

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 09/20/2020	Time of Crash 1431 24HR	City/Town Wilmington		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit <u>25</u>	State Police <input type="checkbox"/>	Local Police <input type="checkbox"/>	MBTA Police <input type="checkbox"/>	Campus Police <input type="checkbox"/>	Other: <input type="checkbox"/>

AT INTERSECTION:	< LOCATION >	NOT AT INTERSECTION:
-------------------------	---------------------------	-----------------------------

<p>Route# <u>1</u> Direction <u>GLEN RD</u> Name of Roadway/Street</p> <p style="text-align: center;">At</p> <p>Route# <u>1</u> Direction <u>HARDEN ST</u> Name of Intersecting Roadway/Street</p> <p style="text-align: center;">Also at Intersection with</p> <p>Route# <u>1</u> 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 style="text-align: center;">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>_____ 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>
--	---

Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle <u>1</u> #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped	Crash Report ID# 20-201-AC
---	-----------------------------------

License # <u>S33629560</u> St <u>MA</u> DOB/Age _____ Sex <u>M</u> Lic. Class <u>D</u> <u>M</u> Lic. Restrictions <u>20</u> CDL Endorsement _____ Operator <u>MCCAULEY, STANLEY LEE</u> Address <u>93 LAKEVIEW AVE</u> City <u>TEWKSBURY</u> State <u>MA</u> Zip <u>01876-4317</u> Insurance Company <u>THE COMMERCE INSURANCE CO</u> Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" 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>732LN1</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2013</u> Veh Make <u>FORD</u> Veh Config. <u>2</u> Owner <u>MCCAULEY, STANLEY LEE</u> Address <u>93 LAKEVIEW AVE</u> City <u>TEWKSBURY</u> State <u>MA</u> Zip <u>01876-4317</u> Vehicle Action Prior to Crash <u>1</u> Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Most Harmful Event <u>1</u> <u>24</u> Driver Contributing Code <u>1</u> <u>25</u> <u>25</u> Driver Distracted by <u>0</u> <u>26</u>
--	---

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>	

Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle <u>1</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
--

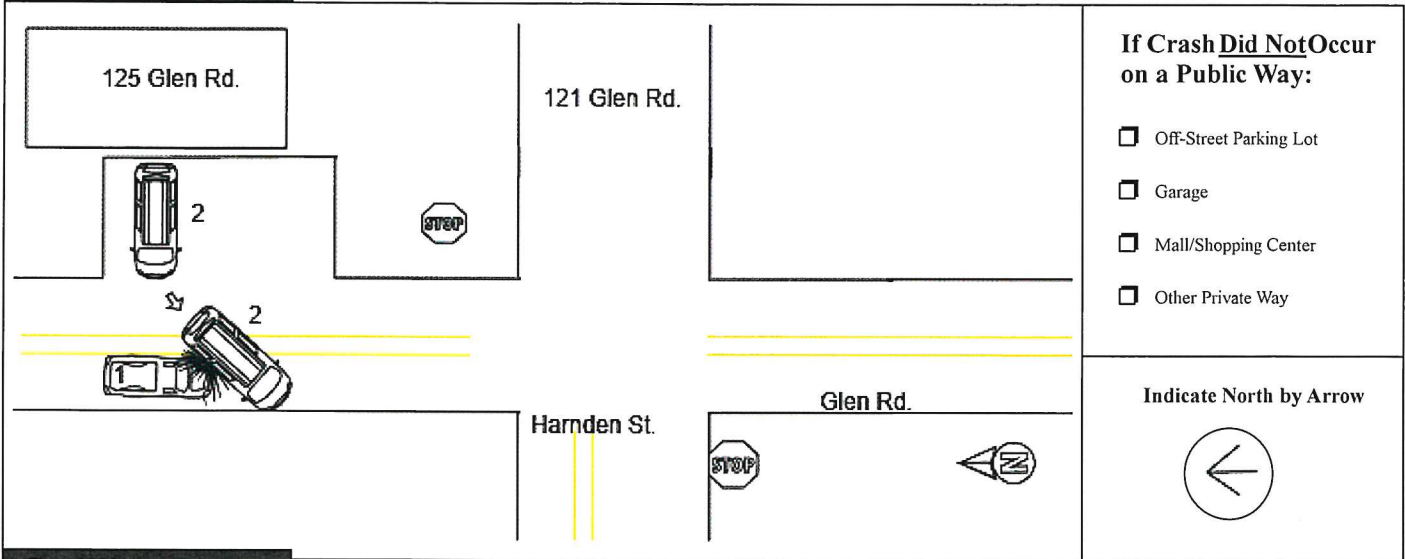
License # <u>S71140365</u> St <u>MA</u> DOB/Age _____ Sex <u>M</u> Lic. Class <u>D</u> <u>M</u> Lic. Restrictions <u>20</u> CDL Endorsement _____ Operator <u>LEKANI, ANTONIO PETER</u> Address <u>440 NORTH AVE APT 18</u> City <u>HAVERHILL</u> State <u>MA</u> Zip <u>01830</u> Insurance Company <u>OLD REPUBLIC INSURANCE CO</u> Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" 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>V78171</u> Reg Type <u>CO</u> Reg State <u>MA</u> Veh Year <u>2020</u> Veh Make <u>DODGE</u> Veh Config. <u>1</u> Owner <u>AMAZON LOGISTICS INC</u> Address <u>410 TERRY N AVE</u> City <u>SEATTLE</u> State <u>WA</u> Zip <u>98109-5210</u> Vehicle Action Prior to Crash <u>4</u> Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Most Harmful Event <u>1</u> <u>24</u> Driver Contributing Code <u>4</u> <u>25</u> <u>25</u> Driver Distracted by <u>0</u> <u>26</u>
--	---

