

Police Use Only		Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 09/07/2020	Time of Crash 1933 24HR	City/Town Wilmington		Motor Vehicle Crash Police Report		Number Vehicles 3	Number Injured 1	Speed Limit 30	State Police <input type="checkbox"/> Local Police <input type="checkbox"/> MBTA Police <input type="checkbox"/> Campus Police <input type="checkbox"/> Other: <input type="checkbox"/>				
AT INTERSECTION:				< LOCATION >	NOT AT INTERSECTION:								
Route# _____ Direction _____ Name of Roadway/Street _____				Route# _____ Direction _____ Address # 400 Name of Roadway/Street LOWELL ST									
At				_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" 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 checked="" 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 checked="" 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 1 #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped				Crash Report ID# 20-195-AC									
License # S58150615 St MA DOB/Age _____				Reg # H91024 Reg Type CO Reg State MA									
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement _____				Veh Year 2006 Veh Make FORD Veh Config. 1 21									
Operator JOBIN, GEORGE H				Owner JOBIN, GEORGE H									
Address 15 OHIO ST				Address 15 OHIO ST									
City WILMINGTON State MA Zip 01887-1656				City WILMINGTON State MA Zip 01887-1656									
Insurance Company THE COMMERCE INSURANCE CO				Vehicle Action Prior to Crash 1 22		Damaged Area Code: 6 27 8 27 7 27							
Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input checked="" type="checkbox"/> W Responding to Emergency? 2				Event Sequence 1 23 23 23 23		Test Status: 1 28							
Citation # (If Issued) _____				Most Harmful Event 1 24		Type of Test: 2 29							
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____				Driver Contributing Code 1 25 25		BAC Test Result: 1 30							
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____				Driver Distracted by 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		1	X	1	1	4	0	0	10	1	
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 #Occupants <input type="checkbox"/> Non-Motorist A Type 15 Action 16 Location 17 Condition 18 <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped													
License # SA2770320 St MA DOB/Age _____				Reg # 1BMS78 Reg Type PC Reg State MA									
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement _____				Veh Year 2009 Veh Make TOYOTA Veh Config. 1 21									
Operator STOKES, KRISTOFER ARMAND				Owner STOKES, KRISTOFER ARMAND									
Address 9 ARLINGTON ST				Address 9 ARLINGTON ST									
City READING State MA Zip 01867-3127				City READING State MA Zip 01867-3127									
Insurance Company AMICA PROPERTY & CASUALTY				Vehicle Action Prior to Crash 1 22		Damaged Area Code: 7 27 1 27 8 27							
Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? 2				Event Sequence 1 23 23 23 23		Test Status: 1 28							
Citation # (If Issued) T2062429				Most Harmful Event 1 24		Type of Test: 2 29							
Viol. 1: Ch/Sec/Sub 89 4A Viol. 2: Ch/Sec/Sub _____				Driver Contributing Code 9 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/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	X	1	1	3	0	0	8	1	

