

<b>Police Use Only</b>			<b>Commonwealth of Massachusetts</b>				<b>RMV Document Number</b>					
Date of Crash 11/08/2020	Time of Crash 0014 24HR	City/Town Wilmington	<b>Motor Vehicle Crash Police Report</b>				Number Vehicles 1	Number Injured 0	Speed Limit <u>35</u>	Latitude _____	Longitude _____	<input type="checkbox"/> State Police <input type="checkbox"/> Local Police <input type="checkbox"/> MBTA Police <input type="checkbox"/> Campus Police <input type="checkbox"/> Other

<b>AT INTERSECTION:</b>	<b>LOCATION</b>	<b>NOT AT INTERSECTION:</b>
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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 _____	<b>I93SBR40 RAMP</b> Route# _____ Direction _____ Address # _____ 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 _____ _____ 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 _____
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Please Select One of the Following:	<input checked="" type="checkbox"/> Vehicle <u>10</u> #Occupants	<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped	Crash Report ID# <b>20-250-AC</b>
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License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class <input type="checkbox"/> 19 <input type="checkbox"/> 19 Lic. Restrictions <input type="checkbox"/> 20 CDL _____ Operator <b>Driverless M.V.</b> Address _____ City _____ State _____ Zip _____ Insurance Company _____ Vehicle Travel Direction: <input type="checkbox"/> N <input 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 # <b>4671003</b> Reg Type <b>PC</b> Reg State <b>NH</b> Veh Year <b>2009</b> Veh Make <b>FORD</b> Veh Config. <input type="checkbox"/> 1 <input type="checkbox"/> 21 Owner <b>LANE, LINDSAY</b> Address <b>140 BROADWAY AVE APT 3</b> City <b>MANCHESTER</b> State <b>NH</b> Zip <b>031045654</b> Vehicle Action Prior to Crash <input type="checkbox"/> 1 <input type="checkbox"/> 22 Event Sequence <input type="checkbox"/> 21 <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23 Most Harmful Event <input type="checkbox"/> 21 <input type="checkbox"/> 24 Driver Contributing Code <input type="checkbox"/> 99 <input type="checkbox"/> 25 <input type="checkbox"/> 25 Driver Distracted by <input type="checkbox"/> 99 <input type="checkbox"/> 26 Damaged Area Code: <input type="checkbox"/> 27 <input type="checkbox"/> 27 <input type="checkbox"/> 27 Test Status: <input type="checkbox"/> 28 Type of Test: <input type="checkbox"/> 29 BAC Test Result: <input type="checkbox"/> 30 Susp. Alcohol: <input type="checkbox"/> 31 Susp. Drug: <input type="checkbox"/> 32 Towed from scene? <input type="checkbox"/> 1 <input type="checkbox"/> 33
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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
<b>Operator</b>	See Above	<del>XXXX</del>	<del>XX</del>	1	99	3	0	0	99	1	

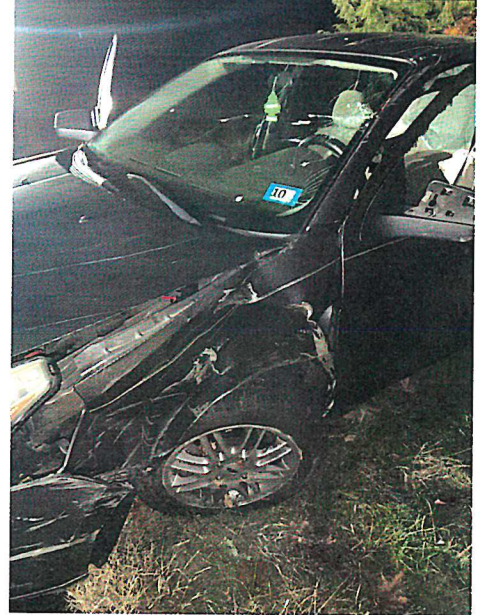
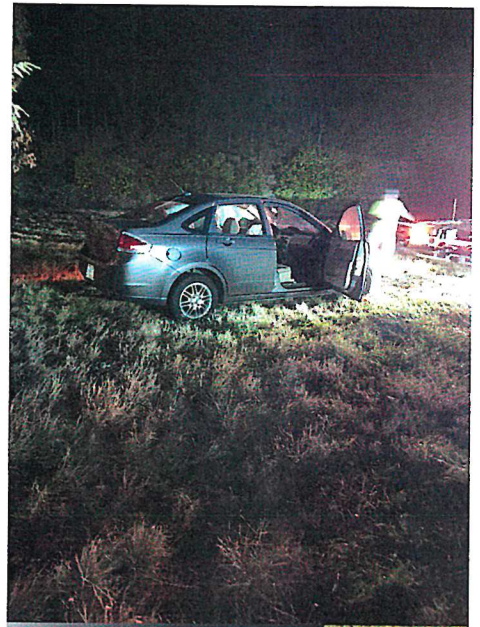
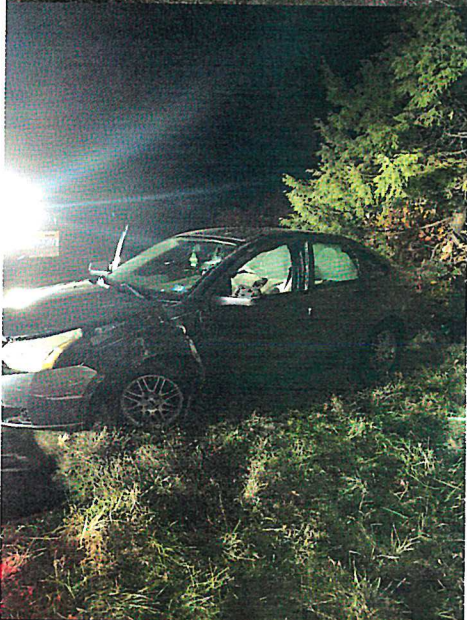
Please Select One of the Following:	<input type="checkbox"/> Vehicle <u>2</u> #Occupants	<input type="checkbox"/> Non-Motorist A	Type <input type="checkbox"/> 15	Action <input type="checkbox"/> 16	Location <input type="checkbox"/> 17	Condition <input type="checkbox"/> 18	<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped
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License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class <input type="checkbox"/> 19 <input type="checkbox"/> 19 Lic. Restrictions <input type="checkbox"/> 20 CDL _____ Operator _____ Address _____ City _____ State _____ Zip _____ Insurance Company _____ Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> 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. <input type="checkbox"/> 21 Owner _____ Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash <input type="checkbox"/> 22 Event Sequence <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23 Most Harmful Event <input type="checkbox"/> 24 Driver Contributing Code <input type="checkbox"/> 25 <input type="checkbox"/> 25 Driver Distracted by <input type="checkbox"/> 26 Damaged Area Code: <input type="checkbox"/> 27 <input type="checkbox"/> 27 <input type="checkbox"/> 27 Test Status: <input type="checkbox"/> 28 Type of Test: <input type="checkbox"/> 29 BAC Test Result: <input type="checkbox"/> 30 Susp. Alcohol: <input type="checkbox"/> 31 Susp. Drug: <input type="checkbox"/> 32 Towed from scene? <input type="checkbox"/> 33
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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
<b>Operator/Non-Motorist</b>	See Above	<del>XXXX</del>	<del>XX</del>	1							