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

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

Crash Diagram:

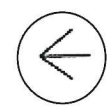
ie: → 1 → 2 → ○ → ○



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:

On 09/21/20 Car 1 while travelling SB on Glen Rd. crashed into Car 2 as Car 2 turned left on Glen Rd. and into Car 1's lane. Car 2 was pulling out of the driveway around 125 Glen Rd.

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

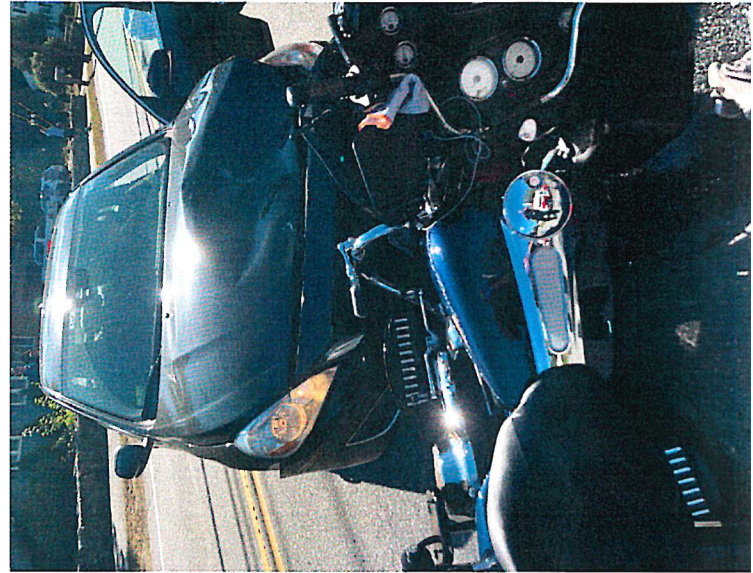
Hazmat Information:

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

Patrol Officer Dillon Halliday 205 Wilmington Police Department 09/20/2020

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

Wilmington Police Department
Images Associated with 20-202-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 _____ or _____ Exit Number
 Mile Marker
 Feet N S E W of _____ Route# Intersecting Roadway/Street
 Feet N S E W of _____
 Landmark

Please Select One of the Following: Vehicle 2 #Occupants Hit/Run Moped
 Crash Report ID# **20-203-AC**

