

**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 \_\_\_\_\_  
 Landmark \_\_\_\_\_

Route# **73** Direction \_\_\_\_\_ Address # **CLARK ST** 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 \_\_\_\_\_

Please Select One of the Following:  Vehicle **2** #Occupants  Hit/Run  Moped  
 Crash Report ID# **20-164-AC**

License # **S89406661** St **MA** DOB/Age \_\_\_\_\_ Reg # **6MS832** Reg Type **PC** Reg State **MA**  
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL Endorsement \_\_\_\_\_ Veh Year **2009** Veh Make **ACURA** Veh Config. **1** 21  
 Operator **ACOSTA, JOMAR U** Owner **MONTES, KATHERINE M**  
 Address **65 OSGOOD ST APT 1** Address **66 COLUMBUS AVE APT 3**  
 City **LAWRENCE** State **MA** Zip **01843-1845** City **LAWRENCE** State **MA** Zip **01841-4041**  
 Insurance Company **GOVERNMENT EMPLOYEES INSU** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **11** 27 27 27  
 Vehicle Travel Direction: **N X E W** Responding to Emergency? **2** Event Sequence **42** 23 41 23 21 23 2 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 **9** 25 25 BAC Test Result: **30**  
 Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **0** 26 Susp. Alcohol: **2** 31 Susp. Drug: **2** 32  
 Towed from scene? **1** 33

Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator</b>		See Above	<del>X</del>	<del>X</del>	<b>1</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>
<b>CHRISTOPHER GUILLEN</b>	98 AUBURN ST LAWRENCE, MA 01841-3613		<b>U</b>	<b>3</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

Please Select One of the Following:  Vehicle **20** #Occupants  Non-Motorist A Type  15 Action  16 Location  17 Condition  18  Hit/Run  Moped

License # \_\_\_\_\_ St \_\_\_\_\_ DOB/Age \_\_\_\_\_ Reg # **2RZM20** Reg Type **PC** Reg State **MA**  
 Sex \_\_\_\_\_ Lic. Class **19** 19 Lic. Restrictions **20** CDL Endorsement \_\_\_\_\_ Veh Year **2009** Veh Make **Other-not listed** Veh Config. **1** 21  
 Operator **Driverless M.V.** Owner **WOODBURY, CHARLES J JR**  
 Address \_\_\_\_\_ Address **66 MIDDLESEX AVE**  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City **WILMINGTON** State **MA** Zip **01887-2711**  
 Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **11** 22 Damaged Area Code: **8** 27 7 27 6 27  
 Vehicle Travel Direction: **N S E W** Responding to Emergency? \_\_\_\_\_ Event Sequence **42** 23 41 23 21 23 2 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 **25** 25 BAC Test Result: **30**  
 Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **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
<b>Operator/Non-Motorist</b>		See Above	<del>X</del>	<del>X</del>	<b>1</b>						

Date of Crash 08/09/2020 Time of Crash 0412 24HR City/Town **Wilmington** **Motor Vehicle Crash Police Report** Number Vehicles 3 Number Injured 0 Speed Limit 30 State Police  Local Police  MBTA Police  Campus Police  Other:

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

Route# _____ Direction _____ Name of Roadway/Street _____ At _____	Route# <u>73</u> Direction _____ Address # _____ Name of Roadway/Street <u>CLARK ST</u> _____ Feet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of _____ or _____ Mile Marker _____ Exit Number _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____	_____ Feet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of _____ Route# _____ Intersecting Roadway/Street _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____	_____ Feet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of _____ Landmark _____

Please Select One of the Following:  Vehicle 30 #Occupants  Hit/Run  Moped Crash Report ID# **20-164-AC**

License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class <input type="checkbox"/> 19 <input type="checkbox"/> 19 Lic. Restrictions <input type="checkbox"/> 20 CDL _____ Endorsement _____ Operator <u>Driverless M.V.</u> Last First Middle	Reg # <u>1KTJ40</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2003</u> Veh Make <u>DODGE</u> Veh Config. <input type="checkbox"/> 1 <input type="checkbox"/> 21 Owner <u>SARCOVE, JOSEPH V</u> Last First Middle
Address _____ City _____ State _____ Zip _____ Insurance Company <u>PROGRESSIVE DIRECT INSURA</u>	Address <u>11 OLD BOSTON RD APT 201</u> City <u>TEWKSBURY</u> State <u>MA</u> Zip <u>01876</u> Vehicle Action Prior to Crash <input type="checkbox"/> 11 <input type="checkbox"/> 22 Event Sequence <input type="checkbox"/> 42 <input type="checkbox"/> 23 <input type="checkbox"/> 41 <input type="checkbox"/> 23 <input type="checkbox"/> 21 <input type="checkbox"/> 23 <input type="checkbox"/> 2 Most Harmful Event <input type="checkbox"/> 2 <input type="checkbox"/> 24 Driver Contributing Code <input type="checkbox"/> 25 <input type="checkbox"/> 25 Driver Distracted by <input type="checkbox"/> 0 <input type="checkbox"/> 26
Vehicle Travel Direction: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 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 _____	Damaged Area Code: <input type="checkbox"/> 6 <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"/> 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

