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|-----------------------------|--------------------------------------|--------------------------------|--|--|--|--|-----------------------------|----------------------------|-----------------------|--------------|---|
| Police Use Only | | | Commonwealth of Massachusetts | | | | RMV Document Number | | | | |
| Date of Crash 07/23/2020 | Time of Crash 0856 24HR | City/Town Wilmington | Motor Vehicle Crash Police Report | | | | Number Vehicles 2 | Number Injured 1 | Speed Limit 20 | State Police | <input type="checkbox"/> State Police <input type="checkbox"/> Local Police <input type="checkbox"/> MBTA Police <input type="checkbox"/> Campus Police <input type="checkbox"/> Other: |
| | | | | | | | Latitude | Longitude | | | |

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| AT INTERSECTION: | < LOCATION > | NOT AT INTERSECTION: |
| Route# _____ Direction _____ Name of Roadway/Street _____ At _____ | Route# 672 Direction _____ Address # WOBURN ST Name of Roadway/Street _____ | Route# _____ Direction _____ Name of Roadway/Street _____ |
| Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____ | _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____ Mile Marker _____ Exit Number _____ | Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ |
| Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ | _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____ | Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ |
| Landmark _____ | | |

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|-------------------------------------|---|----------------------------------|--------------------------------|-----------------------------------|
| Please Select One of the Following: | <input checked="" type="checkbox"/> Vehicle 1 #Occupants | <input type="checkbox"/> Hit/Run | <input type="checkbox"/> Moped | Crash Report ID# 20-151-AC |
|-------------------------------------|---|----------------------------------|--------------------------------|-----------------------------------|

