

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 **NSEW** of Mile Marker Exit Number

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

Feet **NSEW** of Landmark

Please Select One of the Following: Vehicle 1 Occupants Hit/Run Moped Crash Report ID# **20-235-AC**

License # **S51948816** St **MA** DOB/Age. Reg # **2FWP21** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** Lic. Restrictions **20** CDL Endorsement Veh Year **2005** Veh Make **ACURA** Veh Config. **1**

Operator **RAMIREZ, WILLIAM** Owner **RAMIREZ, WILLIAM**

Address **34 BRIARWOOD RD 34 BRIARWOOD RD** Address **34 BRIARWOOD RD 34 BRIARWOOD RD**

City **HAVERHILL** State **MA** Zip **01835-0000** City **HAVERHILL** State **MA** Zip **01835-0000**

Insurance Company **PROGRESSIVE DIRECT INSURA** Vehicle Action Prior to Crash **1** Damaged Area Code: **1 27 27 27**

Vehicle Travel Direction: **NSEW** 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: **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			1	1	1	0	0	10	1	

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

License # **S75048854** St **MA** DOB/Age. Reg # **8YL925** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** Lic. Restrictions **20** CDL Endorsement Veh Year **2018** Veh Make **FORD** Veh Config. **1**

Operator **PETERSEN, KARL L** Owner **PETERSEN, KARL L**

Address **84 RESERVOIR AVE** Address **84 RESERVOIR AVE**

City **REVERE** State **MA** Zip **02151-5811** City **REVERE** State **MA** Zip **02151-5811**

Insurance Company **GEICO GENERAL INSURANCE C** Vehicle Action Prior to Crash **3** Damaged Area Code: **8 27 27 27**

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

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

Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Driver Contributing Code **18 25 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

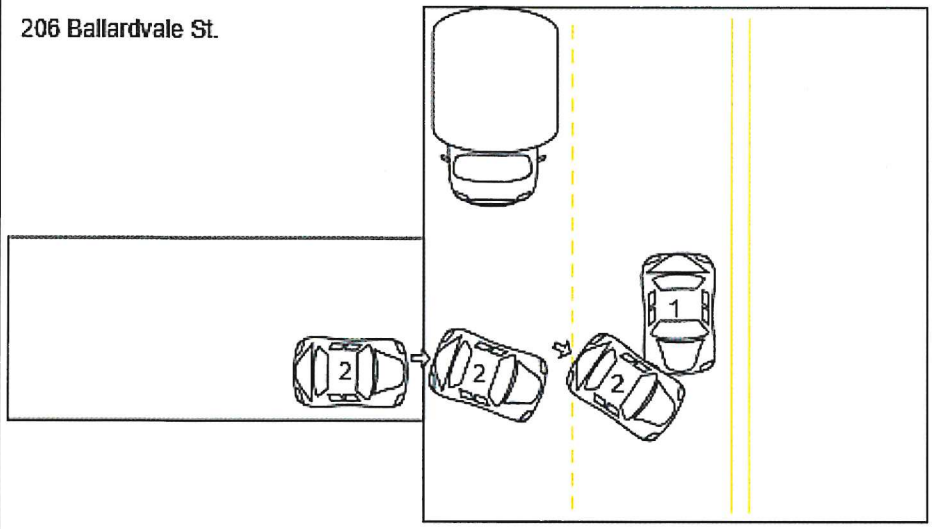
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above			1	1	1	0	0	10	1	

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

Crash Diagram:

ie: → 1 → 2 → ♂ → 🚲

206 Ballardvale St.



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:

MV 1 was traveling south on Ballardvale St on the inside travel lane. MV 1 was traveling straight when MV 2 turned right from the parking lot of 206 Ballardvale to travel south o Ballardvale St. Both operators report a box truck on the outside travel lane of Ballardvale stopped to turn right into the parking lot of 206 Ballardvale. The operator o MV 2 stated he did not see MV 1 when he started to turn because his view was obstructed b the box truck. Both operators report no injuries. A&S towing has both vehicles.

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

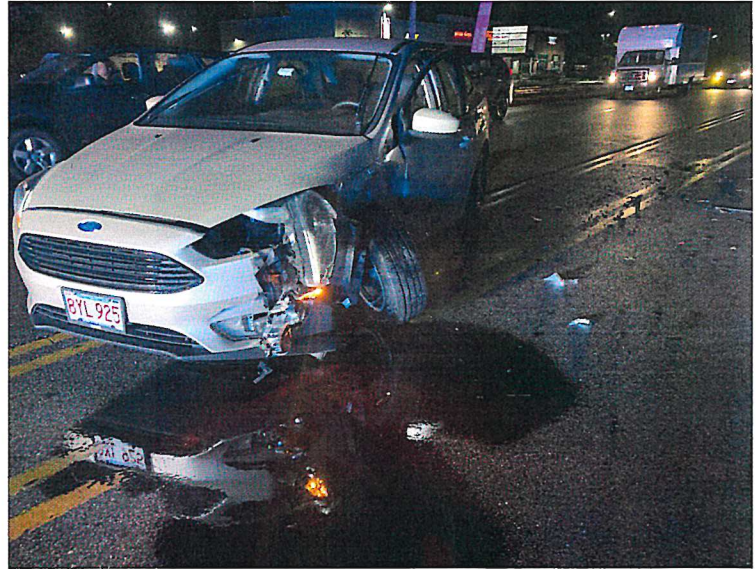
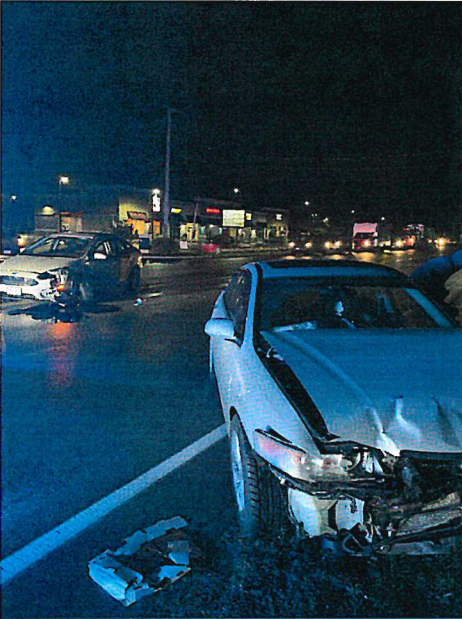
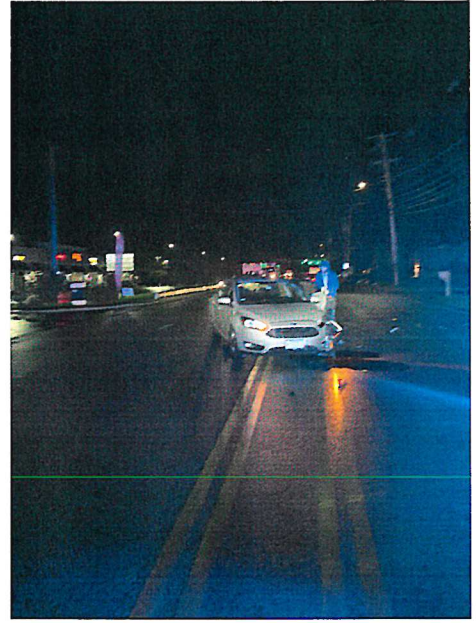
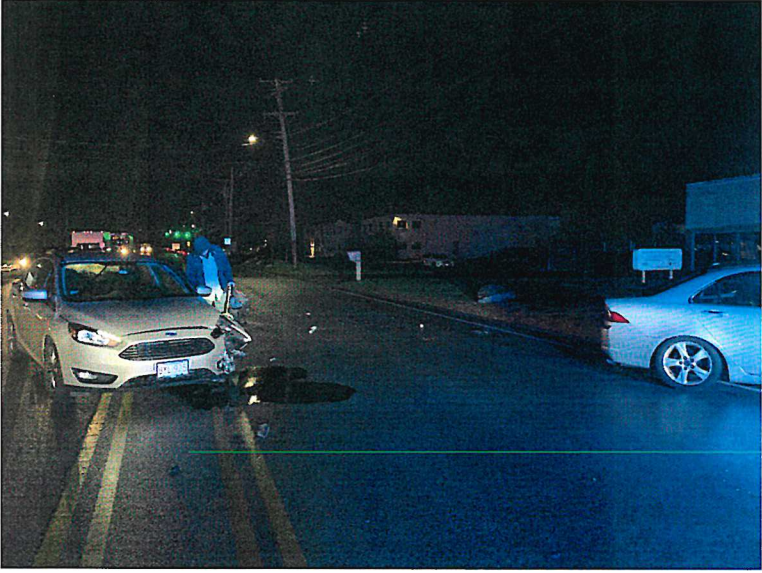
Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 46