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>	1							

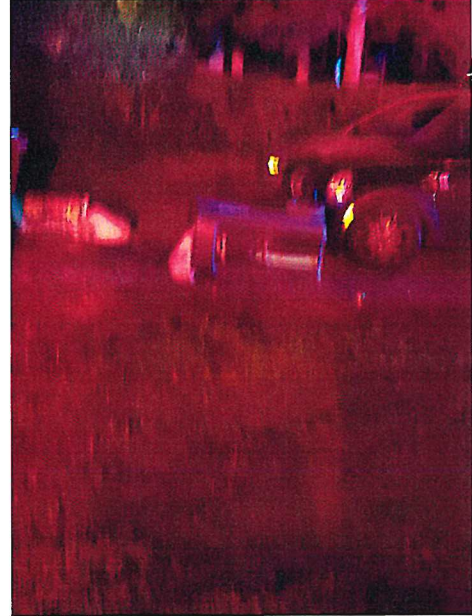
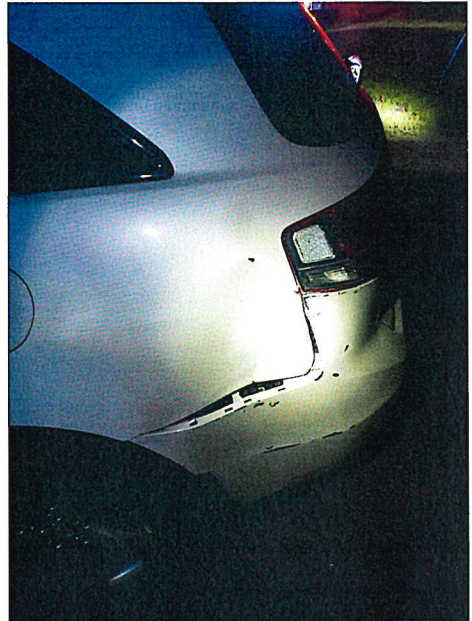
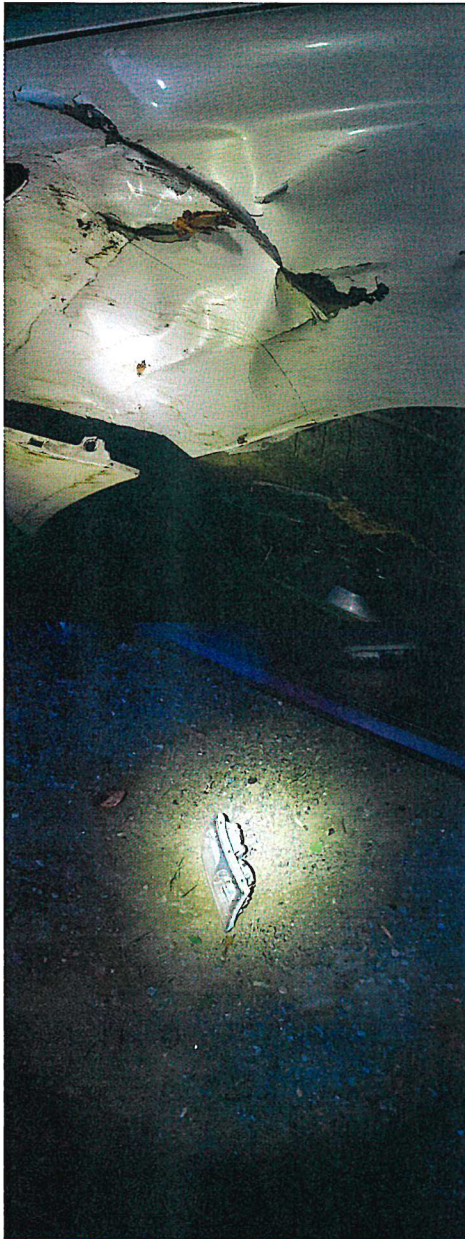
Please Select One of the Following:  Vehicle 4 #Occupants  Non-Motorist A Type  15 Action  16 Location  17 Condition  18  Hit/Run  Moped

License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class <input type="checkbox"/> 19 <input type="checkbox"/> 19 Lic. Restrictions <input type="checkbox"/> 20 CDL _____ Endorsement _____ Operator _____ Last First Middle	Reg # _____ Reg Type _____ Reg State _____ Veh Year _____ Veh Make _____ Veh Config. <input type="checkbox"/> 21 Owner _____ Last First Middle
Address _____ City _____ State _____ Zip _____ Insurance Company _____	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
Vehicle Travel Direction: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 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 _____	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

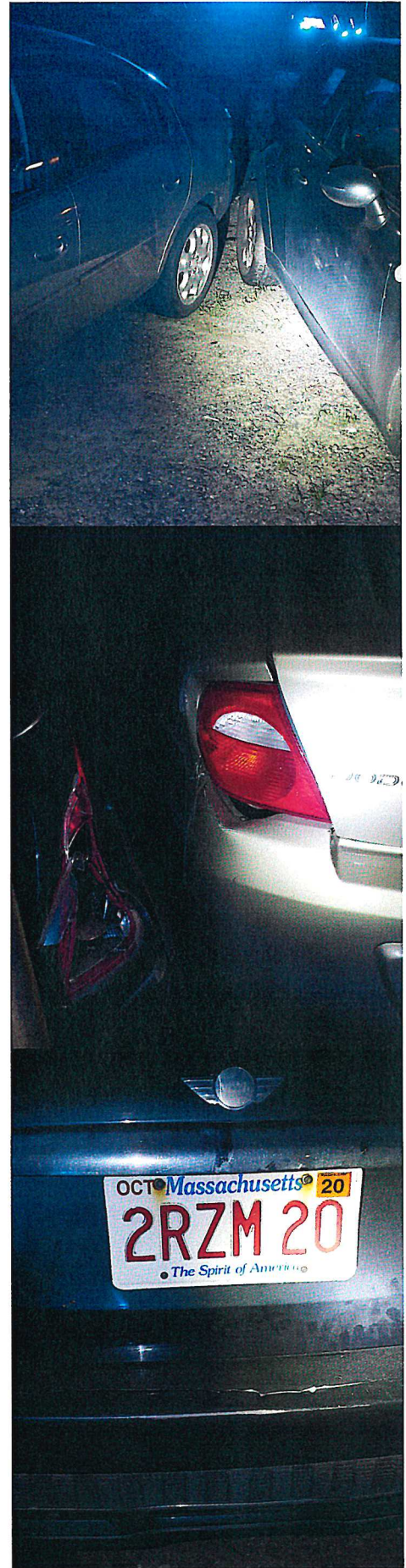
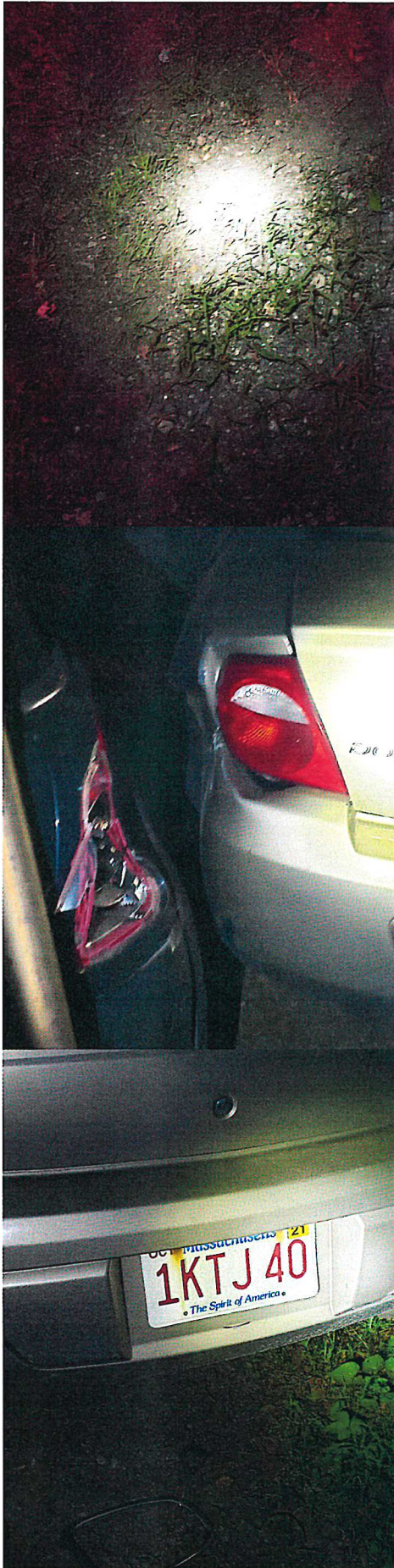
Please fill out for operator/non-motorist and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator/Non-Motorist</b>	See Above	<del>XXXXXX</del>	<del>XXXX</del>	1							



