

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

1 1 Route# Direction Name of Roadway/Street At Route# Direction Address # **1 OLSON ST** 2 10  
 2 2 Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Roadway/Street 2 11  
 2 2 Route# Direction Name of Intersecting Roadway/Street Feet **N S E W** of Mile Marker Exit Number  
 3 3 Route# Direction Name of Intersecting Roadway/Street Feet **N S E W** of Route# Intersecting Roadway/Street  
 3 3 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# **20-120-AC**

License # **S76769791** St **MA** DOB/Age Reg # **8GV518** Reg Type **PC** Reg State **MA**  
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **99** 20 CDL Endorsement Veh Year **2015** Veh Make **VOLKSWAGEN** Veh Config. **1** 21  
 Operator **COX, KEVIN WILLIAM** Owner **COX, KEVIN WILLIAM**  
 Address **11 ELIZABETH DR** Address **11 ELIZABETH DR**  
 City **WILMINGTON** State **MA** Zip **01887-3397** City **WILMINGTON** State **MA** Zip **01887-3397**  
 Insurance Company **CITIZENS INSURANCE COMPAN** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: 8 27 1 27 2 27  
 Vehicle Travel Direction:  **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 **22** 25 25 BAC Test Result: 30  
 Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub 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
<b>Operator</b>	See Above	<del>XXXXXX</del>	<del>XX</del>	<b>1</b>	<b>99</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 # **S81946166** St **MA** DOB/Age Reg # **54JJ23** Reg Type **PC** Reg State **MA**  
 Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **99** 20 CDL Endorsement Veh Year **2018** Veh Make **NISSAN** Veh Config. **1** 21  
 Operator **FALLON, SARAH C** Owner **FALLON, SARAH C**  
 Address **1 OLSON ST APT 6** Address **1 OLSON ST APT 6**  
 City **WILMINGTON** State **MA** Zip **01887-2455** City **WILMINGTON** State **MA** Zip **01887-2455**  
 Insurance Company **ARBELLA MUTUAL INSURANCE** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: 4 27 27 27  
 Vehicle Travel Direction:  **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 **1** 25 25 BAC Test Result: 30  
 Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by **0** 26 Susp. Alcohol: **31** Susp. Drug: **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 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>99</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	



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

1 1 Route# Direction Name of Roadway/Street At Route# Direction Address # Name of Roadway/Street

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

2 1 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# **20-121-AC**

License # **S96776777** St **MA** DOB/Agc \_\_\_\_\_ Reg # **3GK930** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL \_\_\_\_\_ Veh Year **2009** Veh Make **TOYOTA** Veh Config. **1** 21

Operator **TIAN, FU** Owner **TIAN, FU**

Address **60 JAMAICA RD** Address **60 JAMAICA RD**

City **BROOKLINE** State **MA** Zip **02445-7040** City **BROOKLINE** State **MA** Zip **02445-7040**

Insurance Company **PLYMOUTH ROCK ASSURANCE C** Vehicle Action Prior to Crash **11** 22 Damaged Area Code: **6** 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: **2** 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? **2** 33

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Agc	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>0</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 # **S71960857** St **MA** DOB/Agc \_\_\_\_\_ Reg # **M96519** Reg Type **DC** Reg State **MA**

Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL \_\_\_\_\_ Veh Year **2017** Veh Make **FORD** Veh Config. **8** 21

Operator **ABERLE, KEVIN J** Owner **WILMINGTON TOWN OF DEPT POLICE**

Address \_\_\_\_\_ Address **121 GLEN RD**

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City **WILMINGTON** State **MA** Zip **01887-3542**

Insurance Company **SELF INSURED** Vehicle Action Prior to Crash **10** 22 Damaged Area Code: **6** 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: **2** 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? **2** 33

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

Name (Last First Middle)	Address	DOB/Agc	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>BRENT BROTHERS</b>	<b>61 MAUREEN DR TEWKSBURY, MA 01876-3620</b>		<b>M</b>	<b>3</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	



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

1 1 Route# Direction Name of Roadway/Street At Route# Direction Address # **195 MAIN ST** Name of Roadway/Street

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

2 1 Route# Direction Name of Intersecting Roadway/Street

Feet **N S E W** of \_\_\_\_\_ of \_\_\_\_\_ or \_\_\_\_\_ Mile Marker Exit Number

Feet **N S E W** of \_\_\_\_\_ 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# **20-122-AC**

License # **SA2510243** St **MA** DOB/Age \_\_\_\_\_ Reg # **9MN783** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL \_\_\_\_\_ Veh Year **2004** Veh Make **TOYOTA** Veh Config. **1** 21

Operator **NALUGINGI, SHAMIRA** Owner **NALUGINGI, SHAMIRA**

Address **1986 MIDDLESEX ST APT 1** Address **1986 MIDDLESEX ST APT 1**

City **LOWELL** State **MA** Zip **01851-1009** City **LOWELL** State **MA** Zip **01851-1009**

Insurance Company **PROGRESSIVE CASUALTY INSU** 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 **99** 25 25 BAC Test Result: **30**

Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **99** 26 Susp. Alcohol: **31** Susp. Drug: **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
<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 **15** Action **16** Location **17** Condition **18**  Hit/Run  Moped

License # **S81530768** St **MA** DOB/Age \_\_\_\_\_ Reg # **929TW1** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL \_\_\_\_\_ Veh Year **2015** Veh Make **NISSAN** Veh Config. **1** 21

Operator **SHEEHAN, SARAH M** Owner **SHEEHAN, SARAH M**

Address **12 JAY ST** Address **12 JAY ST**

City **TEWKSBURY** State **MA** Zip **01876-2755** City **TEWKSBURY** State **MA** Zip **01876-2755**

Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **2** 22 Damaged Area Code: **5** 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: **31** Susp. Drug: **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
<b>Operator/Non-Motorist</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>	

