

**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# **20-139-AC**

License # **S82051367** St **MA** DOB/Age. Reg # **T71802** Reg Type **CO** Reg State **MA**

Sex **M** Lic. Class **19 19** Lic. Restrictions **20** CDL Endorsement Veh Year **2006** Veh Make **FORD** Veh Config. **2 21**

Operator **FERREIRA, GARRETT J** Owner **START TWO FINISH COMMUNICATION INC**

Address **378 HARWICH ST** Address **9 STATE ST**

City **NEW BEDFORD** State **MA** Zip **02745-5745** City **SHREWSBURY** State **MA** Zip **01545-3358**

Insurance Company **NGM INSURANCE** Vehicle Action Prior to Crash **11 22** Damaged Area Code: **0 27 27 27**

Vehicle Travel Direction: **N X E W** Responding to Emergency? **2** Event Sequence **4 23 23 23 23** Test Status: **1 28**

Citation # (If Issued) Most Harmful Event **4 24** Type of Test: **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: **2 31** Susp. Drug: **2 32**

Towed from scene? **2 33**

Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator</b>		See Above	<del>X</del>	<del>X</del>	<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 **2 15** Action **2 16** Location **4 17** Condition **1 18**  Hit/Run  Moped

License # **S87752046** St **MA** DOB/Age. Reg # Reg Type Reg State

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

Operator **BOYLE, JAMES F** Owner

Address **4 COLONIAL DR** Address

City **WILMINGTON** State **MA** Zip **01887-2572** City State Zip

Insurance Company Vehicle Action Prior to Crash **1 22** Damaged Area Code: **5 27 27 27**

Vehicle Travel Direction: **N X E W** Responding to Emergency? **2** Event Sequence **4 23 23 23 23** Test Status: **1 28**

Citation # (If Issued) Most Harmful Event **4 24** Type of Test: **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? **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>	<b>5</b>			<b>7</b>	<b>2</b>	<b>Lahey Clinic</b>





Wilmington Police Department  
Images Associated with 20-139-AC





Wilmington Police Department  
Images Associated with 20-139-AC





Date of Crash 07/08/2020	Time of Crash 1820 24HR	City/Town Wilmington	<b>Motor Vehicle Crash Police Report</b>	Number Vehicles 2	Number Injured 0	Speed Limit <u>30</u>	State Police <input type="checkbox"/> Local Police <input type="checkbox"/> MBTA Police <input type="checkbox"/> Campus Police <input type="checkbox"/> Other <input type="checkbox"/>
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**AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:**

<p><b>MIDDLESEX AVE</b></p> <p>Route# _____ Direction _____ Name of Roadway/Street _____</p> <p style="text-align: center;">At</p> <p><b>HIGH ST</b></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 1 #Occupants  Hit/Run  Moped Crash Report ID# **20-140-AC**

<p>License # <u>S68019965</u> St <u>MA</u> DOB/Age _____</p> <p>Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL _____ Endorsement _____</p> <p>Operator <u>CORELLI, WAYNE ORVILLE II</u></p> <p style="text-align: center;">Last First Middle</p> <p>Address <u>42 ALLEN RD</u></p> <p>City <u>TEWKSBURY</u> State <u>MA</u> Zip <u>01876-2402</u></p> <p>Insurance Company <u>METROPOLITAN PROPERTY AND</u></p> <p>Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u></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 # <u>711WHH</u> Reg Type <u>PC</u> Reg State <u>MA</u></p> <p>Veh Year <u>2009</u> Veh Make <u>FORD</u> Veh Config. <u>1</u> <u>21</u></p> <p>Owner <u>CORELLI, WAYNE ORVILLE II</u></p> <p style="text-align: center;">Last First Middle</p> <p>Address <u>42 ALLEN RD</u></p> <p>City <u>TEWKSBURY</u> State <u>MA</u> Zip <u>01876-2402</u></p> <p>Vehicle Action Prior to Crash <u>4</u> <u>22</u> Damaged Area Code: <u>8</u> <u>27</u> <u>1</u> <u>27</u> <u>27</u></p> <p>Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u></p> <p>Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u></p> <p>Driver Contributing Code <u>4</u> <u>25</u> <u>25</u> BAC Test Result: <u>1</u> <u>30</u></p> <p>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></p> <p>Towed from scene? <u>2</u> <u>33</u></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>XXXXXX</del>	<del>XX</del>	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