Wilmington Police Department  
Images Associated with 20-250-AC



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

1 **GLEN RD**  
 Route# Direction Name of Roadway/Street  
 At  
**HARDEN ST**  
 Route# Direction Name of Intersecting Roadway/Street  
 Also at Intersection with  
 Route# Direction Name of Intersecting Roadway/Street

2  
 3  
 10  
 11

Please Select One of the Following:  Vehicle 1 Occupants  Hit/Run  Moped  
 Crash Report ID# **20-251-AC**

License # **S88481304** St. **MA** DOB/Age: \_\_\_\_\_ Reg # **2CHX20** Reg Type **PC** Reg State **MA**  
 Sex **F** Lic. Class **D** Lic. Restrictions **20** CDL \_\_\_\_\_ Veh Year **2014** Veh Make **TOYOTA** Veh Config. **1**  
 Operator **STEMMLER, MEGHAN C** Owner **STEMMLER, RONALD T**  
 Address **15 LEE ST** Address **15 LEE ST**  
 City **WILMINGTON** State **MA** Zip **01887-1826** City **WILMINGTON** State **MA** Zip **01887-1826**  
 Insurance Company **THE COMMERCE INSURANCE CO**  
 Vehicle Travel Direction:  N  S  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 \_\_\_\_\_  
 Driver Contributing Code **1 25 25** Driver Distracted by **99 26**  
 Event Sequence **1 23 23 23 23** Most Harmful Event **1 24**  
 Damaged Area Code: **8 27 1 27 2 27** Test Status: **28**  
 Type of Test: **29** BAC Test Result: **30**  
 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
<b>Operator</b>	See Above			<b>1</b>	<b>1</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>9</b>	<b>2</b>	Lahey Clinic

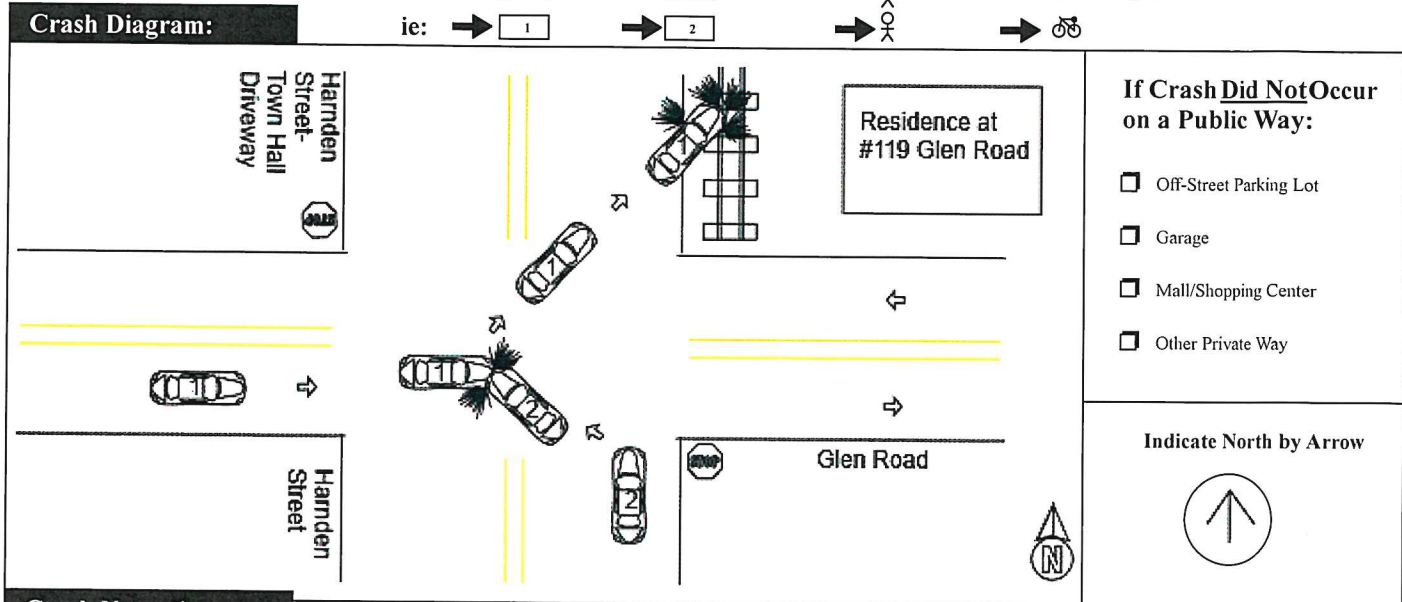
Please Select One of the Following:  Vehicle 2 Occupants  Non-Motorist A Type **15** Action **16** Location **17** Condition **18**  Hit/Run  Moped

License # \_\_\_\_\_ St. \_\_\_\_\_ DOB/Age: \_\_\_\_\_ Reg # **2ACF97** Reg Type **PC** Reg State **MA**  
 Sex \_\_\_\_\_ Lic. Class **D** Lic. Restrictions **P** CDL \_\_\_\_\_ Veh Year **2017** Veh Make **HYUNDAI** Veh Config. **1**  
 Operator \_\_\_\_\_ Owner **LUONGO, MARIA E**  
 Address \_\_\_\_\_ Address **415 ANDOVER ST**  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City **WILMINGTON** State **MA** Zip **01887-1031**  
 Insurance Company **THE STANDARD FIRE INSURAN**  
 Vehicle Travel Direction:  S  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 \_\_\_\_\_  
 Driver Contributing Code **4 25 19 25** Driver Distracted by **99 26**  
 Event Sequence **1 23 23 23 23** Most Harmful Event **1 24**  
 Damaged Area Code: **8 27 1 27 2 27** Test Status: **28**  
 Type of Test: **29** BAC Test Result: **30**  
 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
<b>Operator/Non-Motorist</b>	See Above			<b>1</b>	<b>1</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	
<b>MARIA LUONGO</b>	415 ANDOVER ST WILMINGTON, MA 01887-1031		<b>F</b>	<b>3</b>	<b>1</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

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



**Crash Narrative:**

MV1 was traveling straight ahead and eastbound on Glen Road towards Middlesex Avenue. MV2 was stopped at the stop sign at the intersection of Harnden Street and Glen Road and waiting to turn left and merge onto Glen Road westbound. MV2 came to a stop and then pulled out to turn left onto Glen Road. The operator of MV2 stated that he saw MV1 coming towards him, but he believed it was slowing down to stop. MV1 continued to travel straight ahead in the westbound travel lane. MV2 pulled out and turned left across the intersection to merge onto Glen Road westbound and struck MV1 in an almost head on collision. The severe force of the collision activated front and side airbags in both vehicles, and sent MV1 careening left towards the entrance to Town Hall where it struck the curb and the fence at 119 Glen Road before coming to a stop. Forrest Towing towed both vehicles, and the operator of MV1 was transported to Lahey by WFD.