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

1 1 Route# Direction Name of Roadway/Street At Route# Direction Address # Name of Roadway/Street

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

2 1 Route# Direction Name of Intersecting Roadway/Street

2 11 Feet N S E W of \_\_\_\_\_ Mile Marker \_\_\_\_\_ Exit Number \_\_\_\_\_

2 11 Feet N S E W of \_\_\_\_\_ Route# \_\_\_\_\_ Intersecting Roadway/Street \_\_\_\_\_

2 11 Feet N S E W of \_\_\_\_\_ Landmark \_\_\_\_\_

3 Please Select One of the Following:  Vehicle 31 #Occupants  Hit/Run  Moped Crash Report ID# **20-122-AC**

4 3 License # **S67519531** St **MA** DOB/Age \_\_\_\_\_ Reg # **V60858** Reg Type **CO** Reg State **MA**

Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL \_\_\_\_\_ Veh Year **2017** Veh Make **FORD** Veh Config. **2** 21

Operator **BENNETT, RYAN C** Owner **CLIFFSTONE LANDSCAPING INC**

Address **14 OTIS ST APT 2** Address **91R CENTRAL ST**

City **WAKEFIELD** State **MA** Zip **01880-2419** City **WOBURN** State **MA** Zip **01801-4529**

Insurance Company **TRAVELERS CASUALTY INSURA** Vehicle Action Prior to Crash **2** 22 Damaged Area Code: **0** 27 **27** **27**

Vehicle Travel Direction:  N  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: **31** Susp. Drug: **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>X</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>

7 1 Please Select One of the Following:  Vehicle 4 #Occupants  Non-Motorist A Type **15** Action **16** Location **17** Condition **18**  Hit/Run  Moped

8 1 License # \_\_\_\_\_ St \_\_\_\_\_ DOB/Age \_\_\_\_\_ 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**

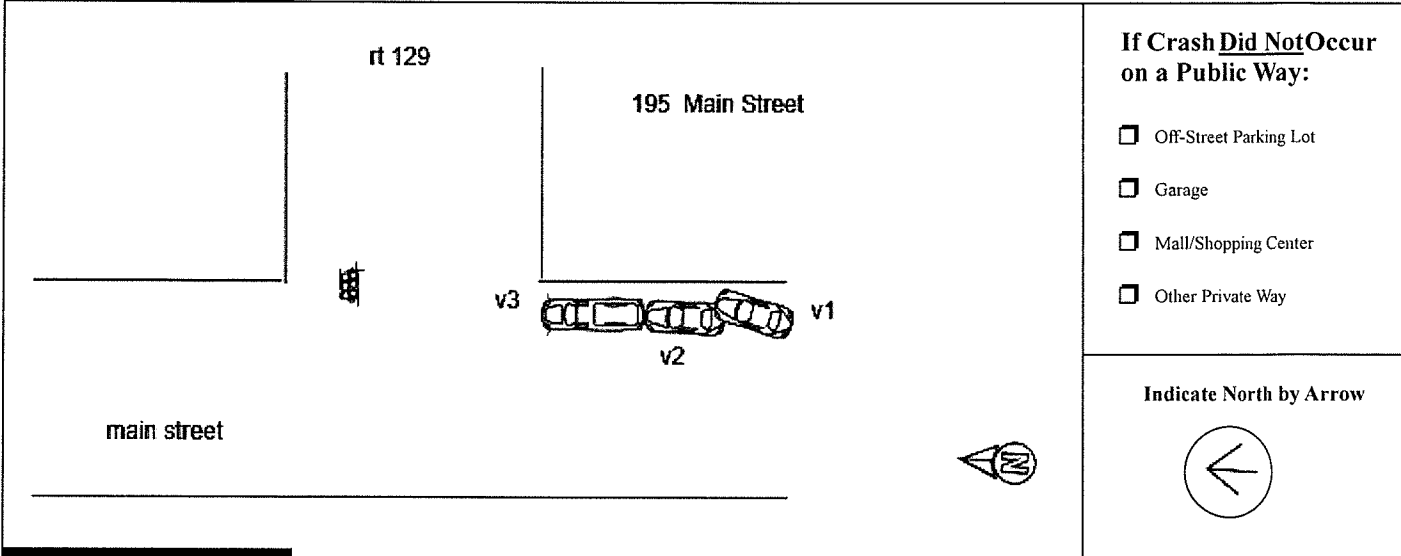
Towed from scene? **33**

Please fill out for operator/non-motorist and all occupants involved		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>X</del>	<del>X</del>	<b>1</b>						

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

**Crash Diagram:**

ie: → 1    → 2    → ○    → ○



**Crash Narrative:**

The driver of V1 stated that she tried to put on the brakes prior to hitting V2, but she wasn't sure what happened, but thinks the brakes did not work. (language barrier). Driver of V2 was stopped in traffic, and was rear ended by V1, which pushed her into V3. The driver of V3 was stopped in traffic, when v2 was pushed into the rear of his vehicle by v1

**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 Brian D Thornton    190    Wilmington Police Department    06/09/2020  
 Police Officer Name (Please Print)    Signature    ID/Badge #    Department    Precinct/Barracks    Date

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1 1 **WOBURN ST**  
Route# Direction Name of Roadway/Street

At

1 1 **EAMES ST**  
Route# Direction Name of Intersecting Roadway/Street

Also at Intersection with

2 1 Route# Direction Name of Intersecting Roadway/Street

3 11 Feet  N  S  E  W of \_\_\_\_\_ or \_\_\_\_\_  
Mile Marker \_\_\_\_\_ Exit Number \_\_\_\_\_

3 11 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# **20-123-AC**

License # **S40891247** St **MA** DOB/Age \_\_\_\_\_ Reg # **S74406** Reg Type **CO** Reg State **MA**

Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL \_\_\_\_\_ Veh Year **2016** Veh Make **FORD** Veh Config. **6** 21

Operator **GATCHELL, THOMAS SCOTT** Owner **SW GATCHELL LLC**

Address **1 LEXINGTON ST** Address **1 LEXINGTON ST**

City **WOBURN** State **MA** Zip **01801** City **WOBURN** State **MA** Zip **01801-4805**

Insurance Company **TRI-STATE INSURANCE COMPA** Vehicle Action Prior to Crash **4** 22 Damaged Area Code: **7** 27 27 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: **1** 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? **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>	
<b>WILLIAM YOUNG</b>	11 CANTERBURY RD WOBURN, MA 01801		<b>M</b>	<b>3</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 21 #Occupants  Non-Motorist A Type  15 Action  16 Location  17 Condition  18  Hit/Run  Moped

License # **S65453030** St **MA** DOB/Age \_\_\_\_\_ Reg # **61FX04** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL \_\_\_\_\_ Veh Year **2010** Veh Make **HONDA** Veh Config. **1** 21

Operator **NELLAIAPPAN, KALIAPPANADA** Owner **NELLAIAPPAN, KALIAPPANADA**

Address **437 BEDFORD ST** Address **437 BEDFORD ST**

City **LEXINGTON** State **MA** Zip **02420-1546** City **LEXINGTON** State **MA** Zip **02420-1546**

Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **4** 22 Damaged Area Code: **1** 27 27 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) **T22062382** Most Harmful Event **1** 24 Type of Test: **1** 29

Viol. 1: Ch/Sec/Sub **89** **8** Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **4** 25 **19** 25 BAC Test Result: **1** 30

Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **99** 26 Susp. Alcohol: **2** 31 Susp. Drug: **2** 32

Towed from scene? **1** 33

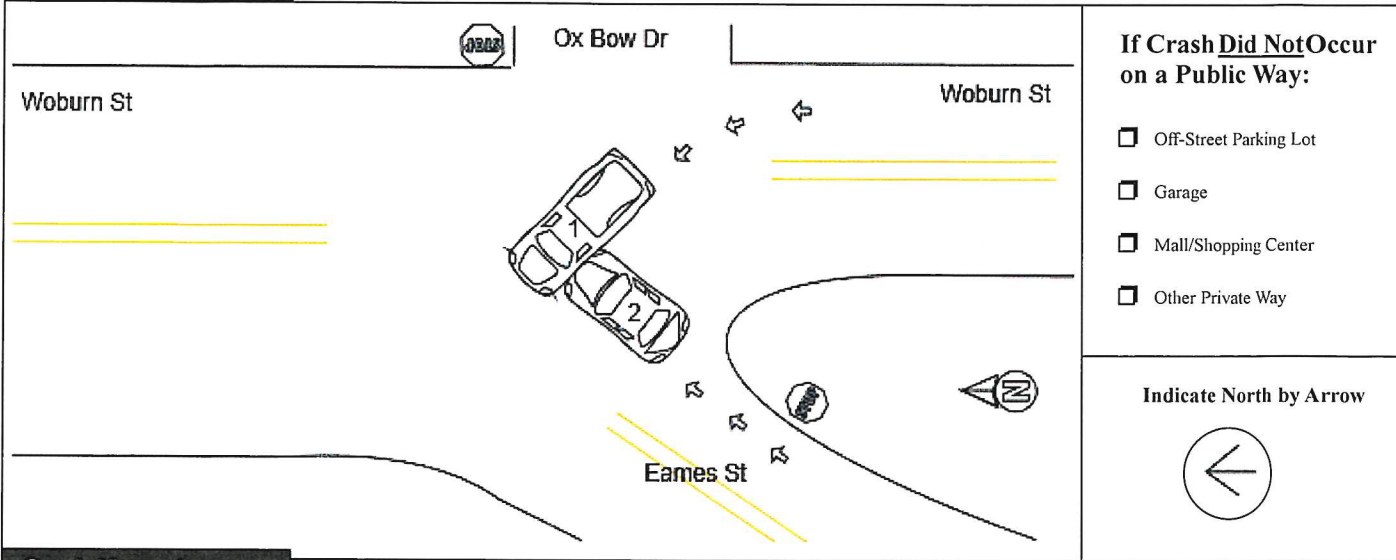
Please fill out for operator/non-motorist and all occupants involved

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
<b>Operator/Non-Motorist</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>	



→ = Direction    1 = Vehicle 1    2 = Vehicle 2     $\circ$  = Pedestrian     $\circ$  = Bicycle  
 ie: → 1    → 2    →  $\circ$     →  $\circ$

**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:**

On 6/10/20 I responded to a two vehicle crash at the intersection of Woburn St and Eames St. There were no injuries. All involved were wearing seatbelts. The operator in veh 1 reported that he was traveling on Woburn St towards Lowell St. He stated he proceeded to turn left and was struck by vehicle 2. Both Oper 1 and his passenger stated they believed the operator of Veh 2 continued to step on gas after collision. Operator of Veh 2 stated he stopped for the stop sign at Eames St and then proceeded turning left and did not notice that Veh 1 was in front of him when he proceeded to turn left. Veh 1 did not have stop sign. Veh 1 had damage to drivers side door and part of cab portion of truck. Veh 2 had damage to front bumper, hood and grill. Veh 2 was towed by Cains Towing. Veh 2 operator was issued warning T22062382 for failing to grant right of way at an intersection.

