

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

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

Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped Crash Report ID# **20-130-AC**

License # **SA3520713** St **MA** DOB/Age Reg # **4BK139** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class Lic. Restrictions CDL Veh Year **2005** Veh Make **HONDA** Veh Config.
 Operator **GERENA, DAVID JR** Owner **CUEVAS-LUNA, GRACIELA CUEVAS**
 Address **65 CAMBRIDGE ST** Address **65 CAMBRIDGE ST**
 City **LOWELL** State **MA** Zip **01851-3335** City **LOWELL** State **MA** Zip **01851-3335**
 Insurance Company **THE HANOVER INSURANCE COM** Vehicle Action Prior to Crash Damaged Area Code:
 Vehicle Travel Direction: N E W Responding to Emergency? Event Sequence Test Status:
 Citation # (If Issued) **T2062501** Most Harmful Event Type of Test:
 Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Driver Contributing Code BAC Test Result:
 Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by Susp. Alcohol: Susp. Drug:
 Towed from scene?

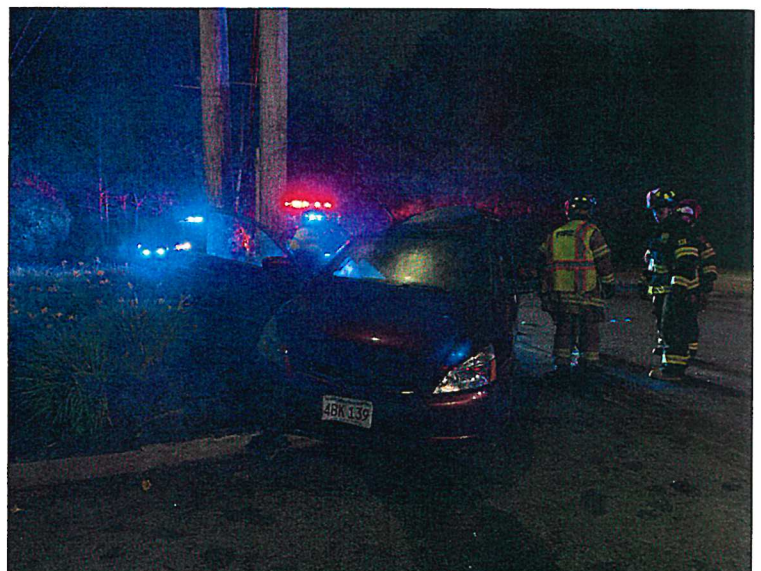
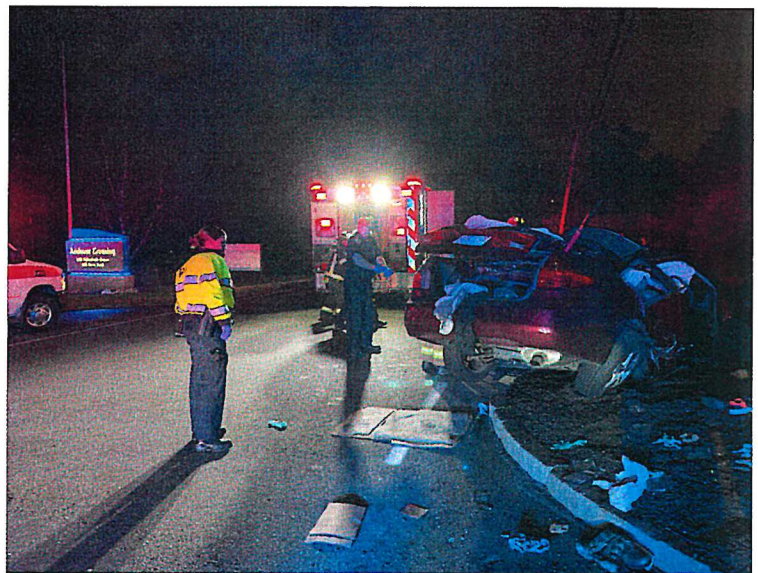
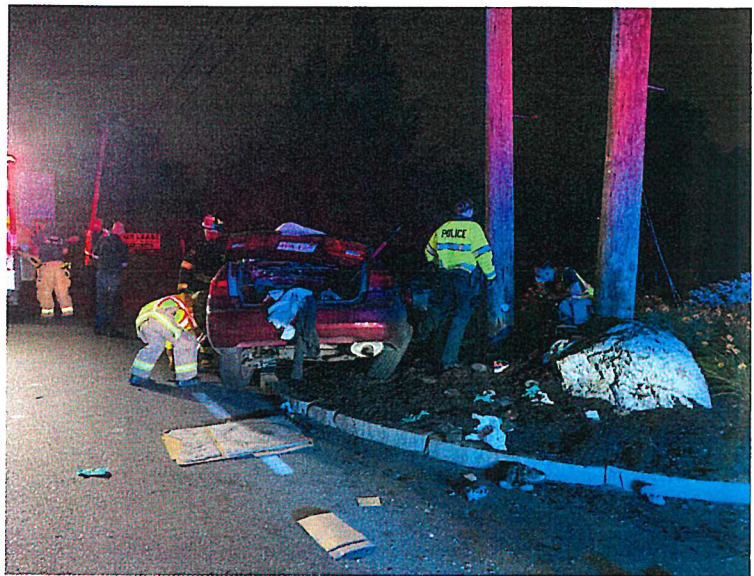
Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above			1	0	3	0	0	7	2	Lahey Clinic