License # **S21267617** St **MA** DOB/Age _____ Reg # **9LX646** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **B** 20 CDL Endorsement _____ Veh Year **2004** Veh Make **CHEVROLET** Veh Config. **1** 21
 Operator **DRURY, JOHNATHAN A** Owner **DRURY, JOHNATHAN A**
 Address **60 PARK ST** Address **60 PARK ST**
 City **WILMINGTON** State **MA** Zip **01887-1521** City **WILMINGTON** State **MA** Zip **01887-1521**
 Insurance Company **SAFETY INSURANCE COMPANY** Vehicle Action Prior to Crash **10** 22 Damaged Area Code: 4 27 3 27 1 27
 Vehicle Travel Direction: **N S E X** Responding to Emergency? **2** Event Sequence **36** 23 1 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 **19** 25 **18** 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

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	99	4	0	0	10	1	
ASHLEY DANIELSON	125A SALEM ST WILMINGTON, MA 01887-4003	06/20/1999	F	3	99	4	0	0	10	1	

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

License # _____ St _____ DOB/Age _____ Reg # **9LH296** Reg Type **PC** Reg State **MA**
 Sex _____ Lic. Class **D** 19 19 Lic. Restrictions **20** CDL Endorsement _____ Veh Year **2005** Veh Make **ACURA** Veh Config. **1** 21
 Operator **Driverless M.V.** Owner **COUTO, JOSHUA P**
 Address _____ Address **14 EVERETT AVE**
 City _____ State _____ Zip _____ City **WILMINGTON** State **MA** Zip **01887-1706**
 Insurance Company **GOVERNMENT EMPLOYEES INSU** Vehicle Action Prior to Crash **11** 22 Damaged Area Code: 8 27 7 27 27
 Vehicle Travel Direction: **N S E X** 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: 2 31 Susp. Drug: 2 32
 Towed from scene? **2** 33

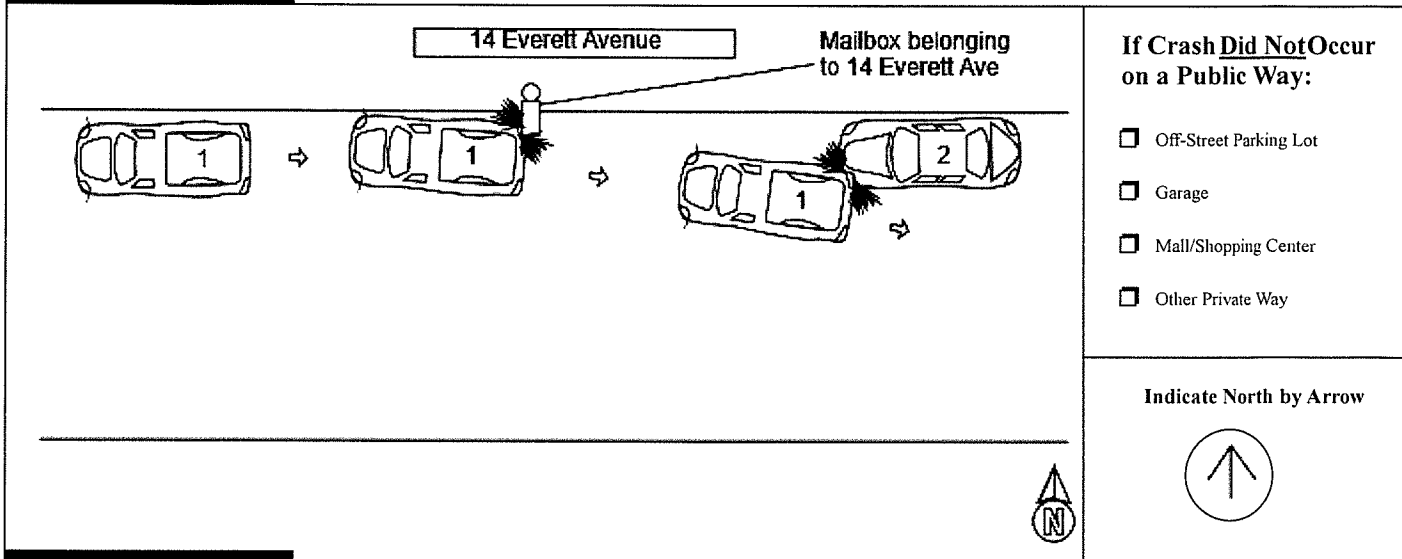
Please fill out for operator/non-motorist and all occupants involved