**Witnesses:**

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

**Property Damage:**

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
BANDIES MICHAEL C	119 GLEN RD WILMINGTON MA 01887		97	WOODEN STOCK AND POLE FENCE

**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

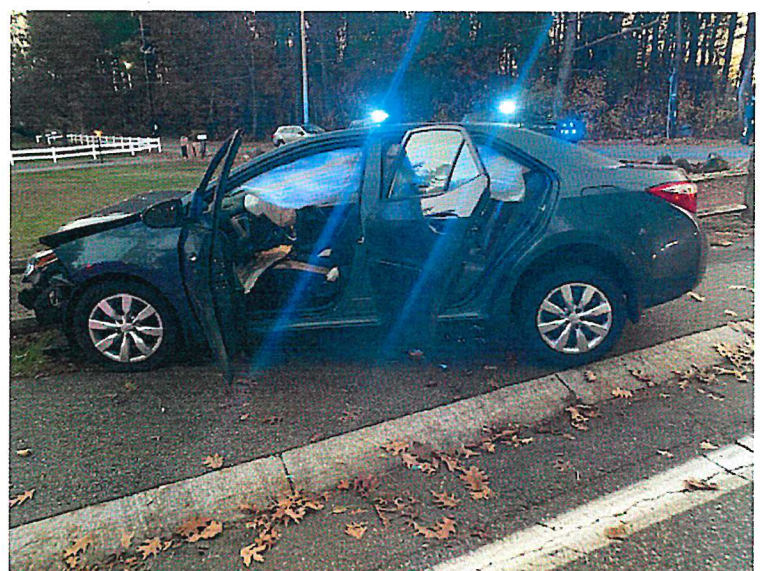
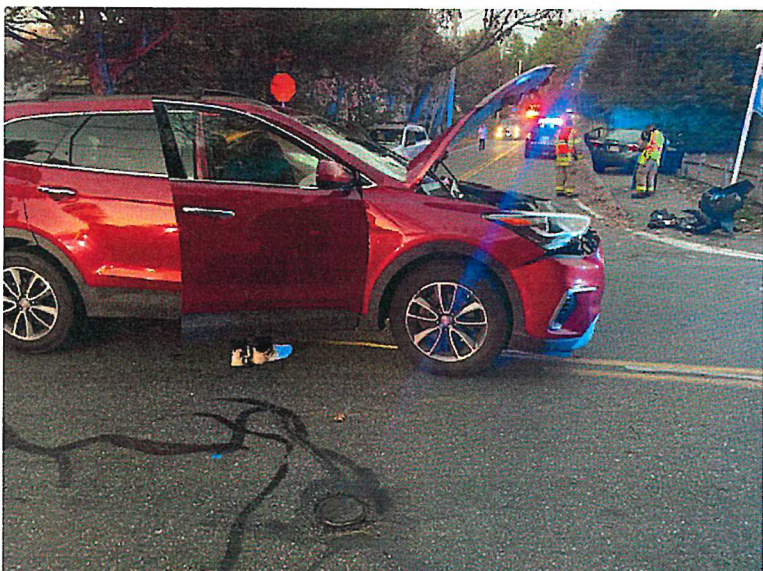
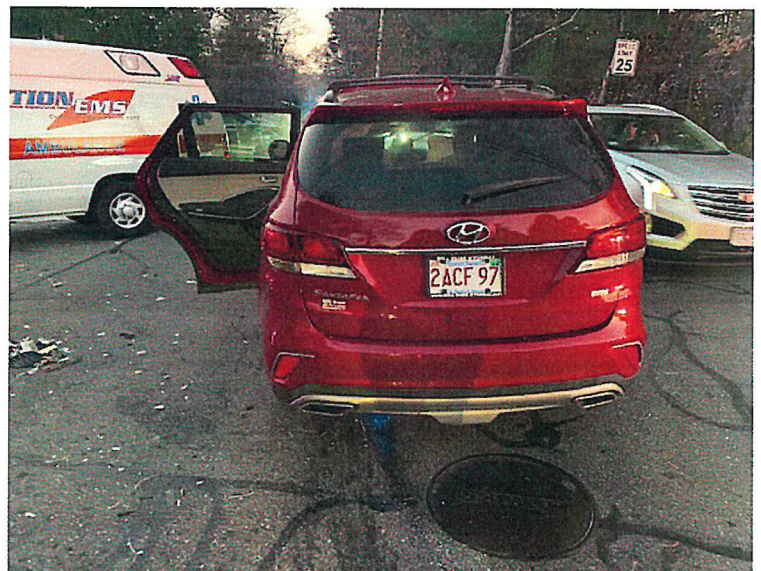
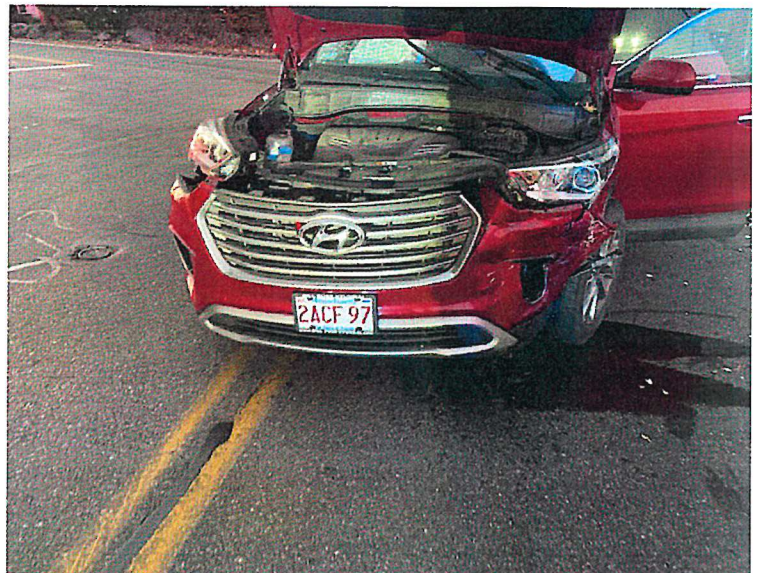
**Hazmat Information:**

