

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

Route# Direction Name of Roadway/Street

Route# Direction Address # Name of Roadway/Street

Feet N S E W of _____ or _____

Mile Marker Exit Number

Feet N S E W of _____

Route# Intersecting Roadway/Street

Feet N S E W of _____

Landmark

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

Crash Report ID# 20-156-AC

License # S24233553 St MA DOB/Age _____ Reg # 1WY497 Reg Type PC Reg State MA

Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement _____ Veh Year 2013 Veh Make DODGE Veh Config. 1 21

Operator VAL, JOVENS Owner VAL, JOVENS

Address 110 BARBARA D LN Address 110 BARBARA D LN

City TEWKSBURY State MA Zip 01876-2436 City TEWKSBURY State MA Zip 01876-2436

Insurance Company GARRISON PROPERTY & CASUA Vehicle Action Prior to Crash 1 22 Damaged Area Code: 1 27 2 27 8 27

Vehicle Travel Direction: N 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: 29

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code 99 25 25 BAC Test Result: 30

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by 99 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Towed from scene? 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
Operator	See Above			1	1	1	0	0	10	1	

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

License # _____ 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

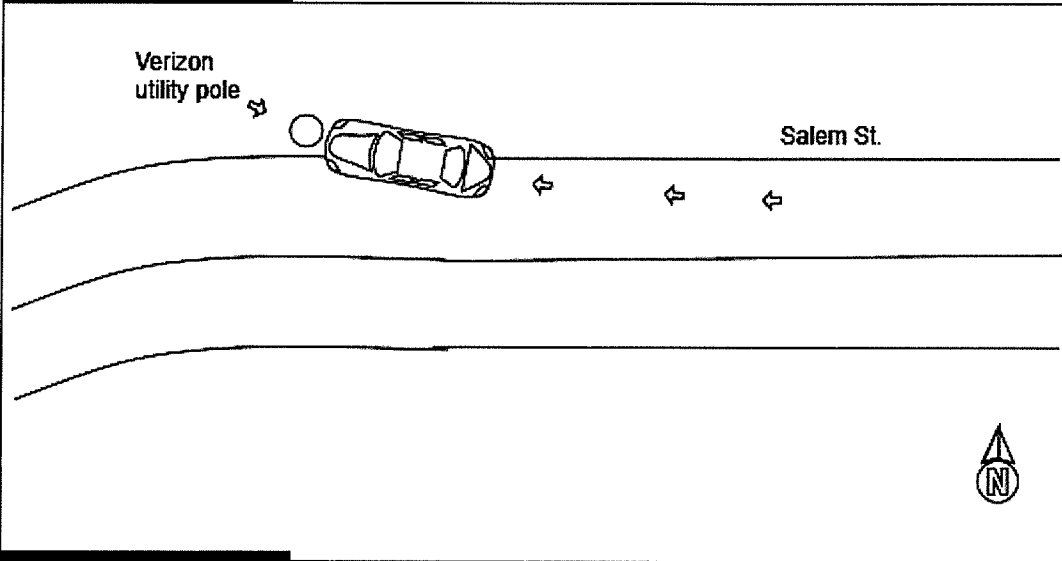
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by 26 Susp. Alcohol: 31 Susp. Drug: 32 Towed from scene? 33

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
Operator/Non-Motorist	See Above			1							

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

Crash Diagram:



If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow



Crash Narrative:

The vehicle was traveling westbound down Salem St. The operator said his steering wheel locked out and he was unable to turn and follow the road. He believes he was only traveling 20mph, however the damage to the pole would suggest he was traveling faster. The operator worked an overnight shift and does not believe he fell asleep. Both front airbags deployed. There were no injuries and he was wearing his seatbelt. Cain's towed the vehicle. The utility pole, belonging to Verizon, was snapped about four feet from the base and moved about 12 inches. It will need to be replaced.

