

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

3 1 Route# Direction Name of Roadway/Street
Route# Direction Address # **MAIN ST**
Name of Roadway/Street
Feet **N S E W** of _____ or _____
Mile Marker Exit Number
Feet **N S E W** of _____
Route# Intersecting Roadway/Street
Feet **N S E W** of _____
Landmark

Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped
Crash Report ID# **20-220-AC**

License # **S04454744** St **MA** DOB/Age _____
Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL _____
Operator **SACCOCEA, LOUIS R**
Address **78 FEDERAL ST**
City **WILMINGTON** State **MA** Zip **01887-2554**
Insurance Company **SAFETY INSURANCE COMPANY**
Vehicle Travel Direction: **S E W** Responding to Emergency? **2**
Citation # (If Issued) **T2063699**
Viol. 1: Ch/Sec/Sub **89 8** Viol. 2: Ch/Sec/Sub _____
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____

Reg # **955HP8** Reg Type **PC** Reg State **MA**
Veh Year **2014** Veh Make **CHEVROLET** Veh Config. **2** 21
Owner **SACCOCEA, LOUIS R**
Address **78 FEDERAL ST**
City **WILMINGTON** State **MA** Zip **01887-2554**
Vehicle Action Prior to Crash **4** 22 Damaged Area Code: 2 27 3 27 27
Event Sequence 1 23 23 23 23 Test Status: 1 28
Most Harmful Event **1** 24 Type of Test: 29
Driver Contributing Code **4** 25 25 BAC Test Result: 30
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	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 # **S74540230** St **MA** DOB/Age _____
Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL _____
Operator **PARROTT, WILLIAM ROBERT**
Address **12 HOBSON AVE**
City **WILMINGTON** State **MA** Zip **01887-2061**
Insurance Company **GOVERNMENT EMPLOYEES INSU**
Vehicle Travel Direction: **N E W** Responding to Emergency? **2**
Citation # (If Issued) _____
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____

Reg # **4BP444** Reg Type **PC** Reg State **MA**
Veh Year **2006** Veh Make **CADILLAC** Veh Config. **1** 21
Owner **PARROTT, WILLIAM ROBERT**
Address **12 HOBSON AVE**
City **WILMINGTON** State **MA** Zip **01887-2061**
Vehicle Action Prior to Crash **1** 22 Damaged Area Code: 1 27 2 27 8 27
Event Sequence 1 23 23 23 23 Test Status: 1 28
Most Harmful Event **1** 24 Type of Test: 29
Driver Contributing Code **1** 25 25 BAC Test Result: 30
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	1	3	0	0	10	1	

Wilmington Police Department
Images Associated with 20-220-AC



Date of Crash 10/11/2020	Time of Crash 1107 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report	Number Vehicles 2	Number Injured 0	Speed Limit <u>35</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:				
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			Route# <u>275</u> Direction _____ Address # <u>MAIN ST</u> Name of Roadway/Street _____					
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____			_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ 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 type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____					
			_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____					

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

Crash Report ID# **20-221-AC**

License # <u>S84862693</u> St <u>MA</u> DOB/Age _____ Sex <u>F</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL _____ Endorsement _____ Operator <u>MARCOULIER, MICHELLE KIRA</u> Last First Middle Address <u>15 PINE ST</u> City <u>SAUGUS</u> State <u>MA</u> Zip <u>01906</u> Insurance Company <u>PLYMOUTH ROCK ASSURANCE C</u> Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u> Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # <u>1JXT73</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2020</u> Veh Make <u>HYUNDAI</u> Veh Config. <u>1</u> <u>21</u> Owner <u>SHAW, SCOTT T</u> Last First Middle Address <u>15 PINE ST</u> City <u>SAUGUS</u> State <u>MA</u> Zip <u>01906-1107</u> Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>6</u> <u>27</u> <u>5</u> <u>27</u> <u>4</u> <u>27</u> Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u> Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u> Driver Contributing Code <u>1</u> <u>25</u> <u>25</u> BAC Test Result: <u>30</u> Driver Distracted by <u>0</u> <u>26</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u> Towed from scene? <u>2</u> <u>33</u>
--	---

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 # <u>S33365812</u> St <u>MA</u> DOB/Age _____ Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL _____ Endorsement _____ Operator <u>LONG, JAMES V</u> Last First Middle Address <u>10 ARLINGTON ST</u> City <u>METHUEN</u> State <u>MA</u> Zip <u>01844</u> Insurance Company <u>GOVERNMENT EMPLOYEES INSU</u> Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u> Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # <u>29JD55</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2007</u> Veh Make <u>DODGE</u> Veh Config. <u>1</u> <u>21</u> Owner <u>BURNS, JANINE GRACE</u> Last First Middle Address <u>10 ARLINGTON ST</u> City <u>METHUEN</u> State <u>MA</u> Zip <u>01844-4937</u> Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>0</u> <u>27</u> <u>27</u> <u>27</u> Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u> Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u> Driver Contributing Code <u>5</u> <u>25</u> <u>25</u> BAC Test Result: <u>1</u> <u>30</u> Driver Distracted by <u>0</u> <u>26</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u> Towed from scene? <u>2</u> <u>33</u>
--	--

