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|-----------------------------|-------------------------------|-------------------------|--|--|--|----------------------|----------------------------|-----------------------|----------------|-----------------|---------------------------------------|---------------------------------------|--------------------------------------|--|---------------------------------|
| Police Use Only | | | Commonwealth of Massachusetts | | | | RMV Document Number | | | | | | | | |
| Date of Crash 05/31/2020 | Time of Crash 1910 24HR | City/Town Wilmington | Motor Vehicle Crash Police Report | | | Number Vehicles 1 | Number Injured 0 | Speed Limit <u>25</u> | Latitude _____ | Longitude _____ | State Police <input type="checkbox"/> | Local Police <input type="checkbox"/> | MBTA Police <input type="checkbox"/> | Campus Police <input type="checkbox"/> | Other: <input type="checkbox"/> |

| | | |
|---|--|---|
| AT INTERSECTION: | < LOCATION > | NOT AT INTERSECTION: |
| Route# _____ Direction _____ Name of Roadway/Street _____ At _____ | Route# <u>153</u> Direction _____ Address # <u>BURLINGTON AVE</u> Name of Roadway/Street _____ | Route# _____ Direction _____ Name of Roadway/Street _____ At _____ |
| Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____ | _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Mile Marker _____ Exit Number _____ | Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____ |
| Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ | _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____ | Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ |
| Landmark _____ | | |

| | | | | |
|-------------------------------------|---|----------------------------------|--------------------------------|-----------------------------------|
| Please Select One of the Following: | <input checked="" type="checkbox"/> Vehicle <u>1</u> #Occupants | <input type="checkbox"/> Hit/Run | <input type="checkbox"/> Moped | Crash Report ID# 20-112-AC |
|-------------------------------------|---|----------------------------------|--------------------------------|-----------------------------------|

| | |
|--|---|
| License # <u>S48276557</u> St <u>MA</u> DOB/Agc _____ Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>I</u> <u>20</u> CDL _____ Operator <u>FARRINGTON, DYLAN C</u> Address <u>82 BRICK KILN RD APT 1030</u> City <u>CHELMSFORD</u> State <u>MA</u> Zip <u>01824-3245</u> Insurance Company <u>ARBELLA MUTUAL INSURANCE</u> Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u> Citation # (If Issued) <u>T2061655</u> Viol. 1: Ch/Sec/Sub <u>90</u> <u>23</u> Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ | Reg # <u>8FP998</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2005</u> Veh Make <u>CADILLAC</u> Veh Config. <u>1</u> <u>21</u> Owner <u>FARRINGTON, DYLAN C</u> Address <u>82 BRICK KILN RD APT 1030</u> City <u>CHELMSFORD</u> State <u>MA</u> Zip <u>01824-3245</u> Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>8</u> <u>27</u> <u>27</u> <u>27</u> Event Sequence <u>5</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u> Most Harmful Event <u>5</u> <u>24</u> Type of Test: <u>29</u> Driver Contributing Code <u>1</u> <u>25</u> <u>25</u> BAC Test Result: <u>1</u> <u>30</u> 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> Towed from scene? <u>2</u> <u>33</u> |
|--|---|

| 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 |
|---|--|-----------|-------------------------------------|--------------------|------------------------|------------------------|---------------------|--------------------|------------------------|-----------------------|------------------|
| Operator | | See Above | <input checked="" type="checkbox"/> | <u>1</u> | <u>1</u> | <u>4</u> | <u>0</u> | <u>0</u> | <u>10</u> | <u>1</u> | |
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|-------------------------------------|--|---|--|----------------------------------|--------------------------------|
| Please Select One of the Following: | <input type="checkbox"/> Vehicle <u>2</u> #Occupants | <input type="checkbox"/> Non-Motorist A | Type <u>15</u> Action <u>16</u> Location <u>17</u> Condition <u>18</u> | <input type="checkbox"/> Hit/Run | <input type="checkbox"/> Moped |
|-------------------------------------|--|---|--|----------------------------------|--------------------------------|

| | |
|--|---|
| License # _____ St _____ DOB/Agc _____ Sex _____ Lic. Class <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____ Operator _____ Address _____ City _____ State _____ Zip _____ Insurance Company _____ Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> 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. <u>21</u> Owner _____ Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash <u>22</u> Damaged Area Code: <u>27</u> <u>27</u> <u>27</u> Event Sequence <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>28</u> Most Harmful Event <u>24</u> Type of Test: <u>29</u> Driver Contributing Code <u>25</u> <u>25</u> BAC Test Result: <u>30</u> Driver Distracted by <u>26</u> Susp. Alcohol: <u>31</u> Susp. Drug: <u>32</u> Towed from scene? <u>33</u> |
|--|---|

| 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 |
|--|--|-----------|-------------------------------------|--------------------|------------------------|------------------------|---------------------|--------------------|------------------------|-----------------------|------------------|
| Operator/Non-Motorist | | See Above | <input checked="" type="checkbox"/> | <u>1</u> | | | | | | | |
| | | | | | | | | | | | |
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AT INTERSECTION: < **LOCATION** > **NOT AT INTERSECTION:**

