

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 _____ 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# **20-180-AC**

License # **S80279731** St **MA** DOB/Age _____ Reg # **459RT2** Reg Type **PC** Reg State **MA**
 Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL Endorsement _____ Veh Year **2013** Veh Make **HONDA** Veh Config. **1** 21
 Operator **KWON, ERIN H** Owner **KWON, SOPHIE S**
 Address **29 WEST ST** Address **29 WEST ST**
 City **WILMINGTON** State **MA** Zip **01887-3007** City **WILMINGTON** State **MA** Zip **01887-3007**
 Insurance Company **GEICO GENERAL INSURANCE C** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **1** 27 **2** 27 **B** 27
 Vehicle Travel Direction: S E W Responding to Emergency? **2** Event Sequence **22** 23 23 23 23 Test Status: **1** 28
 Citation # (If Issued) _____ Most Harmful Event **22** 24 Type of Test: **29**
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **19** 25 **9** 25 BAC Test Result: **1** 30
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0** 26 Susp. Alcohol: **2** 31 Susp. Drug: **2** 32
 Towed from scene? **1** 33

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

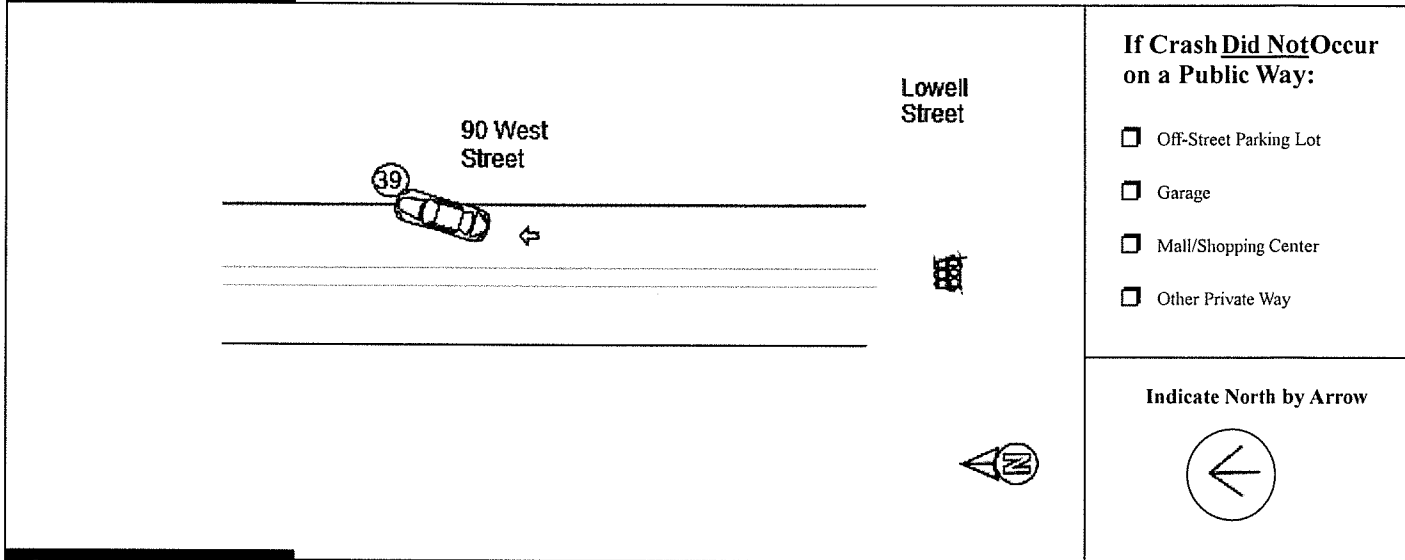
License # _____ St _____ DOB/Age _____ Reg # _____ Reg Type _____ Reg State _____
 Sex _____ Lic. Class **19** 19 Lic. Restrictions **20** CDL Endorsement _____ Veh Year _____ Veh Make _____ Veh Config. **21**
 Operator _____ Owner _____
 Address _____ Address _____
 City _____ State _____ Zip _____ 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		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:

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:

MV1 was traveling northbound on West Street when it veered off the road onto the right shoulder and struck Verizon Pole 39. Operator stated that she "zoned out" and that's when the collision occurred. She stated she was not distracted in any way. Operator had no apparent injuries and was cleared by the fire department. The vehicle sustained front end damage as well front right side damage. The vehicle was towed by Forrest Towing.

Witnesses:

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

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
READING MUNICIPAL LIGHT	230 ASH ST READING MA		4	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

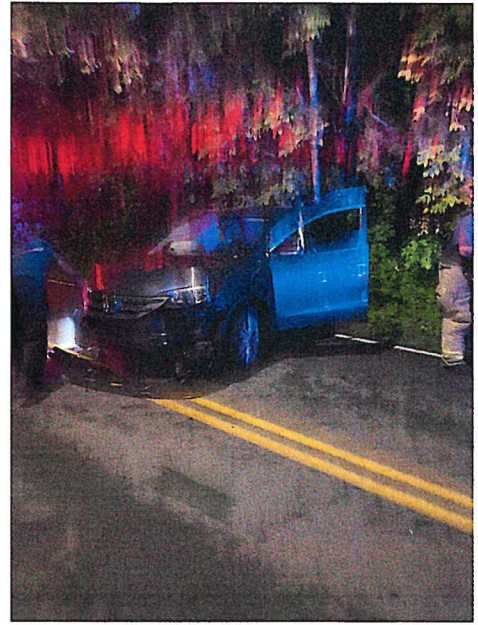
Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 46

Hazmat Information:

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

Patrol Officer Michael R DiLorenzo 217 Wilmington Police Department 08/23/2020
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Images Associated with 20-180-AC



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

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

Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped Crash Report ID# **20-181-AC**

License # **S55701401** St **MA** DOB/Age Reg # **51TZ48** Reg Type **PC** Reg State **MA**
 Sex **F** Lic. Class **D** Lic. Restrictions **1** CDL Endorsement Veh Year **2006** Veh Make **TOYOTA** Veh Config. **1**
 Operator **BLIZZARD, DONNA L** Owner **BLIZZARD, DONNA L**
 Address **211 DEMINGWAY EXT** Address **211 DEMINGWAY EXT**
 City **WILMINGTON** State **MA** Zip **01887-3647** City **WILMINGTON** State **MA** Zip **01887-3647**
 Insurance Company **ARBELLA MUTUAL INSURANCE** Vehicle Action Prior to Crash **10** Damaged Area Code: **6** **27** **27** **27**
 Vehicle Travel Direction: S E W Responding to Emergency? **2** Event Sequence **35** **23** **23** **23** **23** Test Status: **1** **28**
 Citation # (If Issued) Most Harmful Event **35** **24** Type of Test: **29**
 Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Driver Contributing Code **99** **25** **25** BAC Test Result: **30**
 Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by **99** **26** Susp. Alcohol: **2** **31** Susp. Drug: **2** **32**
 Towed from scene? **2** **33**