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	0	4	0	0	10	1	

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○



Crash Narrative:

MV1 was traveling westbound on Everett Avenue towards Fairfield Road and Main Street. The operator of MV1 stated that he got lost and believed that Everett Avenue was a "Dead End Street." The operator of MV1 decided to stop, back up, turn around, and head back the way he came towards Faulkner Avenue. While backing up, MV1 struck and knocked over the mailbox and wooden planter barrel in front of #14 Everett Avenue. MV1 continued backing up and then struck MV2 which was unoccupied and parked in front of #14 Everett Avenue as well. The operator of MV1 stated that his truck is large, and while he heard a loud noise, he was unaware that he struck anything with his truck. The operator of MV1 apologized for initially leaving the scene without exchanging information, but stated he was unaware he was in an accident. There were no injuries and both MV1 and MV2 were able to be driven from the scene. Homeowner at 14 Everett was provided with MV1 Insurance Info

Witnesses:

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

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
COUTO EMANUEL C	14 EVERETT AVE WILMINGTON MA 01887		97	MAILBOX AND WOODEN BARREL PLANTER

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

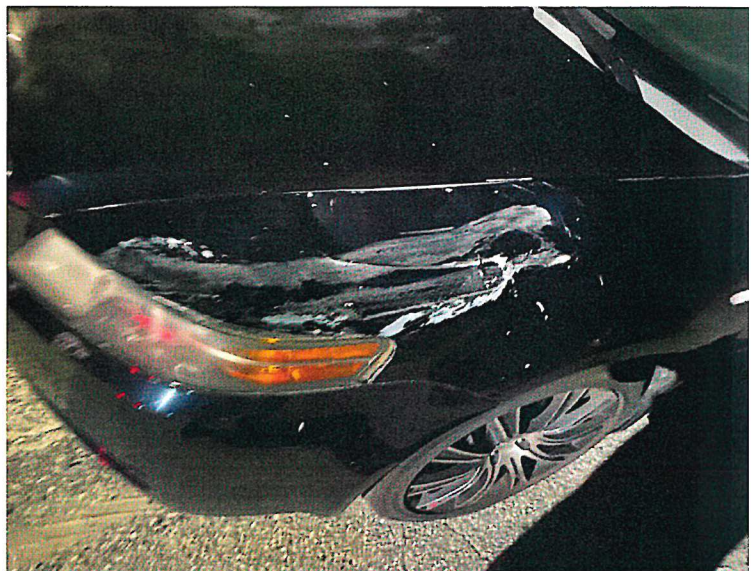
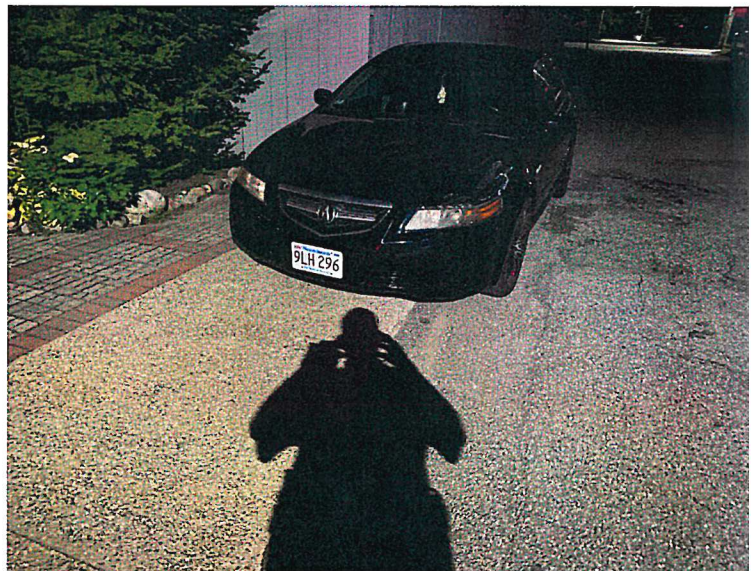
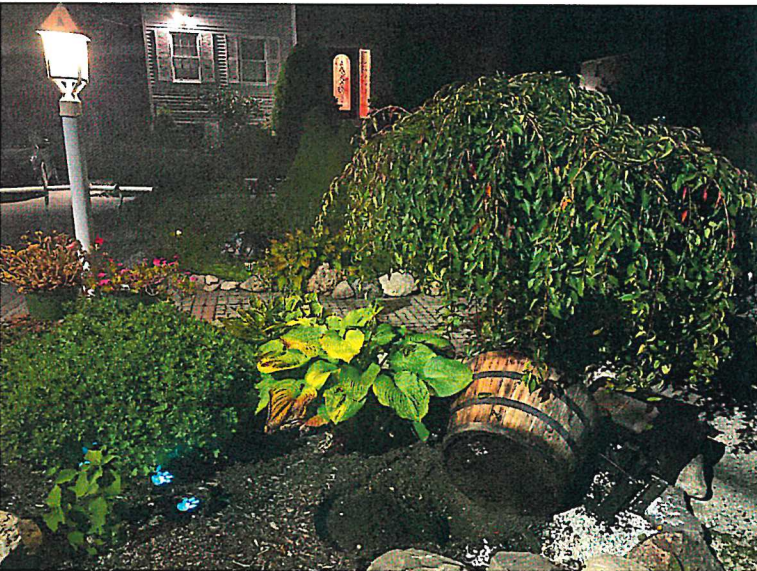
Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 46