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| License # S33473736 St. MA DOB/Age _____ Sex M Lic. Class <input type="checkbox"/> 19 <input type="checkbox"/> 19 Lic. Restrictions <input type="checkbox"/> 20 CDL Endorsement _____ Operator KIRBY, EDWARD F Address 21 AGOSTINO DR City WILMINGTON State MA Zip 01887-2323 Insurance Company VERMONT MUTUAL INSURANCE Vehicle Travel Direction: <input checked="" 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 # 2FFC71 Reg Type PC Reg State MA Veh Year 2019 Veh Make GMC Veh Config. 2 Owner KIRBY, EDWARD F Address 21 AGOSTINO DR City WILMINGTON State MA Zip 01887-2323 Vehicle Action Prior to Crash <input type="checkbox"/> 1 <input type="checkbox"/> 22 Event Sequence <input type="checkbox"/> 1 <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"/> 19 <input type="checkbox"/> 25 <input type="checkbox"/> 25 Driver Distracted by <input type="checkbox"/> 99 <input type="checkbox"/> 26 Damaged Area Code: <input type="checkbox"/> 1 <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 |
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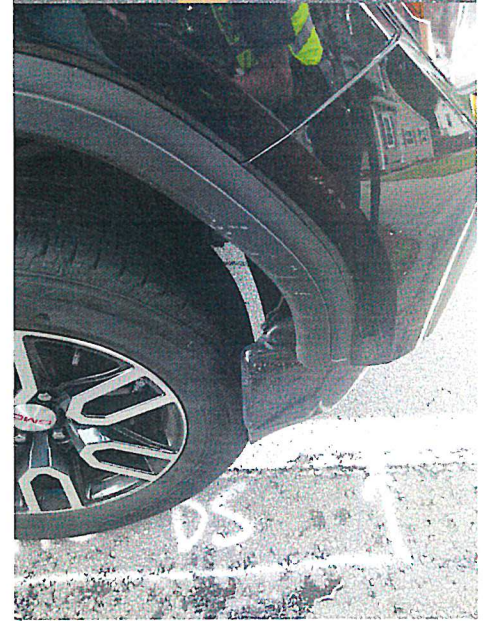
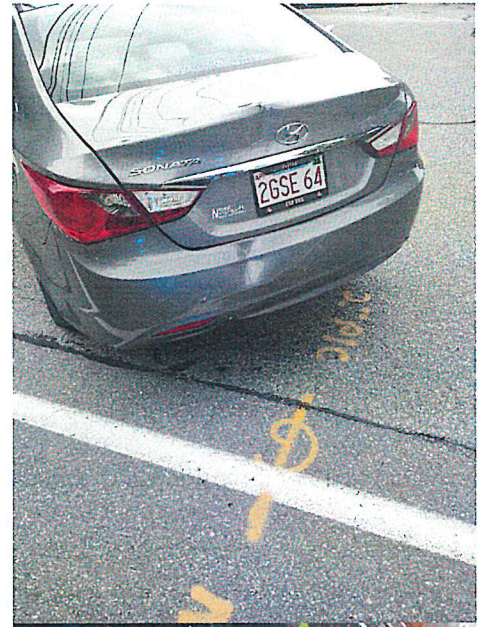
| Please fill out for operator and all occupants involved | | | | | | | | | | | |
|---|-----------|---------|-------------------------------------|--------------|------------------|------------------|---------------|--------------|------------------|-----------------|------------------|
| Name (Last 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 | | <input checked="" type="checkbox"/> | 1 | 1 | 4 | 0 | 0 | 10 | 1 | |
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| Please Select One of the Following: | <input checked="" type="checkbox"/> Vehicle 2 #Occupants | <input type="checkbox"/> Non-Motorist A | Type <input type="checkbox"/> 15 Action <input type="checkbox"/> 16 Location <input type="checkbox"/> 17 Condition <input type="checkbox"/> 18 | <input type="checkbox"/> Hit/Run | <input type="checkbox"/> Moped |
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| License # S11058630 St. MA DOB/Age _____ Sex F Lic. Class <input type="checkbox"/> 19 <input type="checkbox"/> 19 Lic. Restrictions <input type="checkbox"/> 1 <input type="checkbox"/> 20 CDL Endorsement _____ Operator FRUCIANO, SOPHIA MARIE Address 7 OHIO ST City WILMINGTON State MA Zip 01887-1656 Insurance Company PLYMOUTH ROCK ASSURANCE C Vehicle Travel Direction: <input checked="" 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 # 2GSE64 Reg Type PC Reg State MA Veh Year 2011 Veh Make HYUNDAI Veh Config. 1 Owner FRUCIANO, ANTHONY A Address 7 OHIO ST City WILMINGTON State MA Zip 01887-1656 Vehicle Action Prior to Crash <input type="checkbox"/> 3 <input type="checkbox"/> 22 Event Sequence <input type="checkbox"/> 1 <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 |
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| 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 | | <input checked="" type="checkbox"/> | 1 | 2 | 4 | 0 | 0 | 8 | 2 | Winchester Hospital |
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Wilmington Police Department
Images Associated with 20-151-AC



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| Date of Crash 07/24/2020 | Time of Crash 1239 24HR | City/Town Wilmington | Motor Vehicle Crash Police Report | Number Vehicles 2 | Number Injured 1 | Speed Limit <u>35</u> | State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Campus Police <input type="checkbox"/> Other: <input type="checkbox"/> |
|-----------------------------|-------------------------------|-------------------------|--|----------------------|---------------------|-----------------------|--|

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

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| <p>38 <u>S</u> MAIN ST Route# Direction Name of Roadway/Street</p> <p style="text-align: center;">At</p> <p>38 <u> </u> WILMINGTON CRSG 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 <u> </u> • <u> </u> or <u> </u> Mile Marker Exit Number</p> <p>Feet <input type="checkbox"/>N<input type="checkbox"/>S<input type="checkbox"/>E<input type="checkbox"/>W of <u> </u> Route# Intersecting Roadway/Street</p> <p>Feet <input type="checkbox"/>N<input type="checkbox"/>S<input type="checkbox"/>E<input type="checkbox"/>W of <u> </u> Landmark</p> |
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Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped Crash Report ID# **20-152-AC**