<p>License # <u>S28677696</u> St <u>MA</u> DOB/Age _____</p> <p>Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL _____ Endorsement _____</p> <p>Operator <u>BAKER, MICHAEL P</u></p> <p style="text-align: center;">Last First Middle</p> <p>Address <u>200 LOWE ST</u></p> <p>City <u>TEWKSBURY</u> State <u>MA</u> Zip <u>01876-4606</u></p> <p>Insurance Company <u>SAFETY INSURANCE COMPANY</u></p> <p>Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u></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 # <u>V75536</u> Reg Type <u>PC</u> Reg State <u>MA</u></p> <p>Veh Year <u>2020</u> Veh Make <u>FORD</u> Veh Config. <u>1</u> <u>21</u></p> <p>Owner <u>K AND B LIQUORS INC</u></p> <p style="text-align: center;">Last First Middle</p> <p>Address <u>1900 MAIN ST</u></p> <p>City <u>TEWKSBURY</u> State <u>MA</u> Zip <u>01854-0000</u></p> <p>Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>7</u> <u>27</u> <u>8</u> <u>27</u> <u>27</u></p> <p>Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u></p> <p>Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u></p> <p>Driver Contributing Code <u>7</u> <u>25</u> <u>25</u> BAC Test Result: <u>1</u> <u>30</u></p> <p>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></p> <p>Towed from scene? <u>1</u> <u>33</u></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>XXXXXX</del>	<del>XX</del>	1	1	2	0	0	10	1	







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

Route# Direction Name of Roadway/Street At Route# Direction Address # Name of Roadway/Street  
 \_\_\_\_\_ Feet **NSEW** of \_\_\_\_\_ or \_\_\_\_\_ Mile Marker Exit Number  
 Route# Direction Name of Intersecting Roadway/Street \_\_\_\_\_ Feet **NSEW** of \_\_\_\_\_ Route# Intersecting Roadway/Street  
 Also at Intersection with \_\_\_\_\_ Feet **NSEW** of \_\_\_\_\_  
 Route# Direction Name of Intersecting Roadway/Street \_\_\_\_\_ Landmark

Please Select One of the Following:  Vehicle **1** #Occupants  Hit/Run  Moped Crash Report ID# **20-141-AC**

License # **S99343364** St **MA** DOB/Age \_\_\_\_\_ Reg # **5EVF80** Reg Type **PC** Reg State **MA**  
 Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL \_\_\_\_\_ Veh Year **2014** Veh Make **FORD** Veh Config. **1** 21  
 Operator **SNIDER, JULIA R** Owner **SNIDER, LISA**  
 Address **8R FERNBANK RD** Address **8R FERNBANK RD**  
 City **WILMINGTON** State **MA** Zip **01887-3394** City **WILMINGTON** State **MA** Zip **01887**  
 Insurance Company **THE COMMERCE INSURANCE CO** 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: **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 **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>X</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 # **S68127655** St **MA** DOB/Ag \_\_\_\_\_ Reg # **4EL546** Reg Type **PC** Reg State **MA**  
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL \_\_\_\_\_ Veh Year **2013** Veh Make **CHEVROLET** Veh Config. **2** 21  
 Operator **LEIK, MARTIN LEWIS** Owner **LEIK, MARTIN LEWIS**  
 Address **30 WHITTIER RD** Address **30 WHITTIER RD**  
 City **READING** State **MA** Zip **01867-1656** City **READING** State **MA** Zip **01867-1656**  
 Insurance Company **LM GENERAL INSURANCE COMP** Vehicle Action Prior to Crash **4** 22 Damaged Area Code: **2** 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: **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 **99** 26 Susp. Alcohol: **2** 31 Susp. Drug: **2** 32  
 Towed from scene? **2** 33

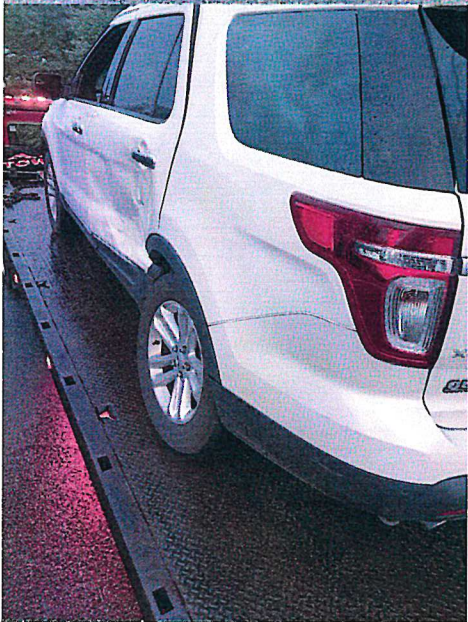
Please fill out for operator/non-motorist and all occupants involved