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	

Date of Crash 10/12/2020 Time of Crash 1351 City/Town **Wilmington** **Motor Vehicle Crash Police Report** Number Vehicles 2 Number Injured 0 Speed Limit 35 State Police Local Police MBTA Police Campus Police Other:

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

Route# Direction Name of Roadway/Street At

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

Route# Direction Name of Intersecting Roadway/Street

Route# Direction Address # 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 11 #Occupants Hit/Run Moped Crash Report ID# **20-222-AC**

License # **069521345** St **CT** DOB/Age _____ Reg # **7YA975** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** Lic. Restrictions **1** CDL _____ Veh Year **2016** Veh Make **Jeep** Veh Config. **1**

Operator **BORJAS-MARTINEZ, KARLA PATRICIA** Owner **KPM SERVICES INC**

Address **12 AVON LN** Address **22 MILL ST APT C**

City **STAMFORD** State **CT** Zip **06907** City **WOBURN** State **MA** Zip **01801-3310**

Insurance Company **TRAVELERS CASUALTY INSURA** Vehicle Action Prior to Crash **2** Damaged Area Code: **5** **27** **27** **27**

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

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

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

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

Towed from scene? **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	XX	1	1	4	0	0	10	1	

Please Select One of the Following: Vehicle 23 #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

License # _____ St. _____ DOB/Age _____ Reg # **9XX792** Reg Type **PC** Reg State **MA**

Sex _____ Lic. Class **D** Lic. Restrictions **I** CDL _____ Veh Year **2007** Veh Make **KIA** Veh Config. **1**

Operator _____ Owner **WHYTE, JENNIFER KRISTIN**

Address _____ Address **35 LAWRENCE ST**

City _____ State _____ Zip _____ City **WILMINGTON** State **MA** Zip **01887-1927**

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

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

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

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

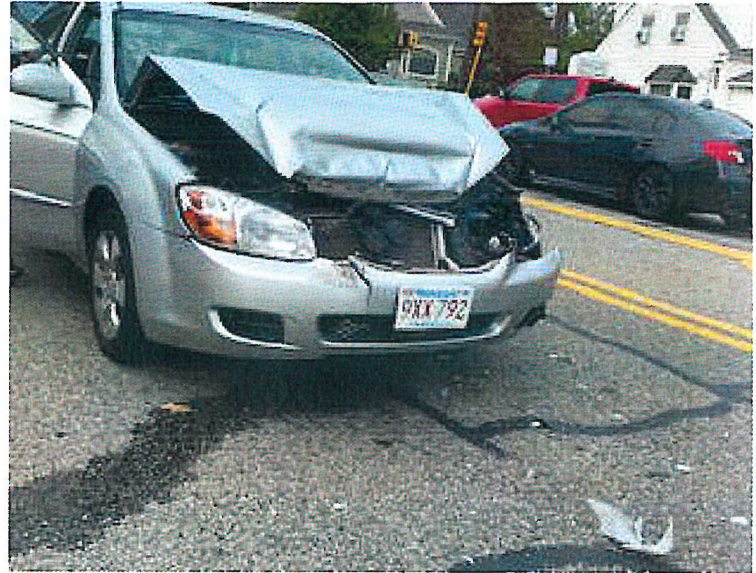
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0** **26** Susp. Alcohol: **2** **31** Susp. Drug: **2** **32**

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

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

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	1	4	0	0	10	1	
				99	1	4	0	0	10	1	
				99	1	4	0	0	10	1	

Wilmington Police Department
Images Associated with 20-222-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number		
Date of Crash 10/13/2020	Time of Crash 1504 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit <u>20</u> 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 # <u>137</u> Name of Roadway/Street <u>GLEN RD</u>	Route# _____ Direction _____ Name of Roadway/Street _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____ Mile Marker _____ Exit Number _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____	Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____	Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____ Landmark _____

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# 20-223-AC
-------------------------------------	---	----------------------------------	--------------------------------	-----------------------------------