Witnesses:

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

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
VERIZON	28 DIANA LN DRACUT MA 01826		4	ONE UTILITY POLE

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 Emily L Stebbins 210 Wilmington Police Department 08/03/2020

Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Images Associated with 20-156-AC



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

Route# **CONCORD ST** Direction _____ Name of Roadway/Street _____
 At _____
 Route# **I93 NB RAMPS** 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# **20-157-AC**

License # **S56861551** St **MA** DOB/Age _____ Reg # **2PGK91** Reg Type **PC** Reg State **MA**
 Sex **F** Lic. Class **D** Lic. Restrictions **B** CDL Endorsement _____ Veh Year **2019** Veh Make **BMW** Veh Config. **1**
 Operator **GANEY, CHRISTINE P** Owner **GANEY, ALEXANDER P**
 Address **18 COTTAGE ST** Address **141 RAILROAD AVE APT 2**
 City **S HAMILTON** State **MA** Zip **01982-2102** City **SOUTH HAMILTON** State **MA** Zip **01982-2220**
 Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **4** Damaged Area Code: **2 27 3 27 27**
 Vehicle Travel Direction: **N S E** 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 **99 25 25** BAC Test Result: **30**
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **99 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**
 Towed from scene? **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
Operator	See Above	XXXXXX	X	1	1	4	0	0	10	1	

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

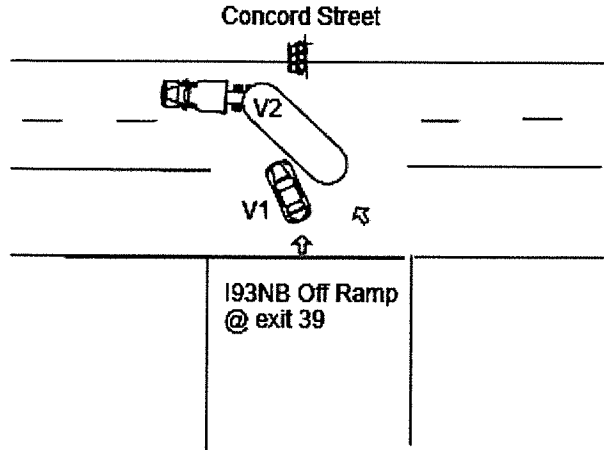
License # **002582351** St **LA** DOB/Age _____ Reg # **C15051** Reg Type **AP** Reg State **NB**
 Sex **M** Lic. Class **A** Lic. Restrictions **B** CDL Endorsement _____ Veh Year **2017** Veh Make _____ Veh Config. **10**
 Operator **BURNS, WILLIAM C** Owner **CRETE CARRIER CORP**
 Address **1705 SUSEK DR** Address **400 NW 56TH ST**
 City **PINEVILLE** State **LA** Zip **71360** City **LINCOLN** State **NB** Zip **68528-8842**
 Insurance Company **HARTFORD INSURANCE CO.** Vehicle Action Prior to Crash **4** Damaged Area Code: **7 27 27 27**
 Vehicle Travel Direction: **N S E** 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 **99 25 25** BAC Test Result: **30**
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **99 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**
 Towed from scene? **2 33**

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

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

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

Crash Diagram:



If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow



Crash Narrative:

Both vehicles stopped at end of I93N off ramp at Exit 39. V1 (passenger car) occupied left lane. V2 (tractor trailer) occupied right lane. V2 proceeded with green light and made a left hand turn onto Concord St. V1 operator stated she observed V1 go first in the turn, she then proceeded with her left turn when she believed there was room to do so. V1 collided with left side trailer underskirt just in front of rear tires of trailer on V2. V1 damaged on right front bumper and right side. V2 damage to left lower skirting of trailer. No injuries observed or reported from either party. Cain's Towing (978-658-3387) removed V1 from scene.

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # C15051 (From Vehicle Section)

Carrier Name Crete Carrier Corp Bus Use 0⁴²

Address 400 NW 56TH ST City LINCOLN St NB Zip 68528

US DOT #: 073705 State Number _____ Issuing State NB MCMX/ICC #: _____

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 3⁴⁵

Trailer Reg #: 13700C Reg Type TL Reg State NB Reg Year 2014 Trailer Length 4⁴⁶

Hazmat Information:

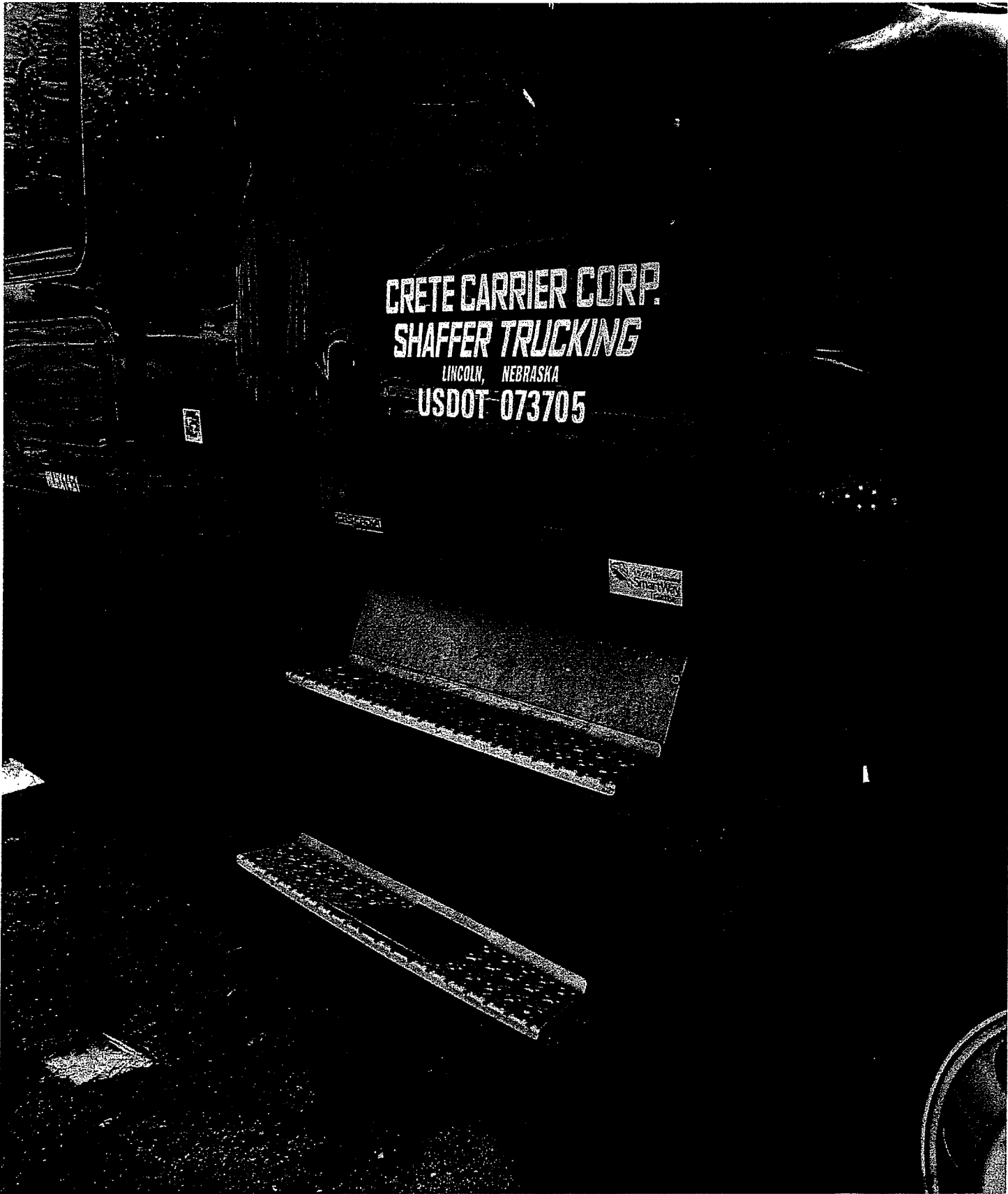
Placard 47 Material 1 digit # 48 Material Name _____ Material 4 digit # _____ Release code 49

Patrol Officer Kathryn C Goodwin 216 Wilmington Police Department 08/03/2020
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date





CRETE CARRIER CORP.
SHAFFER TRUCKING
LINCOLN, NEBRASKA
USDOT 073705



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

Route# Direction Name of Roadway/Street At Route# Direction Address # **38 S 253 MAIN ST**

Feet N S E W of _____ Mile Marker _____ Exit Number _____

Route# Direction Name of Intersecting Roadway/Street Also at Intersection with _____ Feet N S E W of _____ Route# Intersecting Roadway/Street _____

Route# Direction Name of Intersecting Roadway/Street _____ Feet N S E W of **WILM CROSSING ENTRANCE** Landmark

Please Select One of the Following: Vehicle 1 Occupants Hit/Run Moped Crash Report ID# **20-158-AC**

License # **S68240921** St **MA** DOB/Age _____ Reg # **3830MF** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** Lic. Restrictions **1** CDL _____ Veh Year **2011** Veh Make **HONDA** Veh Config. **1**