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

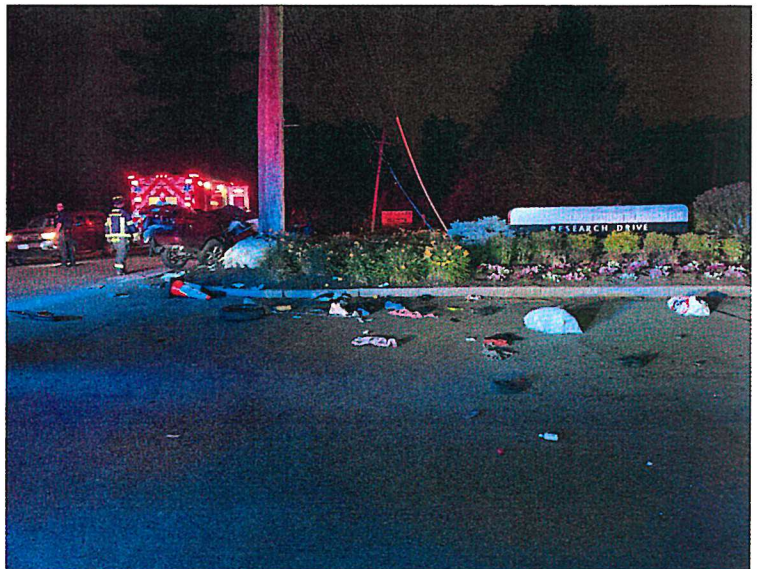
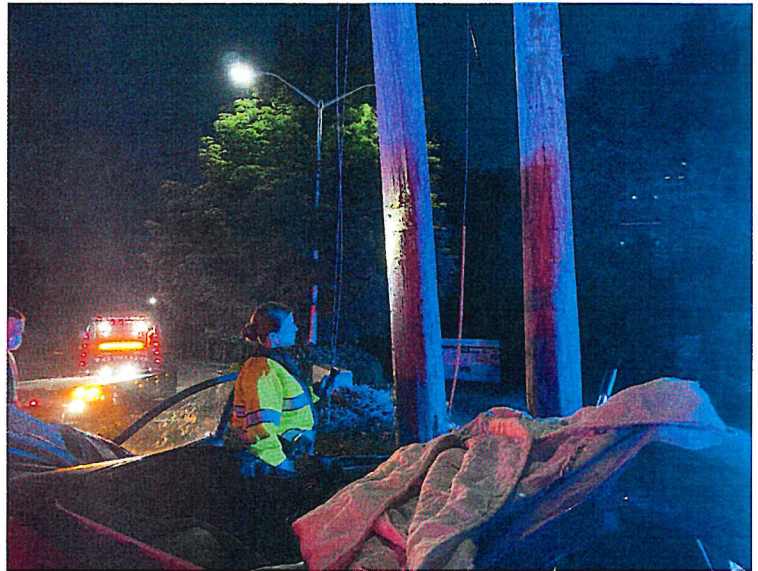
License # St DOB/Age Reg # Reg Type Reg State
 Sex Lic. Class Lic. Restrictions CDL Veh Year Veh Make Veh Config.
 Operator Owner
 Address Address
 City State Zip City State Zip
 Insurance Company Vehicle Action Prior to Crash Damaged Area Code:
 Vehicle Travel Direction: N S E W Responding to Emergency? Event Sequence Test Status:
 Citation # (If Issued) Most Harmful Event Type of Test:
 Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Driver Contributing Code BAC Test Result:
 Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by Susp. Alcohol: Susp. Drug:
 Towed from scene?

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			1							

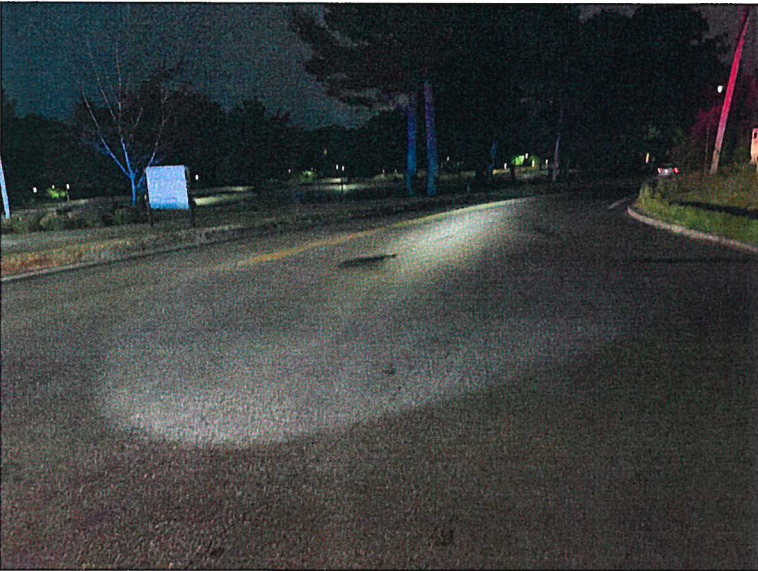
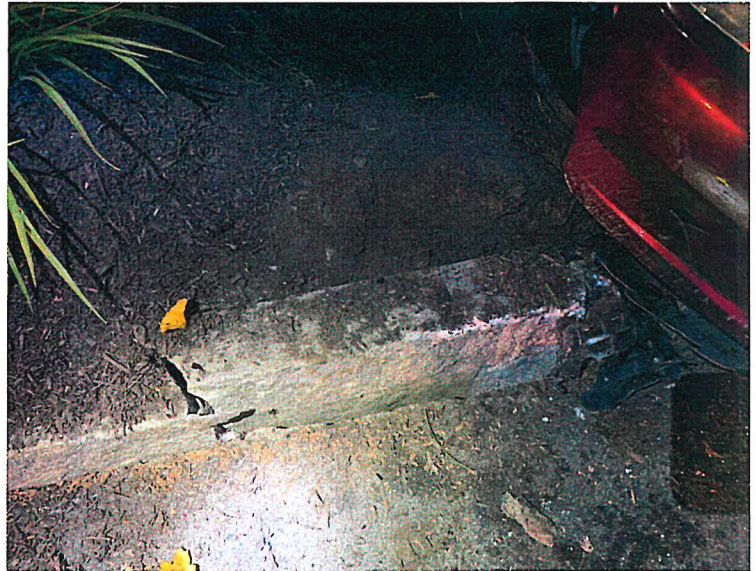
Wilmington Police Department
Images Associated with 20-130-AC



