting 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# **20-111-AC**

License # **S22486570** St **MA** DOB/Age \_\_\_\_\_ Reg # **8409PV** Reg Type **PC** Reg State **MA**  
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL Endorsement \_\_\_\_\_ Veh Year **2011** Veh Make **MAZDA** Veh Config. **1**  
 Operator **SCALESE, NICHOLAS L** Owner **SCALESE, LEE FRANCIS**  
 Address **22 MARCUS RD** Address **16 RADCLIFFE RD APT 1**  
 City **WILMINGTON** State **MA** Zip **01887-1547** City **BILLERICA** State **MA** Zip **01821-3243**  
 Insurance Company **SAFETY INSURANCE COMPANY** Vehicle Action Prior to Crash **4**  
 Vehicle Travel Direction:  N  S  E  W Responding to Emergency? **2** Event Sequence **97** 23 23 23 23  
 Citation # (If Issued) \_\_\_\_\_ Most Harmful Event **97** 24  
 Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **99** 25 25  
 Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **0** 26  
 Damaged Area Code: **0** 27 27 27  
 Test Status: **1** 28  
 Type of Test: **1** 29  
 BAC Test Result: **1** 30  
 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
<b>Operator</b>	See Above	<del>XXXXXX</del>	<del>XX</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 **15** Action **16** Location **17** Condition **18**  Hit/Run  Moped

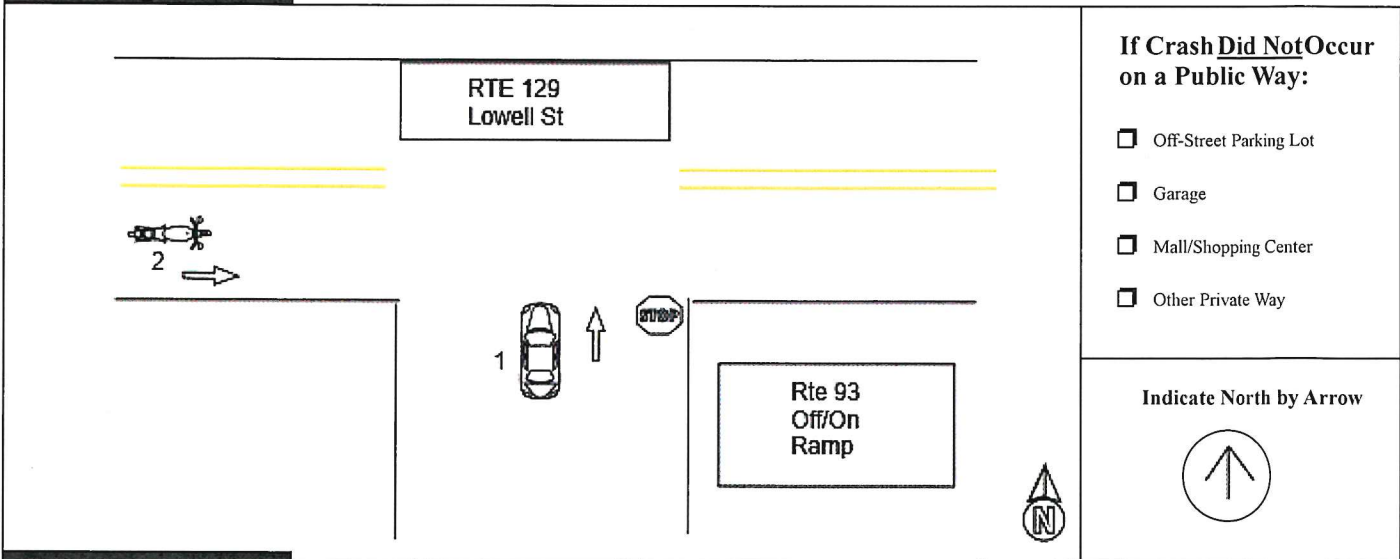
License # **S09187387** St **MA** DOB/Age \_\_\_\_\_ Reg # **2H9473** Reg Type **MC** Reg State **MA**  
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL Endorsement \_\_\_\_\_ Veh Year **2013** Veh Make **HARLEY-DAVIDSON** Veh Config. **3**  
 Operator **CACICIO, JOSEPH J** Owner **CACICIO, JOSEPH J**  
 Address **229 CONANT ST** Address **229 CONANT ST**  
 City **REVERE** State **MA** Zip **02151-2035** City **REVERE** State **MA** Zip **02151-2035**  
 Insurance Company **PROGRESSIVE DIRECT INSURA** Vehicle Action Prior to Crash **1**  
 Vehicle Travel Direction:  N  S  E  W Responding to Emergency? **2** Event Sequence **97** 23 23 23 23  
 Citation # (If Issued) \_\_\_\_\_ Most Harmful Event **97** 24  
 Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **1** 25 25  
 Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **0** 26  
 Damaged Area Code: **8** 27 7 27 6 27  
 Test Status: **1** 28  
 Type of Test: **1** 29  
 BAC Test Result: **1** 30  
 Susp. Alcohol: **2** 31 Susp. Drug: **2** 32  
 Towed from scene? **1** 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
<b>Operator/Non-Motorist</b>	See Above	<del>XXXXXX</del>	<del>XX</del>	<b>1</b>	<b>5</b>	<b>5</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    → ○    → ○



**Crash Narrative:**

Motor vehicle crash in Wilmington. The operator of vehicle 1 stated that he came to a stop coming down the off ramp of I-93. He stated that he must have scared the operator of vehicle 2 as he put the motorcycle (vehicle 2) down. The operator of vehicle 1 stated that he did come to a complete stop.

The operator of the motorcycle, vehicle 2, stated that he saw vehicle 1 continue to move, and to prevent a crash between the two vehicles, he put the motorcycle down. There was never any contact between the two vehicles. Neither operator requested medical treatment.

There was no damage to vehicle 1. Vehicle 2 had damage to the handle bars, turn signals, left side of the bike and gas tank, and the rear turn signal. Vehicle 2 was towed from the scene by A&S towing.

**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

204

Wilmington Police Department

05/27/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department  
Images Associated with 20-111-AC