Hazmat Information:

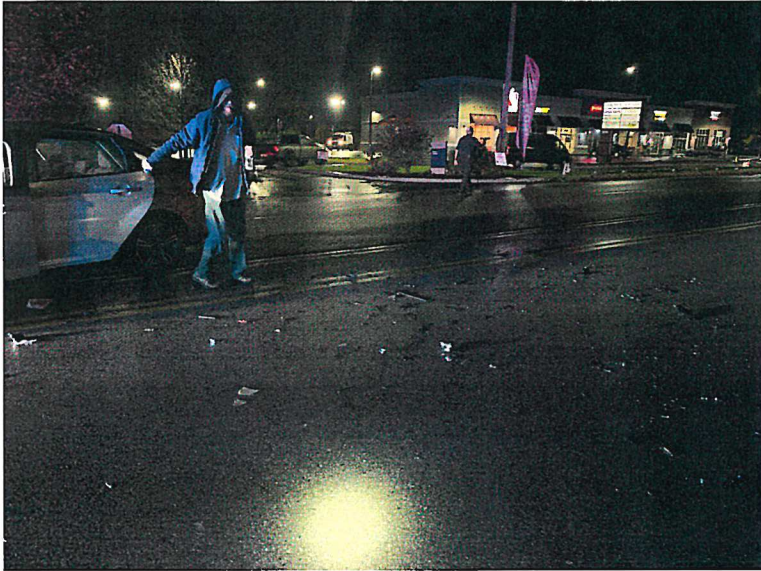
Placard 47 Material 1 digit # 48 Material Name _____ Material 4 digit # _____ Release code 49

Patrol Officer Meghan Sousa 214 Wilmington Police Department 10/26/2020
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Images Associated with 20-235-AC



Wilmington Police Department
Images Associated with 20-235-AC



Police Use Only		Date of Crash 10/26/2020	Time of Crash 1634 24HR	City/Town Wilmington	Number Vehicles 2	Number Injured 0	Speed Limit <u>25</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:			
Route# _____ Direction _____ Name of Roadway/Street _____ At _____					Route# _____ Direction _____ Address # <u>222</u> Name of Roadway/Street <u>MAIN 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 _____ 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 _____		Landmark _____			

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

Crash Report ID# **20-236-AC**

License # <u>S74560672</u> St <u>MA</u> DOB/Age _____	Reg # <u>9PA999</u> Reg Type <u>PC</u> Reg State <u>MA</u>
Sex <u>M</u> Lic. Class <u>D</u> Lic. Restrictions <u>20</u> CDL _____	Veh Year <u>2012</u> Veh Make <u>CHEVROLET</u> Veh Config. <u>1</u>
Operator <u>BALA, BASHKIM</u>	Owner <u>BALA, AIDA</u>
Address <u>28 SUNSET AVE APT 1</u>	Address <u>315 CHARGE ST APT 58</u>
City <u>NORWOOD</u> State <u>MA</u> Zip <u>02062-4615</u>	City <u>REVERE</u> State <u>MA</u> Zip <u>02151-0000</u>
Insurance Company <u>GOVERNMENT EMPLOYEES INSU</u>	Vehicle Action Prior to Crash <u>1</u>
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u>	Damaged Area Code: <u>1</u> <u>27</u> <u>8</u> <u>27</u> <u>2</u> <u>27</u>
Citation # (If Issued) _____	Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Most Harmful Event <u>1</u> <u>24</u>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Contributing Code <u>99</u> <u>25</u> <u>25</u>
	Driver Distracted by <u>99</u> <u>26</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	XX	<u>1</u>	<u>0</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	

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

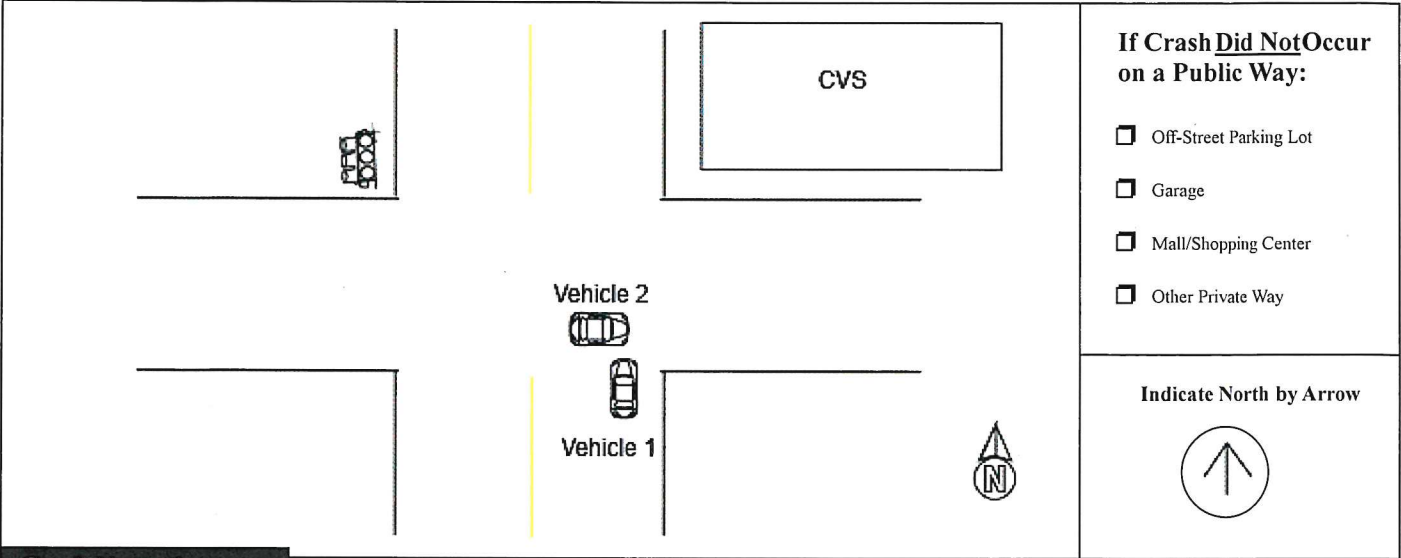
License # <u>S90190121</u> St <u>MA</u> DOB/Age _____	Reg # <u>2BA367</u> Reg Type <u>PC</u> Reg State <u>MA</u>
Sex <u>F</u> Lic. Class <u>D</u> Lic. Restrictions <u>20</u> CDL _____	Veh Year <u>2014</u> Veh Make <u>CHEVROLET</u> Veh Config. <u>1</u>
Operator <u>WAGNER, RACHEL LYNN</u>	Owner <u>WAGNER, REBECCA LYNN</u>
Address <u>37 CASTLEWOOD DR</u>	Address <u>37 CASTLEWOOD DR</u>
City <u>BILLERICA</u> State <u>MA</u> Zip <u>01821-3232</u>	City <u>BILLERICA</u> State <u>MA</u> Zip <u>01821-0000</u>
Insurance Company <u>UNITED SERVICES AUTOMOBIL</u>	Vehicle Action Prior to Crash <u>4</u>
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? <u>2</u>	Damaged Area Code: <u>3</u> <u>27</u> <u>27</u> <u>27</u>
Citation # (If Issued) _____	Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Most Harmful Event <u>1</u> <u>24</u>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Contributing Code <u>99</u> <u>25</u> <u>25</u>
	Driver Distracted by <u>99</u> <u>26</u>
	Towed from scene? <u>1</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	XX	<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 → ○ → ⚙



Crash Narrative:

Vehicle 1 was traveling north on Main street. Vehicle 2 was turning into the Market Basket parking lot. Vehicle 1 struck Vehicle 2 as it was turning into the Plaza.