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>X</del>	<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 20-141-AC





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

Route# Direction Name of Roadway/Street At Route# Direction Address # Name of Roadway/Street  
 4 25 **FOREST ST**  
 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 12 #Occupants  Hit/Run  Moped Crash Report ID# **20-142-AC**

License # **S10957626** St **MA** DOB/Age \_\_\_\_\_ Reg # **87B370** Reg Type **PC** Reg State **MA**  
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL \_\_\_\_\_ Veh Year **2008** Veh Make **CHEVROLET** Veh Config. **1** 21  
 Operator **PARROTT, BRETT T** Owner **PARROTT, BRETT T**  
 Address **12 HOBSON AVE** Address **12 HOBSON AVE**  
 City **WILMINGTON** State **MA** Zip **01887-2061** City **WILMINGTON** State **MA** Zip **01887-2061**  
 Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **7** 22 Damaged Area Code: **11** 27 27 27  
 Vehicle Travel Direction:  S  E  W Responding to Emergency? **2** Event Sequence **23** 23 23 23 Test Status: **3** 28  
 Citation # (If Issued) **T2061723** Most Harmful Event **22** 24 Type of Test: **2** 29  
 Viol. 1: Ch/Sec/Sub **90** **24** Viol. 2: Ch/Sec/Sub **89** **4A** Driver Contributing Code **10** 25 **14** 25 BAC Test Result: **5** 30  
 Viol. 3: Ch/Sec/Sub **90** **24** Viol. 4: Ch/Sec/Sub **90** **11** Driver Distracted by **99** 26 Susp. Alcohol: **1** 31 Susp. Drug: **99** 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
<b>Operator</b>	See Above			<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	
<b>RYAN PICA</b>	12 KEYES RD BILLERICA, MA 01821-2117	09/28/1999	M	<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 2 #Occupants  Non-Motorist A Type **15** Action **16** Location **17** Condition **18**  Hit/Run  Moped

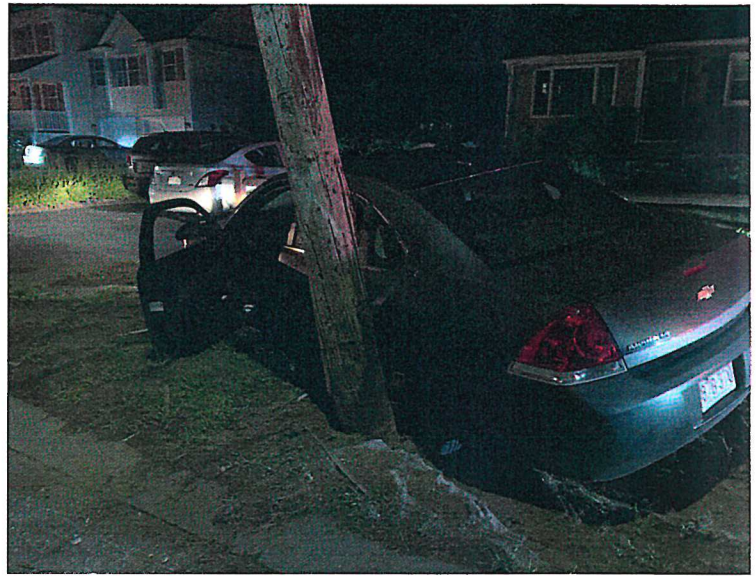
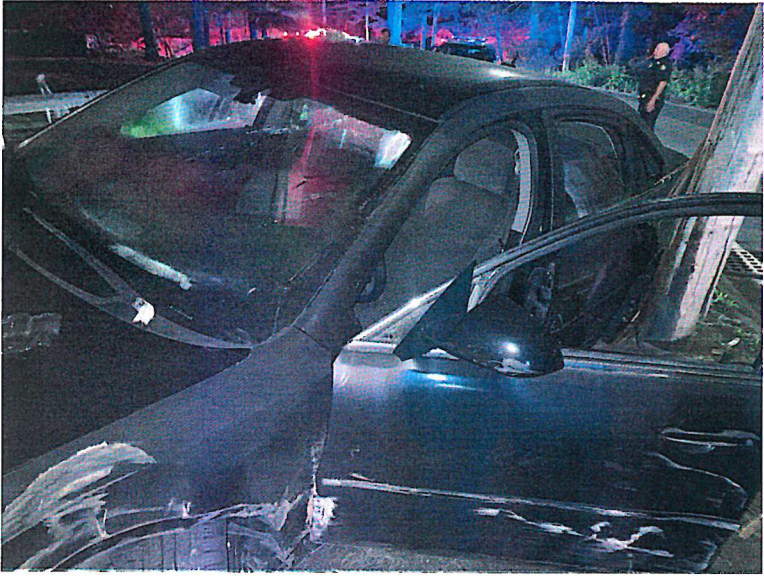
License # \_\_\_\_\_ St \_\_\_\_\_ DOB/Age \_\_\_\_\_ Reg # \_\_\_\_\_ Reg Type \_\_\_\_\_ Reg State \_\_\_\_\_  
 Sex \_\_\_\_\_ Lic. Class **19** **19** Lic. Restrictions **20** CDL \_\_\_\_\_ Veh Year \_\_\_\_\_ Veh Make \_\_\_\_\_ Veh Config. **21**  
 Operator \_\_\_\_\_ Owner \_\_\_\_\_  
 Address \_\_\_\_\_ 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			<b>1</b>							