Route# Direction Name of Roadway/Street **129 W 316 LOWELL ST**

Route# Direction Name of Roadway/Street

Feet N S E W of _____ Mile Marker _____ Exit Number _____

Route# Direction Name of Intersecting Roadway/Street

Also at Intersection with _____

Route# Direction Name of Intersecting Roadway/Street _____

Landmark _____

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

Crash Report ID# **20-114-AC**

License # **S41802508** St **MA** DOB/Age _____

Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL _____ Endorsement _____

Operator **BISHOP, PAUL DONALD JR**

Address **45 RICHARDSON ST**

City **WAKEFIELD** State **MA** Zip **01880-3347**

Insurance Company **GOVERNMENT EMPLOYEES INSU**

Vehicle Travel Direction: N 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 # **8VN253** Reg Type **PC** Reg State **MA**

Veh Year **2006** Veh Make **HYUNDAI** Veh Config. **1**

Owner **BISHOP, PAUL DONALD JR**

Address **45 RICHARDSON ST**

City **WAKEFIELD** State **MA** Zip **01880-3347**

Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **8** 27 **7** 27 **1** 27

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

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

Driver Contributing Code **99** 25 **25** BAC Test Result: **30**

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

Towed from scene? **1** 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 |
|---|--|-----------|-------------------------------------|--------------|------------------|------------------|---------------|--------------|------------------|-----------------|------------------|
| Operator | | See Above | <input checked="" type="checkbox"/> | 1 | 1 | 4 | 0 | 0 | 1.0 | 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 # **S15328715** St **MA** DOB/Age _____

Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL _____ Endorsement _____

Operator **PESATURO, DANIEL DE SIMONE**

Address **109 COUNTRY CLUB RD**

City **MELROSE** State **MA** Zip **02176-2903**

Insurance Company **ARBELLA MUTUAL INSURANCE**

Vehicle Travel Direction: N 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 # **9JX482** Reg Type **PC** Reg State **MA**

Veh Year **1996** Veh Make **TOYOTA** Veh Config. **2**

Owner **PESATURO, DANIEL DE SIMONE**

Address **109 COUNTRY CLUB RD**

City **MELROSE** State **MA** Zip **02176-2903**

Vehicle Action Prior to Crash **3** 22 Damaged Area Code: **3** 27 **4** 27 **27**

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

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

Driver Contributing Code **99** 25 **25** BAC Test Result: **30**

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

Towed from scene? **2** 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 |
|--|--|-----------|-------------------------------------|--------------|------------------|------------------|---------------|--------------|------------------|-----------------|------------------|
| Operator/Non-Motorist | | See Above | <input checked="" type="checkbox"/> | 1 | 1 | 4 | 0 | 0 | 1.0 | 1 | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

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

Route# Direction Name of Roadway/Street At Route# Direction Address # Name of Roadway/Street
 228 LOWELL ST
 Feet N S E W of Mile Marker Exit Number
 Route# Direction Name of Intersecting Roadway/Street Also at Intersection with
 Route# Direction Name of Intersecting Roadway/Street
 Landmark

Please Select One of the Following: Vehicle 1 Occupants Hit/Run Moped Crash Report ID# 20-115-AC