Operator **REBAL, CHRISTOPHER E** Owner **REBAL, CHRISTOPHER E**

Address **111 SPRING CT EXT** Address **111 SPRING CT EXT**

City **WOBURN** State **MA** Zip **01801-4427** City **WOBURN** State **MA** Zip **01801-4427**

Insurance Company **GOVERNMENT EMPLOYEES INSU** Vehicle Action Prior to Crash **4** Damaged Area Code: **3 27 0 27 27**

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

Citation # (If Issued) _____ Most Harmful Event **1 24** Type of Test: **29**

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **18 25 4 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
Operator	See Above	XXXXXX	X	1	1	4	0	0	10	1	

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

License # **S66822571** St **MA** DOB/Age _____ Reg # **6CEJ30** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** Lic. Restrictions **1** CDL _____ Veh Year **2014** Veh Make **Jeep** Veh Config. **1**

Operator **AMENDOLA, CHRISTINE M** Owner **AMENDOLA, JOHN K**

Address **70 ELM ST** Address **70 ELM ST**

City **WOBURN** State **MA** Zip **01801-1859** City **WOBURN** State **MA** Zip **01801-1859**

Insurance Company **CITIZENS INSURANCE COMPAN** Vehicle Action Prior to Crash **1** 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: **1 28**

Citation # (If Issued) _____ Most Harmful Event **1 24** Type of Test: **29**

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **1 25 25** BAC Test Result: **30**

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

Towed from scene? **1 33**

Please fill out for operator/non-motorist and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above	XXXXXX	X	1	1	4	0	0	8	2	Lahey Clinic

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

1 **129 W LOWELL ST**
 Route# Direction Name of Roadway/Street
 At
WOBURN ST
 Route# Direction Name of Intersecting Roadway/Street
 Also at Intersection with
 3 Route# Direction Name of Intersecting Roadway/Street

2 10
 2 11
 2
 Landmark

7 Please Select One of the Following: Vehicle 1 Occupants Hit/Run Moped
 Crash Report ID# **20-159-AC**

3 License # **S19471567** St **MA** DOB/Age _____ Reg # **561MB4** Reg Type **PC** Reg State **MA**
 Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL Endorsement _____ Veh Year **2013** Veh Make **HONDA** Veh Config. **1** 21
 Operator **FREEMAN, ASHLEY A** Owner **FREEMAN, ASHLEY A**
 Address **36 TOBEY RD APT 9** Address **36 TOBEY RD APT 9**
 City **DRACUT** State **MA** Zip **01826-4929** City **DRACUT** State **MA** Zip **01826-4929**
 Insurance Company **ARBELLA MUTUAL INSURANCE** Vehicle Action Prior to Crash **2** 22 Damaged Area Code: **5** 27 **27** 27
 Vehicle Travel Direction: **N S E** 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

2 Please fill out for operator and all occupants involved

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

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

8 1 License # **S18681715** St **MA** DOB/Age _____ Reg # **8JP619** Reg Type **PC** Reg State **MA**
 Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL Endorsement _____ Veh Year **2019** Veh Make **Jeep** Veh Config. **1** 21
 Operator **MULLIN, PAMELA ELIZABETH** Owner **GSA**
 Address **6 STONE ST** Address **1604 HOOKSETT RD**
 City **WILMINGTON** State **MA** Zip **01887-2305** City **HOOKSETT** State **NH** Zip **03106-0000**
 Insurance Company **SELF INSURED FBI LEGAL UN** Vehicle Action Prior to Crash **2** 22 Damaged Area Code: **1** 27 **27** 27
 Vehicle Travel Direction: **N S E** 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 **18** 25 **25** BAC Test Result: **30**
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **7** 26 Susp. Alcohol: **31** Susp. Drug: **32**
 Towed from scene? **2** 33

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

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

Date of Crash 08/04/2020	Time of Crash 1750 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report	Number Vehicles 2	Number Injured 1	Speed Limit <u>35</u> Latitude _____ Longitude _____	<input type="checkbox"/> State Police <input type="checkbox"/> Local Police <input type="checkbox"/> MBTA Police <input type="checkbox"/> Campus Police <input type="checkbox"/> Other: _____
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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 # <u>193</u> Name of Roadway/Street <u>MAIN ST</u> _____ 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 12 #Occupants Hit/Run Moped Crash Report ID# **20-160-AC**