Wilmington Police Department  
Images Associated with 20-142-AC



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

1 1 Route# Direction Name of Roadway/Street At  
 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 12 #Occupants  Hit/Run  Moped

Crash Report ID# **20-143-AC**

License # **S66691036** St **MA** DOB/Age \_\_\_\_\_ Reg # **769NE0** Reg Type **PC** Reg State **MA**  
 Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL \_\_\_\_\_ Veh Year **2008** Veh Make **HONDA** Veh Config. **1** 21  
 Operator **SULLIVAN, THERESA ANN** Owner **SULLIVAN, DONALD JOHN**  
 Address **135 APACHE WAY** Address **135 APACHE WAY**  
 City **TEWKSBURY** State **MA** Zip **01876** City **TEWKSBURY** State **MA** Zip **01876-4620**  
 Insurance Company **CITIZENS INSURANCE COMPAN** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **2** 27 27 27  
 Vehicle Travel Direction: **N S X W** Responding to Emergency? **2** Event Sequence **35** 23 23 23 23 Test Status: **1** 28  
 Citation # (If Issued) \_\_\_\_\_ Most Harmful Event **35** 24 Type of Test: **2** 29  
 Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **19** 25 **97** 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>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	
<b>GERTRUDE PECCI</b>	146 APACHE WAY TEWKSBURY, MA 01876		<b>F</b>	<b>3</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>9</b>	<b>1</b>	

7 1 Please Select One of the Following:  Vehicle 2 #Occupants  Non-Motorist A Type **15** Action **16** Location **17** Condition **18**  Hit/Run  Moped

8 99 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

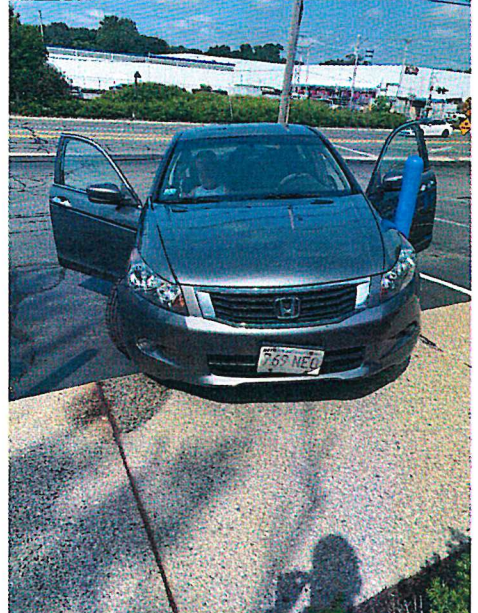
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator/Non-Motorist</b>	See Above			<b>1</b>							