Wilmington Police Department
Images Associated with 20-130-AC



Wilmington Police Department
Images Associated with 20-130-AC



Police Use Only

Date of Crash: 06/22/2020 Time of Crash: 0803 City/Town: **Wilmington**

Number Vehicles: 2 Number Injured: 0 Speed Limit: 10

Latitude: Longitude: State Police Local Police MBTA Police Campus Police Other:

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

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

Crash Report ID# **20-131-AC**

License # **02TUS77161** St **NH** DOB/Agc _____ Reg # **8255A** Reg Type **AP** Reg State **MA**

Sex **M** Lic. Class **A** Lic. Restrictions **1** CDL _____ Veh Year **2020** Veh Make **Other-not listed** Veh Config. **10**

Operator **THIBODEAU, SHANE M** Owner **RYDER TRUCK RENTAL LT**

Address **6 GRANITE CIR APT 6** Address **329 JEFFERSON RD**

City **MERRIMACK** State **NH** Zip **03054** City **ROCHESTER** State **NY** Zip **14623-0000**

Insurance Company **ACE AMERICAN INSURANCE CO** Vehicle Action Prior to Crash **10** Damaged Area Code: **6** **27** **27** **27**

Vehicle Travel Direction: **N S X W** Responding to Emergency? **2** Event Sequence **2** **23** **23** **23** **23** Test Status: **1** **28**

Citation # (If Issued) _____ Most Harmful Event **2** **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: **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
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 # **L01320600007682** St **NJ** DOB/Agc _____ Reg # **AU515Z** Reg Type **AP** Reg State **NJ**

Sex **M** Lic. Class **A** Lic. Restrictions **1** CDL _____ Veh Year **2020** Veh Make **Kenworth** Veh Config. **10**

Operator **LAGARES, ARMANDO** Owner **ROAD CHIEF LLC**

Address **75 PASSAIC ST** Address **18 HEMLOCK CT**

City **PASSAIC** State **NJ** Zip **07055-8310** City **HAMILTON** State **NJ** Zip **08619**

Insurance Company _____ Vehicle Action Prior to Crash **11** Damaged Area Code: **2** **27** **27** **27**

Vehicle Travel Direction: **N S E X** 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**

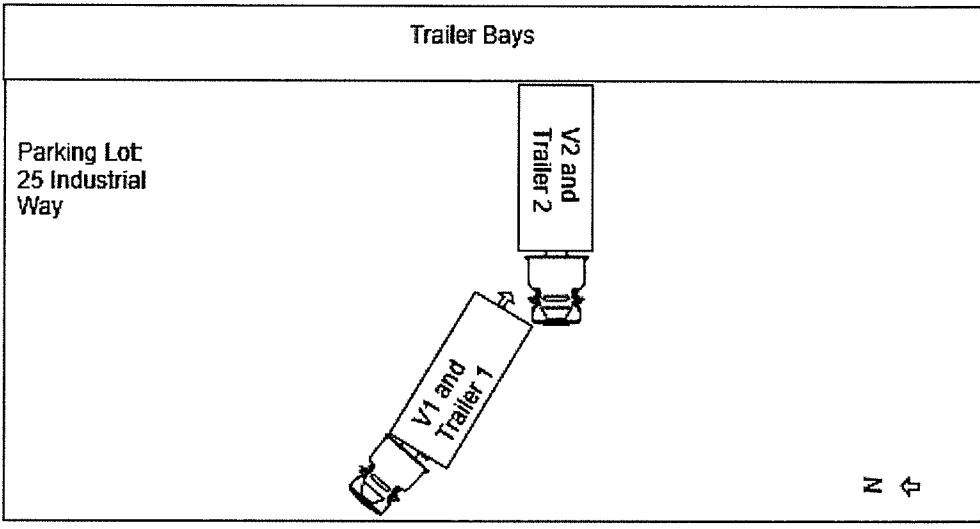
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0** **26** Susp. Alcohol: **2** **31** Susp. Drug: **2** **32**

Towed from scene? **2** **33**

Please fill out for operator/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			1	1	4	0	0	10	1	

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

Crash Diagram:



If Crash Did Not Occur on a Public Way:

Off-Street Parking Lot

Garage

Mall/Shopping Center

Other Private Way

Indicate North by Arrow

↑

Crash Narrative:

V2 was parked, backed up to the bay. V1 was trying to leave the parking lot, but had to back up to clear a pole. While backing up the rear drivers side corner of trailer on V1 struck the front passenger side bumper of V2. There was some minor scuffs on the trailer of V1. V2 had a bent/broken bumper, and broken taillight. Photos of the damage are attached. There was no injuries.