Hazmat Information:

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

Patrol Officer Michael A Wilson 209 Wilmington Police Department 09/21/2020
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Images Associated with 20-203-AC



Wilmington Police Department
Images Associated with 20-203-AC



AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1 | Route# Direction Name of Roadway/Street At | Route# Direction Address # Name of Roadway/Street | 2 | 10 |

Route# Direction Name of Intersecting Roadway/Street | Route# Direction Address # Name of Roadway/Street | 2 | 11 |

2 | Route# Direction Name of Intersecting Roadway/Street | Route# Direction Address # Name of Roadway/Street | 2 | 11 |

2 | 1 |

Please Select One of the Following: Vehicle 1 Occupants Hit/Run Moped | Crash Report ID# 20-204-AC

License # S54496294 St MA DOB/Age | Reg # 3983NR Reg Type PC Reg State MA | 1 | 12 |

Sex M Lic. Class D 19 19 Lic. Restrictions 99 20 CDL Endorsement | Veh Year 2013 Veh Make NISSAN Veh Config. 1 21 | 1 | 12 |

Operator MACCORMACK, HUGH D JR | Owner MACCORMACK, SHIRLEY M | 1 | 12 |

Address 16 CHESTNUT ST | Address 16 CHESTNUT ST | 1 | 12 |

City BEVERLY State MA Zip 01915-3307 | City BEVERLY State MA Zip 01915-3307 | 1 | 12 |

Insurance Company THE STANDARD FIRE INSURAN | Vehicle Action Prior to Crash 1 22 Damaged Area Code: 0 27 27 27 | 1 | 12 |

Vehicle Travel Direction: N S E W Responding to Emergency? 2 | Event Sequence 2 23 23 23 23 Test Status: 1 28 | 1 | 12 |

Citation # (If Issued) | Most Harmful Event 2 24 Type of Test: 29 | 1 | 12 |

Viol. 1: Ch/Sec/Sub | Driver Contributing Code 17 25 99 25 BAC Test Result: 30 | 1 | 12 |

Viol. 3: Ch/Sec/Sub | Driver Distracted by 0 26 Susp. Alcohol: 2 31 Susp. Drug: 99 32 | 2 | 13 |

Viol. 4: Ch/Sec/Sub | Towed from scene? 1 33 | 2 | 13 |

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	4	0	0	99	2	Winchester Hospital