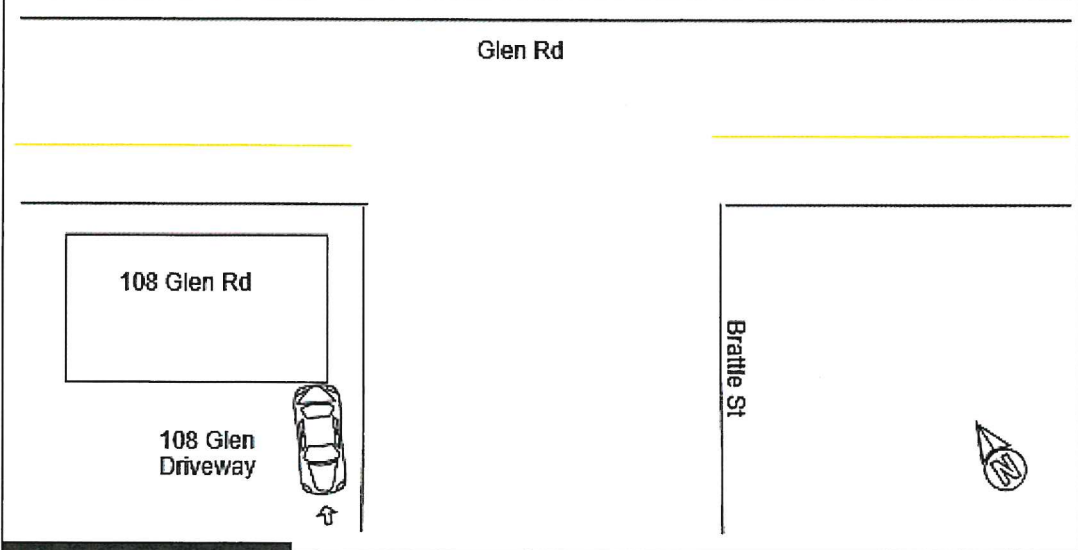
Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator		See Above	X	X	1	99	4	0	0	10	1

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

License # St DOB/Age Reg # Reg Type Reg State
 Sex Lic. Class Lic. Restrictions CDL Endorsement Veh Year Veh Make Veh Config.
 Operator Owner
 Address Address
 City State Zip City State Zip
 Insurance Company Vehicle Action Prior to Crash Damaged Area Code: **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
Operator/Non-Motorist		See Above	X	X	1						

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:

The driver was backing to turn around on Brattle St. according to witnesses. While doing so they struck the corner of 108 Glen Rd. causing damage to the downspout. The driver then left. Please see 20-964-OF for full details.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
STRYKOWSKI JENNIFER A	67 N WASHINGTON ST WILMINGTON MA 01887-2312		

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
BELANGER JESSICA M	108 GLEN RD WILMINGTON MA 01887-35		97	DOWNSPOUT

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 08/25/2020

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

Wilmington Police Department
Images Associated with 20-181-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# **20-182-AC**

License # **S15024511** St **MA** DOB/Ag. Reg # **4509453** Reg Type **PC** Reg State **NH**
 Sex **M** Lic. Class **D** Lic. Restrictions **1** CDL Endorsement Veh Year **2011** Veh Make **GMC** Veh Config. **1**
 Operator **ALVAREZ, LUIS FERNANDO** Owner **ALL DRAIN SERVICES INC**
 Address **86 AMES ST** Address **140 OLD DERRY RD**
 City **LAWRENCE** State **MA** Zip **01841-4938** City **HUDSON** State **NH** Zip **03051**
 Insurance Company Vehicle Action Prior to Crash **2** Damaged Area Code: **5 27 27 27**
 Vehicle Travel Direction: **S E W** Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **1 28**
 Citation # (If Issued) Most Harmful Event **1 24** Type of Test: **29**
 Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Driver Contributing Code **22 25 25** BAC Test Result: **30**
 Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by **0 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**
 Towed from scene? **2 33**

Please fill out for operator and all occupants involved

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

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

License # **S14157487** St **MA** DOB/Ag. Reg # **L56835** Reg Type **CO** Reg State **MA**
 Sex **M** Lic. Class **D** Lic. Restrictions **1** CDL Endorsement Veh Year **2002** Veh Make **CHEVROLET** Veh Config. **13**
 Operator **BONANNO, MATTHEW ROBERT** Owner **BONANNO CONSTRUCTION INC**
 Address **214 WINN ST** Address **239 SALEM ST**
 City **WOBURN** State **MA** Zip **01801-2003** City **WOBURN** State **MA** Zip **01801-2003**
 Insurance Company **NGM INSURANCE COMPANY** Vehicle Action Prior to Crash **1** Damaged Area Code: **1 27 27 27**
 Vehicle Travel Direction: **S E W** Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **1 28**
 Citation # (If Issued) Most Harmful Event **1 24** Type of Test: **29**
 Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Driver Contributing Code **19 25 25** BAC Test Result: **30**
 Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by **99 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**
 Towed from scene? **2 33**

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

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

1 1 Route# Direction Name of Roadway/Street At
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with
2 1 Route# Direction Name of Intersecting Roadway/Street

2 10 Route# Direction Address # Name of Roadway/Street
325 MAIN ST
Feet N S E W of _____ or _____ Mile Marker Exit Number
2 11 Feet N S E W of _____ Route# Intersecting Roadway/Street
Feet N S E W of _____ Landmark

Please Select One of the Following: Vehicle 31 #Occupants Hit/Run Moped Crash Report ID# **20-182-AC**