License # <u>S89543392</u> St <u>MA</u> DOB/Age _____ Sex <u>F</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL _____ Operator <u>DONAHUE, JACLYN M</u> Address <u>1 EVANS DR</u> City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-2436</u> Insurance Company <u>THE COMMERCE INSURANCE CO</u> Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> W Responding to Emergency? <u>2</u> Citation # (If Issued) <u>T2063511</u> Viol. 1: Ch/Sec/Sub <u>90 34J</u> Viol. 2: Ch/Sec/Sub <u>90 9</u> Viol. 3: Ch/Sec/Sub <u>90 26A</u> Viol. 4: Ch/Sec/Sub _____	Reg # <u>9XZ482</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2012</u> Veh Make <u>NISSAN</u> Veh Config. <u>1</u> <u>21</u> Owner <u>DONAHUE, JACLYN M</u> Address <u>1 EVANS DR</u> City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-2436</u> Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>0</u> <u>27</u> <u>27</u> <u>27</u> Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u> Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u> Driver Contributing Code <u>1</u> <u>25</u> <u>25</u> BAC Test Result: <u>30</u> Driver Distracted by <u>0</u> <u>26</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u> Towed from scene? <u>1</u> <u>33</u>
---	---

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	XXXX	1	1	4	0	0	10	1	

Please Select One of the Following:	<input checked="" type="checkbox"/> Vehicle <u>2</u> #Occupants	<input type="checkbox"/> Non-Motorist A	Type <u>15</u> Action <u>16</u> Location <u>17</u> Condition <u>18</u>	<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped
-------------------------------------	---	---	--	----------------------------------	--------------------------------

License # <u>S54474691</u> St <u>MA</u> DOB/Age _____ Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>99</u> <u>20</u> CDL _____ Operator <u>MAURIELLO, STEPHEN FRANCIS</u> Address <u>1 ADELAIDE ST</u> City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887</u> Insurance Company <u>LIBERTY MUTUAL INSURANCE</u> Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input type="checkbox"/> S <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>3DK270</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2004</u> Veh Make <u>Infinity</u> Veh Config. <u>1</u> <u>21</u> Owner <u>MAURIELLO, KAREN G</u> Address <u>1 BERNSTEIN RD</u> City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-3805</u> Vehicle Action Prior to Crash <u>2</u> <u>22</u> Damaged Area Code: <u>5</u> <u>27</u> <u>27</u> <u>27</u> Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u> Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u> Driver Contributing Code <u>1</u> <u>25</u> <u>25</u> BAC Test Result: <u>30</u> Driver Distracted by <u>0</u> <u>26</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u> Towed from scene? <u>2</u> <u>33</u>
--	--

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	XXXX	1	1	4	0	0	10	1	

Wilmington Police Department
Images Associated with 20-224-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 62 HWY

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# 20-225-AC

License # 11BNB57051 St. NH DOB/Age. _____ Reg # 4500037 Reg Type PC Reg State NH

Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL _____ Veh Year 2010 Veh Make HYUNDAI Veh Config. 1 21

Operator BROWN, BRUCE A Owner BROWN, BRUCE A

Address 40 LUND RD Address 40 LUND RD

City NASHUA State NH Zip 03060 City NASHUA State NH Zip 03060

Insurance Company AAA INSURANCE

Vehicle Action Prior to Crash 4 22 Damaged Area Code: 8 27 27 27

Vehicle Travel Direction: N S E W Responding to Emergency? 2

Event Sequence 1 23 23 23 23 Test Status: 28

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

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

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

Towed from scene? 2 33

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above			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 # S76993065 St. MA DOB/Age. _____ Reg # 37LG73 Reg Type PC Reg State MA

Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL _____ Veh Year 2018 Veh Make NISSAN Veh Config. 1 21

Operator MACLENNAN, DOUGLAS S Owner MACLENNAN, DOUGLAS S

Address 190 PATRICK RD Address 190 PATRICK RD

City TEWKSBURY State MA Zip 01876-4706 City TEWKSBURY State MA Zip 01876-4706

Insurance Company PROGRESSIVE DIRECT INSURA

Vehicle Action Prior to Crash 4 22 Damaged Area Code: 2 27 27 27

Vehicle Travel Direction: X 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 99 25 25 BAC Test Result: 30

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

Towed from scene? 2 33

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

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
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
 3
 Route# Direction Name of Intersecting Roadway/Street
 Landmark

3
 Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped
 Crash Report ID# **20-226-AC**

4 1
 License # **S67053680** St **MA** DOB/Age _____ Reg # **1TWK98** 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. **1** 21
 Operator **CRAIG, VIVIAN P** Owner **CRAIG, VIVIAN P**
 Address **34 SWAIN RD** Address **34 SWAIN RD**
 City **WILMINGTON** State **MA** Zip **01887-2863** City **WILMINGTON** State **MA** Zip **01887-2863**
 Insurance Company **SAFETY INSURANCE COMPANY** Vehicle Action Prior to Crash **10** 22 Damaged Area Code: 2 27 27 27
 Vehicle Travel Direction: S E W Responding to Emergency? **2** Event Sequence 2 23 23 23 23 Test Status: 1 28
 Citation # (If Issued) _____ Most Harmful Event **2** 24 Type of Test: 29
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **19** 25 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