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 # 8255A (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address 407 E KING ST City EAST HELENA St MT Zip 59635

US DOT #: 1067164 State Number _____ Issuing State _____ MC/MX/ICC #: _____

Interstate 43 Cargo Body Type Code 97 44 GVWR/GCWR 45

Trailer Reg #: 530714B Reg Type TR Reg State MT Reg Year 2013 Trailer Length 4 46

Hazmat Information:

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

Patrol Officer Emily L Stebbins 210 Wilmington Police Department 06/22/2020
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Images Associated with 20-131-AC



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

1 **HORSESHOE LN**
Route# Direction Name of Roadway/Street

At

1 **WEST ST**
Route# Direction 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# **20-132-AC**

License # **S27315177** St **MA** DOB/Ag: _____ Reg # **9JY728** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL _____ Veh Year **2019** Veh Make **MERCEDES-BENZ** Veh Config. **1** 21

Operator **QIN, JIE** Owner **QIN, JIE**

Address **1223 HORSESHOE LN** Address **1223 HORSESHOE LN**

City **WILMINGTON** State **MA** Zip **01887-6002** City **WILMINGTON** State **MA** Zip **01887-6002**

Insurance Company **METROPOLITAN PROPERTY AND** Vehicle Action Prior to Crash **2** 22 Damaged Area Code: **8** 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**

Driver Distracted by **0** 26 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	XX	1	1	4	0	0	10	1	
				6	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 # **S67540534** St **MA** DOB/Ag: _____ Reg # **3DX482** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL _____ Veh Year **2019** Veh Make **TOYOTA** Veh Config. **1** 21

Operator **HARRIS, ANDRE T** Owner **HARRIS, ANDRE T**

Address **5212 HORSESHOE LN** Address **5212 HORSESHOE LN**

City **WILMINGTON** State **MA** Zip **01887-6006** City **WILMINGTON** State **MA** Zip **01887-6006**

Insurance Company **AMICA MUTUAL INSURANCE CO** Vehicle Action Prior to Crash **3** 22 Damaged Area Code: **8** 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 **19** 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**

Driver Distracted by **99** 26 Towed from scene? **2** 33

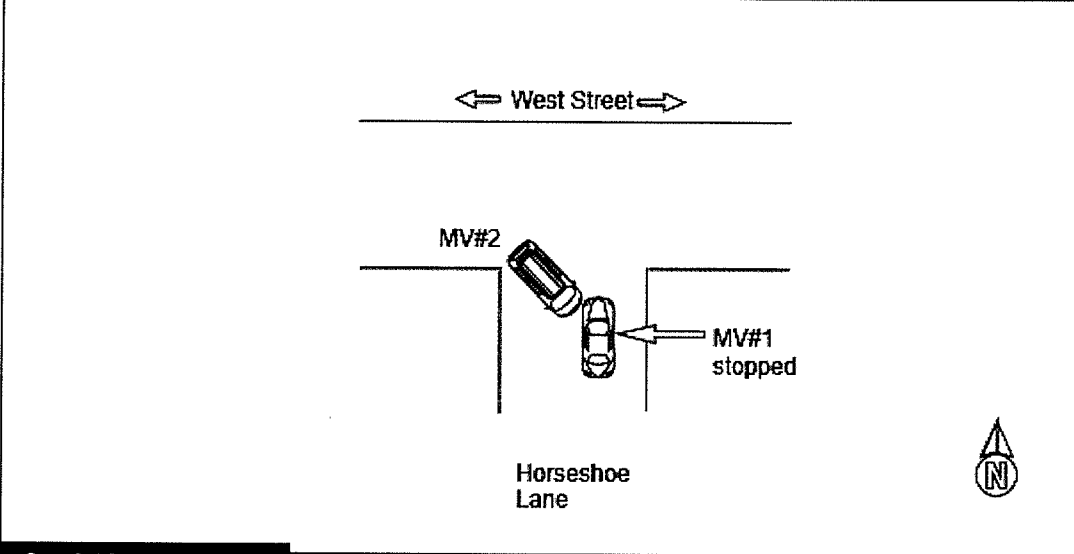
Please fill out for operator/non-motorist and all occupants involved

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
Operator/Non-Motorist	See Above	XXXXXX	XX	1	1	4	0	0	10	1	

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ♂ = Pedestrian ♀ = Bicycle

ie: → 1 → 2 → ♂ → ♀

Crash Diagram:



If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow



Crash Narrative:

Oper. of MV#1 was stopped at the exit of Horseshoe Lane and West Street. MV#2 was traveling south on West Street and turned right into the Hoseshoe Lane and struck the front of MV#1 that was stopped.

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 C Cadigan 178 **Wilmington Police Department** 06/23/2020

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

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# **20-133-AC**

License # **S85803483** St **MA** DOB/Age _____ Reg # **7KHW20** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** **19** **19** Lic. Restrictions **B** **20** CDL _____ Veh Year **2012** Veh Make **MAZDA** Veh Config. **1** **21**

Operator **OGBURN, CHRISTINE ELLEN** Owner **OGBURN, CORRI CHRISTINE**

Address **20 MINERAL ST** Address **20 MINERAL ST**

City **READING** State **MA** Zip **01867-2441** City **READING** State **MA** Zip **01867-2441**

Insurance Company **PROGRESSIVE DIRECT INSURA** Vehicle Action Prior to Crash **1** **22** 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 _____ 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		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	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 # **S41949032** St **MA** DOB/Age _____ Reg # **M20135** Reg Type **CO** Reg State **MA**

Sex **F** Lic. Class **D** **19** **19** Lic. Restrictions **1** **20** CDL _____ Veh Year **2014** Veh Make **DODGE** Veh Config. **1** **21**

Operator **POWER, LINDSAY F** Owner **EVERGREEN FLORISTS INC**

Address **34 LOTHROP RD** Address **397 MAIN ST**

City **READING** State **MA** Zip **01867-0000** City **STONEHAM** State **MA** Zip **02180-3514**

Insurance Company **SAFETY INSURANCE COMPANY** Vehicle Action Prior to Crash **1** **22** 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 _____ 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/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	10	1	