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

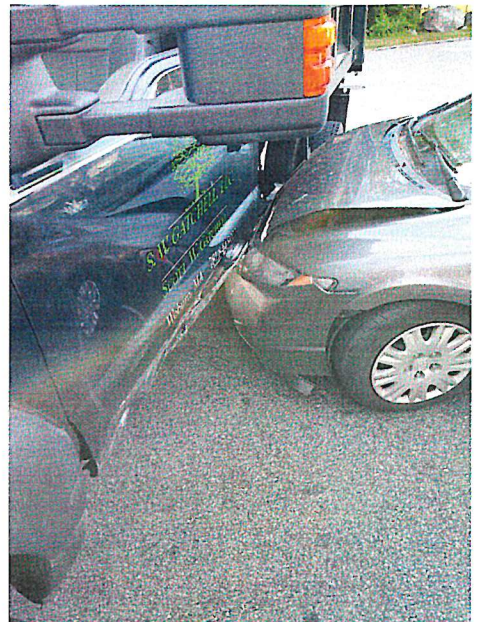
Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

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 Daniel P Furbush    196    Wilmington Police Department    06/10/2020  
 Police Officer Name (Please Print)    Signature    ID/Badge #    Department    Precinct/Barracks    Date

Wilmington Police Department  
Images Associated with 20-123-AC



**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 \_\_\_\_\_ 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# **20-124-AC**

License # **NHL16837665** St **NH** DOB/Age \_\_\_\_\_ Reg # **3668078** Reg Type **PC** Reg State **NH**

Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL \_\_\_\_\_ Veh Year **2007** Veh Make **JAGUAR** Veh Config. **1** 21

Operator **GEORGE, CHARLES** Owner **GEORGE, CHARLES**

Address **6 UPLAND RD** Address **6 UPLAND RD**

City **ATKINSON** State **NH** Zip **03811-2542** City **ATKINSON** State **NH** Zip **03811-2542**

Insurance Company **SAFETY** Vehicle Action Prior to Crash **2** 22 Damaged Area Code: **1** 27 **10** 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: **1** 30

Viol. 3: 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
<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 **15** Action **16** Location **17** Condition **18**  Hit/Run  Moped

License # **T06040710881009** St **ON** DOB/Age \_\_\_\_\_ Reg # **PA22162** Reg Type **TL** Reg State **ON**

Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **99** 20 CDL \_\_\_\_\_ Veh Year **2020** Veh Make **Other-not listed** Veh Config. **10** 21

Operator **AWAIS, TARIQ** Owner **ROADISH TRANSPORT INC**

Address **906-3880 DUKE OF YORK BLVD** Address **354 JOHN DEISMAN BLVD**

City **MISSISSAUCA** State **ON** Zip **16A3G7** City **MAPLE** State **ON** Zip **L6A 3G7**

Insurance Company **GAURENTEE CO OF N. AMERIC** 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 **97** 25 **3** 25 BAC Test Result: **1** 30

Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **7** 26 Susp. Alcohol: **2** 31 Susp. Drug: **2** 32

Towed from scene? **2** 33

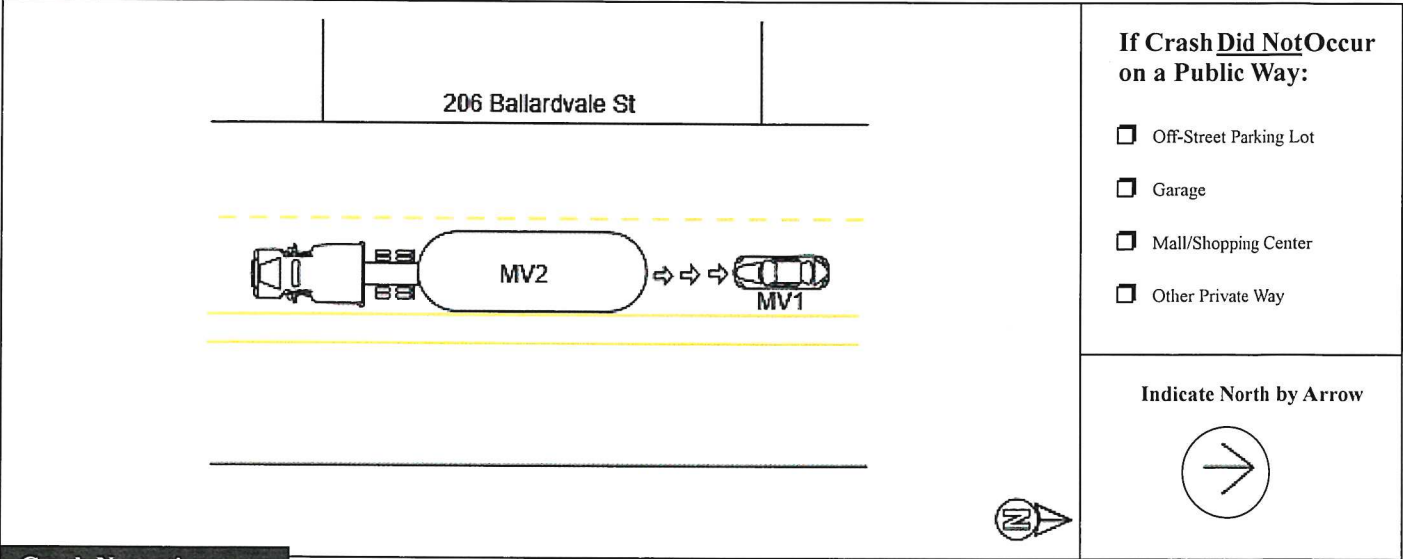
Please fill out for operator/non-motorist and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety 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>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      → ○      → 🚲



**Crash Narrative:**

Mv1 stated that he was traveling south on Ballardvale St when the tractor trailer in front of him slowed down to a stop. The truck then started backing up eventually hitting the front of his car. Mv1 sustained moderate damage to the hood and under carriage. Mv 1 was able to pull into a near by parking lot and called AAA for a tow. Mv2 stated that he was driving on Ballardvale St when he thinks he felt something hit the back of his truck. So he stopped and backed up a little bit until he realized there was a car there. No injuries were observed or reported.