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 Rafael G Cruz

Police Officer Name (Please Print)

Signature

198

ID/Badge #

Wilmington Police Department

Department

Precinct/Barracks

10/26/2020

Date

Date of Crash: 10/26/2020 | Time of Crash: 1753 (24HR) | City/Town: **Wilmington** | **Motor Vehicle Crash Police Report** | Number Vehicles: 2 | Number Injured: 0 | Speed Limit: 25 | Latitude: | Longitude: | State Police: | Local Police: | MBTA Police: | Campus Police: | Other:

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

<p>MIDDLESEX AVE</p> <p>Route# _____ Direction _____ Name of Roadway/Street _____</p> <p>At _____</p> <p>SHADY LANE DR</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 N S E W of _____ • _____ or _____</p> <p>_____ Mile Marker _____ Exit Number _____</p> <p>_____ Feet N S E W of _____</p> <p>_____ Feet N S E W of _____</p> <p>Route# _____ Intersecting Roadway/Street _____</p> <p>_____</p> <p>Landmark _____</p>
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Please Select One of the Following: Vehicle 13 #Occupants Hit/Run Moped Crash Report ID# **20-237-AC**

<p>License # S78111554 St MA DOB/Age _____</p> <p>Sex F Lic. Class D Lic. Restrictions 1 CDL _____</p> <p>Operator DIFRAIA, SAMANTHA LEE</p> <p>Address 15 W WATER ST APT 2</p> <p>City WAKEFIELD State MA Zip 01880-2925</p> <p>Insurance Company SAFETY INSURANCE COMPANY</p> <p>Vehicle Travel Direction: N S E X Responding to Emergency? 2</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 # 1CZR27 Reg Type PC Reg State MA</p> <p>Veh Year 2015 Veh Make HONDA Veh Config. 1</p> <p>Owner DIFRAIA, SAMANTHA LEE</p> <p>Address 15 W WATER ST APT 2</p> <p>City WAKEFIELD State MA Zip 01880-2925</p> <p>Vehicle Action Prior to Crash 3</p> <p>Event Sequence 1 23 23 23 23</p> <p>Most Harmful Event 1 24</p> <p>Driver Contributing Code 18 25 4 25</p> <p>Driver Distracted by 99</p> <p>Damaged Area Code: 1 27 8 27 7 27</p> <p>Test Status: 28</p> <p>Type of Test: 29</p> <p>BAC Test Result: 30</p> <p>Susp. Alcohol: 2 31 Susp. Drug: 2 32</p> <p>Towed from scene? 2 33</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	X	X	1	99	4	0	0	10	1
			M	6	4	4	0	0	10	1	
			M	4	4	4	0	0	10	1	

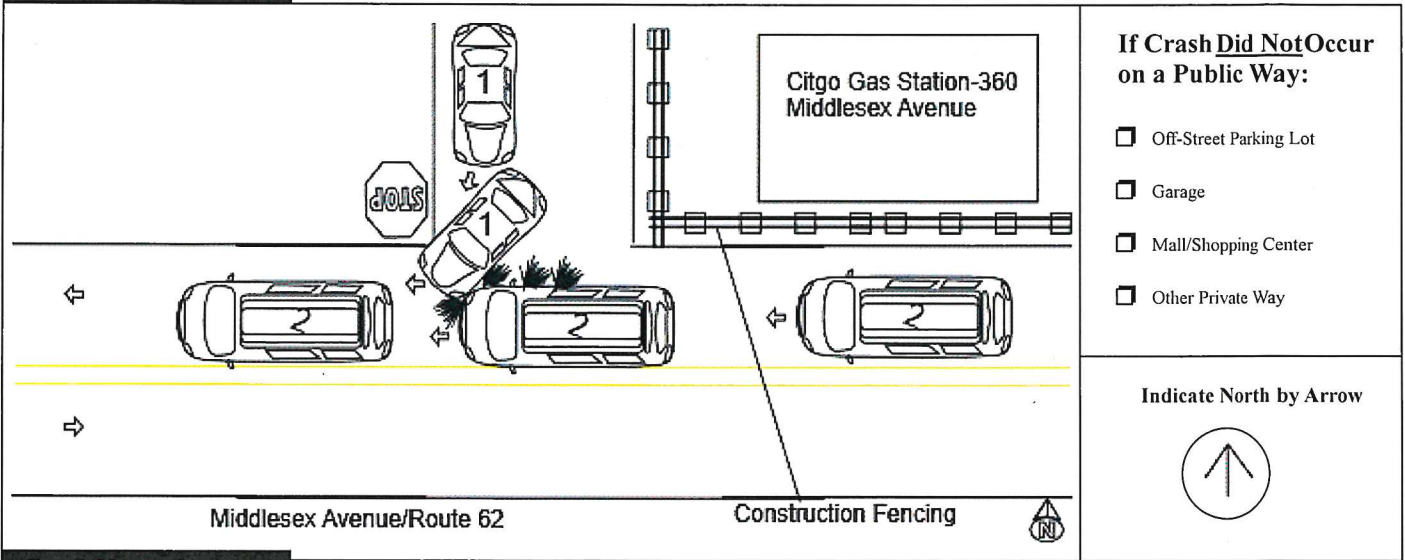
Please Select One of the Following: Vehicle 21 #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

<p>License # S58559411 St MA DOB/Age _____</p> <p>Sex F Lic. Class D Lic. Restrictions B CDL _____</p> <p>Operator MEDEIROS, SHAWNA</p> <p>Address 26 BEACON ST APT 34B</p> <p>City BURLINGTON State MA Zip 01803-3811</p> <p>Insurance Company OLD REPUBLIC INSURANCE CO</p> <p>Vehicle Travel Direction: N S E X Responding to Emergency? 2</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 # V72301 Reg Type CO Reg State MA</p> <p>Veh Year 2020 Veh Make DODGE Veh Config. 1</p> <p>Owner AMAZON LOGISTICS INC</p> <p>Address 410 TERRY N AVE</p> <p>City SEATTLE State WA Zip 98109-5210</p> <p>Vehicle Action Prior to Crash 1</p> <p>Event Sequence 1 23 23 23 23</p> <p>Most Harmful Event 1 24</p> <p>Driver Contributing Code 1 25 25</p> <p>Driver Distracted by 99</p> <p>Damaged Area Code: 2 27 3 27 27</p> <p>Test Status: 28</p> <p>Type of Test: 29</p> <p>BAC Test Result: 30</p> <p>Susp. Alcohol: 2 31 Susp. Drug: 2 32</p> <p>Towed from scene? 2 33</p>
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Please fill out for operator/non-motorist and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist		See Above	X	X	1	99	4	0	0	10	1

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

Crash Diagram:



Crash Narrative:

MV1 was exiting Shady Lane Drive onto Middlesex Avenue/Route 62 and turning right onto Middlesex Avenue eastbound. MV2 was traveling straight ahead on Middlesex Avenue eastbound. The operator of MV1 stated that she had difficulty seeing oncoming traffic due to the temporary construction fencing surrounding the Citgo Gas Station at 360 Middlesex Avenue and continued to pull out for a better view. MV1 turned right and started to merge onto Middlesex Avenue eastbound. MV1 pulled forward and to the right and collided with MV2 which was traveling straight ahead in Middlesex Avenue eastbound. The two vehicles side-swiped one another as they both continued in the same direction before coming to a stop. MV1 suffered front and front left side damage. MV2 suffered front right and right side damage. There were no injuries and both vehicles were driven from the scene.

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

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

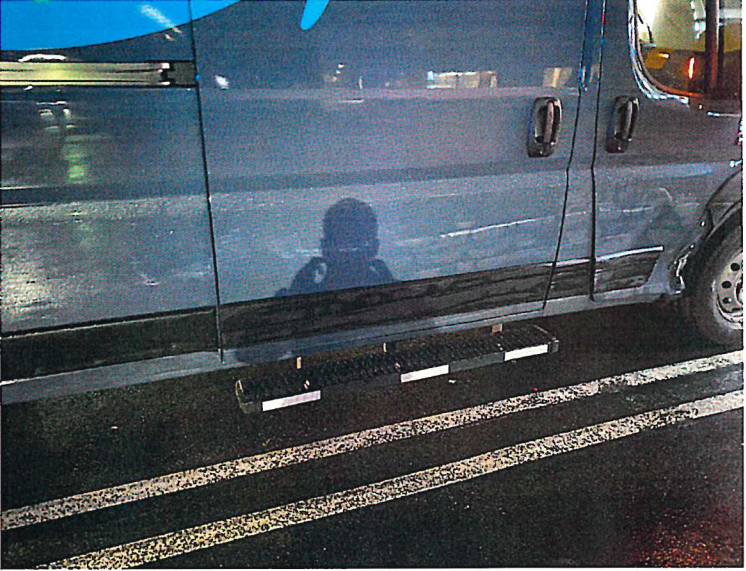
Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