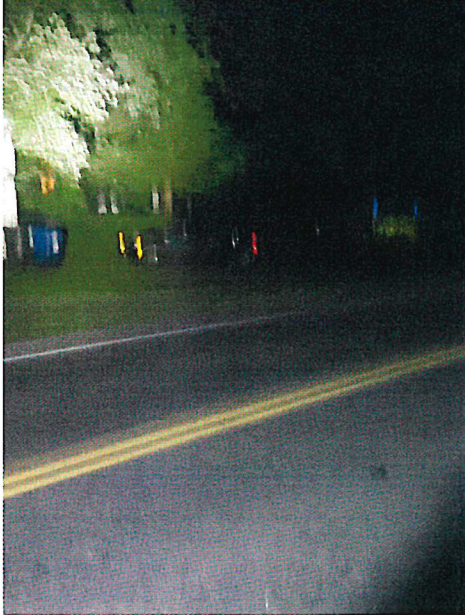
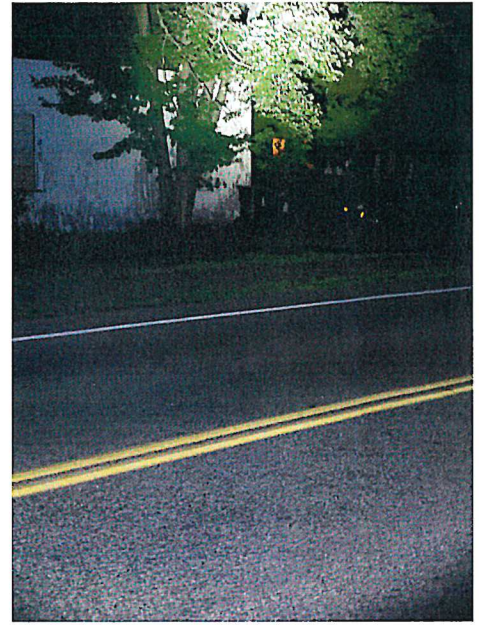
Wilmington Police Department  
Images Associated with 20-164-AC



Wilmington Police Department  
Images Associated with 20-164-AC



Wilmington Police Department  
Images Associated with 20-164-AC



Wilmington Police Department  
Images Associated with 20-164-AC



NARRATIVE FOR PATROL OFFICER JOSEPH A FITZGERALD

Ref: 20-164-AC

Entered: 08/09/2020 @ 1402      Entry ID: 215  
 Modified: 08/09/2020 @ 1415      Modified ID: 215  
 Approved: 08/13/2020 @ 0613      Approval ID: 180

On Sunday, August 9, 2020, I, Officer Fitzgerald was working the 8:00am to 4:00pm shift assigned to the station officer. At approximately 1:30pm, I received a phone call from Rick Surrette, the son-in-law of Grace Mullins at 74 Clark St. He called to ask what had happened to Grace's garden and bushes that separates the front yard of 74 Clark St and the side/back yard of 66 Middlesex Ave. I informed Rick about the accident that occurred at approximately 4:00am. Rick requested to speak with an officer. Officer Nofle responded to 74 Clark St to speak with him.

While speaking with Rick, Officer Nofle took photographs of the garden and bushes. (See images) Rick left callback numbers for himself and for Grace. Rick:                      Grace:

The diagram was updated to include the new information.

Respectfully Submitted,

Officer Joseph A. Fitzgerald #215

Attachments for 20-164-AC

Description	Type
MV INVENTORY	PDF
Attachment#: B80BC3EF4C144D899FD118F38D1C71F8	



Date of Crash **08/09/2020** Time of Crash **1246** City/Town **Wilmington** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **0** Speed Limit **35** State Police  Local Police  MBTA Police  Campus Police  Other:

**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 # **59** Name of Roadway/Street **CHURCH ST**  
 \_\_\_\_\_ 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# **20-165-AC**

License # **S37358004** St **MA** DOB/Age \_\_\_\_\_  
 Sex **F** Lic. Class **D** **19** **19** Lic. Restrictions **1** **20** CDL \_\_\_\_\_  
 Operator **SULLIVAN, JENNIFER MARIE**  
 Address **38 FAIRVIEW AVE**  
 City **WILMINGTON** State **MA** Zip **01887**  
 Insurance Company **LIBERTY MUTUAL INSURANCE**  
 Vehicle Travel Direction:  **N**  **E**  **W** Responding to Emergency? **2**  
 Citation # (If Issued) \_\_\_\_\_  
 Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_  
 Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_

Reg # **1AWS27** Reg Type **PC** Reg State **MA**  
 Veh Year **2017** Veh Make **TOYOTA** Veh Config. **1** **21**  
 Owner **REYNOLDS, MICHAEL G**  
 Address **38 FAIRVIEW AVE**  
 City **WILMINGTON** State **MA** Zip **01887-2408**  
 Vehicle Action Prior to Crash **1** **22** Damaged Area Code: **1** **27** **27** **27**  
 Event Sequence **1** **23** **23** **23** **23** Test Status: **1** **28**  
 Most Harmful Event **1** **24** Type of Test: **29**  
 Driver Contributing Code **4** **25** **25** BAC Test Result: **1** **30**  
 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	<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>	
<b>MICHAEL REYNOLDS</b>	<b>38 FAIRVIEW AVE WILMINGTON, MA 01887-2408</b>		<b>M</b>	<b>3</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