Police Use Only	Date of Crash 06/23/2020	Time of Crash 1447 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report	Number Vehicles 3	Number Injured 0	Speed Limit 35 Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input type="checkbox"/> MBTA Police <input type="checkbox"/> Campus Police <input type="checkbox"/> Other _____	
AT INTERSECTION:				< LOCATION >	NOT AT INTERSECTION:				
Route# _____ Direction _____ Name of Roadway/Street _____				Route# 38 Direction N Address # 579 Name of Roadway/Street MAIN ST					2 10
At _____				_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____					2 11
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 _____ Mile Marker _____ Exit Number _____					2 11
Also at Intersection with _____				_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____					2 11
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 _____ Landmark _____					2 11

Please Select One of the Following: Vehicle **31** #Occupants Hit/Run Moped

Crash Report ID# **20-133-AC**

License # S57190306 St MA DOB/Age _____ Sex M Lic. Class D <input type="checkbox"/> 19 <input type="checkbox"/> 19 Lic. Restrictions 1 <input type="checkbox"/> 20 CDL _____ Operator BATTCOCK, ROBERT W Address 3 BEAUMONT AVE City BILLERICA State MA Zip 01821-5937 Insurance Company ARBELLA MUTUAL INSURANCE Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> 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 # 57L680 Reg Type PC Reg State MA Veh Year 2015 Veh Make FORD Veh Config. 1 <input type="checkbox"/> 21 Owner BATTCOCK, STEPHEN STANLEY Address 3 BEAUMONT AVE City BILLERICA State MA Zip 01821-5937 Vehicle Action Prior to Crash <input type="checkbox"/> 22 Event Sequence <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23 Most Harmful Event <input type="checkbox"/> 1 <input type="checkbox"/> 24 Driver Contributing Code <input type="checkbox"/> 1 <input type="checkbox"/> 25 <input type="checkbox"/> 25 Driver Distracted by <input type="checkbox"/> 0 <input type="checkbox"/> 26 Damaged Area Code: <input type="checkbox"/> 5 <input type="checkbox"/> 27 <input type="checkbox"/> 27 <input type="checkbox"/> 27 Test Status: <input type="checkbox"/> 1 <input type="checkbox"/> 28 Type of Test: <input type="checkbox"/> 29 BAC Test Result: <input type="checkbox"/> 1 <input type="checkbox"/> 30 Susp. Alcohol: <input type="checkbox"/> 2 <input type="checkbox"/> 31 Susp. Drug: <input type="checkbox"/> 2 <input type="checkbox"/> 32 Towed from scene? <input type="checkbox"/> 2 <input type="checkbox"/> 33	1 12
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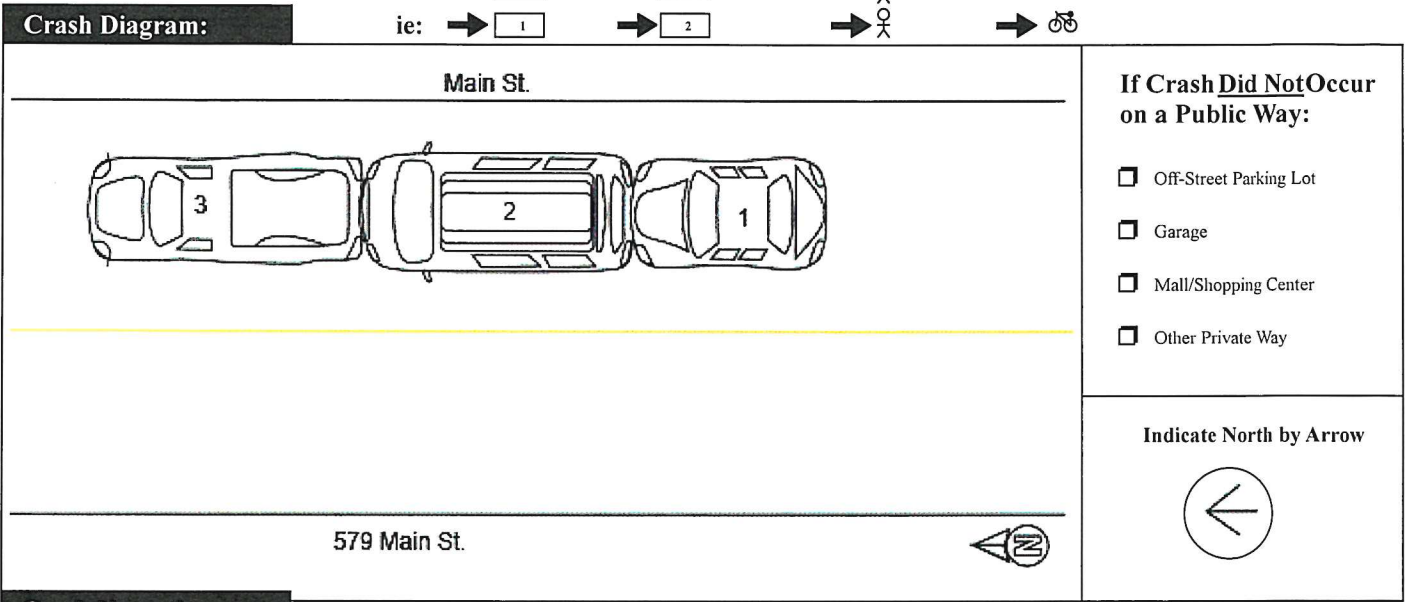
Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above	XXXXXX	XXXX	1	1	4	0	0	10	1	