License # **S30738754** St **MA** DOB/Age _____ Reg # **1CRT14** Reg Type **PC** Reg State **MA**
Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **B** 20 CDL _____ Veh Year **2005** Veh Make **HONDA** Veh Config. **1** 21
Operator **CEKODHIMA, DAJANA** Owner **DEOLIVEIRA, ROBERTH LIMA**
Address **100 MERRIMACK AVE APT 94** Address **400 DUNSTABLE RD APT 8**
City **DRACUT** State **MA** Zip **01826** City **TYNGSBORO** State **MA** Zip **01879-1918**
Insurance Company **OCCIDENTAL FIRE AND CASUA** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: 1 27 2 27 8 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 **19** 25 25 BAC Test Result: 30
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **99** 26 Susp. Alcohol: **2** 31 Susp. Drug: **2** 32
Towed from scene? **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	XXXX	1	99	1	0	0	9	1	

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

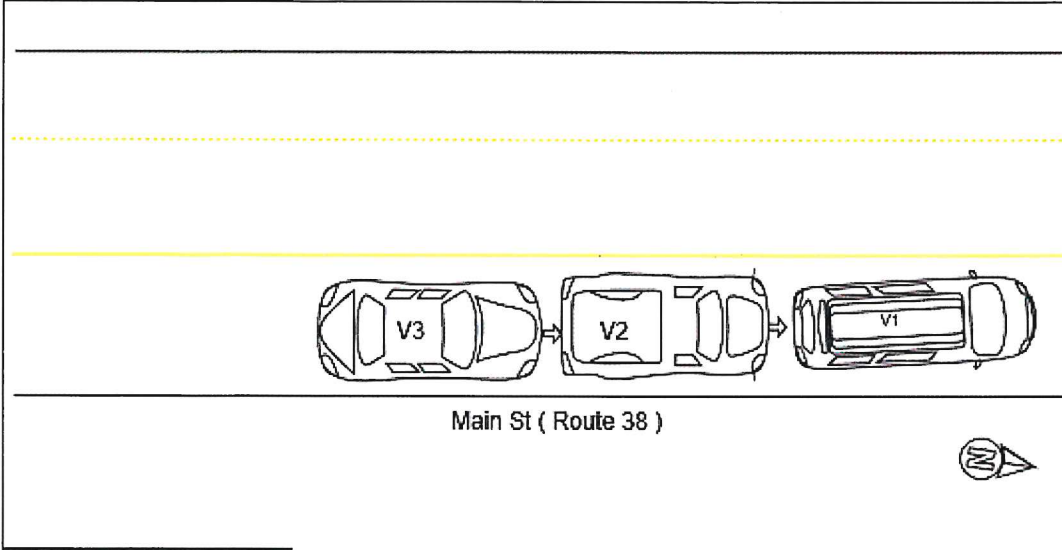
License # _____ St _____ DOB/Age _____ Reg # _____ Reg Type _____ Reg State _____
Sex _____ Lic. Class **19** 19 Lic. Restrictions **20** CDL _____ Veh Year _____ Veh Make _____ Veh Config. **21**
Operator _____ Owner _____
Address _____ Address _____
City _____ State _____ Zip _____ City _____ State _____ Zip _____
Insurance Company _____ Vehicle Action Prior to Crash **22** Damaged Area Code: **27** **27** **27**
Vehicle Travel Direction: N S E W Responding to Emergency? _____ Event Sequence **23** **23** **23** **23** Test Status: **28**
Citation # (If Issued) _____ Most Harmful Event **24** Type of Test: **29**
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **25** **25** BAC Test Result: **30**
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **26** Susp. Alcohol: **31** Susp. Drug: **32**
Towed from scene? **33**

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

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

Crash Diagram:

ie: → 1 → 2 → →



Main St (Route 38)



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:

V1 was slowing down to take a left turn. Driver of V1 stated he put his turn signal on to go left. V2 driver admitted he was "not totally paying attention" and rear ended V1. V2 tried to stop but, had a full load of rock and could not stop in time. V2 also said that V1 did not have his turn signal on. V3 stated she tried to stop, but could not and rear ended V2. I checked the left turn signal on V1 and it was not working. A witness who was waiting to turn onto the road stated that the driver of V3 was not paying attention at all and made no attempt to stop. V3 had to be towed. The operator was evacuated by the FD, but refused treatment. V1 had minor damage to the rear end. V2 had a small dent on the front bumper. V3 had serious front end damage and the driver's airbag deployed.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
BUONO PAULA	23 TAMROCK TER STONEHAM MA 02180		

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

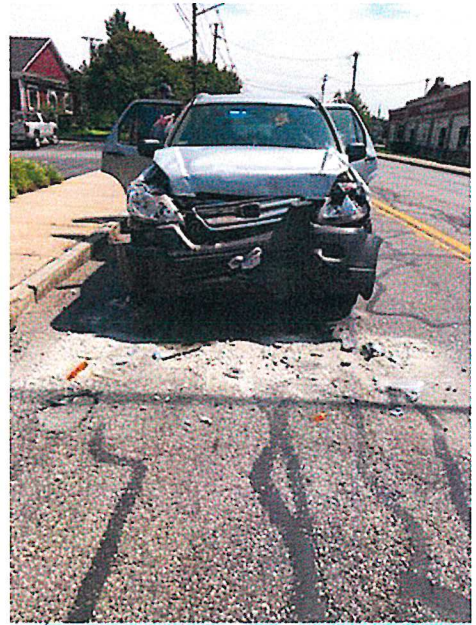
Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 46

Hazmat Information:

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

Patrol Officer Emily L Stebbins 210 Wilmington Police Department 08/25/2020
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Images Associated with 20-182-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
 260 MAIN 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 1 Occupants Hit/Run Moped
 Crash Report ID# **20-183-AC**

License # **S50222047** St **MA** DOB/Age _____ Reg # **6DF839** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **19 19** Lic. Restrictions **20** CDL _____ Veh Year **2017** Veh Make **TOYOTA** Veh Config. **1**
 Operator **BHALLA, VIJAY K** Owner **BHALLA, TANISHQ**
 Address **28 WESTWOOD ST** Address **28 WESTWOOD ST**
 City **BURLINGTON** State **MA** Zip **01803-1104** City **BURLINGTON** State **MA** Zip **01803-1104**
 Insurance Company **ALLSTATE INSURANCE COMPAN** Vehicle Action Prior to Crash **1** Damaged Area Code: **2 27 27 27**
 Vehicle Travel Direction: S E W Responding to Emergency? **2** Event Sequence **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 **14 25 25** BAC Test Result: **1 30**
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**
 Towed from scene? **1 33**

Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator		See Above	<input checked="" type="checkbox"/>	1	0	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 # _____ St _____ DOB/Age _____ Reg # _____ Reg Type _____ Reg State _____
 Sex _____ Lic. Class **19 19** Lic. Restrictions **20** CDL _____ Veh Year _____ Veh Make _____ Veh Config. **21**
 Operator _____ Owner _____
 Address _____ Address _____
 City _____ State _____ Zip _____ City _____ State _____ Zip _____
 Insurance Company _____ Vehicle Action Prior to Crash **22** Damaged Area Code: **27 27 27**
 Vehicle Travel Direction: N S E W Responding to Emergency? _____ Event Sequence **23 23 23 23** Test Status: **28**
 Citation # (If Issued) _____ Most Harmful Event **24** Type of Test: **29**
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **25 25** BAC Test Result: **30**
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **26** Susp. Alcohol: **31** Susp. Drug: **32**
 Towed from scene? **33**

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

AT INTERSECTION: **LOWELL ST** **< 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# **20-184-AC**

License # **S58615963** St **MA** DOB/Age _____ Reg # **2L3892** Reg Type **MC** Reg State **MA**
 Sex **M** Lic. Class **D M** Lic. Restrictions **1 20** CDL _____ Veh Year **2016** Veh Make **HARLEY-DAVIDSON** Veh Config. **3 21**
 Operator **FITZGERALD, PATRICK A** Owner **FITZGERALD, PATRICK A**
 Address **67 ELINOR RD** Address **67 ELINOR RD**
 City **SOUTH WEYMOUTH** State **MA** Zip **02190-2742** City **SOUTH WEYMOUTH** State **MA** Zip **02190-2742**
 Insurance Company **PROGRESSIVE DIRECT INSURA** Vehicle Action Prior to Crash **4 22** Damaged Area Code: **7 27 8 27 27**
 Vehicle Travel Direction: **N S X W** Responding to Emergency? **2** Event Sequence **51 23 23 23 23** Test Status: **1 28**
 Citation # (If Issued) _____ Most Harmful Event **51 24** Type of Test: **29**
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **1 25 25** BAC Test Result: **30**
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**
 Towed from scene? **2 33**

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above	XXXXXX	XXXX	1	5	5	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 _____ 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**

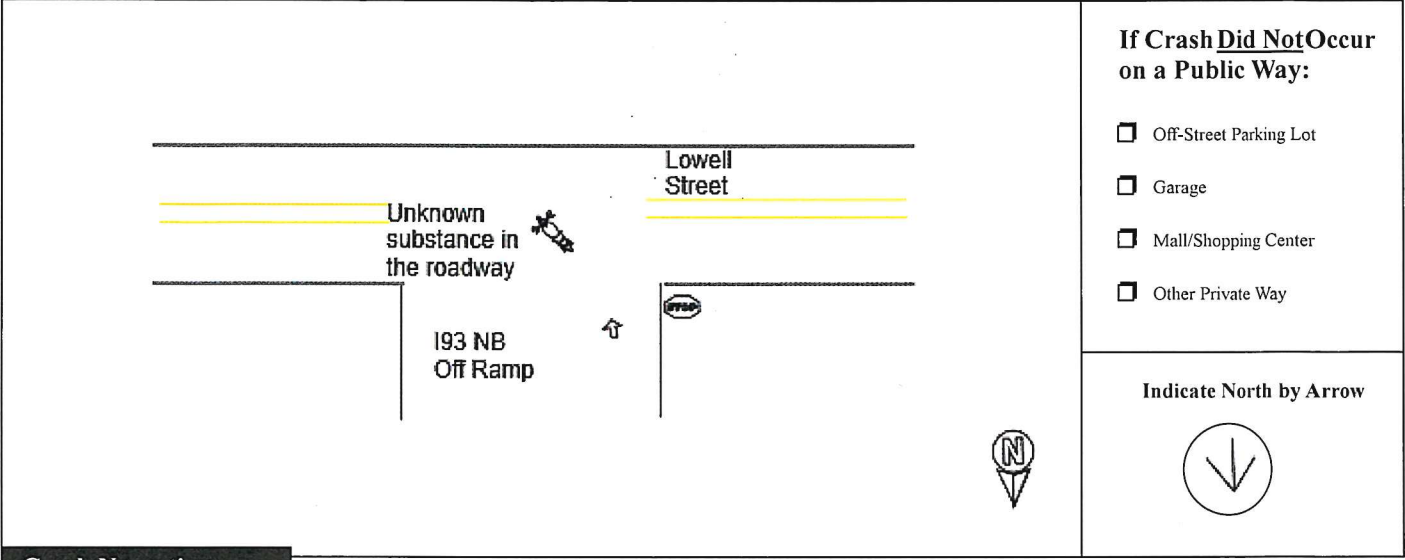
Please fill out for operator/non-motorist and all occupants involved

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	XXXXXX	XXXX	1							

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

Crash Diagram:

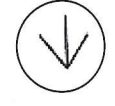
ie: → [1] → [2] → ♂ → ⚡



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:

M1 left the I93 NB off ramp turning left on Lowell Street Eastbound. In the process of turning the motorcycle operator reported his rear tire slid out from under him causing hi to dump his bike. It should be noted that there was a trail of what appeared to be anti-freezwe on the roadway possibly causing the tire to slide. The operator sustained minor scratches to his right arm, but declined medical attention. The motorcycle sustained scratches to the lower left side and a cracked clutch handle. The gear shift pedal was also bent. Operator was able to drive bike back to his residence.

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use [42]

Address _____ City _____ St _____ Zip _____

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

Interstate [43] Cargo Body Type Code [44] GVWR/GCWR [45]

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

Hazmat Information:

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

Patrol Officer Michael R DiLorenzo 217 Wilmington Police Department 08/26/2020
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

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

1 1 Route# Direction Name of Roadway/Street **38** **279** **MAIN ST**
 At _____
 Route# Direction Name of Intersecting Roadway/Street _____
 Also at Intersection with _____
 2 2 Route# Direction Name of Intersecting Roadway/Street _____
 _____ Feet **N S E W** of _____ Mile Marker _____ Exit Number _____
 _____ Feet **N S E W** of _____ Route# _____ Intersecting Roadway/Street _____
 _____ Feet **N S E W** of _____ **INTERSECTION @ SIMARDS** Landmark _____

3 Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped Crash Report ID# **20-185-AC**