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

8 2
 License # _____ St _____ DOB/Age _____ Reg # **IC78AV** Reg Type **PC** Reg State **MA**
 Sex _____ Lic. Class **19** **19** Lic. Restrictions **20** CDL _____ Veh Year **2018** Veh Make **TOYOTA** Veh Config. **1** 21
 Operator **Driverless M.V.** Owner **FOX, KAREN A**
 Address _____ Address **24 CAPE COD AVE**
 City _____ State _____ Zip _____ City **READING** State **MA** Zip **01867-2517**
 Insurance Company **ARBELLA MUTUAL INSURANCE** Vehicle Action Prior to Crash **11** 22 Damaged Area Code: 6 27 7 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 **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

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							

Wilmington Police Department
Images Associated with 20-226-AC



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

Route# Direction Name of Roadway/Street At Route# Direction Address # Name of Roadway/Street
 1 1 _____ At _____ **290 MIDDLESEX AVE**
 _____ At _____
 Route# Direction Name of Intersecting Roadway/Street _____ Mile Marker _____ Exit Number
 _____ Also at Intersection with _____
 _____ Feet N S E W of _____
 _____ 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# **20-227-AC**

License # **S12750737** St **MA** DOB/Age _____ Reg # **2870BZ** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL _____ Veh Year **2004** Veh Make **CHEVROLET** Veh Config. **2**
 Operator **CARR, ROY E** Owner **CARR, ROY E**
 Address **15 CEDAR ST** Address **15 CEDAR ST**
 City **WILMINGTON** State **MA** Zip **01887-3627** City **WILMINGTON** State **MA** Zip **01887-3627**
 Insurance Company **THE STANDARD FIRE INSURAN** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **1** 27 27 27
 Vehicle Travel Direction: S E W Responding to Emergency? **2** Event Sequence **1** 23 23 23 23 Test Status: **28**
 Citation # (If Issued) _____ Most Harmful Event **1** 24 Type of Test: **29**
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **1** 25 25 BAC Test Result: **30**
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0** 26 Susp. Alcohol: **31** Susp. Drug: **32**
 Towed from scene? **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	1	1	0	0	9	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 # **S41932604** St **MA** DOB/Age _____ Reg # **42VN58** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL _____ Veh Year **2006** Veh Make **TOYOTA** Veh Config. **1**
 Operator **MURPHY, HENRY H** Owner **MURPHY, HENRY H**
 Address **15 HARTSHORN ST** Address **15 HARTSHORN ST**
 City **READING** State **MA** Zip **01867-2012** City **READING** State **MA** Zip **01867-2012**
 Insurance Company **SAFETY INSURANCE COMPANY** Vehicle Action Prior to Crash **2** 22 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: **28**
 Citation # (If Issued) _____ Most Harmful Event **1** 24 Type of Test: **29**
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **1** 25 25 BAC Test Result: **30**
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0** 26 Susp. Alcohol: **31** Susp. Drug: **32**
 Towed from scene? **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	1	4	0	0	9	2	Winchester Hospital