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

**Patrol Officer Michael A Wilson**    209    **Wilmington Police Department**    11/09/2020

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

Wilmington Police Department  
Images Associated with 20-251-AC



Wilmington Police Department  
Images Associated with 20-251-AC



Police Use Only

# Commonwealth of Massachusetts

RMV Document Number

Date of Crash **11/09/2020** Time of Crash **1729** City/Town **Wilmington**  
 24HR

## Motor Vehicle Crash Police Report

Number Vehicles **2** Number Injured **0**  
 Speed Limit **25** State Police   
 Latitude \_\_\_\_\_ Local Police   
 Longitude \_\_\_\_\_ MBTA Police   
 Campus Police   
 Other \_\_\_\_\_

AT INTERSECTION:

< LOCATION >

NOT AT INTERSECTION:

**MIDDLESEX AVE**  
 Route# \_\_\_\_\_ Direction \_\_\_\_\_ Name of Roadway/Street \_\_\_\_\_  
 At \_\_\_\_\_  
**HIGH ST**  
 Route# \_\_\_\_\_ Direction \_\_\_\_\_ Name of Intersecting Roadway/Street \_\_\_\_\_  
 Also at Intersection with \_\_\_\_\_  
 Route# \_\_\_\_\_ Direction \_\_\_\_\_ Name of Intersecting Roadway/Street \_\_\_\_\_

Route# \_\_\_\_\_ Direction \_\_\_\_\_ Address # \_\_\_\_\_ Name of Roadway/Street \_\_\_\_\_  
 \_\_\_\_\_ Feet **N S E W** of \_\_\_\_\_ • \_\_\_\_\_ or \_\_\_\_\_  
 Mile Marker \_\_\_\_\_ Exit Number \_\_\_\_\_  
 \_\_\_\_\_ Feet **N S E W** of \_\_\_\_\_  
 Route# \_\_\_\_\_ Intersecting Roadway/Street \_\_\_\_\_  
 \_\_\_\_\_ Feet **N S E W** of \_\_\_\_\_  
 Landmark \_\_\_\_\_

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

Crash Report ID# **20-252-AC**

License # **S79257406** St **MA** DOB/Age \_\_\_\_\_  
 Sex **F** Lic. Class **D** **19** **19** Lic. Restrictions **20** CDL \_\_\_\_\_  
 Endorsement \_\_\_\_\_  
 Operator **JONES, ANNE MARIE**  
 Last First Middle  
 Address **3 COTTONWOOD CIR**  
 City **WILMINGTON** State **MA** Zip **01887-4424**  
 Insurance Company **SAFETY INSURANCE COMPANY**  
 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 # **744PX5** Reg Type **PC** Reg State **MA**  
 Veh Year **2010** Veh Make **TOYOTA** Veh Config. **1** **21**  
 Owner **JONES, ANNE MARIE**  
 Last First Middle  
 Address **3 COTTONWOOD CIR**  
 City **WILMINGTON** State **MA** Zip **01887-4424**  
 Vehicle Action Prior to Crash **2** **22** Damaged Area Code: **6** **27** **5** **27** **4** **27**  
 Event Sequence **1** **23** **23** **23** **23** Test Status: **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? **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
<b>Operator</b>	See Above	<del>XXXXXX</del>	<del>X</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

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

License # **S58492651** St **MA** DOB/Age \_\_\_\_\_  
 Sex **M** Lic. Class **D** **19** **19** Lic. Restrictions **B** **20** CDL \_\_\_\_\_  
 Endorsement \_\_\_\_\_  
 Operator **WHITNEY, EDWARD C JR**  
 Last First Middle  
 Address **321 SALEM ST**  
 City **WILMINGTON** State **MA** Zip **01887-1134**  
 Insurance Company **CITIZENS INSURANCE COMPAN**  
 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 \_\_\_\_\_

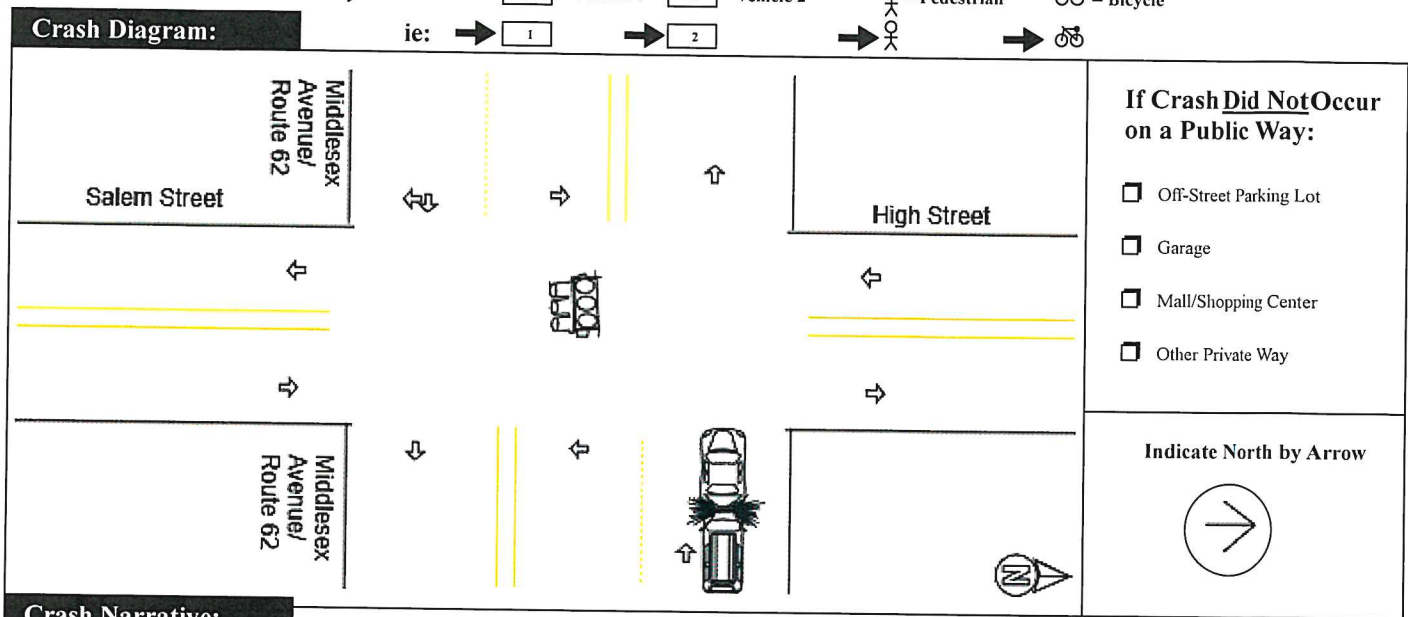
Reg # **8AY516** Reg Type **PC** Reg State **MA**  
 Veh Year **2003** Veh Make **DODGE** Veh Config. **1** **21**  
 Owner **WHITNEY, EDWARD C JR**  
 Last First Middle  
 Address **321 SALEM ST**  
 City **WILMINGTON** State **MA** Zip **01887-1134**  
 Vehicle Action Prior to Crash **2** **22** Damaged Area Code: **8** **27** **1** **27** **2** **27**  
 Event Sequence **44** **23** **1** **23** **23** **23** Test Status: **28**  
 Most Harmful Event **1** **24** Type of Test: **29**  
 Driver Contributing Code **22** **25** **25** BAC Test Result: **30**  
 Driver Distracted by **99** **26** Susp. Alcohol: **2** **31** Susp. Drug: **2** **32**  
 Towed from scene? **1** **33**