4 3 License # **S21096815** St **MA** DOB/Age _____ Reg # **1MJL87** Reg Type **PC** Reg State **MA**
 Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL _____ Veh Year **2007** Veh Make **FORD** Veh Config. **2** 21
 Operator **HEYER, HEATHER LYNNE** Owner **FIGRELLO, JOSEPH ROY**
 Address **6 PERKINS PEAK** Address **182 SALEM RD**
 City **GLOUCESTER** State **MA** Zip **01930-2972** City **BILLERICA** State **MA** Zip **01821-1431**
 Insurance Company **PROGRESSIVE DIRECT INSURA** Vehicle Action Prior to Crash **4** 22 Damaged Area Code: **4** 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: _____
 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

6 1 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	4	0	0	10	1	

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

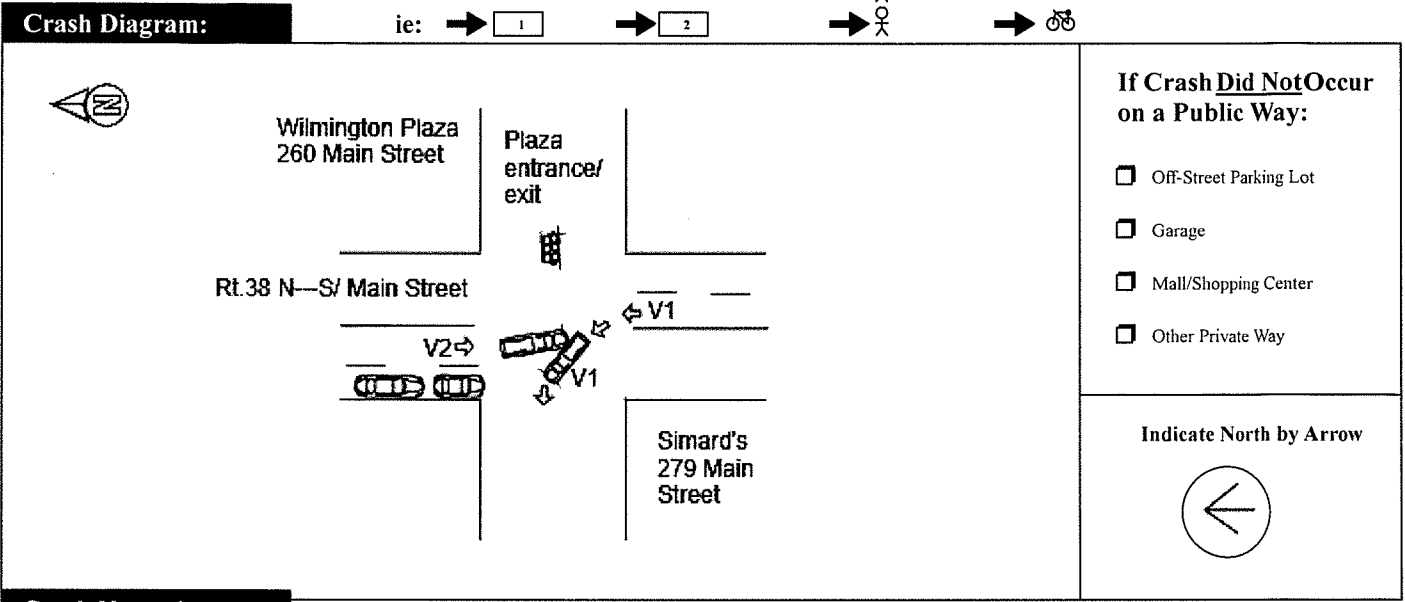
8 1 License # **NHL18183934** St **NH** DOB/Age _____ Reg # **4338007** Reg Type **PC** Reg State **NH**
 Sex **M** Lic. Class **B** 19 19 Lic. Restrictions **B** 20 CDL _____ Veh Year **2018** Veh Make **CHEVROLET** Veh Config. **2** 21
 Operator **GARDNER, DAVID MATHEW** Owner **GARDNER, DAVID MATHEW**
 Address **8R TIGER TAIL CIR** Address **8R TIGER TAIL CIR**
 City **DERRY** State **NH** Zip **03038** City **DERRY** State **NH** Zip **03038**
 Insurance Company **PROGRESSIVE** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **2** 27 27 27
 Vehicle Travel Direction: **N E W** Responding to Emergency? **1** Event Sequence **1** 23 23 23 23 Test Status: **1** 28
 Citation # (If Issued) _____ Most Harmful Event **1** 24 Type of Test: _____
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **19** 25 **3** 25 BAC Test Result: **30**
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **1** 26 Susp. Alcohol: **2** 31 Susp. Drug: **2** 32
 Towed from scene? **2** 33

9 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			1	1	1	0	0	8	1	

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

ie: → 1 → 2 → →



Crash Narrative:

V1 (Heyer) was traveling RT.38N and was stopped in intersection attempting to make left turn into 279 Main Street. V2 (Gardner) was traveling Rt.38S in inside lane. V2 then entered intersection and collision occurred. V1 opr. (Heyer) stated that south bound traffic had stopped on the inside lane so she could turn. V1 Opr. Heyer also stated light was yellow then red while waiting to turn and collision occurred after this. She was struck by V2 on the right rear quarter near wheel, and believed V2 ran red light. V2 opr (Gardner) stated he was traveling straight, looking down at his GPS, and then back to roadway just as collision occurred. Opr. Gardner believes he may have gone through the red light while he was distracted. No injury to V1. V2 opr. had possible minor injury. No transport with waiver. Cain's Towing towed both vehicles.

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 Richard DiPerri **173** **Wilmington Police Department** **08/27/2020**
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

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

Route# Direction Name of Roadway/Street At Route# Direction Address # Name of Roadway/Street

Route# Direction Name of Intersecting Roadway/Street Also at Intersection with

Route# Direction Name of Intersecting Roadway/Street

Feet N S E W of _____ 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# **20-186-AC**

License # **S68935350** St **MA** DOB/Age _____ Reg # **68888** Reg Type **AP** Reg State **MA**

Sex **M** Lic. Class **A** ¹⁹ _A ¹⁹ Lic. Restrictions **1** ²⁰ CDL _____ Veh Year **1996** Veh Make **VOLVO** Veh Config. **10** ²¹

Operator **SANCHEZ-CEPEDES, EXIEL** Owner **JAMES T LYNCH CONSTRUCTION CO INC**

Address **792 WESTERN AVE APT 1** Address **77 LOWELL JCT RD**

City **LYNN** State **MA** Zip **01905** City **ANDOVER** State **MA** Zip **01810-5905**

Insurance Company **OLD REPUBLIC GENERAL INSU** Vehicle Action Prior to Crash **2** ²² Damaged Area Code: **2** ²⁷ **27** ²⁷