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

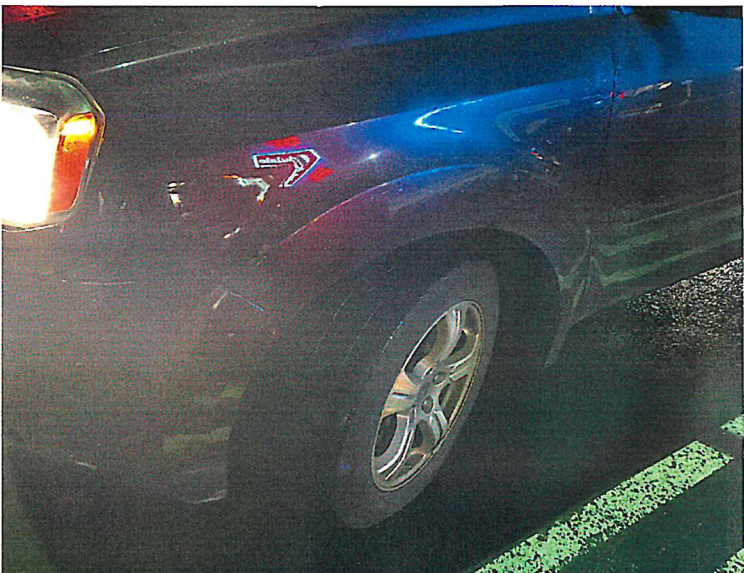
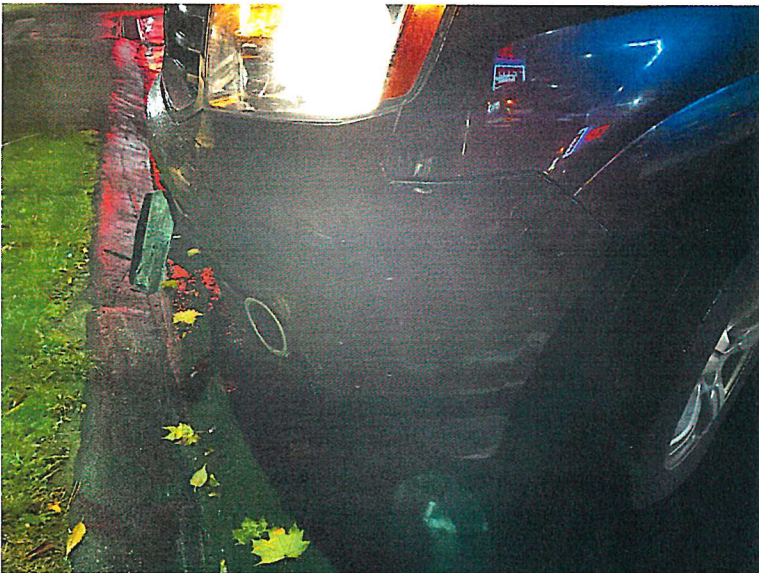
Hazmat Information:
 Placard 47 Material 1 digit # 48 Material Name _____ Material 4 digit # _____ Release code 49

Patrol Officer Michael A Wilson 209 Wilmington Police Department 10/26/2020
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Images Associated with 20-237-AC



Wilmington Police Department
Images Associated with 20-237-AC



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

1 | 10 | Route# _____ Direction _____ Name of Roadway/Street _____

2 | 11 | Route# _____ Direction _____ Name of Roadway/Street _____

2 | 1 | Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

2 | 1 | Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

2 | 1 | Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

2 | 1 | Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

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

Crash Report ID# **20-238-AC**

License # **S10657208** St **MA** DOB/Age _____ Reg # **3TR289** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** Lic. Restrictions **20** CDL _____ Veh Year **2004** Veh Make **MERCURY** Veh Config. **1**

Operator **PATTEN, PAUL A** Owner **PATTEN, PAUL A**

Address **5 GEORGIANNA RD** Address **5 GEORGIANNA RD**

City **BILLERICA** State **MA** Zip **01821-2004** City **BILLERICA** State **MA** Zip **01821-2004**

Insurance Company **PLYMOUTH ROCK ASSURANCE C** Vehicle Action Prior to Crash **3** Damaged Area Code: **1** **27** **27** **27**

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

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

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **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? **3** **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 # **S35324438** St **MA** DOB/Age _____ Reg # **1VP192** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** Lic. Restrictions **20** CDL _____ Veh Year **2012** Veh Make **NISSAN** Veh Config. **1**

Operator **SCHULER, COURTNEY A** Owner **SCHULER, COURTNEY A**

Address **180 TAFT RD** Address **180 TAFT RD**

City **WILMINGTON** State **MA** Zip **01887-2821** City **WILMINGTON** State **MA** Zip **01887-2821**

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

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

Citation # (If Issued) **T2063798** Most Harmful Event **1** **24** Type of Test: **29**

Viol. 1: Ch/Sec/Sub **90** **13B** Viol. 2: Ch/Sec/Sub **90** **10** Driver Contributing Code **20** **25** **19** **25** BAC Test Result: **1** **30**

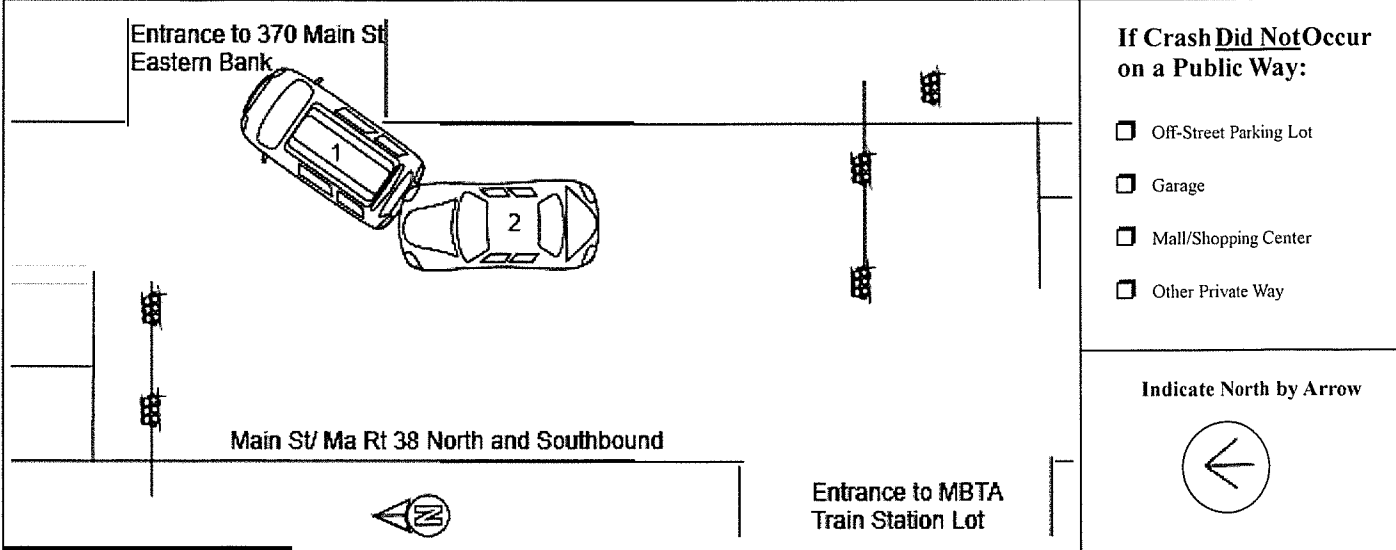
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **1** **26** Susp. Alcohol: **2** **31** Susp. Drug: **2** **32**

Towed from scene? **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	<input checked="" type="checkbox"/>	1	1	1	0	0	10	1	

➔ = Direction 1 = Vehicle 1 2 = Vehicle 2 ○ = Pedestrian 🚲 = Bicycle

Crash Diagram:



If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow

Crash Narrative:

On 10/27/20, I located a two vehicle crash at the entrance to Eastern Bank 370 Main St. Veh 1 operator reported not feeling well and possibly struck his head on ceiling of car. HE reported he was turning right into the parking lot of the Bank when his vehicle was struck from behind. There was no airbag deployment. He was wearing seatbelt. I spoke to Veh 2 operator. She reported that she was looking down at her phone and looked up in time to see Veh 1. Her vehicle struck the back of Veh 1. Her vehicle had front airbag deployment. Cains Towing was dispatched. Veh 1 operator needed to be transported. His vehicle was towed because of his transport and possible damage to rear of car. Veh 1 lost the spare tire and had rear bumper damage. Vehicle 2 also towed ater suffering damage to front bumper, hood, front passenger quarter panel. Veh 2 operator was issued warning for hands free law violation and for expired license. Intersection/lights not a role in crash

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

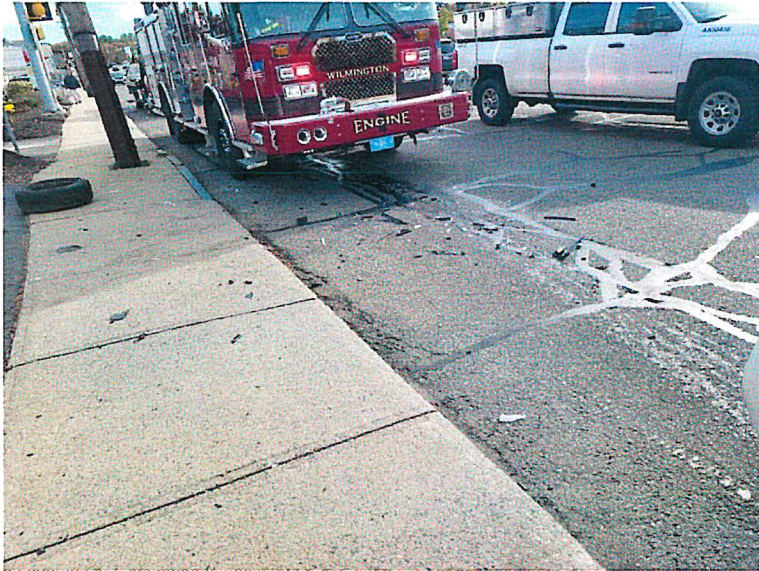
Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 46