License # <u>S54243345</u> St <u>MA</u> DOB/Age _____ Sex <u>F</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL _____ Endorsement _____ Operator <u>ALBERTI, DOROTHEA M</u> Last First Middle Address <u>2 ASPEN DR</u> City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-1674</u> Insurance Company <u>THE COMMERCE INSURANCE CO</u> Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u> Citation # (If Issued) <u>T2061659</u> Viol. 1: Ch/Sec/Sub <u>90 14</u> Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # <u>8DP955</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2005</u> Veh Make <u>Jeep</u> Veh Config. <u>1</u> <u>21</u> Owner <u>ALBERTI, TRACI LYNNE</u> Last First Middle Address <u>2 ASPEN DR</u> City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-1674</u> Vehicle Action Prior to Crash <u>8</u> <u>22</u> Damaged Area Code: <u>8</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>29</u> Driver Contributing Code <u>6</u> <u>25</u> <u>25</u> BAC Test Result: <u>1</u> <u>30</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 and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator		See Above	<input checked="" type="checkbox"/>	1	1	4	0	0	10	1	
			M	3	1	4	0	0	10	1	

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

License # <u>S13133370</u> St <u>MA</u> DOB/Age _____ Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions _____ CDL _____ Endorsement _____ Operator <u>SALVATO, MATTHEW E</u> Last First Middle Address <u>88 TEMPLE ST</u> City <u>TEWKSBURY</u> State <u>MA</u> Zip <u>01876-4342</u> Insurance Company <u>SAFETY INSURANCE COMPANY</u> Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input 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>8MM288</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2016</u> Veh Make <u>VOLKSWAGEN</u> Veh Config. <u>1</u> <u>21</u> Owner <u>SALVATO, MATTHEW E</u> Last First Middle Address <u>88 TEMPLE ST</u> City <u>TEWKSBURY</u> State <u>MA</u> Zip <u>01876-4342</u> Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>1</u> <u>27</u> <u>8</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>1</u> <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>1</u> <u>30</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/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	
MADISON LOGAN		251 N BILLERICA RD TEWKSBURY, MA 01876-3553	F	3	1	4	0	0	9	2	Lahey Clinic

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

Route# Direction Name of Roadway/Street At Route# Direction Address # **59 CHURCH 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# **20-161-AC**

License # **S69874672** St. **MA** DOB/Age _____ Reg # **145ZR6** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** Lic. Restrictions **1** CDL Endorsement _____ Veh Year **2002** Veh Make **FORD** Veh Config. **1**

Operator **NOONAN, DONALD P** Owner **NOONAN, DONALD P**

Address **1 PARKER ST APT B** Address **1 PARKER ST APT B**

City **WILMINGTON** State **MA** Zip **01887-2917** City **WILMINGTON** State **MA** Zip **01887-2917**

Insurance Company **PREFERRED MUTUAL INSURANC** Vehicle Action Prior to Crash **1** Damaged Area Code: **3 27 27 27**

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

Citation # (If Issued) _____ Most Harmful Event **1 24** Type of Test: **29**

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **99 25 25** BAC Test Result: **30**

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

Towed from scene? **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
Operator	See Above	XXXXXX	X	1	1	4	0	0	10	1	

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

License # **SA0240015** St. **MA** DOB/Age _____ Reg # **TCY235** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** Lic. Restrictions **B** CDL Endorsement _____ Veh Year **2014** Veh Make **TOYOTA** Veh Config. **1**

Operator **PINHO DE OLIVEIRA, TATIARA** Owner **PINHO DE OLIVEIRA, TATIARA**

Address **50 HILDRETH ST APT 8** Address **50 HILDRETH ST APT 8**

City **LOWELL** State **MA** Zip **01850-1652** City **LOWELL** State **MA** Zip **01850-1652**

Insurance Company **GOVERNMENT EMPLOYEES INSU** Vehicle Action Prior to Crash **1** Damaged Area Code: **2 27 1 27 27**

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

Citation # (If Issued) _____ Most Harmful Event **1 24** Type of Test: **29**

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **99 25 25** BAC Test Result: **30**