Please Select One of the Following:  Vehicle **22** #Occupants  Non-Motorist A Type **15** Action **16** Location **17** Condition **18**  Hit/Run  Moped

License # **S56332934** St **MA** DOB/Age \_\_\_\_\_  
 Sex **F** Lic. Class **D** **19** **19** Lic. Restrictions **1** **20** CDL \_\_\_\_\_  
 Operator **RIVERA, CARMEN JAHAIIRA**  
 Address **1000 LORING AVE APT A76**  
 City **SALEM** State **MA** Zip **01970-4287**  
 Insurance Company **PROGRESSIVE DIRECT INSURA**  
 Vehicle Travel Direction:  **N**  **S**  **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 \_\_\_\_\_

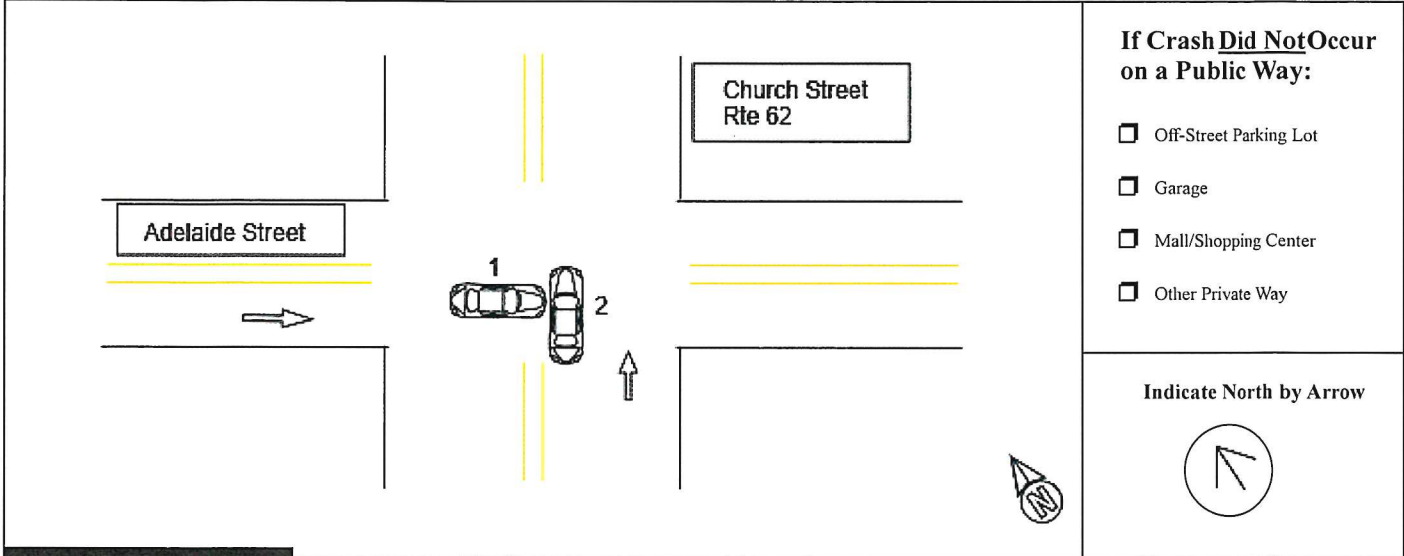
Reg # **82G960** Reg Type **PC** Reg State **MA**  
 Veh Year **2013** Veh Make **HONDA** Veh Config. **1** **21**  
 Owner **RIVERA, CARMEN JAHAIIRA**  
 Address **1000 LORING AVE APT A76**  
 City **SALEM** State **MA** Zip **01970-4287**  
 Vehicle Action Prior to Crash **1** **22** Damaged Area Code: **7** **27** **27** **27**  
 Event Sequence **1** **23** **23** **23** **23** Test Status: **1** **28**  
 Most Harmful Event **1** **24** Type of Test: **29**  
 Driver Contributing Code **1** **25** **25** BAC Test Result: **1** **30**  
 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
<b>Operator/Non-Motorist</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>	
<b>MATTHEW CAMPBELL</b>	<b>1000 LORING AVE SALEM, MA 01970-4287</b>		<b>M</b>	<b>3</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

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

**Crash Diagram:**

ie: → 1 → 2 → ○ → ○



**Crash Narrative:**

Motor vehicle crash on Sunday, August 9, 2020. Vehicle 1 traveled along Adelaide Street. Vehicle 1 then attempted to travel across Church St/ Rte 62. The operator stated that she did not see motor vehicle 2. Vehicle 1 struck vehicle 2 on the left side of vehicle 2. There was damage to the front of vehicle 1 and to the left side of vehicle 2. Vehicle 2 was traveling along Rte 62 at the time of the crash. No injuries were reported on scene. Both vehicles were able to be driven from the scene. Accident information forms were exchanged. Photos of the damage were attached to this report.

**Witnesses:**

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

**Property Damage:**

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

**Truck and Bus Information:**

Registration # \_\_\_\_\_ (From Vehicle Section)

Carrier Name \_\_\_\_\_ Bus Use  42

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

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

Interstate  43      Cargo Body Type Code  44      GVWR/GCWR  45

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

**Hazmat Information:**

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

Patrol Officer Nicholas E Noftle      204      Wilmington Police Department      08/09/2020  
 Police Officer Name (Please Print)      Signature      ID/Badge #      Department      Precinct/Barracks      Date

Wilmington Police Department  
Images Associated with 20-165-AC



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

1 4  
 Route# **38** Direction **N** Name of Roadway/Street **MAIN ST**  
 At  
 Route# **129** Direction **W** Name of Intersecting Roadway/Street **RICHMOND ST**  
 Also at Intersection with  
 Route# Direction Name of Intersecting Roadway/Street