Police Use Only		Commonwealth of Massachusetts				RMV Document Number									
Date of Crash 09/07/2020	Time of Crash 1933 24HR	City/Town Wilmington		Motor Vehicle Crash Police Report		Number Vehicles 3	Number Injured 1	Speed Limit 30	Latitude _____	Longitude _____	State Police <input type="checkbox"/>	Local Police <input type="checkbox"/>	MBTA Police <input type="checkbox"/>	Campus Police <input type="checkbox"/>	Other: _____ <input type="checkbox"/>
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:							
Route# _____ Direction _____ Name of Roadway/Street _____ At _____						Route# _____ Direction _____ Address # 400 Name of Roadway/Street LOWELL ST									
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____						_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W of _____ or _____ Mile Marker _____ Exit Number _____									
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____						_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input checked="" type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____									
						_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input checked="" type="checkbox"/> W of _____		Landmark _____							
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 32 #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped						Crash Report ID# 20-195-AC									
License # S52234486 St MA DOB/Agc _____						Reg # 59447 Reg Type PC Reg State MA									
Sex F Lic. Class D Lic. Restrictions 1 CDL _____						Veh Year 2019 Veh Make SUBARU Veh Config. 1									
Operator RICKLEY, ELIZABETH M						Owner NIEWENHOUS, MARGARET DARIA									
Address 25 SUNSET ROCK LN						Address 25 SUNSET ROCK LN									
City READING State MA Zip 01867						City READING State MA Zip 01867-1086									
Insurance Company THE COMMERCE INSURANCE CO						Vehicle Action Prior to Crash 1 Damaged Area Code: 1 27 27 27									
Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input checked="" type="checkbox"/> 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									
Please fill out for operator and all occupants involved						Towed from scene? 2 33									
Name (Last First Middle) Address DOB/Age Sex 34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code Medical Facility															
Operator See Above						<input checked="" type="checkbox"/> <input type="checkbox"/>									
JORDON CASTONGUAY 8 WILLOW AVE SOMERVILLE, MA 02144-3161						M 3 1 4 0 0 10 1									
Please Select One of the Following: <input type="checkbox"/> Vehicle 4 #Occupants <input type="checkbox"/> Non-Motorist A Type 15 Action 16 Location 17 Condition 18 <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped															
License # _____ St _____ DOB/Agc _____						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: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input checked="" type="checkbox"/> 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									
Please fill out for operator/non-motorist and all occupants involved						Towed from scene? 33									
Name (Last First Middle) Address DOB/Age Sex 34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code Medical Facility															
Operator/Non-Motorist See Above						<input checked="" type="checkbox"/> <input type="checkbox"/>									
						1									

Date of Crash: 09/09/2020 | Time of Crash: 1111 24HR | 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:

1 Route# Direction Name of Roadway/Street At
 2 Route# Direction Name of Intersecting Roadway/Street
 2 Route# Direction Name of Intersecting Roadway/Street

Route# Direction Address # Name of Roadway/Street
 433 MAIN ST
 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# 20-196-AC

License # **S52838150** St. **MA** DOB/Ag _____ Reg # **V16346** Reg Type **CO** Reg State **MA**
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL Endorsement _____ Veh Year **2003** Veh Make **International** Veh Config. **97** 21
 Operator **RANGEL, SILAS** Owner **SEGA AUTO SALES AND SERVICE INC**
 Address **36 DARTMOUTH ST APT 310** Address **449 FERRY ST**
 City **MALDEN** State **MA** Zip **02148-5114** City **MALDEN** State **MA** Zip **02148-7849**
 Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: 0 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) **T1683726** Most Harmful Event **1** 24 Type of Test: 29
 Viol. 1: Ch/Sec/Sub **85 36** Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **97** 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? **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	<input checked="" type="checkbox"/>	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