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| License # S71288405 St MA DOB/Age. <u> </u> Sex M Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>B</u> <u>20</u> CDL <u> </u> Operator YOUNG, ROBERT WILLIAM Address 640 WOBURN ST City WILMINGTON State MA Zip 01887-2963 Insurance Company LIBERTY MUTUAL INSURANCE Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> S <input type="checkbox"/> W Responding to Emergency? <u>2</u> Citation # (If Issued) <u> </u> Viol. 1: Ch/Sec/Sub <u> </u> Viol. 2: Ch/Sec/Sub <u> </u> Viol. 3: Ch/Sec/Sub <u> </u> Viol. 4: Ch/Sec/Sub <u> </u> | Reg # 4X8656 Reg Type MC Reg State MA Veh Year 2006 Veh Make KAWASAKI Veh Config. <u>3</u> <u>21</u> Owner YOUNG, ROBERT WILLIAM Address 640 WOBURN ST City WILMINGTON State MA Zip 01887-2963 Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>7</u> <u>27</u> <u>27</u> <u>27</u> 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> Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u> </u> Driver Contributing Code <u>1</u> <u>25</u> <u>25</u> BAC Test Result: <u> </u> Driver Distracted by <u>0</u> <u>26</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u> Towed from scene? <u>1</u> <u>33</u> |
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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 | | | | 1 | 5 | 5 | 3 | 0 | 8 | 1 | |
| See Above | | | | | | | | | | | |

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

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| License # S39282616 St MA DOB/Agr <u> </u> Sex M Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>B</u> <u>20</u> CDL <u> </u> Operator MANLEY, JAMES II Address 7 MUNRO CIR City TEWKSBURY State MA Zip 01876-2717 Insurance Company VERMONT MUTUAL INSURANCE Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u> Citation # (If Issued) T2062855 Viol. 1: Ch/Sec/Sub 89 <u>9</u> Viol. 2: Ch/Sec/Sub <u> </u> Viol. 3: Ch/Sec/Sub <u> </u> Viol. 4: Ch/Sec/Sub <u> </u> | Reg # D82806 Reg Type CO Reg State MA Veh Year 2018 Veh Make GMC Veh Config. <u>2</u> <u>21</u> Owner MANLEY, JAMES II Address 7 MUNRO CIR City TEWKSBURY State MA Zip 01876-2717 Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>4</u> <u>27</u> <u>27</u> <u>27</u> 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> Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u> </u> Driver Contributing Code <u>3</u> <u>25</u> <u>25</u> BAC Test Result: <u> </u> Driver Distracted by <u>0</u> <u>26</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u> Towed from scene? <u>2</u> <u>33</u> |
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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 | | | | 1 | 1 | 4 | 0 | 0 | 10 | 1 | |
| See Above | | | | | | | | | | | |

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|-----------------------------|-------------------------------|-------------------------|--|----------------------|---------------------|-----------------------|---|
| Date of Crash 07/25/2020 | Time of Crash 1107 24HR | City/Town Wilmington | Motor Vehicle Crash Police Report | Number Vehicles 2 | Number Injured 1 | 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"/> |
| Latitude _____ | | Longitude _____ | | | | | |

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

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| 62 <u>E</u> <u>MIDDLESEX AVE</u> Route# Direction Name of Roadway/Street At <u>PLEASANT RD</u> 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 <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____ Mile Marker _____ Exit Number _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# Intersecting Roadway/Street _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____ |
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Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped Crash Report ID# **20-153-AC**