Hazmat Information:

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

Patrol Officer Daniel P Furbush 196 Wilmington Police Department 10/27/2020
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Images Associated with 20-238-AC



Police Use Only		Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 10/28/2020	Time of Crash 1323 24HR	City/Town Wilmington		Motor Vehicle Crash Police Report		Number Vehicles 1	Number Injured 1	Speed Limit 35	State Police <input type="checkbox"/>	Local Police <input type="checkbox"/>
								Latitude _____	MBTA Police <input type="checkbox"/>	Campus Police <input type="checkbox"/>
								Longitude _____	Other <input type="checkbox"/>	

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 3</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p>	<p>2 10</p> <p>Route# _____ Direction _____ Address # 285 MAIN ST Name of Roadway/Street _____</p> <p>_____ Feet N S E W of _____ or _____</p> <p style="text-align: center;">Mile Marker _____ Exit Number _____</p> <p>1 11</p> <p>_____ Feet N S E W of _____</p> <p>_____ Feet N S E W of _____</p> <p style="text-align: center;">Route# _____ Intersecting Roadway/Street _____</p> <p style="text-align: center;">Landmark _____</p>
---	---

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# 20-239-AC
---	-----------------------------------

License # S69876284 St MA DOB/Age _____ Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL _____ Operator LAFFIN, ROBERT W Address 39 PARKER ST City BILLERICA State MA Zip 01821-2530 Insurance Company VERMONT MUTUAL INSURANCE Vehicle Travel Direction: N S X 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 # 613YAZ Reg Type PC Reg State MA Veh Year 2005 Veh Make GMC Veh Config. 2 21 Owner LAFFIN, ROBERT W Address 39 PARKER ST City BILLERICA State MA Zip 01821-2530 Vehicle Action Prior to Crash 1 22 Damaged Area Code: 2 27 10 27 27 Event Sequence 20 23 35 23 23 23 Test Status: 28 Most Harmful Event 35 24 Type of Test: 29 Driver Contributing Code 99 25 25 BAC Test Result: 30 Driver Distracted by 0 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32 20 13 Towed from scene? 1 33
---	--

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

Please Select One of the Following: <input 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

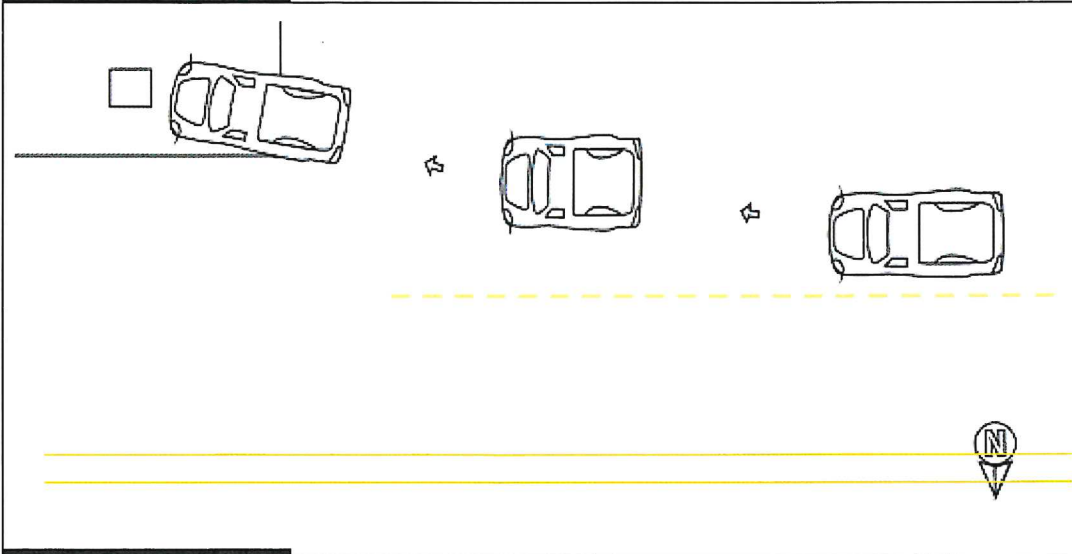
License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class 19 19 Lic. Restrictions 20 CDL _____ Operator _____ Address _____ City _____ State _____ Zip _____ Insurance Company _____ Vehicle Travel Direction: N S E W Responding to Emergency? _____ Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # _____ Reg Type _____ Reg State _____ Veh Year _____ Veh Make _____ Veh Config. 21 Owner _____ Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 22 Damaged Area Code: 27 27 27 Event Sequence 23 23 23 23 Test Status: 28 Most Harmful Event 24 Type of Test: 29 Driver Contributing Code 25 25 BAC Test Result: 30 Driver Distracted by 26 Susp. Alcohol: 31 Susp. Drug: 32 4 14 Towed from scene? 33
---	--

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

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○



If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow



Crash Narrative:

Vehicle # 1 was traveling straight ahead when an unknown vehicle entered his lane from the left causing him to swerve sliding on the wet road into the curb at 283 main. the vehicle then went over the curb and into the sign at 285 main

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 Anthony Fiore

Police Officer Name (Please Print)

Signature

164

ID/Badge #

Wilmington Police Department

Department

10/28/2020

Date

< LOCATION >

AT INTERSECTION: **NOT AT INTERSECTION:**

Route# _____ Direction _____ Name of Roadway/Street _____

Route# _____ Direction _____ Name of Roadway/Street _____

Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

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

_____ Feet N S E W of _____ Route# _____ Intersecting Roadway/Street _____

_____ Feet N S E W of _____ Landmark _____

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

Crash Report ID# **20-240-AC**

License # S27412375 St MA DOB/Age _____ Reg # JF596M Reg Type PC Reg State MA

Sex M Lic. Class D Lic. Restrictions 1 CDL _____ Veh Year 2008 Veh Make ACURA Veh Config. 1

Operator CUBILETE, JERRY M Owner CUBILETE, JERRY M

Address 3212 HORSESHOE LN Address 3212 HORSESHOE LN

City WILMINGTON State MA Zip 01887-6004 City WILMINGTON State MA Zip 01887-6004

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

Vehicle Travel Direction: N 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 16 25 14 25 BAC Test Result: 30

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by 0 26 Susp. Alcohol: 99 31 Susp. Drug: 99 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				<u>1</u>	<u>0</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>2</u>	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 # 8RH891 Reg Type PC Reg State MA

Sex _____ Lic. Class 19 19 Lic. Restrictions 20 CDL _____ Veh Year 2019 Veh Make Jeep Veh Config. 1

Operator Driverless M.V. Owner COTNOIR, CHELSEA E

Address _____ Address 216B FOUNTAIN ST

City _____ State _____ Zip _____ City FRAMINGHAM State MA Zip 01702-6204

Insurance Company GEICO GENERAL INSURANCE C Vehicle Action Prior to Crash 11 Damaged Area Code: 6 27 5 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 25 25 BAC Test Result: 30

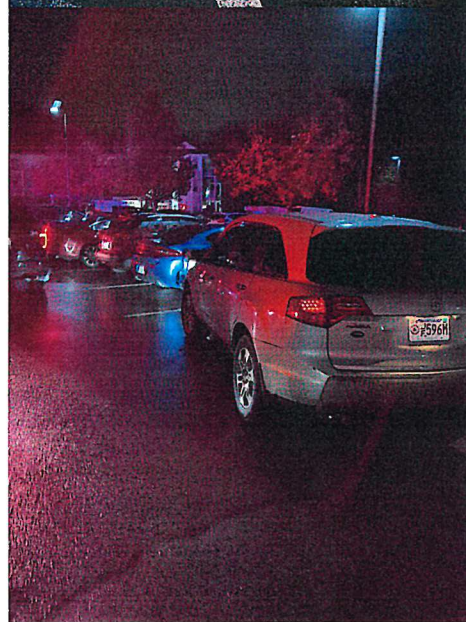
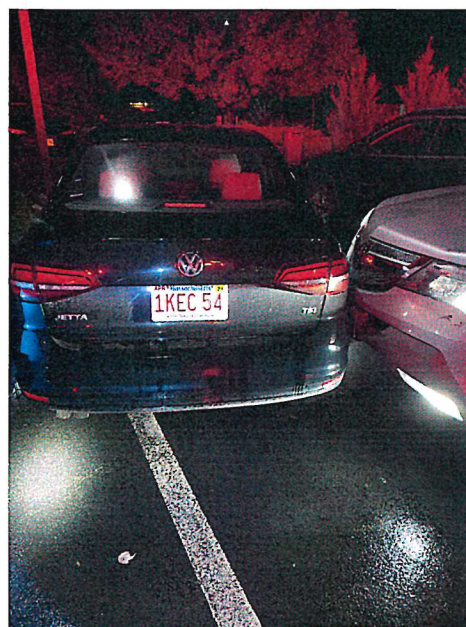
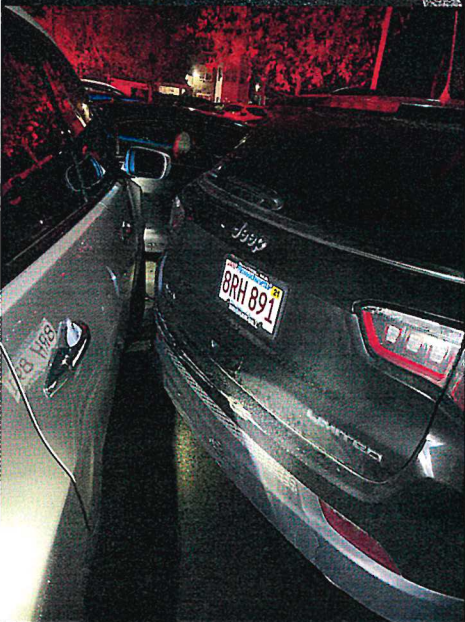
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by 26 Susp. Alcohol: 31 Susp. Drug: 32