License # SA3320136 St MA DOB/Age Reg # 1NNV11 Reg Type PC Reg State MA
 Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement Veh Year 2007 Veh Make FORD Veh Config. 1 21
 Operator GYLES, ANNA Owner GYLES, ANNA
 Address 3 KAREN CIR APT 17 Address 3 KAREN CIR APT 17
 City BILLERICA State MA Zip 01821-4717 City BILLERICA State MA Zip 01821-4717
 Insurance Company GOVERNMENT EMPLOYEES INSU Vehicle Action Prior to Crash 4 22 Damaged Area Code: 2 27 27 27
 Vehicle Travel Direction: N S E W Responding to Emergency? 2 Event Sequence 1 23 23 23 23 Test Status: 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 19 25 4 25 BAC Test Result: 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 | | | 1 | 1 | 1 | 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 # S77995513 St MA DOB/Age Reg # 8BG823 Reg Type PC Reg State MA
 Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement Veh Year 2006 Veh Make FORD Veh Config. 1 21
 Operator MCDERMOTT, JULIANN MORGAN Owner MCDERMOTT, JAMES SEAN
 Address 27 NORTH MAPLE ST Address 27 N MAPLE ST
 City WOBURN State MA Zip 01801-1405 City WOBURN State MA Zip 01801-1405
 Insurance Company THE COMMERCE INSURANCE CO Vehicle Action Prior to Crash 1 22 Damaged Area Code: 1 27 27 27
 Vehicle Travel Direction: N X E W Responding to Emergency? 2 Event Sequence 1 23 23 23 23 Test Status: 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: 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 | | | 1 | 1 | 1 | 0 | 0 | 10 | 1 | |

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

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# **20-116-AC**

License # **S82674702** St **MA** DOB/Age _____ Reg # **5ZJ543** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** Lic. Restrictions **20** CDL _____ Veh Year **2015** Veh Make **HYUNDAI** Veh Config. **1**

Operator **BEATTIE, LINDA A** Owner **BEATTIE, ROBERT JOHN**

Address **9 BRATTLE ST** Address **9 BRATTLE ST**

City **WILMINGTON** State **MA** Zip **01887** City **WILMINGTON** State **MA** Zip **01887-3506**

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

Vehicle Travel Direction: **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 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 | 1 | 4 | 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 # **S11030128** St **MA** DOB/Age _____ Reg # **6AN672** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** Lic. Restrictions **20** CDL _____ Veh Year **2006** Veh Make **SUBARU** Veh Config. **1**

Operator **INES, LAURA ELIZABETH** Owner **INES, DANA M**

Address **19 PETER RD** Address **19 PETER RD**

City **NORTH READING** State **MA** Zip **01864** City **N READING** State **MA** Zip **01864-1451**

Insurance Company **QUINCY MUTUAL FIRE INSURA** Vehicle Action Prior to Crash **4** Damaged Area Code: **6 27 27 27**

Vehicle Travel Direction: **N S E** 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 **19 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 | | | 1 | 1 | 4 | 0 | 0 | 10 | 1 | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

AT INTERSECTION: **LOCATION** **NOT AT INTERSECTION:**

1 **38** **MAIN ST**
Route# Direction Name of Roadway/Street

At

Route# Direction **KIRK ST** Name of Intersecting Roadway/Street

Also at Intersection with

2 **1** 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 **12** #Occupants Hit/Run Moped

Crash Report ID# **20-117-AC**

License # **S26553410** St **MA** DOB/Ag. _____ Reg # **8BR265** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **B** 20 CDL _____ Veh Year **2009** Veh Make **HYUNDAI** Veh Config. **1** 21

Operator **MILES, ISIS EJ** Owner **MILES, ISIS EJ**

Address **578 WARREN ST** Address **578 WARREN ST**

City **BOSTON** State **MA** Zip **02121-1805** City **BOSTON** State **MA** Zip **02121-1805**

Insurance Company **PILGRIM INSURANCE COMPANY** 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: **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? **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 |
|--------------------------|---|-------------------|-----------------|--------------|------------------|------------------|---------------|--------------|------------------|-----------------|------------------|
| Operator | See Above | XXXXXX | XXXX | 1 | 1 | 4 | 0 | 0 | 10 | 1 | |
| KEVIN FLEETWOOD | 1072 NANTASKET AVE HULL, MA 02045-1308 | | M | 3 | 1 | 4 | 0 | 0 | 10 | 1 | |

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

License # **S34152680** St **MA** DOB/Ag. _____ Reg # **5SW621** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **B** 20 CDL _____ Veh Year **2019** Veh Make **CHEVROLET** Veh Config. **1** 21

Operator **DOWD, GAIL S** Owner **DOWD, GAIL S**

Address **450 SHAWSHOEN AVE** Address **450 SHAWSHOEN AVE**

City **WILMINGTON** State **MA** Zip **01887-1639** City **WILMINGTON** State **MA** Zip **01887-1639**

Insurance Company **ARBELLA MUTUAL INSURANCE** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **6** 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 **19** 25 **5** 25 BAC Test Result: **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 | XXXX | 1 | 1 | 4 | 0 | 0 | 10 | 1 | |