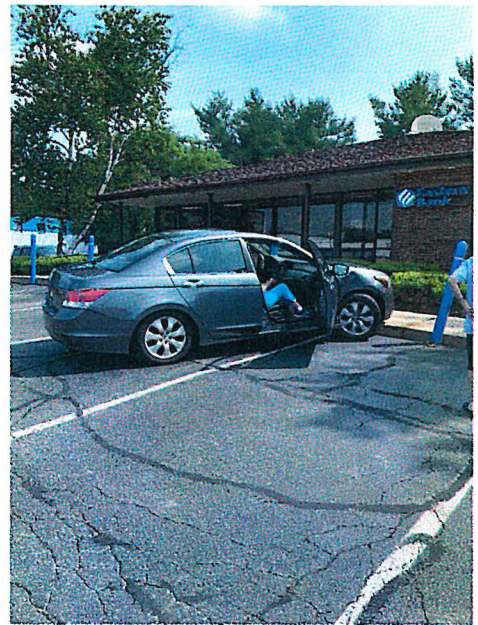


Wilmington Police Department  
Images Associated with 20-143-AC





Wilmington Police Department  
Images Associated with 20-143-AC



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

Route# Direction Name of Roadway/Street At  
 Route# Direction 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 X** 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# **20-144-AC**

License # **930201205** St. **AR** DOB/Age \_\_\_\_\_ Reg # **R477111** Reg Type **AP** Reg State **TX**  
 Sex **M** Lic. Class **D** **19** **19** Lic. Restrictions **1** **20** CDL Endorsement \_\_\_\_\_ Veh Year **2007** Veh Make **Other-not listed** Veh Config. **10** **21**  
 Operator **HARRIS, TRAVOLIS MONTRE** Owner **UNIVERSAL TRUCKING LLC**  
 Address **4353 HIGHWAY 242 W** Address **718 LOCUSTBERRY DR**  
 City **LEXA** State **AR** Zip **72355** City **RED OAK** State **TX** Zip **75154**  
 Insurance Company \_\_\_\_\_ Vehicle Action Prior to Crash **10** **22** Damaged Area Code: **0** **27** **27** **27**  
 Vehicle Travel Direction:  **S E W** Responding to Emergency? **2** Event Sequence **22** **23** **23** **23** **23** Test Status: **1** **28**  
 Citation # (If Issued) \_\_\_\_\_ Most Harmful Event **22** **24** Type of Test: **1** **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** **22** **13**  
 Towed from scene? **2** **33**

Please fill out for operator and all occupants involved

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

Please Select One of the Following:  Vehicle **2** #Occupants  Non-Motorist A Type **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 \_\_\_\_\_ 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
<b>Operator/Non-Motorist</b>	See Above	<del>XXXXXX</del>	<del>XXXX</del>	<b>1</b>							





Wilmington Police Department  
Images Associated with 20-144-AC



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

Route# Direction **LOWELL ST** Name of Roadway/Street

Route# Direction **WEST ST** 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# **20-145-AC**

License # **930201205** St **AR** DOB/Age \_\_\_\_\_ Reg # **R477111** Reg Type **AP** Reg State **TX**

Sex **M** Lic. Class **A** Lic. Restrictions **20** CDL \_\_\_\_\_ Veh Year **2007** Veh Make **Other-not listed** Veh Config. **10 21**

Operator **HARRIS, TRAVOLIS MONTRE** Owner **UNIVERSAL TRUCKING LLC**

Address **4353 HIGHWAY 242 W** Address **718 LOCUSTBERRY DR**

City **LEXA** State **AR** Zip **72355** City **RED OAK** State **TX** Zip **75154**

Insurance Company **PROGRESSIVE** Vehicle Action Prior to Crash **3 22** Damaged Area Code: **3 27 27 27**

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

Citation # (If Issued) \_\_\_\_\_ Most Harmful Event **23 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 **99 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
<b>Operator</b>	See Above	<del>XXXXXX</del>	<del>X</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 # \_\_\_\_\_ St \_\_\_\_\_ DOB/Age \_\_\_\_\_ Reg # \_\_\_\_\_ Reg Type \_\_\_\_\_ Reg State \_\_\_\_\_

Sex \_\_\_\_\_ Lic. Class \_\_\_\_\_ Lic. Restrictions \_\_\_\_\_ 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**