Towed from scene? 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				<u>1</u>							

Police Use Only		Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 10/28/2020	Time of Crash 2203 24HR	City/Town Wilmington		Motor Vehicle Crash Police Report		Number Vehicles 4	Number Injured 0	Speed Limit <u>10</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# _____ Direction _____ Address # <u>3000</u> Name of Roadway/Street <u>HORSESHOE LN</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 _____									
				Landmark _____									
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle <u>30</u> #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped				Crash Report ID# 20-240-AC									
License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class <input type="checkbox"/> 19 <input type="checkbox"/> 19 Lic. Restrictions <input type="checkbox"/> 20 CDL _____ Endorsement _____				Reg # <u>1KEC54</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2016</u> Veh Make <u>VOLKSWAGEN</u> Veh Config. <input type="checkbox"/> 1 <input type="checkbox"/> 21									
Operator <u>Driverless M.V.</u> Last First Middle				Owner <u>CHALASANI, GOUTAM</u> Last First Middle									
Address _____				Address <u>3134 HORSESHOE LN</u>									
City _____ State _____ Zip _____				City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-3098</u>									
Insurance Company <u>PROGRESSIVE DIRECT INSURA</u>				Vehicle Action Prior to Crash <input type="checkbox"/> 11 <input type="checkbox"/> 22 Damaged Area Code: <input type="checkbox"/> 4 <input type="checkbox"/> 27 <input type="checkbox"/> 27 <input type="checkbox"/> 27									
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____				Event Sequence <input type="checkbox"/> 1 <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23 Test Status: <input type="checkbox"/> 28									
Citation # (If Issued) _____				Most Harmful Event <input type="checkbox"/> 1 <input type="checkbox"/> 24 Type of Test: <input type="checkbox"/> 29									
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____				Driver Contributing Code <input type="checkbox"/> 25 <input type="checkbox"/> 25 BAC Test Result: <input type="checkbox"/> 30									
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____				Driver Distracted by <input type="checkbox"/> 26 Susp. Alcohol: <input type="checkbox"/> 31 Susp. Drug: <input type="checkbox"/> 32									
				Towed from scene? <input type="checkbox"/> 2 <input type="checkbox"/> 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		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> 1							
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle <u>40</u> #Occupants <input type="checkbox"/> Non-Motorist A Type <input type="checkbox"/> 15 Action <input type="checkbox"/> 16 Location <input type="checkbox"/> 17 Condition <input type="checkbox"/> 18 <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped				Reg # <u>335XX9</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2013</u> Veh Make <u>DODGE</u> Veh Config. <input type="checkbox"/> 21									
License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class <input type="checkbox"/> 19 <input type="checkbox"/> 19 Lic. Restrictions <input type="checkbox"/> 20 CDL _____ Endorsement _____				Owner <u>STAFFORD, JOANNE M</u> Last First Middle									
Operator <u>Driverless M.V.</u> Last First Middle				Address <u>459 KING ST APT 2ND</u>									
Address _____				City <u>LITTLETON</u> State <u>MA</u> Zip <u>01460-0000</u>									
City _____ State _____ Zip _____				Vehicle Action Prior to Crash <input type="checkbox"/> 11 <input type="checkbox"/> 22 Damaged Area Code: <input type="checkbox"/> 4 <input type="checkbox"/> 27 <input type="checkbox"/> 27 <input type="checkbox"/> 27									
Insurance Company <u>THE COMMERCE INSURANCE CO</u>				Event Sequence <input type="checkbox"/> 1 <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23 Test Status: <input type="checkbox"/> 28									
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____				Most Harmful Event <input type="checkbox"/> 1 <input type="checkbox"/> 24 Type of Test: <input type="checkbox"/> 29									
Citation # (If Issued) _____				Driver Contributing Code <input type="checkbox"/> 25 <input type="checkbox"/> 25 BAC Test Result: <input type="checkbox"/> 30									
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____				Susp. Alcohol: <input type="checkbox"/> 31 Susp. Drug: <input type="checkbox"/> 32									
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____				Driver Distracted by <input type="checkbox"/> 26 Towed from scene? <input type="checkbox"/> 2 <input type="checkbox"/> 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		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> 1							

Wilmington Police Department
Images Associated with 20-240-AC



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 4 Route# Direction Name of Intersecting Roadway/Street

280 SALEM 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# **20-241-AC**

License # **S48909030** St **MA** DOB/Age _____ Reg # **2CTT71** Reg Type **PC** Reg State **MA**
Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **99** 20 CDL _____ Veh Year **2015** Veh Make **CHEVROLET** Veh Config. **1** 21
Operator **BRUNDIGE, RACHEL E** Owner **BRUNDIGE, RACHEL E**
Address **4 STONEHEDGE CIR** Address **4 STONEHEDGE CIR**
City **BILLERICA** State **MA** Zip **01821-1252** City **BILLERICA** State **MA** Zip **01821-1252**
Insurance Company **ARBELLA MUTUAL INSURANCE** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **1** 27 **0** 27 **27**
Vehicle Travel Direction: **N S E W** Responding to Emergency? **2** Event Sequence **22** 23 **23** 23 **23** Test Status: **1** 28
Citation # (If Issued) _____ Most Harmful Event **22** 24 Type of Test: **29**
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **1** 25 **25** BAC Test Result: **1** 30
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0** 26 Susp. Alcohol: **2** 31 Susp. Drug: **2** 32
Towed from scene? **2** 33

Please fill out for operator 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	10	1	

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

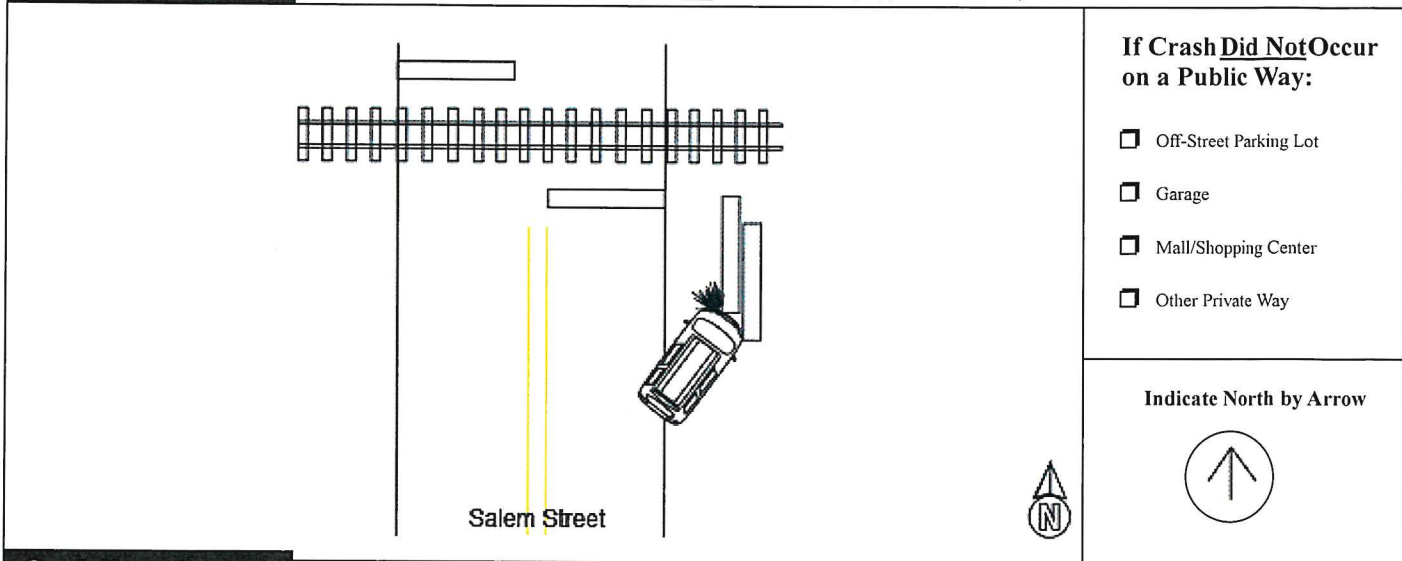
License # _____ St _____ DOB/Age _____ Reg # _____ Reg Type _____ Reg State _____
Sex _____ Lic. Class **19** **19** Lic. Restrictions **20** CDL _____ Veh Year _____ Veh Make _____ Veh Config. **21**
Operator _____ Owner _____
Address _____ Address _____
City _____ State _____ Zip _____ City _____ State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