Police Use Only		Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 10/15/2020	Time of Crash 1501 24HR	City/Town Wilmington		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit <u>20</u>	State Police <input type="checkbox"/>	Local Police <input checked="" 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# <u>129</u> Direction _____ Address # <u>226</u> Name of Roadway/Street <u>LOWELL ST</u>										
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____			_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Mile Marker _____ or _____ Exit Number _____										
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____										
			_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____										
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle <u>1</u> #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped			Crash Report ID# 20-228-AC										
License # <u>S19097874</u> St <u>MA</u> DOB/Age. _____			Reg # <u>8DYR70</u> Reg Type <u>PC</u> Reg State <u>MA</u>										
Sex <u>F</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>B</u> <u>20</u> CDL _____			Veh Year <u>2009</u> Veh Make <u>HONDA</u> Veh Config. <u>1</u> <u>21</u>										
Operator <u>WALWYN, IRENE</u>			Owner <u>WALWYN, IRENE</u>										
Address <u>225 OSGOOD ST APT 14/2</u>			Address <u>225 OSGOOD ST APT 14/2</u>										
City <u>LAWRENCE</u> State <u>MA</u> Zip <u>01843-2900</u>			City <u>LAWRENCE</u> State <u>MA</u> Zip <u>01843-2900</u>										
Insurance Company <u>GEICO GENERAL INSURANCE C</u>			Vehicle Action Prior to Crash <u>10</u> <u>22</u>			Damaged Area Code: <u>6</u> <u>27</u> <u>27</u> <u>27</u>							
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u>			Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u>			Test Status: <u>1</u> <u>28</u>							
Citation # (If Issued) _____			Most Harmful Event <u>1</u> <u>24</u>			Type of Test: <u>1</u> <u>29</u>							
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____			Driver Contributing Code <u>19</u> <u>25</u> <u>25</u>			BAC Test Result: <u>1</u> <u>30</u>							
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____			Driver Distracted by <u>99</u> <u>26</u>			Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u>							
			Driver Distracted by _____			Towed from scene? <u>2</u> <u>33</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		XXXXXX	XX	<u>1</u>	<u>99</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>2</u> #Occupants <input type="checkbox"/> Non-Motorist A Type <u>15</u> Action <u>16</u> Location <u>17</u> Condition <u>18</u> <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped													
License # <u>S68455724</u> St <u>MA</u> DOB/Age _____			Reg # <u>5RGT80</u> Reg Type <u>PC</u> Reg State <u>MA</u>										
Sex <u>F</u> Lic. Class <u>B</u> <u>19</u> <u>19</u> Lic. Restrictions <u>B</u> <u>20</u> CDL _____			Veh Year <u>2016</u> Veh Make <u>BUICKS</u> Veh Config. <u>1</u> <u>21</u>										
Operator <u>MALONEY, KAREN ANN</u>			Owner <u>MALONEY, KAREN ANN</u>										
Address <u>76 SHAWSHEEN RD</u>			Address <u>76 SHAWSHEEN RD</u>										
City <u>BILLERICA</u> State <u>MA</u> Zip <u>01821-5702</u>			City <u>BILLERICA</u> State <u>MA</u> Zip <u>01821-5702</u>										
Insurance Company <u>PROGRESSIVE DIRECT INSURA</u>			Vehicle Action Prior to Crash <u>2</u> <u>22</u>			Damaged Area Code: <u>2</u> <u>27</u> <u>27</u> <u>27</u>							
Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u>			Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u>			Test Status: <u>1</u> <u>28</u>							
Citation # (If Issued) _____			Most Harmful Event <u>1</u> <u>24</u>			Type of Test: <u>1</u> <u>29</u>							
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____			Driver Contributing Code <u>1</u> <u>25</u> <u>25</u>			BAC Test Result: <u>1</u> <u>30</u>							
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____			Driver Distracted by <u>0</u> <u>26</u>			Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u>							
			Driver Distracted by _____			Towed from scene? <u>2</u> <u>33</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		XXXXXX	XX	<u>1</u>	<u>99</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	

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# **20-229-AC**

License # **S47915038** St **MA** DOB/Age _____ Reg # **M85685** Reg Type **CI** Reg State **MA**

Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL _____ Veh Year **2011** Veh Make **FORD** Veh Config. **13** 21

Operator **REESE, JOHN R** Owner **WILMINGTON TOWN OF TOWN HALL**

Address _____ Address **121 GLEN RD**

City _____ State **MA** Zip **01887-3500**

Insurance Company **SELF INSURED** Vehicle Action Prior to Crash **10** 22 Damaged Area Code: 0 27 27 27

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

Citation # (If Issued) _____ Most Harmful Event **2** 24 Type of Test: 29

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **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	XXXXXX	XXXX	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 # **S45082010** St **MA** DOB/Age _____ Reg # **637ME0** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **B** 20 CDL _____ Veh Year **2016** Veh Make **AUDI** Veh Config. **1** 21

Operator **BRAY, LAURA J** Owner **NORTHERN BUSINESS MACHINES INC**

Address **11 TOWPATH DR** Address **24 TERRY AVE**

City **WILMINGTON** State **MA** Zip **01887-3917** City **BURLINGTON** State **MA** Zip **01803-2516**

Insurance Company **ARBELLA PROTECTION INSURA** Vehicle Action Prior to Crash **11** 22 Damaged Area Code: 6 27 5 27 27

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

Citation # (If Issued) _____ Most Harmful Event **2** 24 Type of Test: 29

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **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	XXXXXX	XXXX	1	0	4	0	0	10	1	

Wilmington Police Department
Images Associated with 20-229-AC



Wilmington Police Department
Images Associated with 20-229-AC



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

Route# GLEN RD Direction _____ Name of Roadway/Street _____
 Route# _____ Direction _____ Name of Roadway/Street _____
 At _____
 Route# LAWRENCE ST 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 12 #Occupants Hit/Run Moped Crash Report ID# **20-230-AC**