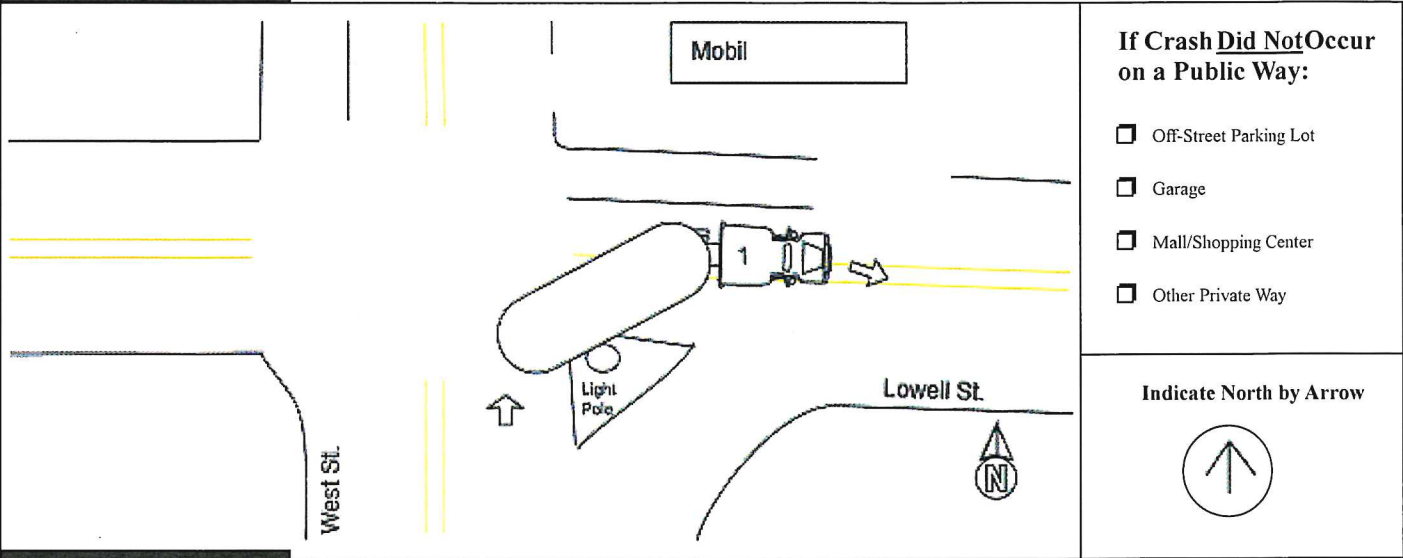
Towed from scene? **33**

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>XXXXXX</del>	<del>X</del>	<b>1</b>							



**Crash Diagram:**

ie: → 1    → 2    → O    → 🚲



**Crash Narrative:**

MV 1 backed out of the Mobil entrance on West St after not being able to make the turn. M 1 backed across Lowell St and continued to back down West St. The Operator then began to travel forward in an attempt to take a right turn onto Lowell St, traveling east. The operator failed to take a wide enough turn resulting in the trailer hitting the light pole. The impact resulted in damage to the light post, street signs, as well as damage to the right rear tire of the trailer. The Trailer was towed by Coady's due to the damage of the trailer as well as the trailer's registration being expired.

**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 # R477111 (From Vehicle Section)

Carrier Name Universal Trucking LLC Bus Use  42

Address 718 LOCUSTBERRY City RED OAK St TX Zip 75154

US DOT #: 3282580 State Number \_\_\_\_\_ Issuing State TX MC/MX/ICC #: 1038085

Interstate  43 Cargo Body Type Code  44 GVWR/GCWR  45

Trailer Reg #: 53930 Reg Type TR Reg State ME Reg Year 2005 Trailer Length  4  46

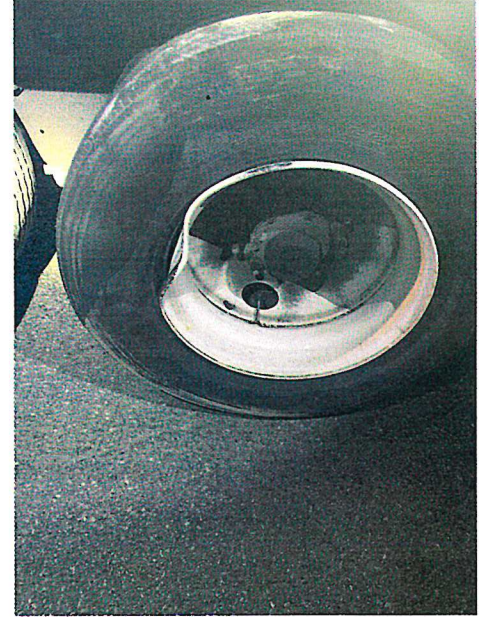
**Hazmat Information:**

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

Patrol Officer Meghan Sousa    214    Wilmington Police Department    07/10/2020  
 Police Officer Name (Please Print)    Signature    ID/Badge #    Department    Precinct/Barracks    Date