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

1 1 Route# Direction Name of Roadway/Street At Route# Direction Address # Name of Roadway/Street
 2 10 91 MAIN ST
 Feet NSEW of Mile Marker Exit Number
 2 11 Feet NSEW of Route# Intersecting Roadway/Street
 2 1 Feet NSEW of Intersecting Roadway/Street
 Landmark

3 Please Select One of the Following: Vehicle 1 Occupants Hit/Run Moped Crash Report ID# **20-118-AC**

4 3 License # **S38154402** St **MA** DOB/Age Reg # **9TT983** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL Endorsement Veh Year **2006** Veh Make **LEXUS** Veh Config. **1** 21
 Operator **SEMAKULA, ANDREW T** Owner **SEMAKULA, ANDREW T**
 Address **4 RIVERHURST RD APT 511** Address **4 RIVERHURST RD APT 511**
 City **BILLERICA** State **MA** Zip **01821-6605** City **BILLERICA** State **MA** Zip **01821-6605**
 Insurance Company **PROGRESSIVE DIRECT INSURA** Vehicle Action Prior to Crash **2** 22 Damaged Area Code: **5** 27 27 27
 Vehicle Travel Direction: N 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 Driver Contributing Code **1** 25 25 BAC Test Result: **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

6 1 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 | 1 | 4 | 0 | 0 | 10 | 1 | |

7 3 Please Select One of the Following: Vehicle 2 Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

8 1 License # **S35979211** St **MA** DOB/Age Reg # **7TK498** Reg Type **PC** Reg State **MA**
 Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **B** 20 CDL Endorsement Veh Year **2017** Veh Make **NISSAN** Veh Config. **1** 21
 Operator **LEONARD, KRISTEN LECK** Owner **LEONARD, KRISTEN LECK**
 Address **21 MIDDLESEX AVE APT 302** Address **21 MIDDLESEX AVE APT 302**
 City **WILMINGTON** State **MA** Zip **01887-2757** City **WILMINGTON** State **MA** Zip **01887-2757**
 Insurance Company **ARBELLA MUTUAL INSURANCE** Vehicle Action Prior to Crash **2** 22 Damaged Area Code: **2** 27 5 27 27
 Vehicle Travel Direction: N 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 Driver Contributing Code **1** 25 25 BAC Test Result: **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

9 2 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 | 1 | 4 | 0 | 0 | 10 | 1 | |

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

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 31 #Occupants Hit/Run Moped Crash Report ID# **20-118-AC**

License # **S55409376** St **MA** DOB/Agc _____ Reg # **4583ME** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL _____ Veh Year **2011** Veh Make **NISSAN** Veh Config. **1** 21

Operator **DELAROSA, MARCO V** Owner **DELAROSA, MARCO V**

Address **27 TANGLEWOOD AVE** Address **27 TANGLEWOOD AVE**

City **TEWKSBURY** State **MA** Zip **01876-2055** City **TEWKSBURY** State **MA** Zip **01876-2055**

Insurance Company **QUINCY MUTUAL FIRE INSURA** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: 1 27 8 27 2 27

Vehicle Travel Direction: N 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 **19** 25 **1** 25 BAC Test Result: **30**

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **7** 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 | 1 | 1 | 0 | 0 | 10 | 1 | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

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

License # _____ St _____ DOB/Agc _____ Reg # _____ Reg Type _____ Reg State _____

Sex _____ Lic. Class **19** 19 Lic. Restrictions **20** CDL _____ Veh Year _____ Veh Make _____ Veh Config. **21**

Operator _____ Owner _____

Address _____ Address _____

City _____ State _____ Zip _____ 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? _____ 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**