Vehicle Travel Direction: N E W Responding to Emergency? **2** Event Sequence **1** ²³ **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 **11** ²⁵ **8** ²⁵ BAC Test Result: **1** ³⁰

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

Towed from scene? **1** ³³

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above	XXXXXX	XX	1	99	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 # **S81943816** St **MA** DOB/Age _____ Reg # **78506** Reg Type **AP** Reg State **MA**

Sex **M** Lic. Class **A** ¹⁹ _A ¹⁹ Lic. Restrictions **1** ²⁰ CDL _____ Veh Year **2011** Veh Make **Mack Truck** Veh Config. **10** ²¹

Operator **SUTH, SOMNANG** Owner **DEMOULAS SUPER MKTS INC**

Address **37 MARLBOROUGH ST APT 1** Address **875 EAST ST**

City **LOWELL** State **MA** Zip **01851-3017** City **TEWKSBURY** State **MA** Zip **01876**

Insurance Company **TRAVELERS INDEMNITY CO.** Vehicle Action Prior to Crash **1** ²² Damaged Area Code: **8** ²⁷ **7** ²⁷ ²⁷

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

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

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

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

Towed from scene? **2** ³³

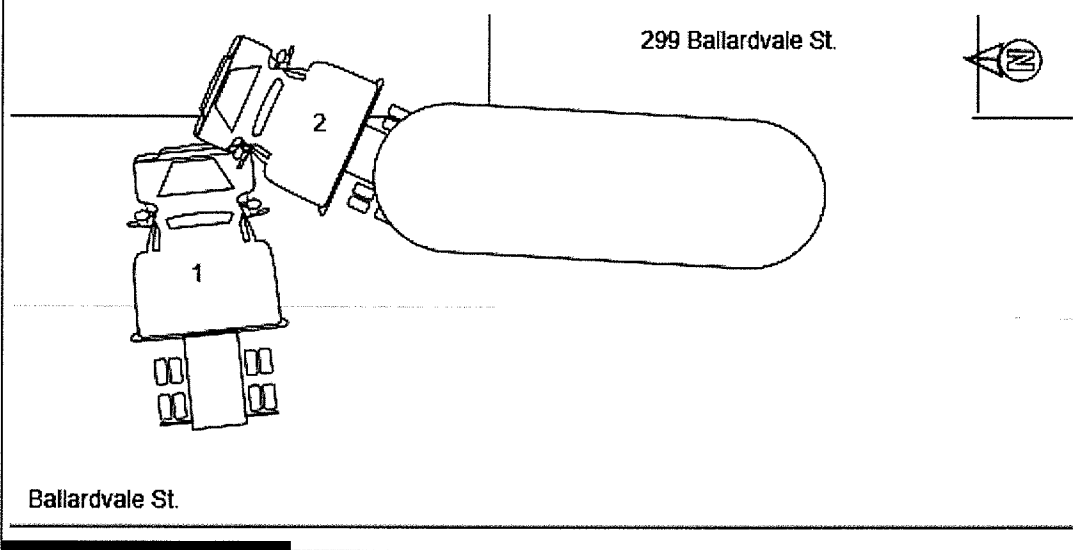
Please fill out for operator/non-motorist and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above	XXXXXX	XX	1	99	4	0	0	10	1	

→ = 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:

M/V 1 was travelling southbound on Ballardvale St. M/V 2 was travelling northbound on Ballardvale St. While M/V 1 was travelling on Ballardvale St. a vehicle was travelling in front of M/V 1 and stopped short. The operator of M/V 1 stated while applying his brakes the rear end of the M/V slipped out and the M/V entered the other lane and collided into M/V 2.

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # **68888** (From Vehicle Section)

Carrier Name **Market Basket** Bus Use 42 0

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 #: **68888** Reg Type **TR** Reg State **MA** Reg Year _____ Trailer Length 4 46

Hazmat Information:

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

Patrol Officer **Brian Tavares** Signature **206** ID/Badge # **Wilmington Police Department** Department **08/27/2020** Date

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
Route# Direction Name of Intersecting Roadway/Street

2 **1** Route# Direction Name of Roadway/Street

6 **11** Feet **NSEW** of _____ or _____ Mile Marker Exit Number

Feet **NSEW** of _____ Route# Intersecting Roadway/Street

Feet **NSEW** of _____ Landmark

Please Select One of the Following: Vehicle **12** #Occupants Hit/Run Moped Crash Report ID# **20-187-AC**

License # **S53173896** St **MA** DOB/Age _____ Reg # **63ZV49** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** **19** **19** Lic. Restrictions **20** CDL _____ Veh Year **2017** Veh Make **TOYOTA** Veh Config. **1** **21**

Operator **VUONG, TRUNG QUOC** Owner **VUONG, TRUNG QUOC**

Address **91 EVERETT ST** Address **91 EVERETT ST**

City **LAWRENCE** State **MA** Zip **01843-1160** City **LAWRENCE** State **MA** Zip **01843-1160**

Insurance Company **PLYMOUTH ROCK ASSURANCE C** Vehicle Action Prior to Crash **1** **22** Damaged Area Code: **8** **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 _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **1** **25** **25** BAC Test Result: **1** **30**

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

Towed from scene? **1** **33**

Please fill out for operator and all occupants involved

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	XXXX	1	0	99	0	0	10	1	
VAN VUONG	91 EVERETT ST LAWRENCE, MA 01843-1160		M	3	0	99	0	0	10	1	

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

License # **7802281** St **ME** DOB/Age _____ Reg # **914AMY** Reg Type **ZZ** Reg State **ME**

Sex **M** Lic. Class **C** **19** **19** Lic. Restrictions **1** **20** CDL **H** Veh Year **2018** Veh Make **CHEVROLET** Veh Config. **1** **21**

Operator **MCMASTER, CHRISTOPHER M** Owner **ACAR LEASING LTC**

Address **48 REMICKS LN** Address _____

City **KITTERY** State **ME** Zip **03904** City **LUTHERVILLE** State **ME** Zip _____

Insurance Company **USAA** Vehicle Action Prior to Crash **1** **22** Damaged Area Code: **3** **27** **2** **27** **27**

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

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

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **14** **25** **3** **25** BAC Test Result: **1** **30**