2  
 Route# Direction Name of Intersecting Roadway/Street

3  
 Route# Direction Name of Intersecting Roadway/Street

Feet **NSEW** of \_\_\_\_\_ of \_\_\_\_\_ or \_\_\_\_\_  
 Mile Marker \_\_\_\_\_ Exit Number \_\_\_\_\_

Feet **NSEW** of \_\_\_\_\_  
 Route# \_\_\_\_\_ Intersecting Roadway/Street \_\_\_\_\_

Feet **NSEW** of \_\_\_\_\_  
 Landmark \_\_\_\_\_

Please Select One of the Following:  Vehicle **14** #Occupants  Hit/Run  Moped  
 Crash Report ID# **20-166-AC**

License # **S39089472** St **MA** DOB/Age \_\_\_\_\_ Reg # **VT25564** Reg Type **PC** Reg State **MA**  
 Sex **M** Lic. Class **D** **19** **19** Lic. Restrictions **20** CDL \_\_\_\_\_ Veh Year **2014** Veh Make **BMW** Veh Config. **1** **21**  
 Operator **TEIXEIRA, DANIEL JOHN** Owner **TEIXEIRA, DANIEL JOHN**  
 Address **21 CAPTAIN CIR** Address **21 CAPTAIN CIR**  
 City **TEWKSBURY** State **MA** Zip **01876-1378** City **TEWKSBURY** State **MA** Zip **01876-1378**  
 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: **28**  
 Citation # (If Issued) \_\_\_\_\_ Most Harmful Event **1** **24** Type of Test: **29**  
 Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **1** **25** **25** BAC Test Result: **30**  
 Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **0** **26** Susp. Alcohol: **31** Susp. Drug: **32**  
 Towed from scene? **2** **33**

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator</b>	See Above	<del>XXXXXX</del>	<del>XXXX</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	
<b>DILIA TEIXEIRA</b>	<b>21 CAPTAIN CIR TEWKSBURY, MA 01876-1378</b>		<b>F</b>	<b>3</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	
				<b>6</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	
				<b>4</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

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

License # \_\_\_\_\_ St \_\_\_\_\_ DOB/Age \_\_\_\_\_ Reg # **2222SS** Reg Type **PC** Reg State **MA**  
 Sex \_\_\_\_\_ Lic. Class **D** **19** **19** Lic. Restrictions **20** CDL \_\_\_\_\_ Veh Year **2000** Veh Make **TOYOTA** Veh Config. **1** **21**  
 Operator \_\_\_\_\_ Owner **SHORT, KIMBERLY ROSE**  
 Address \_\_\_\_\_ Address **62 TAPLIN AVE**  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City **WILMINGTON** State **MA** Zip **01887-2065**  
 Insurance Company **SAFETY INSURANCE COMPANY** Vehicle Action Prior to Crash **4** **22** Damaged Area Code: **1** **27** **27** **27**  
 Vehicle Travel Direction:  **N**  **E**  **W** Responding to Emergency? **2** Event Sequence **1** **23** **23** **23** **23** Test Status: **28**  
 Citation # (If Issued) \_\_\_\_\_ Most Harmful Event **1** **24** Type of Test: **29**  
 Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **4** **25** **25** BAC Test Result: **30**  
 Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **0** **26** Susp. Alcohol: **31** Susp. Drug: **32**  
 Towed from scene? **2** **33**

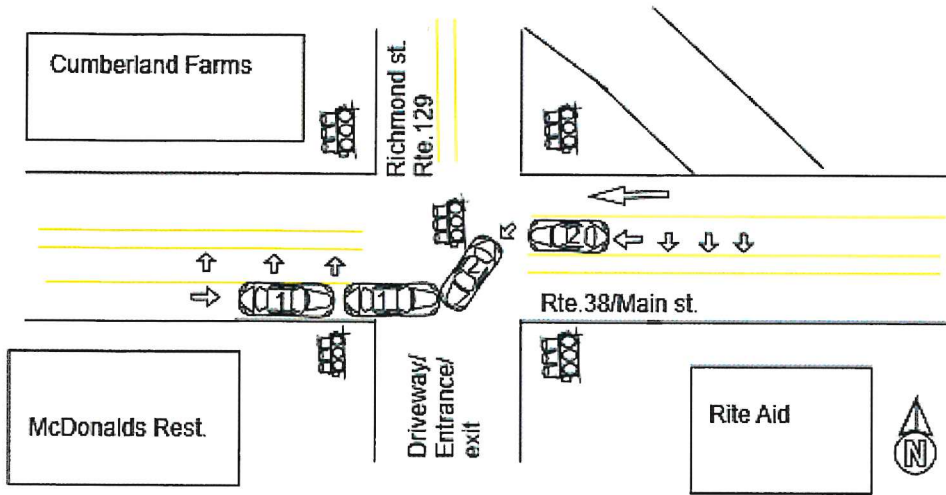
Please fill out for operator/non-motorist and all occupants involved

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

→ = Direction    [1] = Vehicle 1    [2] = Vehicle 2    ○ = Pedestrian    ⚡ = Bicycle

**Crash Diagram:**

ie: → [1]    → [2]    → ○    → ⚡



**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. #1 related he was traveling north on rte.38/main st., As he began going thru the intersection m/v#2 came into his travel lane and crashed into him.

Oper. #2 related he was making a left turn into the parking lot of Mcdonalds and Rite Aid, when he crashed into m/v#1. He also related he miss judged the on coming m/v#1 when he wa making his turn. (PWJ/142)

**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 Paul W Jepson**

**142**

**Wilmington Police Department**

**08/09/2020**

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 # **1 LAKE 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# **20-167-AC**

License # **S39307727** St. **MA** DOB/Age \_\_\_\_\_ Reg # **9LZW50** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** Lic. Restrictions **1** CDL Endorsement \_\_\_\_\_ Veh Year **2013** Veh Make **NISSAN** Veh Config. **1**

Operator **MCKENNA, PATRICK F** Owner **MCKENNA, PATRICK F**

Address **29 TEMPLE ST** Address **29 TEMPLE ST**

City **TEWKSBURY** State **MA** Zip **01876-4332** City **TEWKSBURY** State **MA** Zip **01876-4332**

Insurance Company **NORFOLK & DEDHAM MUTUAL F** Vehicle Action Prior to Crash **4** Damaged Area Code: **1 27 7 27 9 27**

Vehicle Travel Direction:  **S E W** Responding to Emergency? **2** Event Sequence **30 23 23 23 23** Test Status: **1 28**