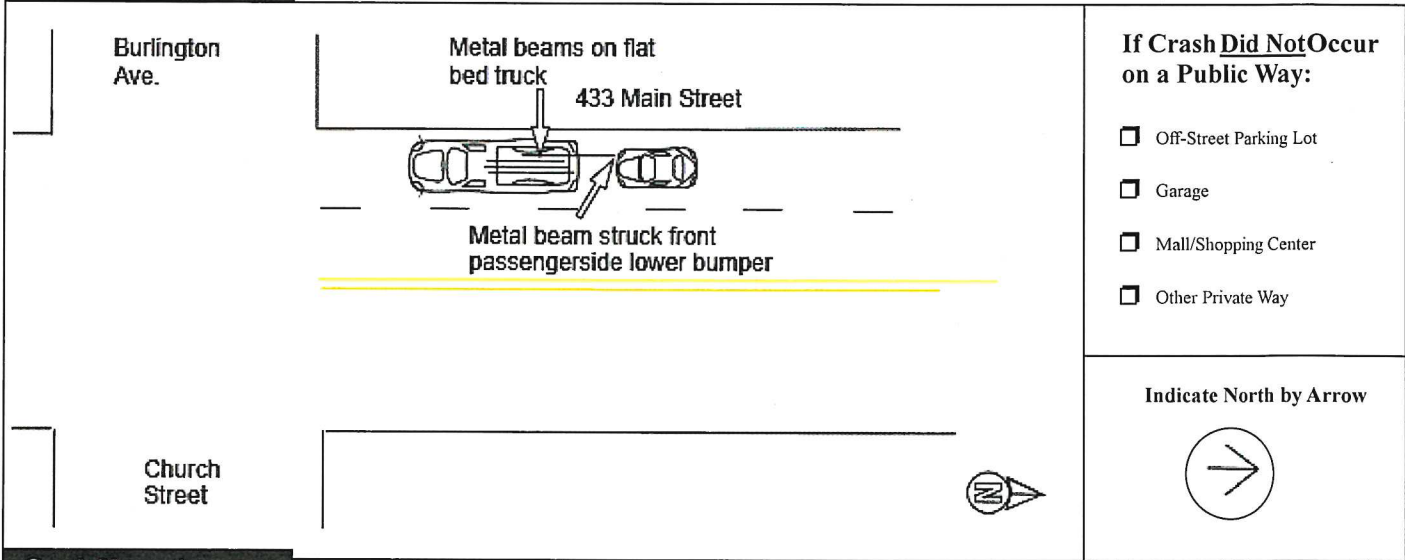
License # **S50815277** St. **MA** DOB/Ag _____ Reg # **558XX5** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL Endorsement _____ Veh Year **2017** Veh Make **VOLKSWAGEN** Veh Config. **1** 21
 Operator **CLARK, CHRISTOPHER P** Owner **CLARK, CHRISTOPHER P**
 Address **31 HARLAND RD** Address **31 HARLAND RD**
 City **WALTHAM** State **MA** Zip **02453-7613** City **WALTHAM** State **MA** Zip **02453-7613**
 Insurance Company **ARBELLA MUTUAL INSURANCE** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: 2 27 27 27
 Vehicle Travel Direction: **N E W** Responding to Emergency? **2** Event Sequence **10** 23 23 23 23 Test Status: 28
 Citation # (If Issued) _____ Most Harmful Event **10** 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/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	99	4	0	0	10	1	

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○



Crash Narrative:

Oper. of MV#1 and Oper. of MV#2 where both traveling south on Route 38 Main Street. While in traffic, in front of 433 Main Street a steel beam that was on the flat bed of MV#1 sli off and struck the front passenger side bumper of MV#2 that was directly behind him in traffic.

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 Daniel C Cadigan 178 Wilmington Police Department 09/09/2020
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

<p>Route# _____ Direction _____ Name of Roadway/Street _____</p> <p>At _____</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p> <p>Also at Intersection with _____</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p>	<p>Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____</p> <p>Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____</p> <p>Mile Marker _____ Exit Number _____</p> <p>Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____</p> <p>Route# _____ Intersecting Roadway/Street _____</p> <p>Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____</p> <p>Landmark _____</p>
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Please Select One of the Following: Vehicle 1 Occupants Hit/Run Moped Crash Report ID# **20-197-AC**

<p>License # S80716528 St MA DOB/Age _____ Reg # 2J9937 Reg Type PC Reg State MA</p> <p>Sex M Lic. Class D Lic. Restrictions 1 CDL _____ Veh Year 2006 Veh Make HARLEY-DAVIDSON Veh Config. 3</p> <p>Operator CLERICO, DEVIN JAMES Owner CLERICO, DEVIN JAMES</p> <p>Address 24 OHIO ST Address 24 OHIO ST</p> <p>City WILMINGTON State MA Zip 01887-1648 City WILMINGTON State MA Zip 01887-1648</p> <p>Insurance Company PROGRESSIVE CASUALTY INSU Vehicle Action Prior to Crash 1 22 Damaged Area Code: 1 27 27 27</p> <p>Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? 2 Event Sequence 1 23 23 23 23 Test Status: 28</p> <p>Citation # (If Issued) _____ Most Harmful Event 1 24 Type of Test: 29</p> <p>Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code 1 25 25 BAC Test Result: 30</p> <p>Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by 0 26 Susp. Alcohol: 31 Susp. Drug: 32</p> <p>Driver Distracted by 0 26 Towed from scene? 1 33</p>	<p>1 12</p> <p>1 13</p>
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Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above			1	5	5	1	0	9	1	