License # S24901462 St MA DOB/Age _____ Reg # 269KK0 Reg Type PC Reg State MA
 Sex M Lic. Class D 19 19 Lic. Restrictions B 20 CDL _____ Veh Year 2019 Veh Make LINCOLN Veh Config. 1 21
 Operator SILVIA, PETER J Owner SILVIA, PETER J
 Address 33 LAWRENCE ST Address 33 LAWRENCE ST
 City WILMINGTON State MA Zip 01887-1928 City WILMINGTON State MA Zip 01887-1928
 Insurance Company ELECTRIC INSURANCE COMPAN Vehicle Action Prior to Crash 2 22 Damaged Area Code: 8 27 7 27 27
 Vehicle Travel Direction: N S E Responding to Emergency? 2 Event Sequence 1 23 23 23 23 Test Status: 28
 Citation # (If Issued) _____ Most Harmful Event 1 24 Type of Test: 29
 Viol. 1: Ch/Sec/Sub _____ Driver Contributing Code 1 25 25 BAC Test Result: 30
 Viol. 2: Ch/Sec/Sub _____ Driver Distracted by 0 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32
 Viol. 3: Ch/Sec/Sub _____ Towed from scene? 2 33
 Viol. 4: Ch/Sec/Sub _____

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above	XXXXXX	X	<u>1</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	
CHRISTINE SILVIA	33 LAWRENCE ST WILMINGTON, MA 01887-1928		F	<u>3</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	

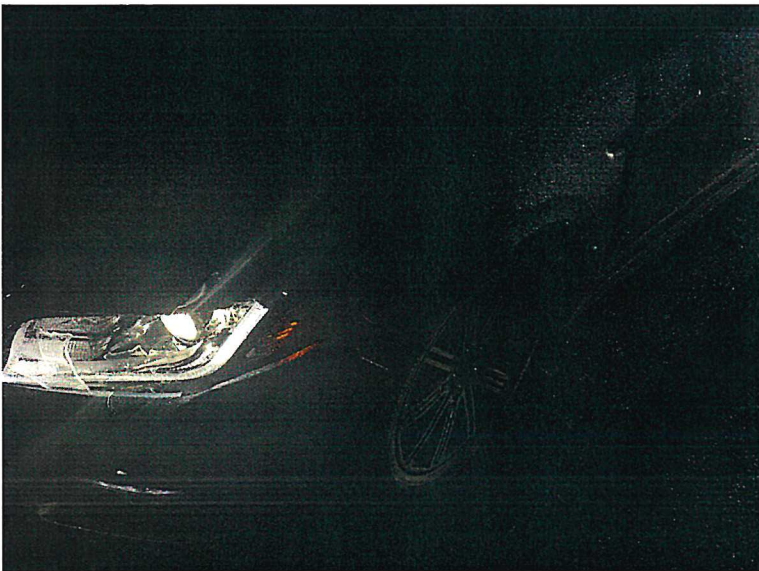
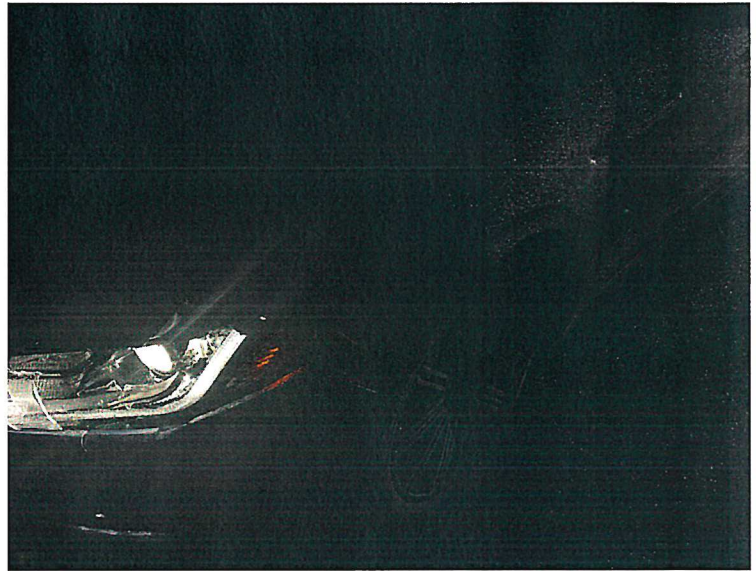
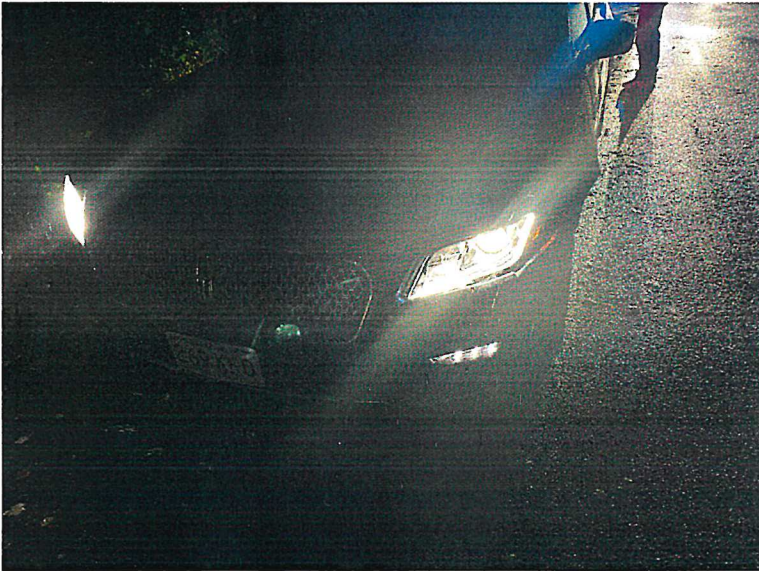
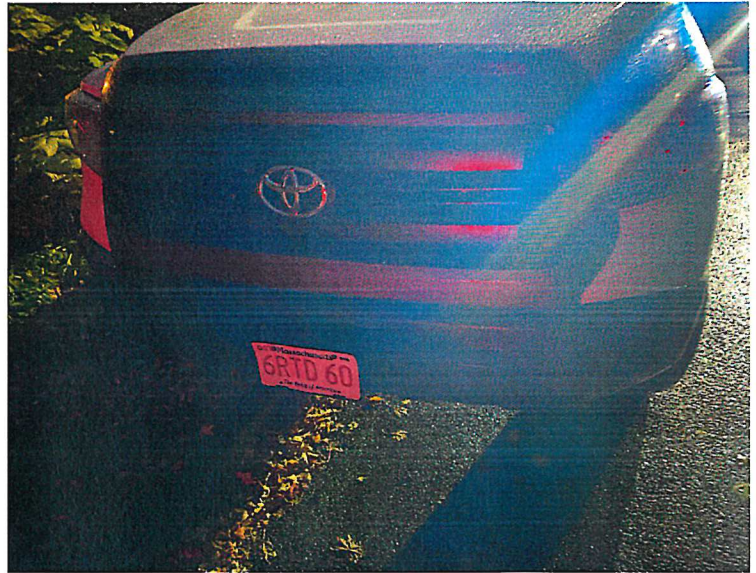
Please Select One of the Following: Vehicle 21 #Occupants Non-Motorist A Type 15 Action 16 Location 17 Condition 18 Hit/Run Moped