**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 # PA22162 (From Vehicle Section)

Carrier Name Roadish Transport Inc Bus Use 0<sup>42</sup>

Address 354 JOHN DEISMEN BLVD City ONTARIO St OC Zip 06A367

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

Interstate 4<sup>43</sup> Cargo Body Type Code 97<sup>44</sup> GVWR/GCWR 2<sup>45</sup>

Trailer Reg #: PA22162 Reg Type TL Reg State ON Reg Year 2016 Trailer Length 2<sup>46</sup>

**Hazmat Information:**

Placard  <sup>47</sup> Material 1 digit #  <sup>48</sup> Material Name \_\_\_\_\_ Material 4 digit # \_\_\_\_\_ Release code  <sup>49</sup>

Patrol Officer Scott Dunnett      202      Wilmington Police Department      06/10/2020  
 Police Officer Name (Please Print)      Signature      ID/Badge #      Department      Precinct/Barracks      Date

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

Route# Direction Name of Roadway/Street At Route# Direction Address # Name of 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

1  
2  
3

10  
11

Please Select One of the Following:  Vehicle **1** #Occupants  Hit/Run  Moped Crash Report ID# **20-125-AC**

4

License # **S63773356** St **MA** DOB/Age \_\_\_\_\_ Reg # **7TF284** Reg Type **PC** Reg State **MA**  
 Sex **M** Lic. Class **D** Lic. Restrictions **20** CDL \_\_\_\_\_ Veh Year **2016** Veh Make **FORD** Veh Config. **1**  
 Operator **MCCULLOUGH, LUKE** Owner **MCCULLOUGH, GARY M**  
 Address **26 CUNNINGHAM ST** Address **26 CUNNINGHAM ST**  
 City **WILMINGTON** State **MA** Zip **01887** City **WILMINGTON** State **MA** Zip **01887-1329**  
 Insurance Company **THE HANOVER INSURANCE COM** Vehicle Action Prior to Crash **1** Damaged Area Code: **1 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 \_\_\_\_\_ Driver Contributing Code **20 25 25** BAC Test Result: **1 30**  
 Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **5 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**  
 Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Towed from scene? **1 33**  
 Viol. 4: Ch/Sec/Sub \_\_\_\_\_

6

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>XX</del>	<b>1</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

7

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

8

License # **S63996341** St **MA** DOB/Age \_\_\_\_\_ Reg # **5718SA** Reg Type **PC** Reg State **MA**  
 Sex **F** Lic. Class **D** Lic. Restrictions **20** CDL \_\_\_\_\_ Veh Year **2012** Veh Make **FORD** Veh Config. **1**  
 Operator **KITTREDGE, CHRISTEL ANDREA** Owner **KITTREDGE, CHRISTEL ANDREA**  
 Address **5 DORCHESTER ST** Address **5 DORCHESTER ST**  
 City **WILMINGTON** State **MA** Zip **01887-2230** City **WILMINGTON** State **MA** Zip **01887-2230**  
 Insurance Company **PLYMOUTH ROCK ASSURANCE C** Vehicle Action Prior to Crash **2** Damaged Area Code: **1 27 5 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 \_\_\_\_\_ 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 \_\_\_\_\_

9

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>XX</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

14

Date of Crash **06/10/2020** Time of Crash **1725** City/Town **Wilmington** **Motor Vehicle Crash** Number Vehicles **4** Number Injured **0** Speed Limit **30** Latitude \_\_\_\_\_ Longitude \_\_\_\_\_ State Police   
24HR **Wilmington** **Police Report** Local Police  MBTA Police  Campus Police  Other: \_\_\_\_\_

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

<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>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p>	<p>Route# _____ Direction _____ Address # <b>474</b> Name of Roadway/Street <b>MAIN ST</b></p> <p>_____ Feet <b>N S E W</b> of _____ • _____ or _____</p> <p style="text-align: center;">Mile Marker _____ Exit Number _____</p> <p>_____ Feet <b>N S E W</b> of _____</p> <p>_____ Feet <b>N S E W</b> of _____</p> <p style="text-align: center;">Route# _____ Intersecting Roadway/Street _____</p> <p style="text-align: center;">Landmark _____</p>
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Please Select One of the Following:  Vehicle **32** #Occupants  Hit/Run  Moped Crash Report ID# **20-125-AC**

<p>License # <b>S21031933</b> St <b>MA</b> DOB/Age _____</p> <p>Sex <b>F</b> Lic. Class <b>D</b> Lic. Restrictions <b>20</b> CDL _____</p> <p>Operator <b>LAQUIDARA, RACHEL OREILLY</b></p> <p>Address <b>644 WOBURN ST</b></p> <p>City <b>WILMINGTON</b> State <b>MA</b> Zip <b>01887-2963</b></p> <p>Insurance Company <b>PROGRESSIVE DIRECT INSURA</b></p> <p>Vehicle Travel Direction: <input checked="" type="checkbox"/> <b>S E W</b> 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>587FE4</b> Reg Type <b>PC</b> Reg State <b>MA</b></p> <p>Veh Year <b>2015</b> Veh Make <b>MAZDA</b> Veh Config. <b>1</b></p> <p>Owner <b>LAQUIDARA, RACHEL OREILLY</b></p> <p>Address <b>644 WOBURN ST</b></p> <p>City <b>WILMINGTON</b> State <b>MA</b> Zip <b>01887-2963</b></p> <p>Vehicle Action Prior to Crash <b>2</b></p> <p>Event Sequence <b>1</b> <b>23</b> <b>23</b> <b>23</b> <b>23</b></p> <p>Most Harmful Event <b>1</b> <b>24</b></p> <p>Driver Contributing Code <b>1</b> <b>25</b> <b>25</b></p> <p>Driver Distracted by <b>0</b> <b>26</b></p> <p>Damaged Area Code: <b>1</b> <b>27</b> <b>5</b> <b>27</b> <b>27</b></p> <p>Test Status: <b>1</b> <b>28</b></p> <p>Type of Test: <b>29</b></p> <p>BAC Test Result: <b>1</b> <b>30</b></p> <p>Susp. Alcohol: <b>2</b> <b>31</b> Susp. Drug: <b>2</b> <b>32</b></p> <p>Towed from scene? <b>2</b> <b>33</b></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	<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>F</b>	<b>3</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 **41** #Occupants  Non-Motorist A Type **15** Action **16** Location **17** Condition **18**  Hit/Run  Moped