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|--|---|
| License # <u>S36569501</u> St <u>MA</u> DOB/Age _____ Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____ Operator <u>CORREIA, JORDAN JR</u> Address <u>16 TAYLOR COVE DR</u> City <u>ANDOVER</u> State <u>MA</u> Zip <u>01810-1213</u> Insurance Company <u>SAFETY INSURANCE COMPANY</u> Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? <u>2</u> Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ | Reg # <u>WS7075</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2012</u> Veh Make <u>Jeep</u> Veh Config. <u>1</u> <u>21</u> Owner <u>CORREIA, JORDAN JR</u> Address <u>16 TAYLOR COVE DR</u> City <u>ANDOVER</u> State <u>MA</u> Zip <u>01810-1213</u> Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>3</u> <u>27</u> <u>4</u> <u>27</u> <u>27</u> Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>28</u> Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u> Driver Contributing Code <u>1</u> <u>25</u> <u>25</u> BAC Test Result: <u>30</u> Driver Distracted by <u>99</u> <u>26</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u> Towed from scene? <u>1</u> <u>33</u> |
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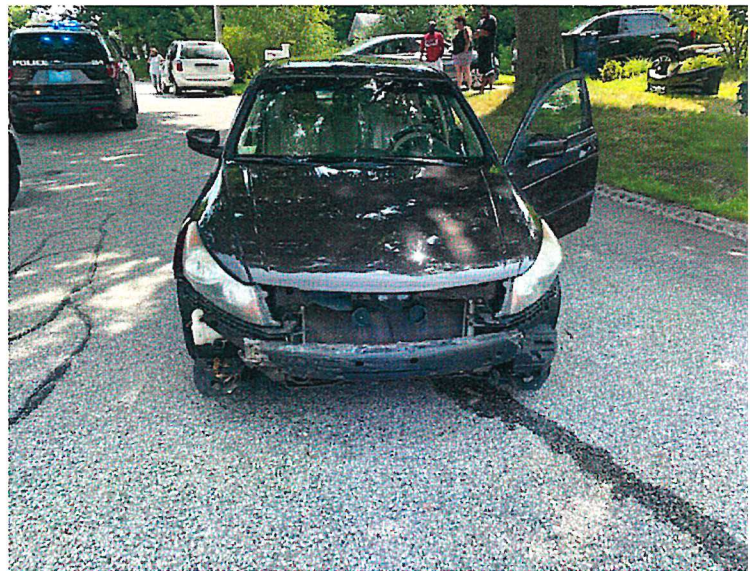
| Please fill out for operator and all occupants involved | | DOB/Age | Sex | 34 Seat Pos. | 35 Safety System | 36 Airbag Status | 37 Eject Code | 38 Trap Code | 39 Injury Status | 40 Transp. Code | Medical Facility |
|---|--|-----------|-------------------------------------|--------------------|------------------------|------------------------|---------------------|--------------------|------------------------|-----------------------|------------------|
| Operator | | See Above | <input checked="" type="checkbox"/> | 1 | 99 | 4 | 0 | 0 | 9 | 2 | Lahey Clinic |
| | | | | | | | | | | | |
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Please Select One of the Following: Vehicle 2 #Occupants Non-Motorist A Type 15 Action 16 Location 17 Condition 18 Hit/Run Moped

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| License # <u>S23701185</u> St <u>MA</u> DOB/Age _____ Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____ Operator <u>PEDI, DOMINIC</u> Address <u>21 OAKRIDGE CIR</u> City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887</u> Insurance Company <u>THE STANDARD FIRE INSURAN</u> Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input checked="" type="checkbox"/> E <input checked="" type="checkbox"/> W Responding to Emergency? <u>2</u> Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ | Reg # <u>8GM648</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2011</u> Veh Make <u>HONDA</u> Veh Config. <u>1</u> <u>21</u> Owner <u>PEDI, RICHARD JAMES</u> Address <u>21 OAKRIDGE CIR</u> City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-1509</u> 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>2</u> <u>27</u> Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>28</u> Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u> Driver Contributing Code <u>4</u> <u>25</u> <u>25</u> BAC Test Result: <u>30</u> Driver Distracted by <u>99</u> <u>26</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u> Towed from scene? <u>2</u> <u>33</u> |
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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 | <input checked="" type="checkbox"/> | 1 | 1 | 4 | 0 | 0 | 10 | 1 | |
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Wilmington Police Department
Images Associated with 20-153-AC



Wilmington Police Department
Images Associated with 20-153-AC