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

Towed from scene? **1** **33**

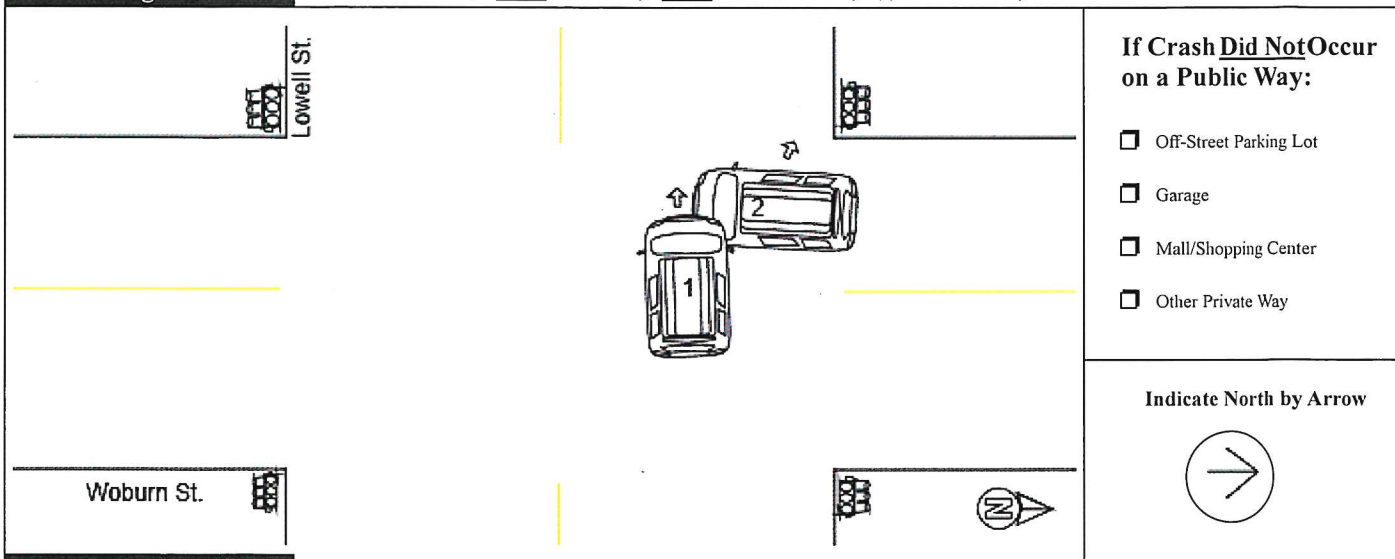
Please fill out for operator/non-motorist and all occupants involved

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	XXXX	1	99	4	0	0	10	1	

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

Crash Diagram:

ie: → 1 → 2 → ○ → ⚓



Crash Narrative:

M/V 1 was travelling west-bound on Lowell St. M/V 2 was travelling south-bound on Woburn St. According to a witness, M/V 2 was going through the intersection with a green light. M/V 1 went through a solid red light at a high rate of speed and struck M/V 2 while it was travelling through the intersection. M/V 1 stopped further down Lowell St. M/V 2 stopped facing northwest close to a rock wall on 226 Lowell St. The operator of M/V 1 stated at the scene that his blood sugar was low and was having a hard time seeing.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
ALLEN LETHA A	220 MARTINS LNDG Apt. #102 NORTH READING MA 018		2

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

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

Hazmat Information:

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

Patrol Officer Brian Tavares 206 Wilmington Police Department 08/28/2020
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

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

1 **38 S MAIN ST**
Route# Direction Name of Roadway/Street

At

1 **129 RICHMOND ST**
Route# Direction Name of Intersecting Roadway/Street

Also at Intersection with

2 **3** Route# Direction Name of Intersecting Roadway/Street

3 _____ Feet **NSEW** of _____ Mile Marker _____ Exit Number

_____ Feet **NSEW** of _____ Route# _____ Intersecting Roadway/Street

_____ Feet **NSEW** of _____

Landmark _____

Please Select One of the Following: Vehicle **12** #Occupants Hit/Run Moped Crash Report ID# **20-188-AC**

License # **S76967844** St **MA** DOB/Age _____ Reg # **9PA656** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **B** 20 CDL _____ Veh Year **2003** Veh Make **DODGE** Veh Config. **1** 21

Operator **FAY, JOHN JAMES JR** Owner **FAY, JOHN JAMES JR**

Address **19 SOUTH ST** Address **19 SOUTH ST**

City **WILMINGTON** State **MA** Zip **01887-1612** City **WILMINGTON** State **MA** Zip **01887-1612**

Insurance Company **GOVERNMENT EMPLOYEES INSU** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: 2 27 1 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 and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Sent Pos	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above	XXXXXX	XXXX	1	1	1	0	0	10	1	
JOAN FAY	19 SOUTH ST WILMINGTON, MA 01887-1612		F	3	1	1	0	0	8	2	Winchester Hospital

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

License # **S38179142** St **MA** DOB/Age _____ Reg # **6KPS20** Reg Type **PC** Reg State **MA**

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

Operator **ARENA, GUY** Owner **ARENA, GUY**

Address **533 SHAWSHEEN AVE** Address **533 SHAWSHEEN AVE**

City **WILMINGTON** State **MA** Zip **01887-1637** City **WILMINGTON** State **MA** Zip **01887-1637**

Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **4** 22 Damaged Area Code: 2 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 **4** 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