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

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○



Crash Narrative:

MV accident (car vs pole) reported in the area of 280 Salem Street just prior to the railroad gates. I observed a Chevy Tahoe off the road with the front end up against a utility pole and tree. MV operator reported that as she was approaching the railroad tracks the gates went down. As she tried to stop the vehicle continued to slide. Instead of sliding into the railroad tracks she turned the vehicle off the road subsequently hitting a utility pole and tree. The utility pole did not appear to have any damage. The vehicle sustained minor damage to the front bumper, grill, and headlight. No injuries were observed or reported from the Operator. After the fire and medics evaluated the OP, Ms. Brundige (OP) was able to drive the vehicle away.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
AYER MICHELLE	4 JILL RD SALEM NH		

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
VERIZON	28 DIANA LN DRACUT MA 01826			UTILITY POLICE #9-43

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 Scott Dunnett 202 Wilmington Police Department 10/30/2020
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Date of Crash: 10/30/2020 | Time of Crash: 2140 (24HR) | City/Town: **Wilmington** | **Motor Vehicle Crash Police Report** | Number Vehicles: 1 | Number Injured: 0 | Speed Limit: 25 | 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 16 #Occupants Hit/Run Moped | Crash Report ID# **20-242-AC**

License # **SA1130963** St **MA** DOB/Age _____ Reg # **TC36CV** Reg Type **PC** Reg State **MA**
 Sex **F** Lic. Class **D** Lic. Restrictions **1** CDL _____ Veh Year **2015** Veh Make **TOYOTA** Veh Config. **1**
 Operator **SWEENEY, JENNA MARIE** Owner **SWEENEY, CHERYL A**
 Address **15 BIRCH RD** Address **15 BIRCH RD**
 City **WILMINGTON** State **MA** Zip **01887-2677** City **WILMINGTON** State **MA** Zip **01887-2677**
 Insurance Company **THE HANOVER INSURANCE COM** Vehicle Action Prior to Crash **1** Damaged Area Code: **1 27 2 27 27**
 Vehicle Travel Direction: **N S E W** Responding to Emergency? **2** Event Sequence **21 23 23 23 23** Test Status: **1 28**
 Citation # (If Issued) **T2064042** Most Harmful Event **21 24** Type of Test: **29**
 Viol. 1: Ch/Sec/Sub **90 13A** Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **1 25 25** BAC Test Result: **30**
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**
 Towed from scene? **1 33**

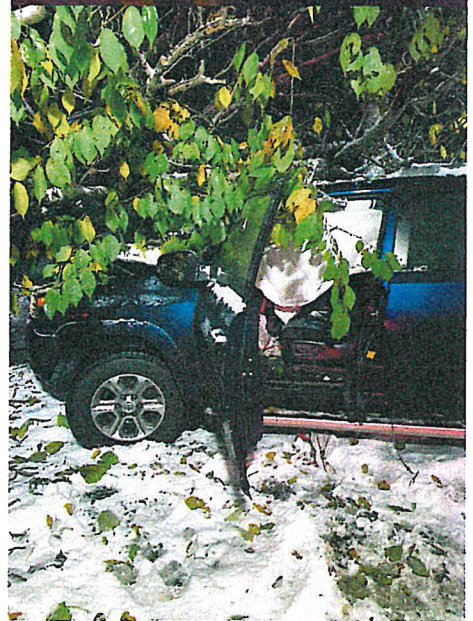
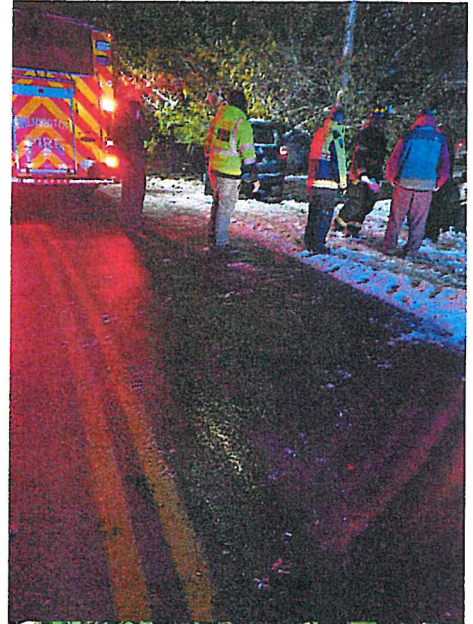
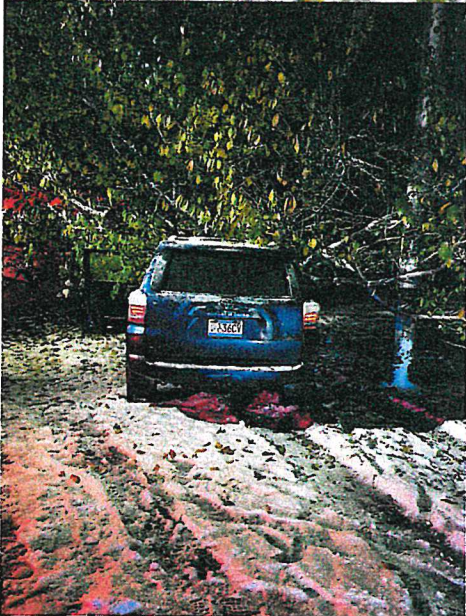
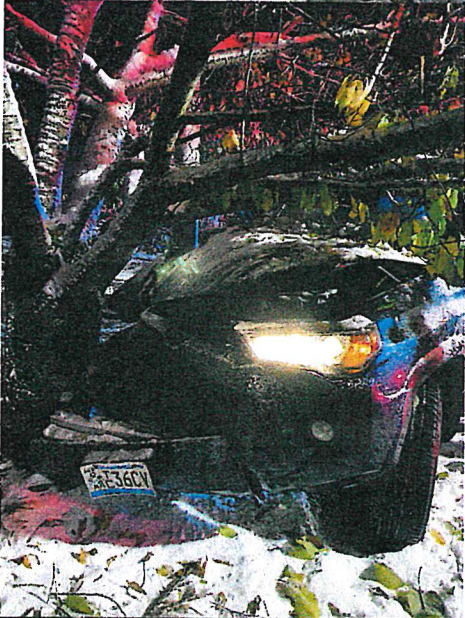
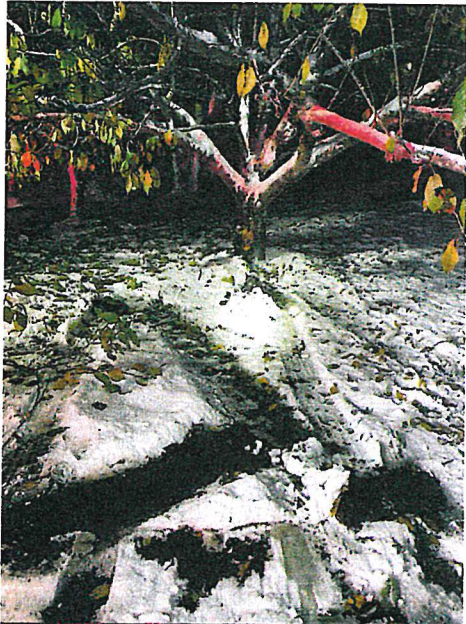
Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator		See Above	X	X	1	1	3	0	0	10	1
ASHLYN BUCKLEY	25 COLUMBIA ST WILMINGTON, MA 01887		F	6	99	3	0	0	10	1	
COLTON SULLIVAN	3 BEVERLY AVE WILMINGTON, MA 01887-1716		M	4	99	3	0	0	10	1	
JOHN GAGLIONE	15 LEXINGTON ST WILMINGTON, MA 01887-1339		M	6	99	3	0	0	10	1	