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

License # S14904881 St MA DOB/Age | Reg # 979NS8 Reg Type PC Reg State MA | 1 | 14 |

Sex M Lic. Class D 19 19 Lic. Restrictions 99 20 CDL Endorsement | Veh Year 2004 Veh Make TOYOTA Veh Config. 1 21 | 1 | 14 |

Operator CARD, THOMAS CHAMBERLAIN | Owner CARD, THOMAS CHAMBERLAIN | 1 | 14 |

Address 4 WEST ST | Address 4 WEST ST | 1 | 14 |

City WILMINGTON State MA Zip 01887-3008 | City WILMINGTON State MA Zip 01887-3008 | 1 | 14 |

Insurance Company THE COMMERCE INSURANCE CO | Vehicle Action Prior to Crash 2 22 Damaged Area Code: 5 27 27 27 | 1 | 14 |

Vehicle Travel Direction: N S E W Responding to Emergency? 2 | Event Sequence 2 23 23 23 23 Test Status: 1 28 | 1 | 14 |

Citation # (If Issued) | Most Harmful Event 2 24 Type of Test: 29 | 1 | 14 |

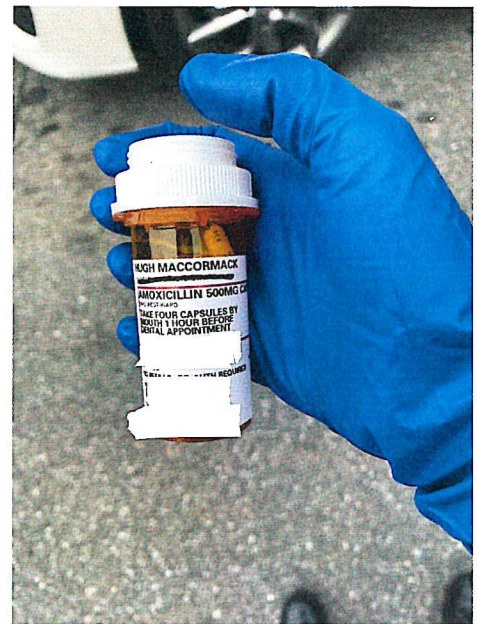
Viol. 1: Ch/Sec/Sub | Driver Contributing Code 1 25 25 BAC Test Result: 30 | 1 | 14 |

Viol. 3: Ch/Sec/Sub | Driver Distracted by 0 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32 | 2 | 13 |

Viol. 4: Ch/Sec/Sub | Towed from scene? 2 33 | 2 | 13 |

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	

Wilmington Police Department
Images Associated with 20-204-AC



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# **20-205-AC**

License # **S39835462** St **MA** DOB/Age _____ Reg # **3TEZ71** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** Lic. Restrictions **99** CDL Endorsement _____ Veh Year **2011** Veh Make **TOYOTA** Veh Config. **1**

Operator **DIROCHE, GIL A** Owner **MARTINEZ-GUZMAN, ELBA**

Address **20 PARK ST APT 22** Address **391 HIGHLAND AVE**

City **LYNN** State **MA** Zip **01905-2272** City **MALDEN** State **MA** Zip **02148**

Insurance Company **LIBERTY MUTUAL PERSONAL I** Vehicle Action Prior to Crash **1** Damaged Area Code: **1 27 3 27 27**

Vehicle Travel Direction: **NSE** Responding to Emergency? **2** Event Sequence **24 23 23 23 23** Test Status: **1 28**

Citation # (If Issued) **T2063531** Most Harmful Event **24 24** Type of Test: **29**

Viol. 1: Ch/Sec/Sub **90 24** Viol. 2: Ch/Sec/Sub **90 24** Driver Contributing Code **10 25 25** BAC Test Result: **30**

Viol. 3: Ch/Sec/Sub **89 4A** Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **99 26** Susp. Alcohol: **2 31** Susp. Drug: **1 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	1	4	0	0	8	2	Lahey Clinic

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: **NSW** 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							

Wilmington Police Department
Images Associated with 20-205-AC