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

<p>License # S79106035 St MA DOB/Age _____ Reg # 6PM753 Reg Type PC Reg State MA</p> <p>Sex M Lic. Class D Lic. Restrictions 1 CDL _____ Veh Year 2016 Veh Make CHEVROLET Veh Config. 2</p> <p>Operator SIMMONS, JOSEPH P Owner SIMMONS, JOSEPH P</p> <p>Address 23 KIRK ST Address 23 KIRK ST</p> <p>City WILMINGTON State MA Zip 01887-3208 City WILMINGTON State MA Zip 01887-3208</p> <p>Insurance Company INTEGON NATIONAL INSURANC Vehicle Action Prior to Crash 1 22 Damaged Area Code: 1 27 27 27</p> <p>Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? 2 Event Sequence 1 23 23 23 23 Test Status: 28</p> <p>Citation # (If Issued) _____ Most Harmful Event 1 24 Type of Test: 29</p> <p>Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code 1 25 25 BAC Test Result: 30</p> <p>Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by 0 26 Susp. Alcohol: 31 Susp. Drug: 32</p> <p>Driver Distracted by 0 26 Towed from scene? 2 33</p>	<p>1 14</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			1	1	4	0	0	10	1	

Police Use Only		Commonwealth of Massachusetts				RMV Document Number	
Date of Crash 09/10/2020	Time of Crash 1518 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 3	Number Injured 0	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	

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

<p>1 1</p> <p>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 1</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p>	<p>2 10</p> <p>Route# _____ Direction _____ Address # <u>490</u> Name of Roadway/Street <u>MAIN ST</u></p> <p>_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____</p> <p style="text-align: center;">Mile Marker _____ Exit Number _____</p> <p>8 11</p> <p>_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____</p> <p>_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____</p> <p style="text-align: center;">Route# _____ Intersecting Roadway/Street _____</p> <p style="text-align: center;">Landmark _____</p>
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3 **1** Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped

Crash Report ID# **20-198-AC**

<p>License # <u>000047502756</u> St <u>NC</u> DOB/Age _____</p> <p>Sex <u>F</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL _____</p> <p>Operator <u>MARTINEZ, RENEE ANDRE</u></p> <p>Address <u>206 MAIDSTONE DR</u></p> <p>City <u>RICHLANDS</u> State <u>NC</u> Zip <u>01826-2826</u></p> <p>Insurance Company <u>GOVERNMENT EMPLOYEES INSU</u></p> <p>Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u></p> <p>Citation # (If Issued) _____</p> <p>Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____</p> <p>Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____</p>	<p>Reg # <u>1BBD83</u> Reg Type <u>PC</u> Reg State <u>MA</u></p> <p>Veh Year <u>2016</u> Veh Make <u>FORD</u> Veh Config. <u>1</u> <u>21</u></p> <p>Owner <u>MARTINEZ, RENEE ANDRE</u></p> <p>Address <u>206 MAIDSTONE DR</u></p> <p>City <u>RICHLANDS</u> State <u>NC</u> Zip <u>01826-2826</u></p> <p>Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>1</u> <u>27</u> <u>27</u> <u>27</u></p> <p>Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>28</u></p> <p>Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u></p> <p>Driver Contributing Code <u>19</u> <u>25</u> <u>25</u> BAC Test Result: <u>30</u></p> <p>Driver Distracted by <u>5</u> <u>26</u> Susp. Alcohol: <u>31</u> Susp. Drug: <u>32</u></p> <p>Towed from scene? <u>2</u> <u>33</u></p>
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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	_____	_____	<u>1</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	