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

License # _____ St _____ DOB/Age _____ Reg # **TC36CV** Reg Type _____ Reg State _____
 Sex _____ Lic. Class **19 19** Lic. Restrictions **20** CDL _____ Veh Year _____ Veh Make _____ Veh Config. **21**
 Operator _____ Owner _____
 Address _____ Address _____
 City _____ State _____ Zip _____ City _____ State _____ Zip _____
 Insurance Company _____ Vehicle Action Prior to Crash **22** Damaged Area Code: **27 27 27**
 Vehicle Travel Direction: **N S E W** Responding to Emergency? _____ Event Sequence **23 23 23 23** Test Status: **28**
 Citation # (If Issued) _____ Most Harmful Event **24** Type of Test: **29**
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **25 25** BAC Test Result: **30**
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **26** Susp. Alcohol: **31** Susp. Drug: **32**
 Towed from scene? **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	X	X	1						
VICTORIA GEMELLARO	24 NASSAU AVE WILMINGTON, MA 01887-2657		F	3	99	3	0	0	10	1	
KAYLA SMITH	8 BIRCH RD WILMINGTON, MA 01887		F	5	99	3	0	0	10	1	

Wilmington Police Department
Images Associated with 20-242-AC



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

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

At Feet of • or Exit Number

1 Route# Direction Name of Intersecting Roadway/Street Feet of Mile Marker Exit Number

Also at Intersection with Feet of Route# Intersecting Roadway/Street

1 Route# Direction Name of Intersecting Roadway/Street Feet of Landmark

Please Select One of the Following: Vehicle 12 #Occupants Hit/Run Moped Crash Report ID# **20-243-AC**

License # **S09323084** St **MA** DOB/Age Reg # **6CZ894** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class Lic. Restrictions CDL Veh Year **2016** Veh Make **MITSUBISHI** Veh Config.

Operator **PERRIELLO, SANDRA DARROW** Owner **PERRIELLO, EDWARD ARTHUR**

Address **317 WOBURN ST** Address **317 WOBURN ST**

City **WILMINGTON** State **MA** Zip **01887-2107** City **WILMINGTON** State **MA** Zip **01887-2107**

Insurance Company **THE HANOVER INSURANCE COM** Vehicle Action Prior to Crash Damaged Area Code:

Vehicle Travel Direction: Responding to Emergency? Event Sequence Test Status:

Citation # (If Issued) **T2063800** Most Harmful Event Type of Test:

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

Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by Susp. Alcohol: Susp. Drug:

Towed from scene?

Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator		See Above	<input checked="" type="checkbox"/>	1	1	4	0	0	10	1	
			F	3	1	4	0	0	10	1	

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

License # **S11586341** St **MA** DOB/Age Reg # Reg Type Reg State

Sex **F** Lic. Class Lic. Restrictions CDL Veh Year Veh Make Veh Config.

Operator **HAYES, JENNIFER M** Owner

Address **6 KIRK ST** Address

City **WILMINGTON** State **MA** Zip **01887-3222** City State Zip

Insurance Company Vehicle Action Prior to Crash Damaged Area Code:

Vehicle Travel Direction: Responding to Emergency? Event Sequence Test Status:

Citation # (If Issued) Most Harmful Event Type of Test:

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

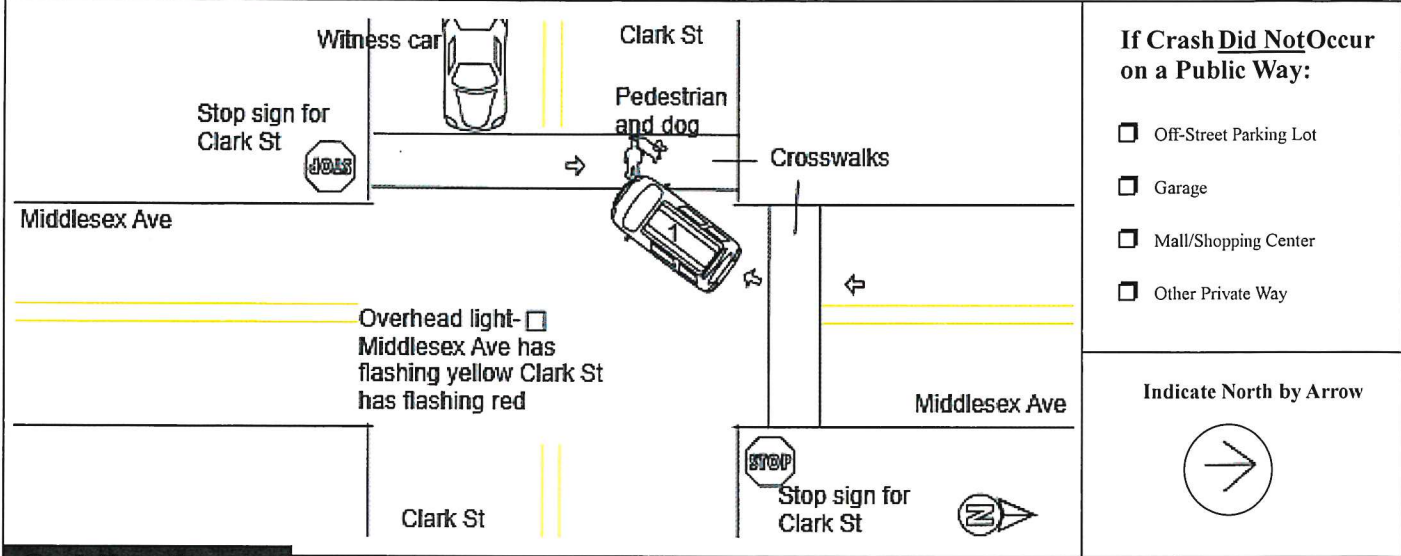
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by Susp. Alcohol: Susp. Drug:

Towed from scene?

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	10				8	2	Winchester Hospital

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

Crash Diagram:



Crash Narrative:

On 10/31/20, I onsite'd a MV vs Pedestrian crash at the intersection of Middlesex Ave and Clark St. According to Veh 1 operator, she was turning right onto Clark St from Middlesex Ave. She reported she wasn't sure what happened and that she never saw the pedestrian. There were no injuries in Veh 1. Veh 1 suffered minor damage to the front bumper passenger side. Passenger stated she and her dog were walking across Clark St via the crosswalk when Veh 1 came around the corner and never slowed before hitting her. She initially refused medical but noticed increasing pain in her leg and was transported to Winchester Hospital. Witness reported that he stopped at stop sign on Clark St. He waved the pedestrian on and she crossed the front of his car. He reported Veh 1 came around corner and struck pedestrian. Witness stated it didn't look like Veh 1 operator was looking where she was going and clearly was not paying attention. Dog ok. Veh 1 operator cited.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
CARDOSO NATHAN R	356 MIDDLESEX AVE WILMINGTON MA 01887-2110		

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 P Furbush 196 **Wilmington Police Department** 10/31/2020
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Images Associated with 20-243-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number								
Date of Crash 10/31/2020	Time of Crash 1728 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit <u>35</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>355</u> <u>MIDDLESEX AVE</u> Name of Roadway/Street _____	Route# _____ Direction _____ 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# _____ 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 _____ _____ 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# 20-244-AC
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License # <u>S12123734</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>20</u> CDL _____ Operator <u>BUCCELLATO, ROSALIA</u> Address <u>6 FRANKLIN ST</u> City <u>READING</u> State <u>MA</u> Zip <u>01867-1117</u> Insurance Company <u>THE COMMERCE INSURANCE CO</u> Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? <u>2</u> Citation # (If Issued) <u>T2061730</u> Viol. 1: Ch/Sec/Sub <u>89</u> <u>4A</u> Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # <u>927BS1</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2007</u> Veh Make <u>TOYOTA</u> Veh Config. <u>1</u> Owner <u>BUCCELLATO, MARIA</u> Address <u>6 FRANKLIN ST</u> City <u>READING</u> State <u>MA</u> Zip <u>01867-1117</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>21</u> <u>25</u> <u>25</u> Driver Distracted by <u>5</u> <u>26</u>
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Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above			1	1	1	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
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License # <u>S59748635</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 _____ Operator <u>MCANDREW, PATRICK</u> Address <u>26 HIGH ST</u> City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-0000</u> Insurance Company <u>USAA GENERAL INDEMNITY CO</u> Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> S <input checked="" type="checkbox"/> E <input checked="" 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>9WB695</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2000</u> Veh Make <u>FORD</u> Veh Config. <u>2</u> Owner <u>LESPERANCE, ANDREW J</u> Address <u>26 HIGH ST</u> City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-1402</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>
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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	

Wilmington Police Department
Images Associated with 20-244-AC



Wilmington Police Department
Images Associated with 20-244-AC