<p>License # <b>S37971878</b> St <b>MA</b> DOB/Age _____</p> <p>Sex <b>F</b> Lic. Class <b>D</b> Lic. Restrictions <b>20</b> CDL _____</p> <p>Operator <b>EMDE, KRISTEN ARLINE</b></p> <p>Address <b>9 DELL DR</b></p> <p>City <b>WILMINGTON</b> State <b>MA</b> Zip <b>01887-3122</b></p> <p>Insurance Company <b>SAFETY INSURANCE COMPANY</b></p> <p>Vehicle Travel Direction: <input checked="" type="checkbox"/> <b>S E W</b> 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>5BJ459</b> Reg Type <b>PC</b> Reg State <b>MA</b></p> <p>Veh Year <b>2016</b> Veh Make <b>HONDA</b> Veh Config. <b>1</b></p> <p>Owner <b>EMDE, EDWARD A</b></p> <p>Address <b>9 DELL DR</b></p> <p>City <b>WILMINGTON</b> State <b>MA</b> Zip <b>01887-3122</b></p> <p>Vehicle Action Prior to Crash <b>2</b></p> <p>Event Sequence <b>1</b> <b>23</b> <b>23</b> <b>23</b> <b>23</b></p> <p>Most Harmful Event <b>1</b> <b>24</b></p> <p>Driver Contributing Code <b>1</b> <b>25</b> <b>25</b></p> <p>Driver Distracted by <b>0</b> <b>26</b></p> <p>Damaged Area Code: <b>5</b> <b>27</b> <b>27</b> <b>27</b></p> <p>Test Status: <b>1</b> <b>28</b></p> <p>Type of Test: <b>29</b></p> <p>BAC Test Result: <b>1</b> <b>30</b></p> <p>Susp. Alcohol: <b>2</b> <b>31</b> Susp. Drug: <b>2</b> <b>32</b></p> <p>Towed from scene? <b>2</b> <b>33</b></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	<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      O K X = Pedestrian      🚲 = Bicycle  
 ie: ➔ 1      ➔ 2      ➔ O K X      ➔ 🚲

**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:**

4 car motor vehicle crash in front of 474 Main St in Wilmington. The operator of vehicle stated that he was "adjusting his mirror" and "doing 40" mph with "plenty of room" in front of him when he realized traffic stopped at the red light at the intersection. He was unable to stop and struck vehicle 2, who then struck vehicle 3, which then struck vehicle 4. Vehicle 1 driver's air bag deployed, and the vehicle was towed from the scene by Cain' towing. Vehicle 1 sustained significant damage to the front end. There was damage to the front and rear of vehicle 2 and 3, and to the rear of vehicle 4. All parties refused medical aid on scene. Vehicles 2, 3, and 4 were slowing or stopped in traffic at the time of the crash, with no improper driving. Vehicles 2, 3, and 4 were able to be driven from the 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

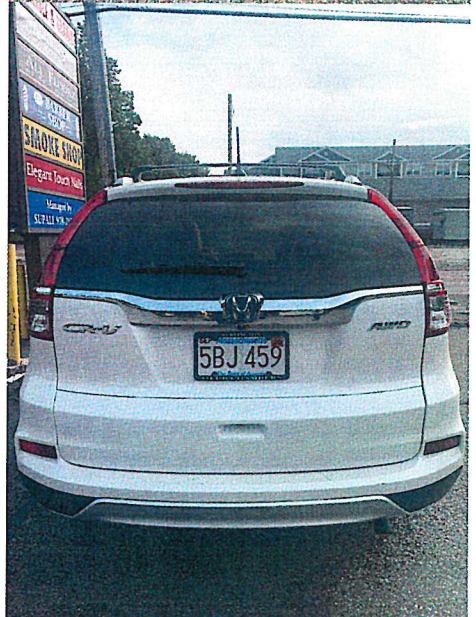
Trailer Reg #: \_\_\_\_\_ Reg Type \_\_\_\_\_ Reg State \_\_\_\_\_ Reg Year \_\_\_\_\_ Trailer Length  46

**Hazmat Information:**

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

Patrol Officer Nicholas E Noftle      204      Wilmington Police Department      06/10/2020  
 Police Officer Name (Please Print)      Signature      ID/Badge #      Department      Precinct/Barracks      Date

Wilmington Police Department  
Images Associated with 20-125-AC





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

Route# Direction **SHAWSHEEN AVE** Name of Roadway/Street  
 At  
 Route# Direction **ALDRICH RD** 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# **20-126-AC**