Citation # (If Issued) \_\_\_\_\_ Most Harmful Event **30 24** Type of Test: **29**

Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **19 25 21 25** BAC Test Result: **1 30**

Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **99** 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>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		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 20-167-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 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# **20-168-AC**

License # **S32689820** St **MA** DOB/Age **1**  
 Sex **M** Lic. Class **D** Lic. Restrictions **1** CDL Endorsement  
 Operator **DEFURIA, STEVEN**  
 Address **14 WISSER ST**  
 City **WILMINGTON** State **MA** Zip **01887-2080**  
 Insurance Company **ARBELLA MUTUAL INSURANCE**  
 Vehicle Travel Direction:  **S E W** Responding to Emergency? **2**  
 Citation # (If Issued)  
 Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub  
 Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub

Reg # **716VN7** Reg Type **PC** Reg State **MA**  
 Veh Year **2015** Veh Make **HYUNDAI** Veh Config. **1**  
 Owner **DEFURIA, STEVEN**  
 Address **14 WISSER ST**  
 City **WILMINGTON** State **MA** Zip **01887-2080**  
 Vehicle Action Prior to Crash **1**  
 Event Sequence **1** **23** **23** **23** **23**  
 Most Harmful Event **1** **24**  
 Driver Contributing Code **1** **25** **25**  
 Driver Distracted by **0** **26**

Damaged Area Code: **3** **27** **0** **27** **27**  
 Test Status: **1** **28**  
 Type of Test: **29**  
 BAC Test Result: **1** **30**  
 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			<b>1</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

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

License # **S44576172** St **MA** DOB/Age  
 Sex **M** Lic. Class **D** Lic. Restrictions **1** CDL Endorsement  
 Operator **GASPER, JOSEPH M**  
 Address **19 SPARHAWK DR**  
 City **BURLINGTON** State **MA** Zip **01803-3106**  
 Insurance Company **GOVERNMENT EMPLOYEES INSU**  
 Vehicle Travel Direction:  **S E W** Responding to Emergency? **2**  
 Citation # (If Issued) **T2062422**  
 Viol. 1: Ch/Sec/Sub **89** **8** Viol. 2: Ch/Sec/Sub  
 Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub

Reg # **9EA373** Reg Type **PC** Reg State **MA**  
 Veh Year **2005** Veh Make **MERCEDES-BENZ** Veh Config. **1**  
 Owner **GASPER, JOSEPH M**  
 Address **19 SPARHAWK DR**  
 City **BURLINGTON** State **MA** Zip **01803-3106**  
 Vehicle Action Prior to Crash **4**  
 Event Sequence **1** **23** **23** **23** **23**  
 Most Harmful Event **1** **24**  
 Driver Contributing Code **4** **25** **25**  
 Driver Distracted by **0** **26**

Damaged Area Code: **3** **27** **2** **27** **27**  
 Test Status: **1** **28**  
 Type of Test: **29**  
 BAC Test Result: **1** **30**  
 Susp. Alcohol: **2** **31** Susp. Drug: **2** **32**  
 Towed from scene? **1** **33**

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

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator/Non-Motorist</b>	See Above			<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	
<b>JOYCE GASPER</b>	<b>19 SPARHAWK DR BURLINGTON, MA 01803-3106</b>		<b>F</b>	<b>3</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	



Date of Crash 08/12/2020 Time of Crash 1657 24HR City/Town **Wilmington** **Motor Vehicle Crash** Number Vehicles 2 Number Injured 0 Speed Limit 25 State Police   
Latitude \_\_\_\_\_ Local Police   
Longitude \_\_\_\_\_ MBTA Police   
 Campus Police   
 Other:

AT INTERSECTION:	< LOCATION >	NOT AT INTERSECTION:
Route# _____ Direction _____ Name of Roadway/Street _____ At _____		Route# <u>62</u> Direction _____ Address # <u>381</u> Name of Roadway/Street <u>MIDDLESEX AVE</u>
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____		_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Mile Marker _____ or _____ Exit Number _____
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 _____
		_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____

Please Select One of the Following:  Vehicle 1 #Occupants  Hit/Run  Moped Crash Report ID# **20-169-AC**

License # Y5191408 St. CA DOB/Age \_\_\_\_\_ Reg # 9ZF342 Reg Type PC Reg State MA  
Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement \_\_\_\_\_ Veh Year 2015 Veh Make MERCEDES-BENZ Veh Config. 1  
Operator ROSA DACUNHA ALMEIDA, ANDRESSA Owner FERREIRA-SOARES, KAREN CHRISTIAN  
Address 1415 W NORTH ST APT 521 Address 373 AIKEN AVE APT 5  
City ANAHEIM State CA Zip 92801 City LOWELL State MA Zip 01850  
Insurance Company GOVERNMENT EMPLOYEES INSU Vehicle Action Prior to Crash 1 22 Damaged Area Code: 1 27 8 27 27  
Vehicle Travel Direction:  N  S  W Responding to Emergency? 2 Event Sequence 1 23 23 23 23 Test Status: 1 28  
Citation # (If Issued) \_\_\_\_\_ Most Harmful Event 1 24 Type of Test: 29  
Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code 1 25 25 BAC Test Result: 30  
Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by 0 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32  
Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Towed from scene? 2 33  
Viol. 4: Ch/Sec/Sub \_\_\_\_\_

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"/>	<u>1</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	