License # S57399165 St MA DOB/Age _____ Reg # 6RTD60 Reg Type PC Reg State MA
 Sex F Lic. Class D 19 19 Lic. Restrictions _____ Veh Year 2017 Veh Make TOYOTA Veh Config. 1 21
 Operator SULLIVAN, SUZANNE M Owner TURN KEY ENGINEERING INC
 Address 60 LAWRENCE ST Address 141 MIDDLESEX RD
 City WILMINGTON State MA Zip 01887-1925 City TYNGSBOROUGH State MA Zip 01879-2724
 Insurance Company HARTFORD ACCIDENT AND IND Vehicle Action Prior to Crash 4 22 Damaged Area Code: 7 27 27 27
 Vehicle Travel Direction: N X E W Responding to Emergency? 2 Event Sequence 1 23 23 23 23 Test Status: 28
 Citation # (If Issued) _____ Most Harmful Event 1 24 Type of Test: 29
 Viol. 1: Ch/Sec/Sub _____ Driver Contributing Code 12 25 18 25 BAC Test Result: 30
 Viol. 2: Ch/Sec/Sub _____ Driver Distracted by 99 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32
 Viol. 3: Ch/Sec/Sub _____ Towed from scene? 2 33
 Viol. 4: Ch/Sec/Sub _____

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

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

Wilmington Police Department
Images Associated with 20-230-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 10/17/2020	Time of Crash 0753 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 1	Speed Limit <u>30</u>	Latitude _____	Longitude _____	<input type="checkbox"/> State Police <input checked="" type="checkbox"/> Local Police <input type="checkbox"/> MBTA Police <input type="checkbox"/> Campus Police <input type="checkbox"/> Other

AT INTERSECTION:	< LOCATION >	NOT AT INTERSECTION:
Route# _____ Direction _____ Name of Roadway/Street _____ At _____	Route# <u>2</u> Direction _____ Address # <u>MASS AVE</u> Name of Roadway/Street _____ _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Mile Marker _____ or _____ Exit Number _____	Route# _____ Direction _____ Name of Roadway/Street _____ Also at Intersection with _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____	_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____	Route# _____ Direction _____ Name of Intersecting Roadway/Street _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____	_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____	