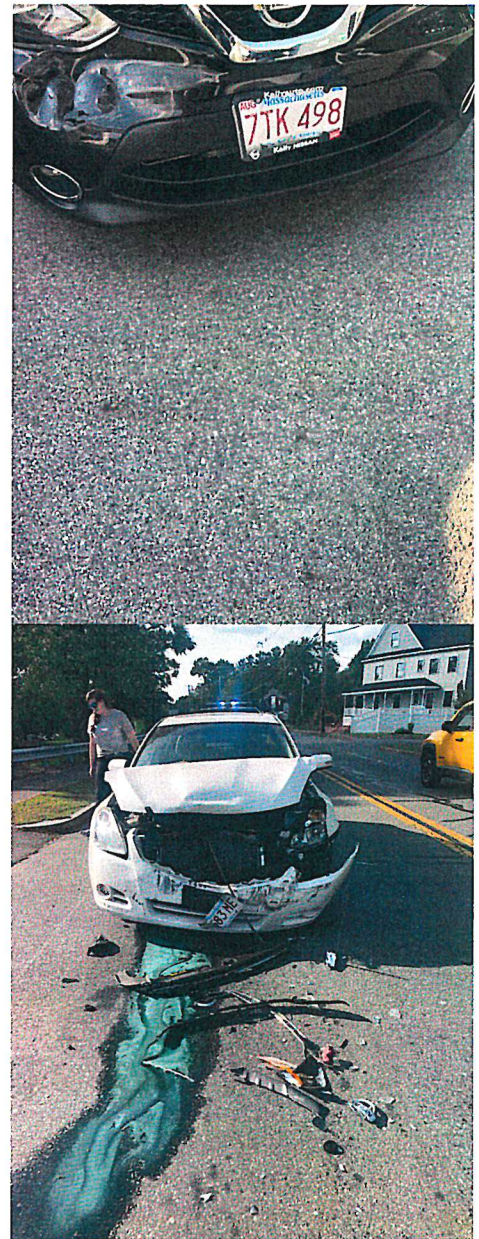
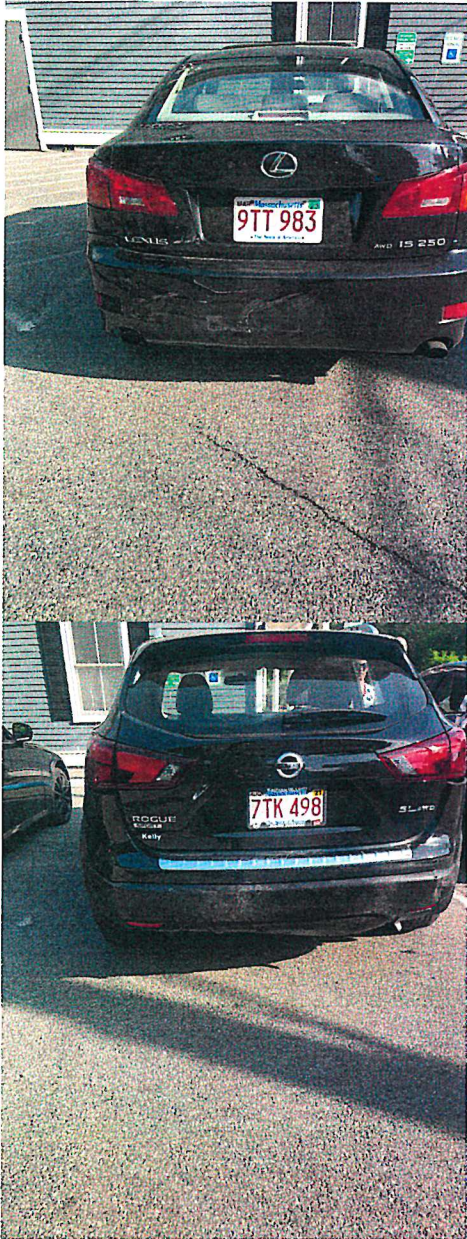
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **26** Susp. Alcohol: **31** Susp. Drug: **32**

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 | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

Wilmington Police Department
Images Associated with 20-118-AC



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

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

18 **HOPKINS ST**
 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# **20-119-AC**

License # St DOB/Age Reg # **2FD357** Reg Type **PC** Reg State **MA**
 Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement
 Operator **unknown** Owner **FRIEDENTHAL-PANO, DANIEL MICAH**
 Address Address **83 MAIN ST APT 1**
 City **AMESBURY** State **MA** Zip **01913**
 Insurance Company **COMMERCE** Vehicle Action Prior to Crash 99 22 Damaged Area Code: 99 27 27 27
 Vehicle Travel Direction: N S E W Responding to Emergency? 99 Event Sequence 20 23 31 23 23 Test Status: 1 28
 Citation # (If Issued) Most Harmful Event 31 24 Type of Test: 29
 Viol. 1: Ch/Sec/Sub Driver Contributing Code 10 25 99 25 BAC Test Result: 1 30
 Viol. 2: Ch/Sec/Sub Driver Distracted by 99 26 Susp. Alcohol: 99 31 Susp. Drug: 99 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 |
|--------------------------|-----------|---------|-----|--------------|------------------|------------------|---------------|--------------|------------------|-----------------|------------------|
| Operator | See Above | | | 1 | 99 | 99 | 99 | 99 | 99 | 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 Reg # Reg Type Reg State
 Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement
 Operator Owner
 Address Address
 City State Zip 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? 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. 2: Ch/Sec/Sub Driver Distracted by 26 Susp. Alcohol: 31 Susp. Drug: 32
 Viol. 3: Ch/Sec/Sub Towed from scene? 33
 Viol. 4: Ch/Sec/Sub