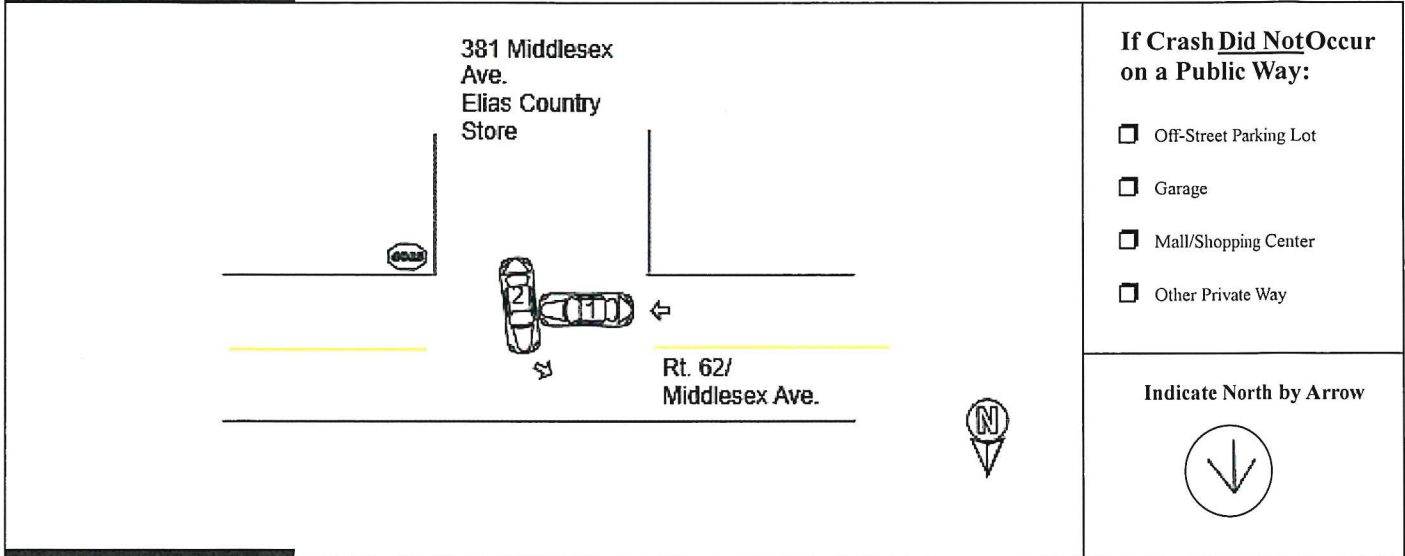
Please Select One of the Following:  Vehicle 2 #Occupants  Non-Motorist A Type 15 Action 16 Location 17 Condition 18  Hit/Run  Moped

License # S39241190 St. MA DOB/Age \_\_\_\_\_ Reg # 2468KL Reg Type PC Reg State MA  
Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement \_\_\_\_\_ Veh Year 2008 Veh Make HONDA Veh Config. 1  
Operator VALLEE, KYLE ROBERT Owner VALLEE, NANCY L  
Address 31 MARION ST Address 31 MARION ST  
City WILMINGTON State MA Zip 01887-3131 City N WILMINGTON State MA Zip 01887-3131  
Insurance Company PLYMOUTH ROCK ASSURANCE C Vehicle Action Prior to Crash 4 22 Damaged Area Code: 7 27 27 27  
Vehicle Travel Direction:  S  E  W Responding to Emergency? 2 Event Sequence 1 23 23 23 23 Test Status: 1 28  
Citation # (If Issued) \_\_\_\_\_ Most Harmful Event 1 24 Type of Test: 29  
Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code 4 25 25 BAC Test Result: 30  
Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by 0 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32  
Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Towed from scene? 2 33  
Viol. 4: Ch/Sec/Sub \_\_\_\_\_

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"/>	<u>1</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	

→ = 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

**Crash Narrative:**

Vehicle 1 was traveling east on Middlesex Ave. when vehicle 2 entered the eastbound lane of travel in doing so came into the travel path of vehicle 1 and they collided. Operator 1 stated that operator 2 just pulled out without yielding. Operator 2 stated that operator was speeding and thought the car was further away. I spoke to a witness who stated that operator 2 accelerated at a high rate of speed out of the parking lot in an attempt to get into the roadway without having to yield to vehicle 1. I observed damage to left side doors of vehicle 2 and damage to the center front and front left of vehicle 1.

**Witnesses:**

Name (Last,First,Middle)	Address	Phone #	Statement
FENTON PHILIP ALAN	111 CHESTNUT ST WILMINGTON MA 01887-0000		

**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

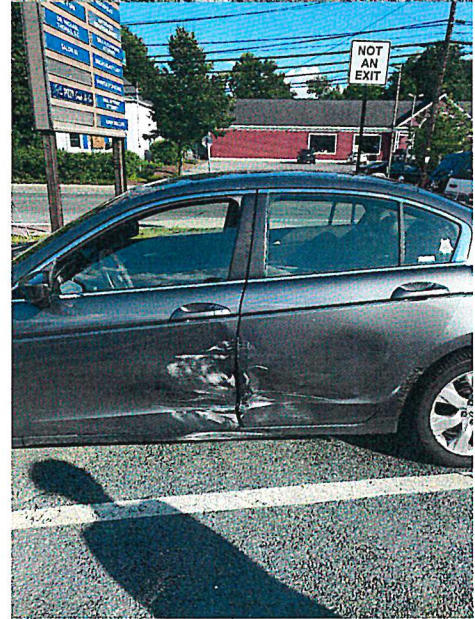
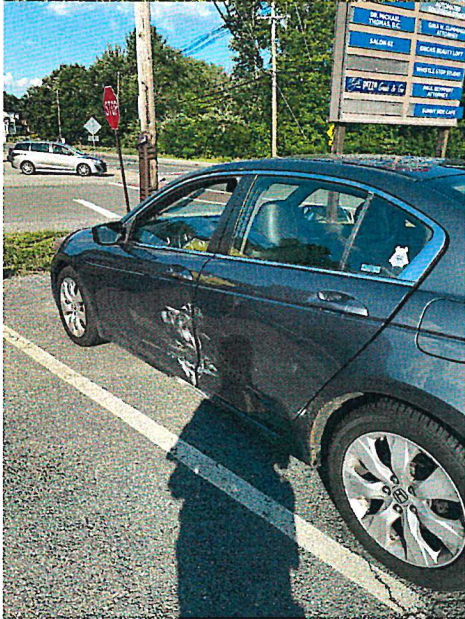
Trailer Reg #: \_\_\_\_\_ Reg Type \_\_\_\_\_ Reg State \_\_\_\_\_ Reg Year \_\_\_\_\_ Trailer Length  46

**Hazmat Information:**

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

Patrol Officer Michael R DiLorenzo    217    Wilmington Police Department    08/12/2020