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/Age _____ Sex _____ Lic. Class <input type="checkbox"/> 19 <input type="checkbox"/> 19 Lic. Restrictions <input type="checkbox"/> 20 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. <input type="checkbox"/> 21 Owner _____ Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash <input type="checkbox"/> 22 Event Sequence <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23 Most Harmful Event <input type="checkbox"/> 24 Driver Contributing Code <input type="checkbox"/> 25 <input type="checkbox"/> 25 Driver Distracted by <input type="checkbox"/> 26 Damaged Area Code: <input type="checkbox"/> 27 <input type="checkbox"/> 27 <input type="checkbox"/> 27 Test Status: <input type="checkbox"/> 28 Type of Test: <input type="checkbox"/> 29 BAC Test Result: <input type="checkbox"/> 30 Susp. Alcohol: <input type="checkbox"/> 31 Susp. Drug: <input type="checkbox"/> 32 Towed from scene? <input type="checkbox"/> 33	1 14
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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
Operator/Non-Motorist	See Above	XXXXXX	XXXX	1							

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



Crash Narrative:

Motor vehicle 3 was slowing down to a stop for traffic on Main St. As Motor vehicle 3 was stopped it was struck by motor vehicle 2. At the same moment motor vehicle 2 was struck b motor vehicle 1. The operator of motor vehicle 2 stated she felt her vehicle strike the front vehicle and then felt the rear of her vehicle get struck. Operator of motor vehicle 1 stated she did look down for a spilt second before she struck motor vehicle 2.

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

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ MC/MX/ICC #: _____

Interstate Cargo Body Type Code GVWR/GCWR

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length

Hazmat Information:

Placard Material 1 digit # Material Name _____ Material 4 digit # _____ Release code

Patrol Officer Brian Tavares 206 Wilmington Police Department 06/23/2020
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

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

1 **MAIN ST**
 Route# Direction Name of Roadway/Street
 At
 2 **BURLINGTON AVE**
 Route# Direction 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
 3 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# **20-134-AC**

License # **S15724806** St **MA** DOB/Ag _____ Reg # **2J3681** Reg Type **MC** Reg State **MA**
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL _____ Veh Year **2008** Veh Make **HARLEY-DAVIDSON** Veh Config. **3** 21
 Operator **GILLIS, RYAN H** Owner **GILLIS, RYAN H**
 Last First Middle Last First Middle
 Address **14 CHARLES WAY** Address **14 CHARLES WAY**
 City **CHELMSFORD** State **MA** Zip **01824-2167** City **CHELMSFORD** State **MA** Zip **01824-2167**
 Insurance Company **GEICO INDEMNITY COMPANY** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: 2 27 8 27 5 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: **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	XX	1	5	5	0	0	8	1	

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

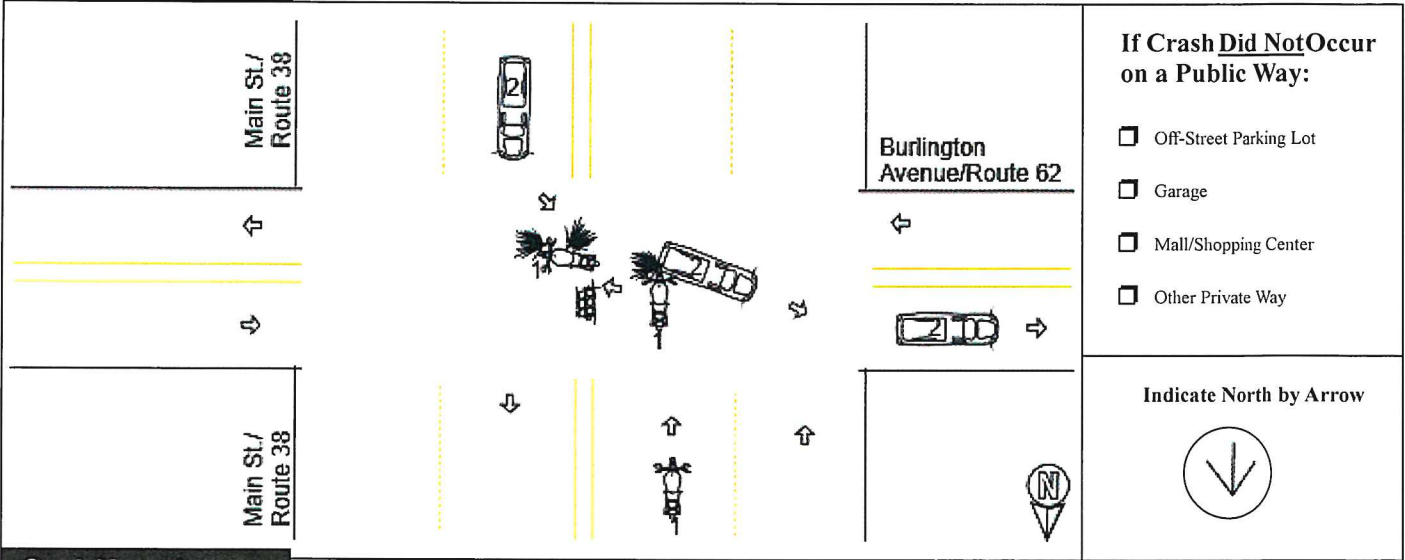
License # _____ St _____ DOB/Ag _____ Reg # _____ Reg Type _____ Reg State _____
 Sex _____ Lic. Class **19** 19 Lic. Restrictions **20** CDL _____ Veh Year _____ Veh Make **CHEVROLET** Veh Config. **21**
 Operator **unknown** Owner _____
 Last First Middle Last First Middle
 Address _____ Address _____
 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? **2** Event Sequence **23** 23 23 23 Test Status: 28
 Citation # (If Issued) _____ Most Harmful Event **24** Type of Test: 29
 Viol. 1: Ch/Sec/Sub _____ 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	XXXXXX	XX	1							

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

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:

See Report 20-683-OF for additional details. MV1 was traveling straight ahead and southbound on Main Street/Route 38. MV2 was traveling northbound on Main Street/Route 38 and was waiting to turn left onto Burlington Avenue/Route 62 westbound. MV1 was traveling through the intersection with the green light and right of way. MV2 suddenly turned left in front of MV1. MV1 was unable to stop in time and collided with the rear of MV2 before dropping the motorcycle and sliding to a stop along the pavement. MV2 fled the scene after the collision headed westbound on Burlington Avenue/Route 62. Neither the operator of MV1 or any witness were able to see the license plate of MV2. MV2 fled the scene and refused to stop as required by law. MV1 suffered minor damage, but was able to be driven from the scene. The operator of MV1 declined any medical attention.