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

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



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



**Crash Narrative:**

MV1 was stopped in traffic at the red stop light at the intersection of Middlesex Avenue/Route 62 eastbound and High Street. MV1 was stopped in the right side straight ahead only travel lane. MV2 was traveling straight ahead on Middlesex Avenue/Route 62 eastbound and approaching the intersection with High Street. The operator of MV2 stated that he attempted to slow down and stop, but that he felt "something let go underneath his car" referencing some type of mechanical malfunction. The operator of MV2 stated that he temporarily lost control of the vehicle and collided with the rear of MV1, which was stopped. MV1 suffered minor rear end damage and MV2 suffered minor front end damage as well as two blown tires on the left side. Neither operator was injured and refused medical attention. Forrest Towing arrived and towed the disabled MV2 from the scene back to the owner's residence.

**Witnesses:**

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

**Property Damage:**

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

**Truck and Bus Information:**

Registration # \_\_\_\_\_ (From Vehicle Section)

Carrier Name \_\_\_\_\_ Bus Use 42

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

US DOT #: \_\_\_\_\_ State Number \_\_\_\_\_ Issuing State \_\_\_\_\_ MC/MX/ICC #: \_\_\_\_\_

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

Trailer Reg #: \_\_\_\_\_ Reg Type \_\_\_\_\_ Reg State \_\_\_\_\_ Reg Year \_\_\_\_\_ Trailer Length 46

**Hazmat Information:**

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

Patrol Officer Michael A Wilson

209

Wilmington Police Department

11/09/2020

Police Officer Name (Please Print)

Signature

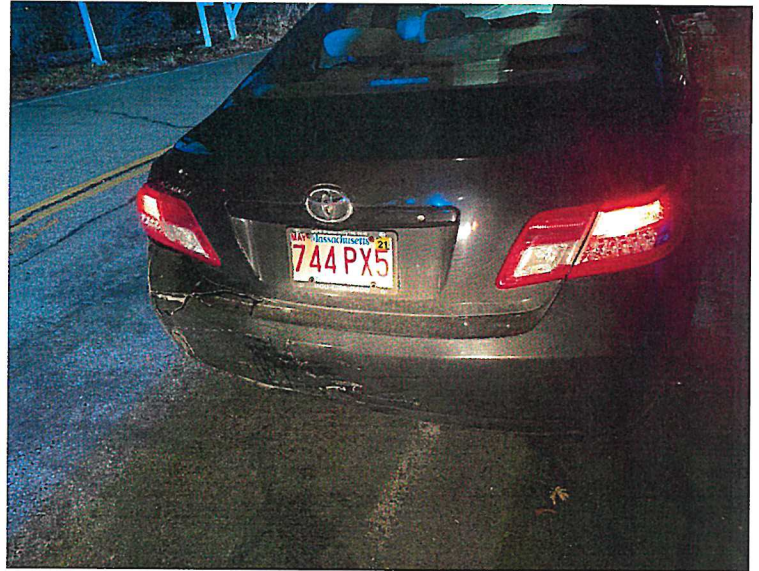
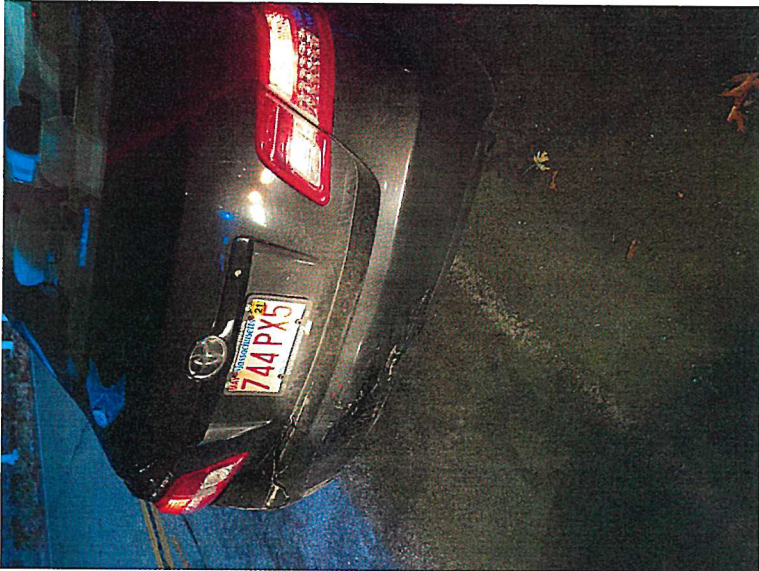
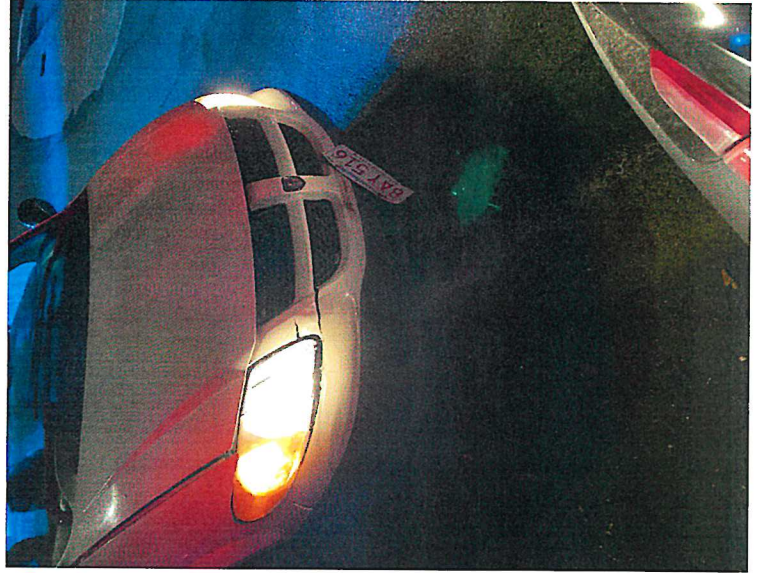
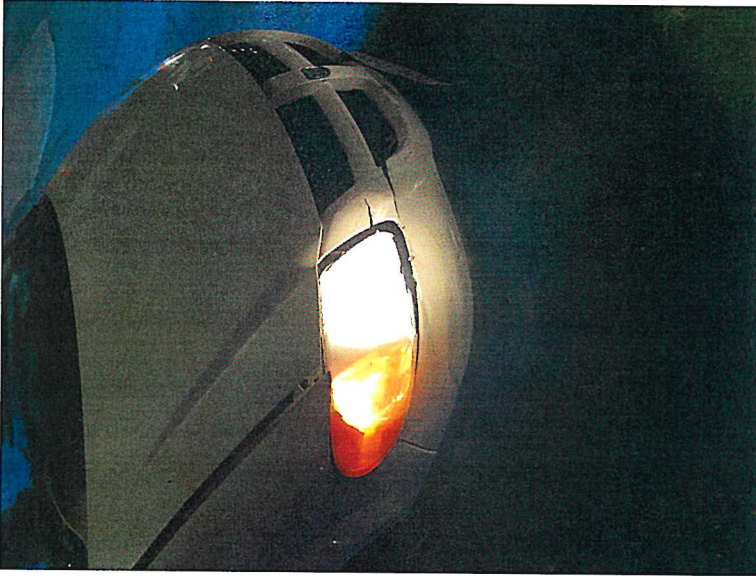
ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department  
Images Associated with 20-252-AC