License # **S55257948** St **MA** DOB/Age \_\_\_\_\_ Reg # **R67411** Reg Type **CO** Reg State **MA**  
 Sex **M** Lic. Class **D** **19** **19** Lic. Restrictions **20** CDL \_\_\_\_\_ Veh Year **2008** Veh Make **Other-not listed** Veh Config. **6** **21**  
 Operator **DAL PONT, EDMILSON** Owner **DAL PONT, EDMILSON**  
 Address **21 JANVRIN AVE** Address **21 JANVRIN AVE**  
 City **REVERE** State **MA** Zip **02151-2715** City **REVERE** State **MA** Zip **02151-2715**  
 Insurance Company **UNITED FINANCIAL CASUALTY** Vehicle Action Prior to Crash **1** **22** Damaged Area Code: **0** **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**  
 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? **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			<b>1</b>	<b>1</b>	<b>1</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 # **SA2330415** St **MA** DOB/Age \_\_\_\_\_ Reg # **48GR04** Reg Type **PC** Reg State **MA**  
 Sex \_\_\_\_\_ Lic. Class **D** **19** **19** Lic. Restrictions **20** CDL \_\_\_\_\_ Veh Year **2014** Veh Make **NISSAN** Veh Config. **1** **21**  
 Operator \_\_\_\_\_ Owner **VENUTO, NICHOLAS**  
 Address \_\_\_\_\_ Address **22 PASSACONAWAY DR**  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City **BILLERICA** State **MA** Zip **01821-3069**  
 Insurance Company **USAA CASUALTY INSURANCE C** Vehicle Action Prior to Crash **4** **22** Damaged Area Code: **1** **27** **2** **27** **27**  
 Vehicle Travel Direction: **X 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** **4** **25** BAC Test Result: **1** **30**  
 Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **99** **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

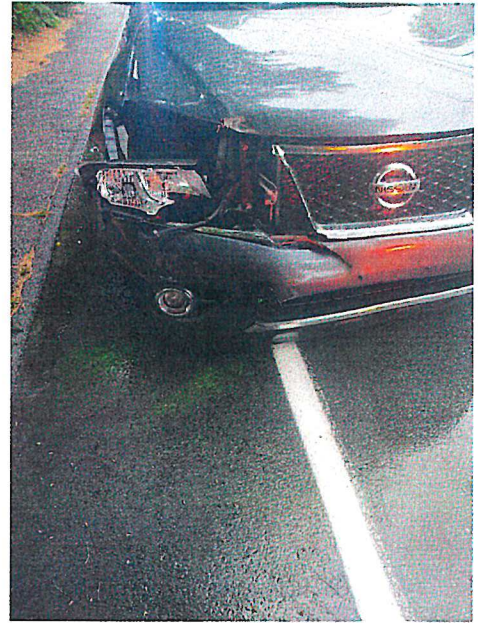
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator/Non-Motorist</b>	See Above			<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	



Wilmington Police Department  
Images Associated with 20-126-AC



Wilmington Police Department  
Images Associated with 20-126-AC



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

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

3 Please Select One of the Following:  Vehicle 1 #Occupants  Hit/Run  Moped Crash Report ID# **20-127-AC**

4 1 License # **S67513507** St **MA** DOB/Age. \_\_\_\_\_ Reg # **AZ7872** Reg Type **MC** Reg State **MA**  
 Sex **M** Lic. Class **D 19 19 M** Lic. Restrictions **20** CDL \_\_\_\_\_ Veh Year **2003** Veh Make **Other-not listed** Veh Config. **3 21**  
 Operator **RYAN, WESLEY G** Owner **RYAN, WESLEY G**  
 Address **5 WASHINGTON ST** Address **5 WASHINGTON ST**  
 City **TEWKSBURY** State **MA** Zip **01876-1830** City **TEWKSBURY** State **MA** Zip **01876-1830**  
 Insurance Company **GEICO INDEMNITY COMPANY** Vehicle Action Prior to Crash **1 22** Damaged Area Code: **7 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**  
 Citation # (If Issued) \_\_\_\_\_ Most Harmful Event **1 24** Type of Test: **29**  
 Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **11 25 12 25** BAC Test Result: **30**  
 Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **99 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**  
 Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Towed from scene? **1 33**

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
<b>Operator</b>	See Above	<del>XXXXXX</del>	<del>X</del>	<b>1</b>	<b>5</b>	<b>5</b>	<b>3</b>	<b>0</b>	<b>8</b>	<b>2</b>	<b>Lahey Clinic</b>

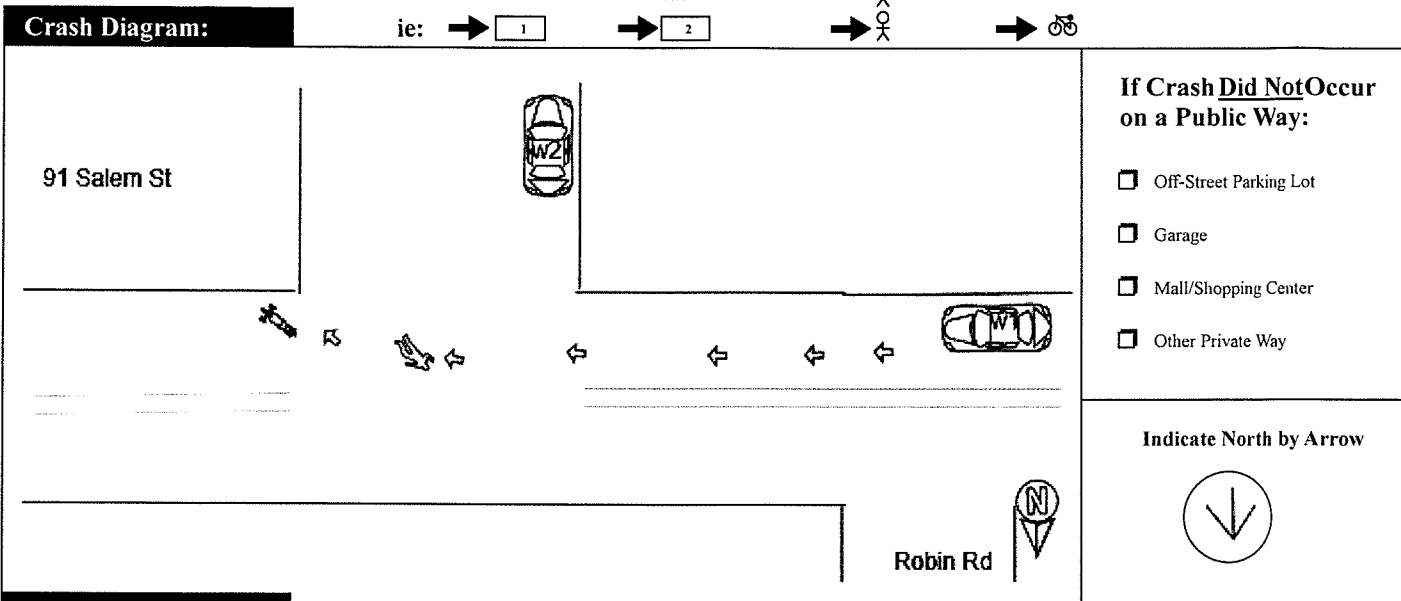
7 3 Please Select One of the Following:  Vehicle 2 #Occupants  Non-Motorist A Type **15** Action **16** Location **17** Condition **18**  Hit/Run  Moped