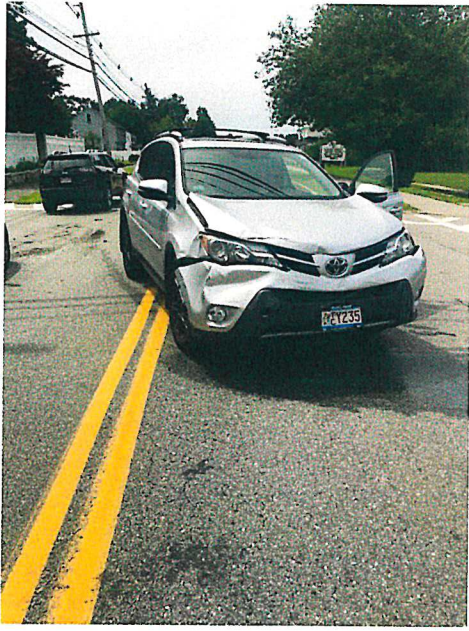
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **99 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**

Towed from scene? **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
Operator/Non-Motorist	See Above	XXXXXX	X	1	1	4	0	0	10	1	
MARIANNA MATTOS-PEREIRA	715 CHELMSFORD ST LOWELL, MA 01850	02/12/1982	F	3	1	4	0	0	10	1	

Wilmington Police Department
Images Associated with 20-161-AC



Date of Crash **08/07/2020** Time of Crash **1623** City/Town **Wilmington** **Motor Vehicle Crash Police Report** Number Vehicles **1** Number Injured **0** Speed Limit **30** State Police Local Police MBTA Police Campus Police Other
 24HR

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

<p>1 Route# _____ Direction _____ Name of Roadway/Street _____</p> <p style="text-align: center;">At</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p> <p style="text-align: center;">Also at Intersection with</p> <p>2 Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p>	<p>2 Route# _____ Direction _____ Address # 135 MIDDLESEX AVE</p> <p style="text-align: center;">Name of Roadway/Street</p> <p>_____ Feet N S E W of _____ • _____ or _____</p> <p style="text-align: center;">Mile Marker Exit Number</p> <p>_____ Feet N S E W of _____</p> <p>_____ Feet N S E W of _____</p> <p style="text-align: center;">Route# Intersecting Roadway/Street</p> <p style="text-align: center;">Landmark</p>
--	---

3 Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped Crash Report ID# **20-162-AC**

<p>4 License # S23552275 St MA DOB/Age _____</p> <p>Sex M Lic. Class D 19 19 Lic. Restrictions P 20 CDL _____</p> <p>Operator PATEL, SHIV</p> <p>Address 201 SANDY LN</p> <p>City WILMINGTON State MA Zip 01887</p> <p>Insurance Company GOVERNMENT EMPLOYEES INSU</p> <p>Vehicle Travel Direction: N S E W Responding to Emergency? 2</p> <p>5 Citation # (If Issued) T2062886</p> <p>Viol. 1: Ch/Sec/Sub 90 10 Viol. 2: Ch/Sec/Sub 90 17</p> <p>6 Viol. 3: Ch/Sec/Sub 89 4A Viol. 4: Ch/Sec/Sub 89 9</p>	<p>Reg # 4ZV857 Reg Type PC Reg State MA</p> <p>Veh Year 2016 Veh Make NISSAN Veh Config. 1 21</p> <p>Owner PATEL, LATA J</p> <p>Address 201 SANDY LN</p> <p>City WILMINGTON State MA Zip 01887-6237</p> <p>Vehicle Action Prior to Crash 3 22 Damaged Area Code: 1 27 27 27</p> <p>Event Sequence 22 23 23 23 23 Test Status: 1 28</p> <p>Most Harmful Event 22 24 Type of Test: 29</p> <p>Driver Contributing Code 12 25 7 25 BAC Test Result: 30</p> <p>Driver Distracted by 99 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32</p> <p>Towed from scene? 1 33</p>
---	---

Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator		See Above	<input checked="" type="checkbox"/>	1	1	1	0	0	10	1	

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

<p>8 1 License # _____ St _____ DOB/Age _____</p> <p>Sex _____ Lic. Class _____ Lic. Restrictions 20 CDL _____</p> <p>Operator _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Insurance Company _____</p> <p>Vehicle Travel Direction: N S E W Responding to Emergency? _____</p> <p>9 2 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. 21</p> <p>Owner _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Vehicle Action Prior to Crash 22 Damaged Area Code: 27 27 27</p> <p>Event Sequence 23 23 23 23 Test Status: 28</p> <p>Most Harmful Event 24 Type of Test: 29</p> <p>Driver Contributing Code 25 25 BAC Test Result: 30</p> <p>Driver Distracted by 26 Susp. Alcohol: 31 Susp. Drug: 32</p> <p>Towed from scene? 33</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
Operator/Non-Motorist		See Above	<input checked="" type="checkbox"/>	1							