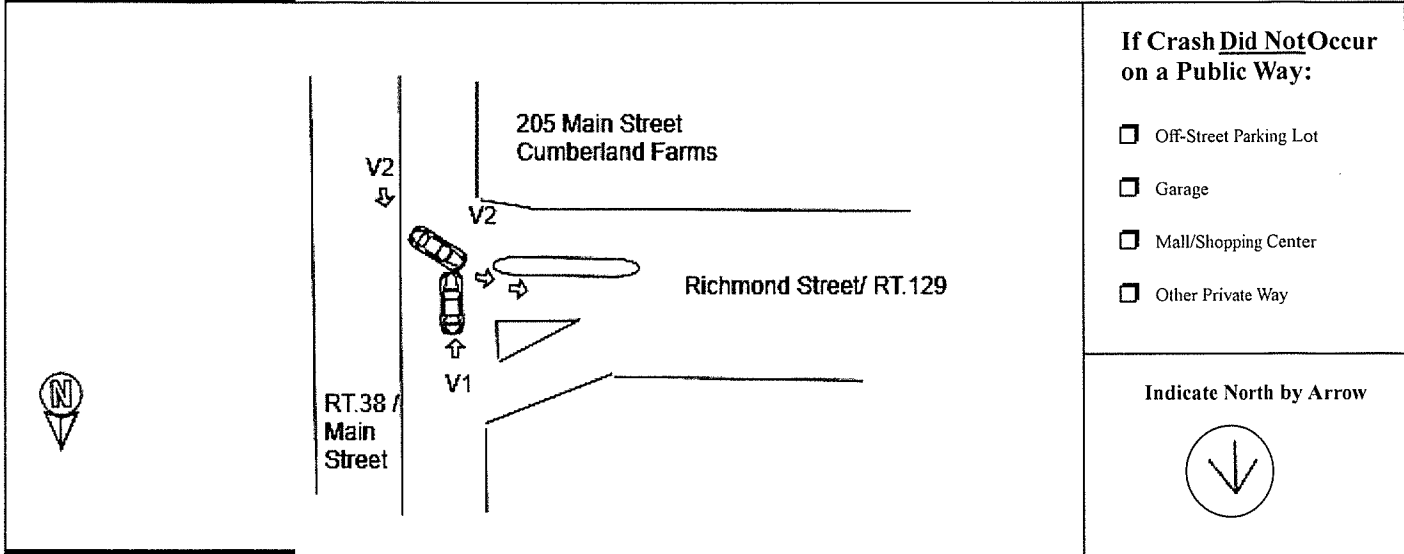
Please fill out for operator/non-motorist and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Sent Pos	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above	XXXXXX	XXXX	1	0	1	0	0	8	2	Winchester Hospital

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○



Crash Narrative:

V1 (Fay) traveling straight w/green light both directions on Rt.38S. V2 (Arena) was traveling Rt.38N and made left turn for Richmond Street in front of V1 causing collision. V opr. (Arena) and V1 Pass. (Fay, Joanna) had transported to Winchester hospital via WFD & TFD ambulance for suspected minor injuries. Forrest Towing removed both vehicles from the scene. V2 Opr. (Arena) failure to yield for oncoming traffic probable cause of crash.

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 Richard DiPerri 173 Wilmington Police Department 08/29/2020
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

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

Route# Direction Name of Roadway/Street At Route# Direction Address # Name of Roadway/Street

Route# Direction Name of Intersecting Roadway/Street Also at Intersection with

Route# Direction Name of Intersecting Roadway/Street

129 W LOWELL ST
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# **20-189-AC**

License # **S60501936** St **MA** DOB/Age _____ Reg # **E1048** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** Lic. Restrictions **20** CDL _____ Veh Year **2009** Veh Make **KIA** Veh Config. **1**

Operator **BEOTE, LAUREN E** Owner **BEOTE, ALICE JEAN**

Address **31 WASHINGTON ST** Address **31 WASHINGTON ST**

City **STONEHAM** State **MA** Zip **02180-1241** City **STONEHAM** State **MA** Zip **02180-1241**

Insurance Company **ARBELLA MUTUAL INSURANCE** Vehicle Action Prior to Crash **1** Damaged Area Code: **1 27 2 27 27**

Vehicle Travel Direction: **N S E X** Responding to Emergency? **2** Event Sequence **24 23 23 23 23** Test Status: **28**

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

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **20 25 25** BAC Test Result: **30**

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **5 26** Susp. Alcohol: **31** Susp. Drug: **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	X	X	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 _____ 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**

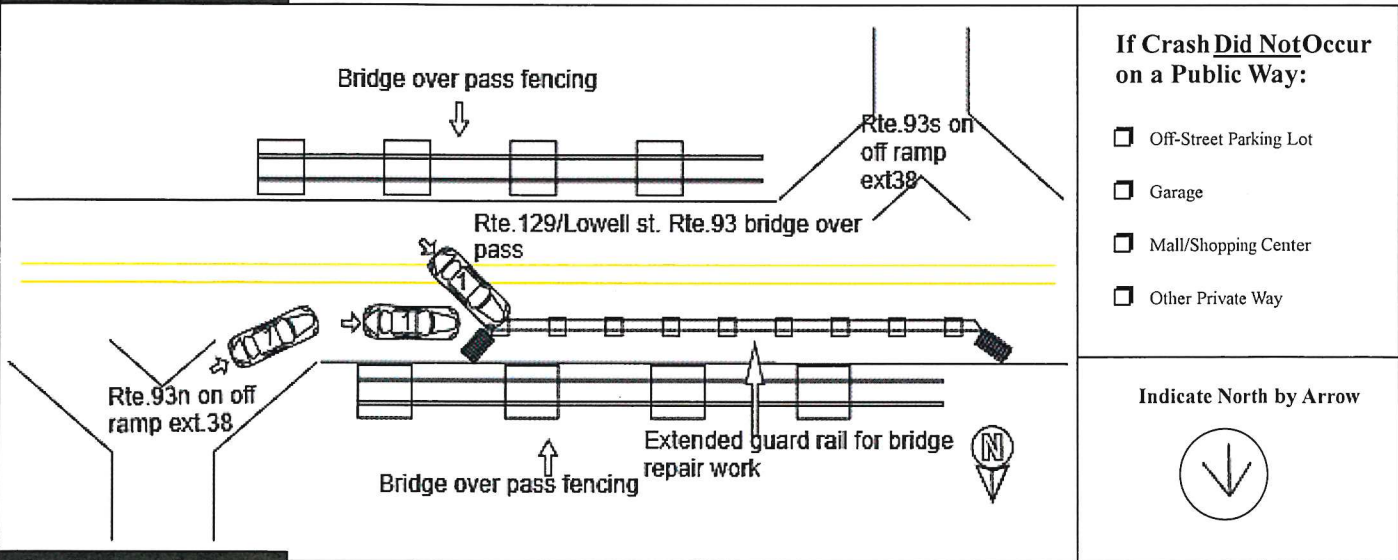
Towed from scene? **33**

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
Operator/Non-Motorist		See Above	X	X	1						

→ = 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 while she exited the rte. 93n off ramp onto rte. 129/Lowell st., she was attempting to put out her cigarette in the car ash tray. While doing so, she crashed into the extended guard rail that had been put in place, over the bridge over pass of rte. 93 for bridge repairs. (PWJ/142)

Witnesses:

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

Property Damage:

Owner (Last, First, Middle)	Address	Phone #	41-Type	Description of Damaged Property
STATE DPW	519 APPLETON ST ARLINGTON MA 02476		1	GUARD RAIL

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 08/29/2020
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date