8 1 License # \_\_\_\_\_ St \_\_\_\_\_ DOB/Age \_\_\_\_\_ 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 \_\_\_\_\_ 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**

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
<b>Operator/Non-Motorist</b>	See Above	<del>XXXXXX</del>	<del>X</del>	<b>1</b>							

➔ = Direction    1 = Vehicle 1    2 = Vehicle 2    O X O X = Pedestrian    🚲 = Bicycle  
 ie: ➔ 1 ➔ 2 ➔ O X O X ➔ 🚲



**Crash Narrative:**

The Opr of MC1 was traveling east bound on Salem St.he could not recall what caused or happened during the crash. According to W1 who was directly behind the MC while driving from Tewksbury, they were both operating at approx. 35mph. As they approached Cunningham St W1 stated the MC began to break and W1 could see it wobble from side to side, the Opr. then laid the MC down on its left side, and the Opr. came off of the MC. W1 was stopped across from Robin Rd, and this is where the skid marks from the MC began. W2 stated he took a left from Salem St onto Cunningham St in the path of the MC, but stated the MC was further down the street when he made the turn. W2 further stated he had already completed his turn and was onto Cunningham St when he heard the crash. W1 did not notice W2 turning W1 was focused on the MC. Minor damage to fence @ 91 Salem St report by resident

**Witnesses:**

Name (Last,First,Middle)	Address	Phone #	Statement
TASSINARI CHRISTIE ALYCE	95 AUDUBON RD Apt. #213 WAKEFIELD MA 01880-1265		
GREELEY TIMOTHY J	141 BEACH RD Apt. #18 SALISBURY MA 01952-2248		

**Property Damage:**

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
BARRASSO EDWARD R	91 SALEM ST WILMINGTON MA 01887-40		97	POST AND RAIL FENCE, POST MOVED

**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

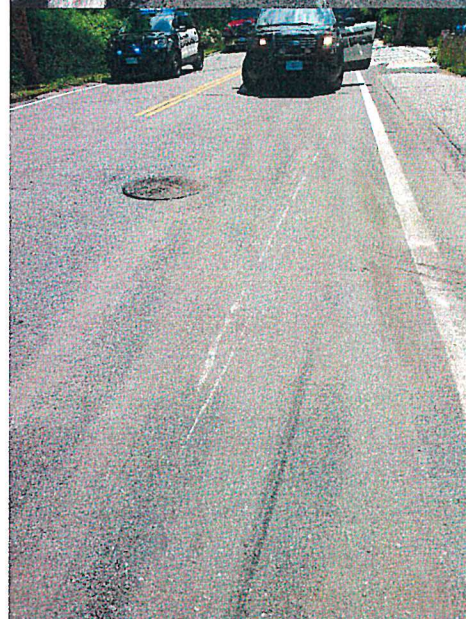
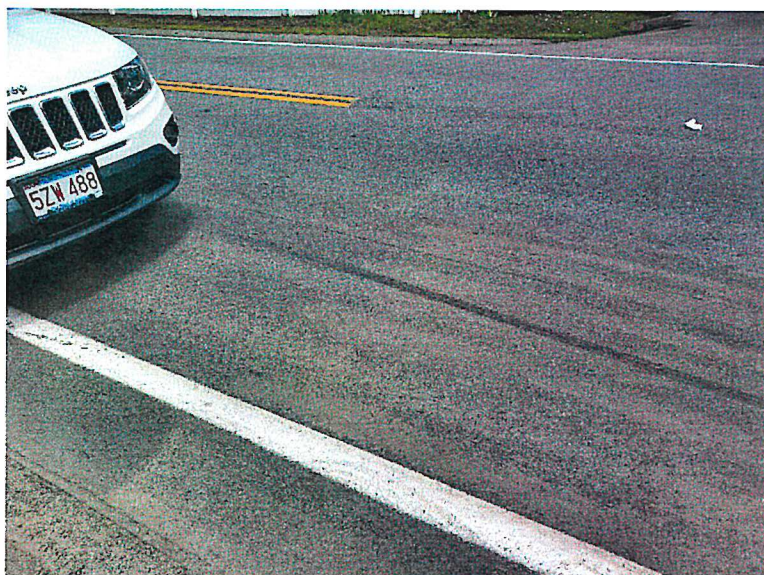
Trailer Reg #: \_\_\_\_\_ Reg Type \_\_\_\_\_ Reg State \_\_\_\_\_ Reg Year \_\_\_\_\_ Trailer Length  46

**Hazmat Information:**

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

**Patrol Officer Julie M Pozzi**      **167**      **Wilmington Police Department**      **06/12/2020**  
 Police Officer Name (Please Print)      Signature      ID/Badge #      Department      Precinct/Barracks      Date

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