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

<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>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p>	<p>Route# _____ Direction _____ Address # <b>35</b> Name of Roadway/Street <b>LOWELL ST</b></p> <p>_____ Feet <b>N S E W</b> of _____ or _____</p> <p style="text-align: center;">Mile Marker _____ Exit Number _____</p> <p>_____ Feet <b>N S E W</b> of _____</p> <p style="text-align: center;">Route# _____ Intersecting Roadway/Street _____</p> <p>_____ Feet <b>N S E W</b> of _____</p> <p style="text-align: center;">Landmark _____</p>
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Please Select One of the Following:  Vehicle **1** #Occupants  Hit/Run  Moped

Crash Report ID# **20-253-AC**

<p>License # <b>925079974</b> St <b>NY</b> DOB/Age _____</p> <p>Sex <b>F</b> Lic. Class <b>D</b> Lic. Restrictions <b>1</b> CDL _____</p> <p>Operator <b>YATES, JUSTINE CORAL</b></p> <p>Address <b>9 WILLARD AVE APT 1</b></p> <p>City <b>MEDFORD</b> State <b>MA</b> Zip <b>02155</b></p> <p>Insurance Company <b>ERIE INSURANCE COMPANY</b></p> <p>Vehicle Travel Direction: <b>N S X W</b> Responding to Emergency? <b>2</b></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 # <b>HUK5518</b> Reg Type <b>PC</b> Reg State <b>NY</b></p> <p>Veh Year <b>2006</b> Veh Make <b>SATURN</b> Veh Config. <b>1</b></p> <p>Owner <b>YATES, SANDRA LEE</b></p> <p>Address <b>24 GROVE ST</b></p> <p>City <b>MOUNT MORRIS</b> State <b>NY</b> Zip <b>14510</b></p> <p>Vehicle Action Prior to Crash <b>1</b></p> <p>Event Sequence <b>1</b> <b>23</b> <b>23</b> <b>23</b> <b>23</b></p> <p>Most Harmful Event <b>1</b> <b>24</b></p> <p>Driver Contributing Code <b>1</b> <b>25</b> <b>25</b></p> <p>Driver Distracted by <b>0</b> <b>26</b></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
<b>Operator</b>		See Above	<del>X</del>	<del>X</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>

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

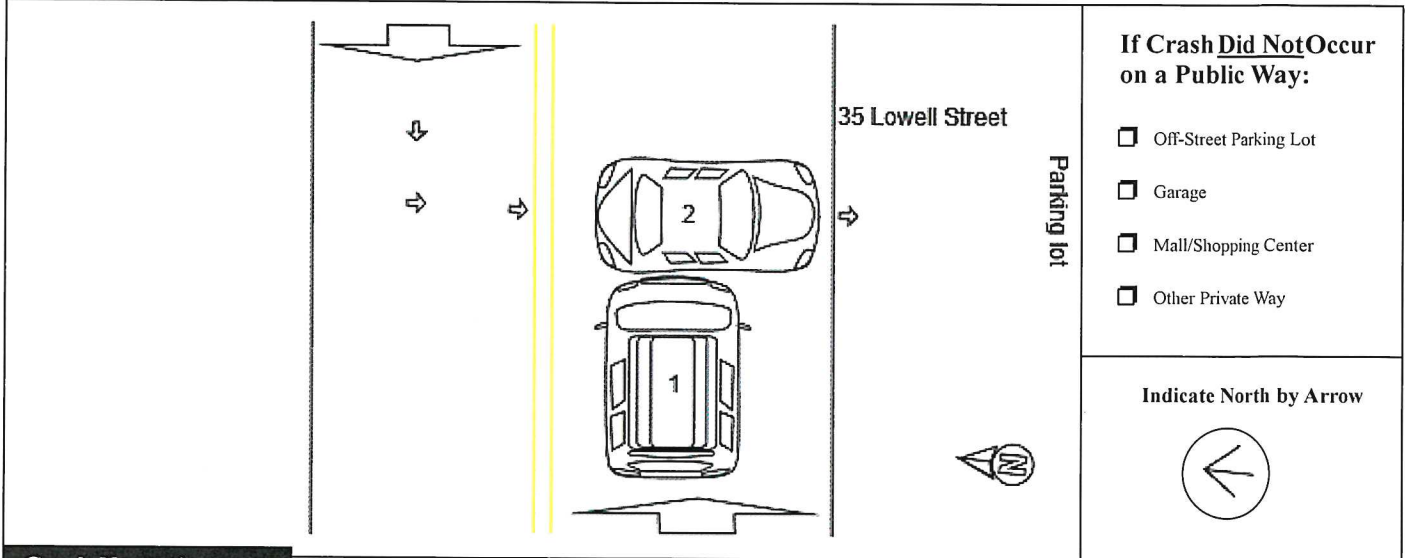
<p>License # <b>S38273381</b> St <b>MA</b> DOB/Age _____</p> <p>Sex <b>F</b> Lic. Class <b>D</b> Lic. Restrictions <b>1</b> CDL _____</p> <p>Operator <b>BURWELL, STACEY R</b></p> <p>Address <b>373 LINCOLN ST</b></p> <p>City <b>WEST BRIDGEWATER</b> State <b>MA</b> Zip <b>02379-1529</b></p> <p>Insurance Company <b>PROGRESSIVE CASUALTY INSU</b></p> <p>Vehicle Travel Direction: <b>N S E X</b> Responding to Emergency? <b>2</b></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 # <b>4MH162</b> Reg Type <b>PC</b> Reg State <b>MA</b></p> <p>Veh Year <b>2011</b> Veh Make <b>KIA</b> Veh Config. <b>1</b></p> <p>Owner <b>BURWELL, STACEY R</b></p> <p>Address <b>373 LINCOLN ST</b></p> <p>City <b>WEST BRIDGEWATER</b> State <b>MA</b> Zip <b>02379-1529</b></p> <p>Vehicle Action Prior to Crash <b>4</b></p> <p>Event Sequence <b>1</b> <b>23</b> <b>23</b> <b>23</b> <b>23</b></p> <p>Most Harmful Event <b>1</b> <b>24</b></p> <p>Driver Contributing Code <b>1</b> <b>25</b> <b>25</b></p> <p>Driver Distracted by <b>0</b> <b>26</b></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
<b>Operator/Non-Motorist</b>		See Above	<del>X</del>	<del>X</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>