Wilmington Police Department  
Images Associated with 20-145-AC



Date of Crash 07/11/2020	Time of Crash <b>0354</b> 24HR	City/Town <b>Wilmington</b>	<b>Motor Vehicle Crash Police Report</b>	Number Vehicles <b>1</b>	Number Injured <b>0</b>	Speed Limit <b>30</b>	State Police <input type="checkbox"/> Local Police <input type="checkbox"/> MBTA Police <input type="checkbox"/> Campus Police <input type="checkbox"/> Other: <input type="checkbox"/>
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**AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:**

<p><b>38</b> <u>N</u> <b>MAIN ST</b> Route# Direction Name of Roadway/Street</p> <p>At _____</p> <p><b>129</b> <u>W</u> <b>LOWELL ST</b> Route# Direction Name of Intersecting Roadway/Street</p> <p>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 **1** #Occupants  Hit/Run  Moped Crash Report ID# **20-146-AC**

<p>License # <b>S78185486</b> St <b>MA</b> DOB/Age _____</p> <p>Sex <b>M</b> Lic. Class <b>D</b> Lic. Restrictions <b>20</b> CDL _____</p> <p>Operator <b>HICKOX, BRENDEN J</b> Last First Middle</p> <p>Address <b>4 HARNDEN RD</b></p> <p>City <b>BILLERICA</b> State <b>MA</b> Zip <b>01821-6150</b></p> <p>Insurance Company <b>GOVERNMENT EMPLOYEES INSU</b></p> <p>Vehicle Travel Direction: <input type="checkbox"/>N <input type="checkbox"/>S <input checked="" type="checkbox"/>E <input type="checkbox"/>W 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>22X550</b> Reg Type <b>PC</b> Reg State <b>MA</b></p> <p>Veh Year <b>2005</b> Veh Make <b>KIA</b> Veh Config. <b>1</b></p> <p>Owner <b>FERNANDEZ, GINA M</b> Last First Middle</p> <p>Address <b>4 HARNDEN RD</b></p> <p>City <b>BILLERICA</b> State <b>MA</b> Zip <b>01821-6150</b></p> <p>Vehicle Action Prior to Crash <b>1</b></p> <p>Event Sequence <b>40</b> <b>23</b> <b>23</b> <b>23</b> <b>23</b></p> <p>Most Harmful Event <b>22</b></p> <p>Driver Contributing Code <b>19</b> <b>25</b> <b>25</b></p> <p>Driver Distracted by <b>5</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	<input checked="" type="checkbox"/>	<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

<p>License # _____ St _____ DOB/Age _____</p> <p>Sex _____ Lic. Class <b>19</b> Lic. Restrictions <b>20</b> CDL _____</p> <p>Operator _____ Last First Middle</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Insurance Company _____</p> <p>Vehicle Travel Direction: <input type="checkbox"/>N <input type="checkbox"/>S <input type="checkbox"/>E <input type="checkbox"/>W Responding to Emergency? _____</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 # _____ Reg Type _____ Reg State _____</p> <p>Veh Year _____ Veh Make _____ Veh Config. <b>21</b></p> <p>Owner _____ Last First Middle</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Vehicle Action Prior to Crash <b>22</b></p> <p>Event Sequence <b>23</b> <b>23</b> <b>23</b> <b>23</b></p> <p>Most Harmful Event <b>24</b></p> <p>Driver Contributing Code <b>25</b> <b>25</b></p> <p>Driver Distracted by <b>26</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	<input checked="" type="checkbox"/>	<b>1</b>							





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

**62 E MIDDLESEX AVE**  
Route# Direction Name of Roadway/Street

At  
**FEDERAL ST**  
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# **20-147-AC**

License # **S85171256** St **MA** DOB/Agc \_\_\_\_\_ Reg # **86K730** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** <sup>19</sup> <sub>19</sub> Lic. Restrictions **1** <sup>20</sup> CDL \_\_\_\_\_ Veh Year **2012** Veh Make **HONDA** Veh Config. **1** <sup>21</sup>

Operator **SANCHEZ, GUILLERMO RAFAEL JR** Owner **SANCHEZ, GUILLERMO RAFAEL JR**

Address **23 CARTER LN** Address **23 CARTER LN**

City **WILMINGTON** State **MA** Zip **01887-2693** City **WILMINGTON** State **MA** Zip **01887-2693**