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# 20-231-AC
-------------------------------------	---	----------------------------------	--------------------------------	-----------------------------------

License # <u>S79393392</u> St <u>MA</u> DOB/Age _____ Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____ Endorsement _____ Operator <u>LANDRY, JEFFREY RYAN</u> Address <u>211 SILVER ST</u> City <u>HANOVER</u> State <u>MA</u> Zip <u>02339-1961</u> Insurance Company <u>THE COMMERCE INSURANCE CO</u> Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> S <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>139K40</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2016</u> Veh Make <u>Jeep</u> Veh Config. <u>1</u> <u>21</u> Owner <u>LANDRY, JEFFREY RYAN</u> Address <u>211 SILVER ST</u> City <u>HANOVER</u> State <u>MA</u> Zip <u>02339-1961</u> Vehicle Action Prior to Crash <u>4</u> <u>22</u> Damaged Area Code: <u>0</u> <u>27</u> <u>27</u> <u>27</u> Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u> Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u> Driver Contributing Code <u>1</u> <u>25</u> <u>25</u> BAC Test Result: <u>30</u> Driver Distracted by <u>0</u> <u>26</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u> Towed from scene? <u>2</u> <u>33</u>
--	--

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	M	<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>2</u> #Occupants	<input type="checkbox"/> Non-Motorist A	Type <u>15</u> Action <u>16</u> Location <u>17</u> Condition <u>18</u>	<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped
-------------------------------------	---	---	--	----------------------------------	--------------------------------

License # <u>S43802800</u> St <u>MA</u> DOB/Age _____ Sex <u>M</u> Lic. Class <u>D</u> <u>M</u> <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL _____ Endorsement _____ Operator <u>BONNER, DOMINIQUE</u> Address <u>16 MASS AVE</u> City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-3520</u> Insurance Company <u>PROGRESSIVE DIRECT INSURA</u> Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> S <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>2K7850</u> Reg Type <u>MC</u> Reg State <u>MA</u> Veh Year <u>2020</u> Veh Make _____ Veh Config. <u>3</u> <u>21</u> Owner <u>BONNER, DOMINIQUE</u> Address <u>16 MASS AVE</u> City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-3520</u> Vehicle Action Prior to Crash <u>9</u> <u>22</u> Damaged Area Code: <u>7</u> <u>27</u> <u>27</u> <u>27</u> Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u> Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u> Driver Contributing Code <u>97</u> <u>25</u> <u>25</u> BAC Test Result: <u>30</u> Driver Distracted by <u>0</u> <u>26</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u> Towed from scene? <u>2</u> <u>33</u>
--	---

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	M	<u>1</u>	<u>5</u>	<u>5</u>	<u>0</u>	<u>0</u>	<u>8</u>	<u>1</u>	

NARRATIVE FOR PATROL OFFICER RICHARD DIPERRI

Ref: 20-231-AC

Entered: 10/17/2020 @ 1054 Entry ID: 173
Modified: 10/17/2020 @ 1104 Modified ID: 173
Approved: 10/19/2020 @ 1131 Approval ID: 181

V1 (Landry) turned right onto Mass Ave from Main St. V2 (MC-Bonner) did same. V1 opr stated he drove past sister's house & needed to turn around in driveway at 2 Mass Ave. While turning left, V2 drove around his vehicle, dropped and slid on pavement making suspected minor contact (no apparent damage) w/left side of V1 near driver's door/wheel area. V1 opr Landry stated he signaled left before turn. V2 opr then walked bike home after leaving name & cell number only. V2 located at 16 Mass Ave w/ damage to left side fairing area & had broken directional hanging. V2 opr Bonner stated he was driving home & saw V1 slowing with its right directional on, and was on the right side portion of the street (2 way no lane markings). He believed V1 was turning right & then proceeded on the left of V1 in attempt to go around. V1 then turned left. Opr. Bonner tried to avoid, dropping the bike down, and sliding into V1. Minor scrape injury to knee reported. WFD evaluation was refused. Opr Bonner advised that he cannot pass on the left (on most roadways) unless the vehicle in front of him pulls to side, stops and then signals intention (flashers, being waved on) for traffic behind to proceed. Absent these plus factors he would have to wait for the vehicle in front of him to maneuver (in any direction) before continuing. As stated, Mass Ave is a secondary two way road without pavement markings in which the left side of the road is for approaching traffic. V2 passing on the left probable factor in crash.

Respectfully,

Rich DiPerri-173