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ MC/MX/ICC #: _____

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 46

Hazmat Information:

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

Patrol Officer Michael A Wilson 209 Wilmington Police Department 06/23/2020
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

CDP1 11-24-00

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

Route# Direction Name of Roadway/Street At Route# Direction Address # **CABOT ST** 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# **20-135-AC**

License # **S25273801** St **MA** DOB/Age. _____ Reg # **RUI3469** Reg Type **PC** Reg State **GA**

Sex **M** Lic. Class **C** Lic. Restrictions **20** CDL _____ Veh Year **2008** Veh Make **NISSAN** Veh Config. **1**

Operator **FORTE, TIMOTHY LOUIS** Owner **FORTE, TIMOTHY LOUIS**

Address **27 MORNINGSID DR** Address **27 MORNINGSID DR**

City **WILMINGTON** State **MA** Zip **01887-1312** City **WILMINGTON** State **MA** Zip **01887-1312**

Insurance Company **State Farm Mutual Automob** Vehicle Action Prior to Crash **3** 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 _____ 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
Operator	See Above	XXXXXX	XX	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 # **S84480126** St **MA** DOB/Age. _____ Reg # **1CTC24** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** Lic. Restrictions **20** CDL _____ Veh Year **2008** Veh Make **NISSAN** Veh Config. **1**

Operator **TREVISANI, AMANDA ROSE** Owner **TREVISANI, JUSTIN**

Address **17 LEXINGTON ST** Address **17 LEXINGTON ST**

City **WILMINGTON** State **MA** Zip **01887-1339** City **WILMINGTON** State **MA** Zip **01887-1339**

Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **4** 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) _____ 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**

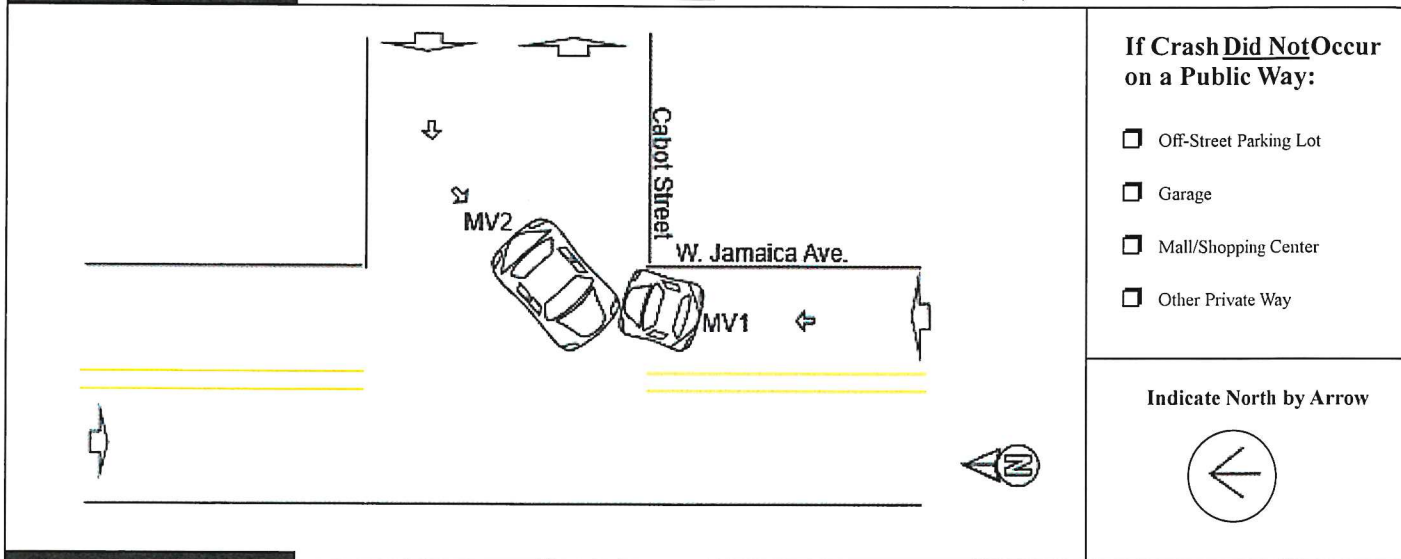
Towed from scene? **2 33**

Please fill out for operator/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	XX	1	1	4	0	0	10	1	
				3	1	4	0	0	10	1	

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

Crash Diagram:



Crash Narrative:

Operator of motor vehicle number 1, Timothy Forte stated that he was traveling on W. Jamaica Avenue, attempted to turn right onto Cabot Street, when MV2 crashed into his vehicle. He stated that MV2 took a left turn to sharply and veered into his lane. MV1 sustained minor front end bumper damage. Op. of MV2, Amanda Trevisani stated she was traveling on Cabot Avenue, attempted to turn left onto W. Jamaica Ave, and crashed into MV1. She stated that she did not see MV1, until they collided. MV2 sustained minor front end bumper and headlight damage. All parties stated no injuries and refused medical attention. Paper was exchanged and no tow truck needed.