Police Use Only			Commonwealth of Massachusetts				RMV Document Number									
Date of Crash 08/07/2020	Time of Crash 2354 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report				Number Vehicles 1	Number Injured 0	Speed Limit <u>30</u>	Latitude _____	Longitude _____	State Police <input type="checkbox"/>	Local Police <input checked="" type="checkbox"/>	MBTA Police <input type="checkbox"/>	Campus Police <input type="checkbox"/>	Other: _____
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:									
Route# _____ Direction _____ Name of Roadway/Street _____			Route# _____ Direction _____ Address # <u>300</u> Name of Roadway/Street <u>SALEM ST</u>													
At _____			_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____													
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____				Mile Marker _____ Exit Number _____									
Also at Intersection with _____			_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____				Route# _____ Intersecting Roadway/Street _____									
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____							Landmark _____									
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle <u>12</u> #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Crash Report ID# 20-163-AC									
License # <u>S97032893</u> St <u>MA</u> DOB/Age _____			Reg # <u>3RHR41</u> Reg Type <u>PC</u> Reg State <u>MA</u>													
Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____			Veh Year <u>2017</u> Veh Make <u>NISSAN</u> Veh Config. <u>1</u> <u>21</u>													
Operator <u>RAPTIS, ANTONIOS N</u>			Owner <u>RAPTIS, ANTONIOS N</u>													
Address <u>4 ELWOOD ST</u>			Address <u>4 ELWOOD ST</u>													
City <u>EVERETT</u> State <u>MA</u> Zip <u>02149-3105</u>			City <u>EVERETT</u> State <u>MA</u> Zip <u>02149-3105</u>													
Insurance Company <u>PROGRESSIVE CASUALTY INSU</u>			Vehicle Action Prior to Crash <u>1</u> <u>22</u>		Damaged Area Code: <u>2</u> <u>27</u> <u>27</u> <u>27</u>											
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u>			Event Sequence <u>22</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u>		Test Status: <u>28</u>											
Citation # (If Issued) <u>T2063042</u>			Most Harmful Event <u>22</u> <u>24</u>		Type of Test: <u>29</u>											
Viol. 1: Ch/Sec/Sub <u>90</u> <u>17</u> Viol. 2: Ch/Sec/Sub _____			Driver Contributing Code <u>2</u> <u>25</u> <u>8</u> <u>25</u>		BAC Test Result: <u>30</u>											
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____			Driver Distracted by <u>99</u> <u>26</u>		Susp. Alcohol: <u>31</u> Susp. Drug: <u>32</u>											
Please fill out for operator and all occupants involved			Towed from scene? <u>1</u> <u>33</u>													
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													
CARLOS DELAFUENTE			51 WEBSTER AVE CHELSEA, MA 02150-3707													
Please Select One of the Following: <input type="checkbox"/> Vehicle <u>2</u> #Occupants			<input type="checkbox"/> Non-Motorist A Type <u>15</u> Action <u>16</u> Location <u>17</u> Condition <u>18</u>		<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped											
License # _____ St _____ DOB/Age _____			Reg # _____ Reg Type _____ Reg State _____													
Sex _____ Lic. Class <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____			Veh Year _____ Veh Make _____ Veh Config. <u>21</u>													
Operator _____			Owner _____													
Address _____			Address _____													
City _____ State _____ Zip _____			City _____ State _____ Zip _____													
Insurance Company _____			Vehicle Action Prior to Crash <u>22</u>		Damaged Area Code: <u>27</u> <u>27</u> <u>27</u>											
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____			Event Sequence <u>23</u> <u>23</u> <u>23</u> <u>23</u>		Test Status: <u>28</u>											
Citation # (If Issued) _____			Most Harmful Event <u>24</u>		Type of Test: <u>29</u>											
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____			Driver Contributing Code <u>25</u> <u>25</u>		BAC Test Result: <u>30</u>											
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____			Driver Distracted by <u>26</u>		Susp. Alcohol: <u>31</u> Susp. Drug: <u>32</u>											
Please fill out for operator/non-motorist and all occupants involved			Towed from scene? <u>33</u>													
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													