Wilmington Police Department  
Images Associated with 20-169-AC



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

Route# Direction Name of Roadway/Street At Route# Direction Address # Name of Roadway/Street  
 \_\_\_\_\_ At \_\_\_\_\_ **206 BALLARDVALE ST**  
 \_\_\_\_\_ Feet **N S E W** of \_\_\_\_\_ or \_\_\_\_\_ Exit Number  
 Route# Direction Name of Intersecting Roadway/Street Mile Marker \_\_\_\_\_  
 \_\_\_\_\_ Also at Intersection with \_\_\_\_\_ Feet **N S E W** of \_\_\_\_\_  
 Route# Direction Name of Intersecting Roadway/Street \_\_\_\_\_ Route# Intersecting Roadway/Street  
 \_\_\_\_\_ Landmark

Please Select One of the Following:  Vehicle 1 Occupants  Hit/Run  Moped Crash Report ID# **20-170-AC**

License # **S15792151** St **MA** DOB/Age \_\_\_\_\_ Reg # **8TJ535** Reg Type **PC** Reg State **MA**  
 Sex **M** Lic. Class **D** Lic. Restrictions **1** CDL Endorsement \_\_\_\_\_ Veh Year **2007** Veh Make **NISSAN** Veh Config. **1**  
 Operator **BOLOGNESE-JUNIOR, EDEMIR** Owner **BOLOGNESE-JUNIOR, EDEMIR**  
 Address **185 NEW LUDLOW RD APR APT 214** Address **185 NEW LUDLOW RD APR APT 214**  
 City **CHICOPEE** State **MA** Zip **01020-0000** City **CHICOPEE** State **MA** Zip **01020-0000**  
 Insurance Company **PERMANENT GENERAL ASSURAN** Vehicle Action Prior to Crash **1** Damaged Area Code: **7 27 27 27**  
 Vehicle Travel Direction: **N X E W** Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **1 28**  
 Citation # (If Issued) \_\_\_\_\_ Most Harmful Event **1 24** Type of Test: **29**  
 Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **1 25 25** BAC Test Result: **30**  
 Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **0 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**  
 Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Towed from scene? **1 33**  
 Viol. 4: Ch/Sec/Sub \_\_\_\_\_

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>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

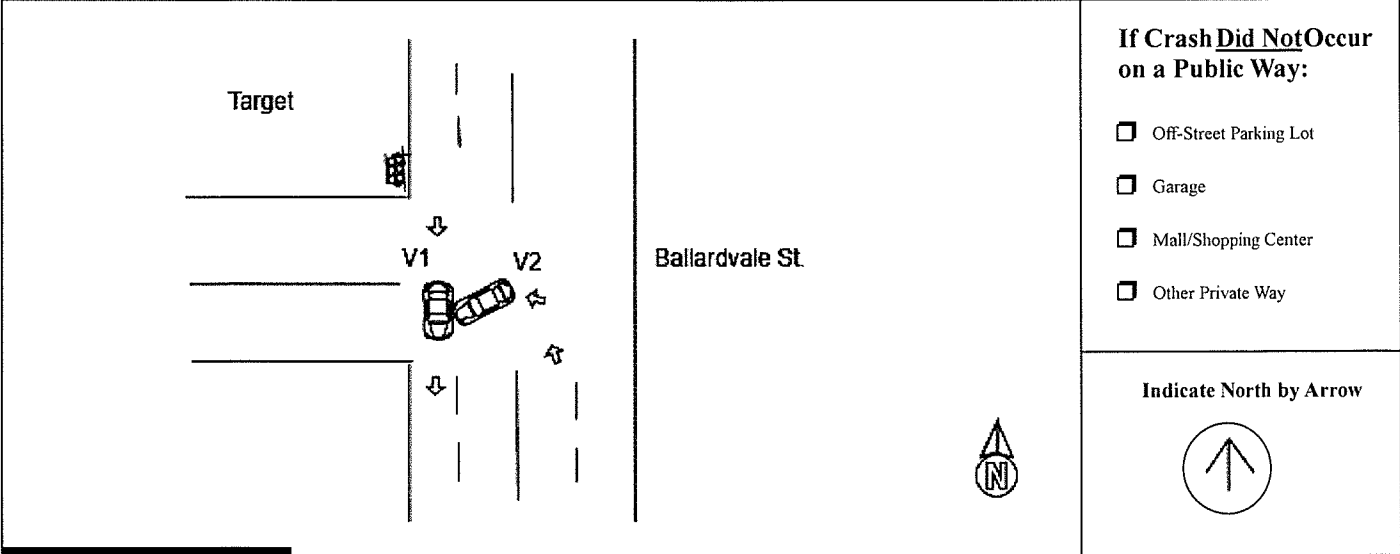
License # **S74598728** St **MA** DOB/Age \_\_\_\_\_ Reg # **4DA756** Reg Type **PC** Reg State **MA**  
 Sex **F** Lic. Class **D** Lic. Restrictions **1** CDL Endorsement \_\_\_\_\_ Veh Year **2016** Veh Make **HONDA** Veh Config. **1**  
 Operator **MORGAN, COURTNEY L** Owner **MORGAN, COURTNEY L**  
 Address **10 BURLINGTON AVE APT 1306** Address **10 BURLINGTON AVE APT 1306**  
 City **WILMINGTON** State **MA** Zip **01887** City **WILMINGTON** State **MA** Zip **01887**  
 Insurance Company **PROGRESSIVE DIRECT INSURA** Vehicle Action Prior to Crash **8** Damaged Area Code: **1 27 2 27 8 27**  
 Vehicle Travel Direction: **X S E W** Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **1 28**  
 Citation # (If Issued) \_\_\_\_\_ Most Harmful Event **1 24** Type of Test: **29**  
 Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **1 25 25** BAC Test Result: **30**  
 Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **0 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**  
 Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Towed from scene? **1 33**  
 Viol. 4: Ch/Sec/Sub \_\_\_\_\_

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

→ = Direction    [ 1 ] = Vehicle 1    [ 2 ] = Vehicle 2    [ Pedestrian ] = Pedestrian    [ Bicycle ] = Bicycle

**Crash Diagram:**

ie: → [ 1 ]    → [ 2 ]    → [ Pedestrian ]    → [ Bicycle ]



**Crash Narrative:**

V1 traveling South on Ballardvale St. V2 traveling North then takes a u-turn and the front end of V2 struck the left side of V1 which was heading straight. V1 operator has no injuries reported or observed. V2 operator has no injuries reported or observed. Both vehicles towed by A&S Towing.

**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 Kathryn C Goodwin 216 Wilmington Police Department 08/14/2020  
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department  
Images Associated with 20-170-AC