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 Julio J Quiles 197 Wilmington Police Department 06/23/2020
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Police Use Only		Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 06/24/2020	Time of Crash 1258 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 4	Speed Limit <u>35</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:

<p>SALEM ST</p> <p>Route# _____ Direction _____ Name of Roadway/Street _____</p> <p style="text-align: center;">At</p> <p>WOBURN ST</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 # _____ Name of Roadway/Street _____</p> <p>Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____</p> <p style="text-align: center;">Mile Marker _____ Exit Number _____</p> <p>Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____</p> <p style="text-align: center;">Route# _____ Intersecting Roadway/Street _____</p> <p>Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____</p> <p style="text-align: center;">Landmark _____</p>
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Please Select One of the Following: Vehicle 13 #Occupants Hit/Run Moped Crash Report ID# **20-136-AC**

License # S77582055 St MA DOB/Age _____ Sex F Lic. Class D Lic. Restrictions 1 CDL _____ Operator LAVINO, STEPHANIE J Address 104 LOWELL RD APT 303 City NORTH READING State MA Zip 01864-1676 Insurance Company LIBERTY MUTUAL INSURANCE Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> 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 # 6WC112 Reg Type PC Reg State MA Veh Year 2015 Veh Make TOYOTA Veh Config. 1 Owner LAVINO, STEPHANIE J Address 104 LOWELL RD APT 303 City NORTH READING State MA Zip 01864-1676 Vehicle Action Prior to Crash 4 Event Sequence 1 23 23 23 23 Most Harmful Event 1 24 Driver Contributing Code 1 25 25 Driver Distracted by 0 26
---	---

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	X	X	1	1	4	0	0	9	1
				3	1	4	0	0	9	1	
				6	1	4	0	0	9	1	

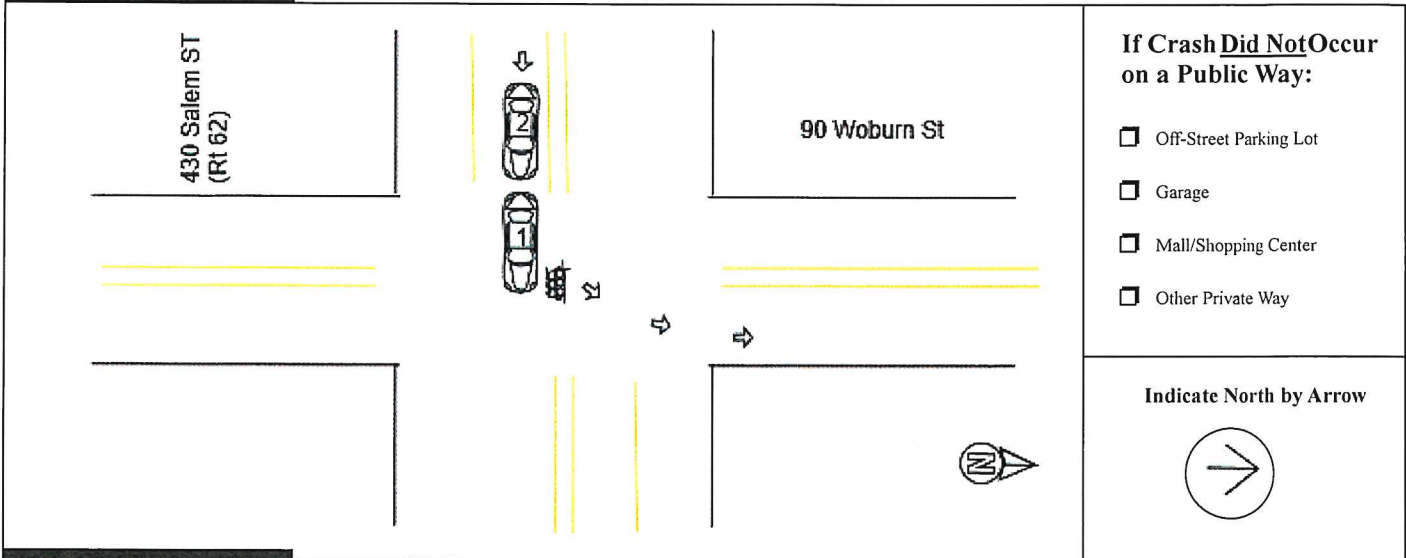
Please Select One of the Following: Vehicle 21 #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

License # S95908661 St MA DOB/Age _____ Sex F Lic. Class D Lic. Restrictions 1 CDL _____ Operator ROCCHINI, MELISSA F Address 81 MCDONALD RD City WILMINGTON State MA Zip 01887-3810 Insurance Company ALLSTATE INSURANCE COMPAN Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> 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 # 5LA196 Reg Type PC Reg State MA Veh Year 2015 Veh Make TOYOTA Veh Config. 1 Owner ROCCHINI, MARIA I Address 81 MCDONALD RD City WILMINGTON State MA Zip 01887-3810 Vehicle Action Prior to Crash 1 Event Sequence 1 23 23 23 23 Most Harmful Event 1 24 Driver Contributing Code 20 25 25 Driver Distracted by 4 26
--	--

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	X	X	1	1	4	0	0	9	1

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

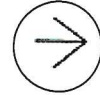
Crash Diagram:



If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow



Crash Narrative:

Vehicle 1 had a green light and was stopped on Salem St (RT 62) waiting for traffic to clear to take a left onto Woburn Street. Vehicle 1 was then struck in the rear by Vehicle 2. Opr of Vehicle 2 stated they looked down at their GPS for a second and then struck th rear of Vehicle 1. Both vehicles pulled onto Woburn St. Both operators and the passengers in Vehicle 1 had complained about neck pain. WFD was requested for medical evaluation, all parties refused transport to the hospital.

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 Julie M Pozzi

Police Officer Name (Please Print)

Signature

167

ID/Badge #

Wilmington Police Department

Department

06/24/2020

Date