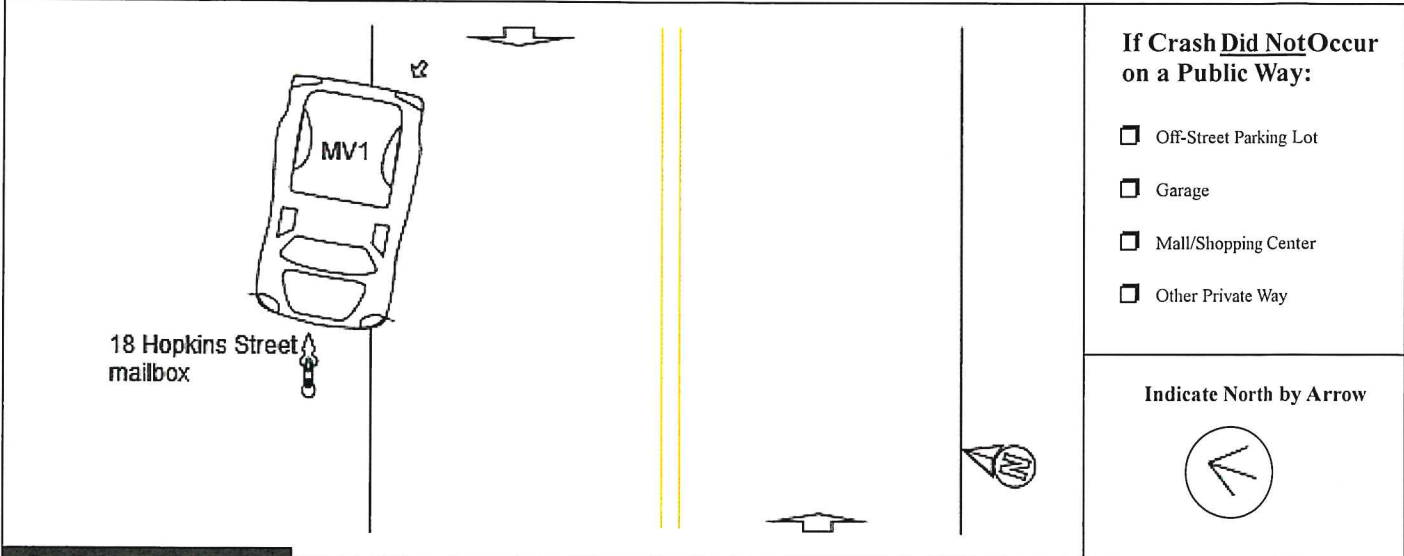
Please fill out for operator/non-motorist and all occupants involved

| 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 |
|------------------------------|-----------|---------|-----|--------------|------------------|------------------|---------------|--------------|------------------|-----------------|------------------|
| Operator/Non-Motorist | See Above | | | 1 | | | | | | | |

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○



Crash Narrative:

Unknown operator of motor vehicle 1 was traveling west on Hopkins St., drove onto the sidewalk and crashed into the mailbox at 18 Hopkins Street. Vehicle pulled over, then drove away without providing any information to the property owner or reporting the incident to the police. The property owner, Mr. Riley stated that he did not want to pursue any charges against the operator of the vehicle, but just wanted them to pay for the damaged mailbox. Mr. Riley provided me with pictures that his neighbor took of the incident (See images). I was able to zoom into the picture and clearly observed the plate on the vehicle bearing Massachusetts registration 2FD357. A computer check showed that vehicle coming back to a 2015 black Toyota Tacoma pickup, which matched the description of the vehicle in the picture. I made several attempts to make contact with the registered owner, but was unsuccessful. Mr. Riley estimated the damage at \$3,000.

Witnesses:

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

Property Damage:

| Owner (Last,First,Middle) | Address | Phone # | 41-Type | Description of Damaged Property |
|---------------------------|------------------------------------|---------|---------|---------------------------------|
| RILEY JASON P | 18 HOPKINS ST WILMINGTON MA 01887- | | 97 | MAILBOX |
| | | | | |

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 Julio J Quiles 197 Wilmington Police Department 06/06/2020
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Images Associated with 20-119-AC