Insurance Company **SAFETY INSURANCE COMPANY** Vehicle Action Prior to Crash **1** <sup>22</sup> Damaged Area Code: **1** <sup>27</sup> **27** <sup>27</sup>

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

Citation # (If Issued) **T2062359** Most Harmful Event **1** <sup>24</sup> Type of Test: **1** <sup>29</sup>

Viol. 1: Ch/Sec/Sub **90 14B** Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **20** <sup>25</sup> **1** <sup>25</sup> BAC Test Result: **1** <sup>30</sup>

Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **1** <sup>26</sup> Susp. Alcohol: **2** <sup>31</sup> Susp. Drug: **2** <sup>32</sup>

Towed from scene? **2** <sup>33</sup>

Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator</b>	See Above	<del>XXXXXX</del>	<del>XXXX</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 # **S09502710** St **MA** DOB/Agc \_\_\_\_\_ Reg # **5GG60** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** <sup>19</sup> <sub>19</sub> Lic. Restrictions **K** <sup>20</sup> CDL \_\_\_\_\_ Veh Year **2018** Veh Make **KIA** Veh Config. **1** <sup>21</sup>

Operator **ROGERS, ROBERT FRANCIS** Owner **ROGERS, ROBERT FRANCIS**

Address **35 OAKDALE RD** Address **35 OAKDALE RD**

City **WILMINGTON** State **MA** Zip **01887-4015** City **WILMINGTON** State **MA** Zip **01887-4015**

Insurance Company **ALLSTATE INSURANCE COMPAN** Vehicle Action Prior to Crash **2** <sup>22</sup> Damaged Area Code: **1** <sup>27</sup> **5** <sup>27</sup> <sup>27</sup>

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

Citation # (If Issued) \_\_\_\_\_ Most Harmful Event **1** <sup>24</sup> Type of Test: **1** <sup>29</sup>

Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **1** <sup>25</sup> **25 BAC Test Result: **1** <sup>30</sup>**

Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **0** <sup>26</sup> Susp. Alcohol: **2** <sup>31</sup> Susp. Drug: **2** <sup>32</sup>

Towed from scene? **2** <sup>33</sup>

Please fill out for operator/non-motorist and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator/Non-Motorist</b>	See Above	<del>XXXXXX</del>	<del>XXXX</del>	<b>1</b>	<b>99</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

Police Use Only: Date of Crash 07/11/2020, Time of Crash 1409, City/Town **Wilmington**, Number Vehicles 3, Number Injured 0, Speed Limit 30, State Police Local Police MBTA Police Campus Police Other:

**AT INTERSECTION:** **62 E MIDDLESEX AVE** **< LOCATION >** **NOT AT INTERSECTION:**

Route# **62** Direction **E** Name of Roadway/Street **MIDDLESEX AVE** At **FEDERAL ST**

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

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

Please Select One of the Following:  Vehicle **31** #Occupants  Hit/Run  Moped **Crash Report ID# 20-147-AC**

License # **S27227863** St **MA** DOB/Ag **19 19** Reg # **497FX8** Reg Type **PC** Reg State **MA**

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

Operator **ROGERS, SUSAN** Owner **ROGERS, SUSAN**

Address **10 SHADY LANE DR** Address **10 SHADY LANE DR**

City **WILMINGTON** State **MA** Zip **01887-1937** City **WILMINGTON** State **MA** Zip **01887-1937**

Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **2 22** Damaged Area Code: **5 27 27 27**

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

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		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>99</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>

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 \_\_\_\_\_ Reg # \_\_\_\_\_ Reg Type \_\_\_\_\_ Reg State \_\_\_\_\_

Sex \_\_\_\_\_ Lic. Class **19 19** Lic. Restrictions **20** CDL Endorsement \_\_\_\_\_ 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 → ○ → ☹

**If Crash Did Not Occur on a Public Way:**

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

Indicate North by Arrow



Middlesex Ave.

Federal St.



**Crash Narrative:**

Operator of motor vehicle 2 and the operator of motor vehicle 3 were both stopped in traffic on Middlesex Ave. While stopped in traffic, operator of motor vehicle 1 crashed into the rear of motor vehicle 2. When this happened, motor vehicle 2 hit the rear of motor vehicle 3. While on scene, the operator of motor vehicle 1 told Officer Alpers that he was looking down on his phone before he collided into 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  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 Tavares

206

Wilmington Police Department

07/11/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date