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

**Crash Diagram:**

ie: → 1 → 2 → O → B



**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:**

Operator of motor vehicle 1, Justine Yates stated that she was traveling east on Lowell Street, when MV2 pulled in front of her, and they crashed. Op. of MV2, Stacey Burwell stated that she was traveling west on Lowell Street, attempted to turn left into the parking lot at 35 Lowell Street, and crashed with MV1. Both parties were offered medical attention and they refused. I observed no visible injuries. MV1 sustained damage to front right side. MV2 sustained damage to the right side rear door and left side rear flat tire. See images for damage. MV2 contacted AAA for a tire change. MV1 also contacted AAA for assistance due to the damage to front right tire area.

**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 Julio J Quiles

197

Wilmington Police Department

11/09/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department  
Images Associated with 20-253-AC



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

1	Route# _____ Direction _____ Name of Roadway/Street _____	Route# <u>62</u> Direction _____ Address # <u>FOREST ST</u> Name of Roadway/Street _____	2
	At _____	_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____ Mile Marker _____ Exit Number _____	4
	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 _____ Route# _____ Intersecting Roadway/Street _____	
2	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 _____	11

Please Select One of the Following:  Vehicle 1 #Occupants  Hit/Run  Moped **Crash Report ID# 20-254-AC**

3	License # <u>S77840863</u> St. <u>MA</u> DOB/Age _____	Reg # <u>8TM640</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>20</u> CDL _____ Endorsement _____	Veh Year <u>2011</u> Veh Make <u>KIA</u> Veh Config. <u>1</u> <u>21</u>
4	Operator <u>MACKINNON, PATRICIA ANN</u>	Owner <u>MACKINNON, PATRICIA ANN</u>
	Address <u>176 CARTER ST</u>	Address <u>176 CARTER ST</u>
5	City <u>TEWKSBURY</u> State <u>MA</u> Zip <u>01876-1408</u>	City <u>TEWKSBURY</u> State <u>MA</u> Zip <u>01876-1408</u>
	Insurance Company <u>METROPOLITAN PROPERTY AND</u>	Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>2</u> <u>27</u> <u>10</u> <u>27</u> <u>27</u>
6	Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u>	Event Sequence <u>2</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>2</u> <u>24</u> Type of Test: <u>29</u>
7	Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	BAC Test Result: <u>1</u> <u>30</u>
	Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Contributing Code <u>11</u> <u>25</u> <u>25</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u>
8	Driver Distracted by <u>0</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
<b>Operator</b>	See Above	<del>XXXX</del>	<del>XX</del>	1	1	4	0	0	10	1	

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

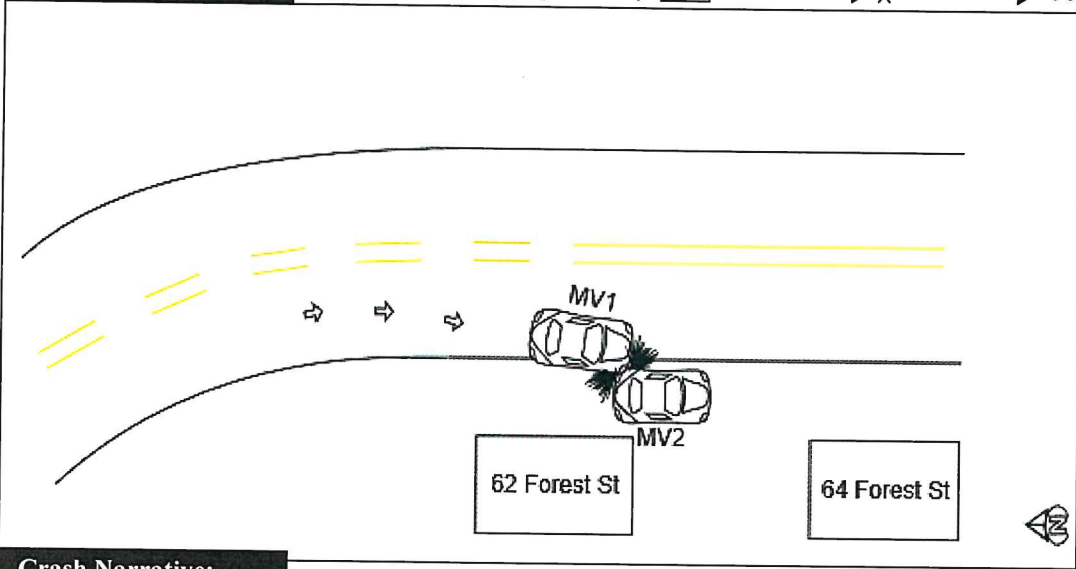
7	License # _____ St. _____ DOB/Age _____	Reg # <u>8125FD</u> Reg Type <u>PC</u> Reg State <u>MA</u>
	Sex _____ Lic. Class <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____ Endorsement _____	Veh Year <u>2017</u> Veh Make <u>SUBARU</u> Veh Config. <u>1</u> <u>21</u>
8	Operator <u>Driverless M.V.</u>	Owner <u>FURBUSH, NANCY ELIZABETH</u>
	Address _____	Address <u>19 DELL DR</u>
9	City _____ State _____ Zip _____	City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-3122</u>
	Insurance Company <u>USAA CASUALTY INSURANCE C</u>	Vehicle Action Prior to Crash <u>11</u> <u>22</u> Damaged Area Code: <u>6</u> <u>27</u> <u>7</u> <u>27</u> <u>27</u>
9	Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____	Event Sequence <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>28</u>
	Citation # (If Issued) _____	Most Harmful Event <u>24</u> Type of Test: <u>29</u>
9	Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	BAC Test Result: <u>30</u>
	Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Contributing Code <u>25</u> <u>25</u> Susp. Alcohol: <u>31</u> Susp. Drug: <u>32</u>
9	Driver Distracted by <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
<b>Operator/Non-Motorist</b>	See Above	<del>XXXX</del>	<del>XX</del>	1							