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</p> <p>License # <u>S53864997</u> St <u>MA</u> DOB/Age _____</p> <p>Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL _____</p> <p>Operator <u>BANEVICIUS, VIDMANTAS</u></p> <p>Address <u>16 COREY AVE</u></p> <p>City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-3618</u></p> <p>Insurance Company <u>GOVERNMENT EMPLOYEES INSU</u></p> <p>Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u></p> <p>Citation # (If Issued) _____</p> <p>Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____</p> <p>Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____</p>	<p>Reg # <u>14DZ88</u> Reg Type <u>PC</u> Reg State <u>MA</u></p> <p>Veh Year <u>2013</u> Veh Make <u>MITSUBISHI</u> Veh Config. <u>2</u> <u>21</u></p> <p>Owner <u>BANEVICIUS, VIDMANTAS</u></p> <p>Address <u>16 COREY AVE</u></p> <p>City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-3618</u></p> <p>Vehicle Action Prior to Crash <u>2</u> <u>22</u> Damaged Area Code: <u>1</u> <u>27</u> <u>5</u> <u>27</u> <u>27</u></p> <p>Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>28</u></p> <p>Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u></p> <p>Driver Contributing Code <u>1</u> <u>25</u> <u>25</u> BAC Test Result: <u>30</u></p> <p>Driver Distracted by <u>0</u> <u>26</u> Susp. Alcohol: <u>31</u> Susp. Drug: <u>32</u></p> <p>Towed from scene? <u>2</u> <u>33</u></p>
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9 **2** Please fill out for operator/non-motorist and all occupants involved

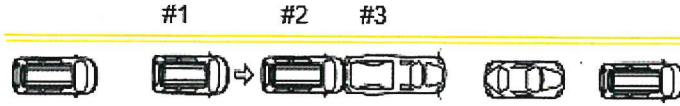
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above	_____	_____	<u>1</u>	<u>0</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○

← Route 38 →



Super
Petroleum
490 Main
Street



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. of MV#1, Oper. of MV#2 and Oper. of MV#3 where all traveling on route 38 north Main Street in stop and go traffic. While in traffic MV#1 accidentally stepped on the gas and reared ended MV#2 which caused MV#2 to rear end MV#3.

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 Daniel C Cadigan

178

Wilmington Police Department

09/10/2020

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

Route# Direction Name of Roadway/Street

Route# Direction Name of Roadway/Street

Please Select One of the Following: Vehicle 1 Occupants Hit/Run Moped Crash Report ID# **20-199-AC**

License # **S27174691** St **MA** DOB/Age _____ Reg # **264EK8** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** Lic. Restrictions **B** CDL Endorsement _____ Veh Year **2012** Veh Make **FORD** Veh Config. **1**

Operator **NEALE, JOANNE S** Owner **NEALE, JAY WILLIAM**

Address **10 WEBBER ST** Address **10 WEBBER ST**

City **WILMINGTON** State **MA** Zip **01887-3636** City **WILMINGTON** State **MA** Zip **01887-3636**

Insurance Company **QUINCY MUTUAL FIRE INSURA** Vehicle Action Prior to Crash **1** Damaged Area Code: **1 27 27 27**

Vehicle Travel Direction: **NSE** 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		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 # **NHL19620377** St **NH** DOB/Age _____ Reg # **4684050** Reg Type **PC** Reg State **NH**

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

Operator **CHRISTIAN, KIMBERLY ANN** Owner **CHRISTIAN, KIMBERLY ANN**

Address **16 DYSON DR APT B** Address **16 DYSON DR APT B**

City **SALEM** State **NH** Zip **03079** City **SALEM** State **NH** Zip **03079**

Insurance Company **GEICO** Vehicle Action Prior to Crash **1** Damaged Area Code: **3 27 27 27**

Vehicle Travel Direction: **SEW** 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/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	10	1	
MARISSA PALAZZO	5 4TH ST WINDHAM, NH 03087		F	3	1	4	0	0	10	1	

Wilmington Police Department
Images Associated with 20-199-AC