➔ = Direction    [ 1 ] = Vehicle 1    [ 2 ] = Vehicle 2    [ O ] [ X ] [ O ] [ X ] = Pedestrian    [ B ] = Bicycle

**Crash Diagram:**

ie: ➔ [ 1 ] ➔ [ 2 ] ➔ [ O ] [ X ] ➔ [ B ]



**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 vs parked car reported in the area of 62/64 Forest street. Op of MV 1 (Ms Mackinnon) stated that she came around the corner and there was a vehicle approaching her (unable to confirm) that was driving on the yellow line. MV1 stated that she had to veer to the right to avoid a collision with the oncoming vehicle subsequently causing her to side swipe the vehicle that was parked on the side of the road. MV1 was towed by Forrest towing due to the damage to the passenger front tire area. MV2 was towed due to the damage to the drivers side rear tire area. The owner of MV2 came out and was provided the accident exchange information. No injuries were observed or reported. I provided Ms. Mackinnon a curtesy ride back to her residence in Tewksbury.

**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 Scott Durnett      202      Wilmington Police Department      11/10/2020  
Police Officer Name (Please Print)      Signature      ID/Badge #      Department      Precinct/Barracks      Date

<b>Police Use Only</b>	Date of Crash 11/10/2020	Time of Crash 1540 24HR	City/Town <b>Wilmington</b>	<b>Motor Vehicle Crash Police Report</b>	Number Vehicles 1	Number Injured 0	Speed Limit <u>15</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
<b>AT INTERSECTION:</b>				<b>&lt; LOCATION &gt;</b>	<b>NOT AT INTERSECTION:</b>					
Route# _____ Direction _____ Name of Roadway/Street _____ At _____				Route# <u>9</u> Direction _____ Address # _____ Name of Roadway/Street <b>CROSS ST</b>						
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:  Vehicle 13 #Occupants  Hit/Run  Moped

Crash Report ID# **20-255-AC**

License # <b>S39060754</b> St <b>MA</b> DOB/Age _____ Sex <b>F</b> Lic. Class <b>D</b> <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____ Endorsement _____ Operator <b>GRIFFITHS, ELIZABETH A</b> Last First Middle Address <b>20 LEXINGTON ST</b> City <b>WOBURN</b> State <b>MA</b> Zip <b>01801-4806</b> Insurance Company <b>USAA GENERAL INDEMNITY CO</b> 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 # <b>171C</b> Reg Type <b>PC</b> Reg State <b>MA</b> Veh Year <b>2017</b> Veh Make <b>HONDA</b> Veh Config. <u>1</u> <u>21</u> Owner <b>GRIFFITHS, ELIZABETH A</b> Last First Middle Address <b>20 LEXINGTON ST</b> City <b>WOBURN</b> State <b>MA</b> Zip <b>01801-4806</b> Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>2</u> <u>27</u> <u>27</u> <u>27</u> Event Sequence <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u> Type of Test: <u>29</u> Most Harmful Event <u>23</u> <u>24</u> BAC Test Result: <u>1</u> <u>30</u> Driver Contributing Code <u>18</u> <u>25</u> <u>25</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u> Driver Distracted by <u>6</u> <u>26</u> Towed from scene? <u>2</u> <u>33</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
<b>Operator</b>		See Above	<del>X</del>	<del>X</del>	<u>1</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>
<b>ANGELA DIXON</b>	5 BUCO AVE METHUEN, MA 01844	01/24/2020	F	6	4	4	0	0	10	1	
<b>ALICE DIXON</b>	5 BUCO AVE METHUEN, MA 01844	05/31/2013	F	5	4	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 _____ Sex _____ Lic. Class <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____ Endorsement _____ Operator _____ Last First Middle Address _____ City _____ State _____ Zip _____ Insurance Company _____ Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> 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. <u>21</u> Owner _____ Last First Middle Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash <u>22</u> Damaged Area Code: <u>27</u> <u>27</u> <u>27</u> Event Sequence <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>28</u> Type of Test: <u>29</u> Most Harmful Event <u>24</u> BAC Test Result: <u>30</u> Driver Contributing Code <u>25</u> <u>25</u> Susp. Alcohol: <u>31</u> Susp. Drug: <u>32</u> Driver Distracted by <u>26</u> Towed from scene? <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
<b>Operator/Non-Motorist</b>		See Above	<del>X</del>	<del>X</del>	<u>1</u>						



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

**Crash Diagram:**

Light Pole

Parking Lot of Yentile Farm Recreational Facility  
9 Cross St Wilmington

**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 11/10/20, I responded to a single car crash in the parking lot of Yentile Farm Recreational Facility located at 9 Cross St. It reported that the crash was car vs light pole. Upon arrival, there was no injury. Operator of Veh 1 reported that she was leaving the park at the time of the crash. She stated her grand children were in the back seat and one of them was talking with her. She reported that she was paying attention to her grandchild at the time of the crash. All occupants were properly secured in car at time of crash. Vehicle 1 suffered damage to the front bumper passenger side. The light pole had damage to the pole itself and was knocked over to the ground. (See photos) The light pole belongs to the Town of Wilmington. No tow required.

**Witnesses:**

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

**Property Damage:**

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
TOWN OF WILMINGTON	121 GLEN RD WILMINGTON MA 01887		3	LIGHT POLE

**Truck and Bus Information:**

Registration # \_\_\_\_\_ (From Vehicle Section)

Carrier Name \_\_\_\_\_ Bus Use 42

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

US DOT #: \_\_\_\_\_ State Number \_\_\_\_\_ Issuing State \_\_\_\_\_ MC/MX/ICC #: \_\_\_\_\_

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

Trailer Reg #: \_\_\_\_\_ Reg Type \_\_\_\_\_ Reg State \_\_\_\_\_ Reg Year \_\_\_\_\_ Trailer Length 46

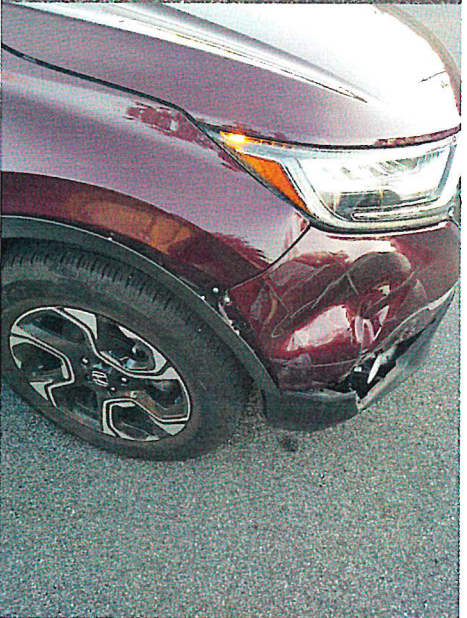
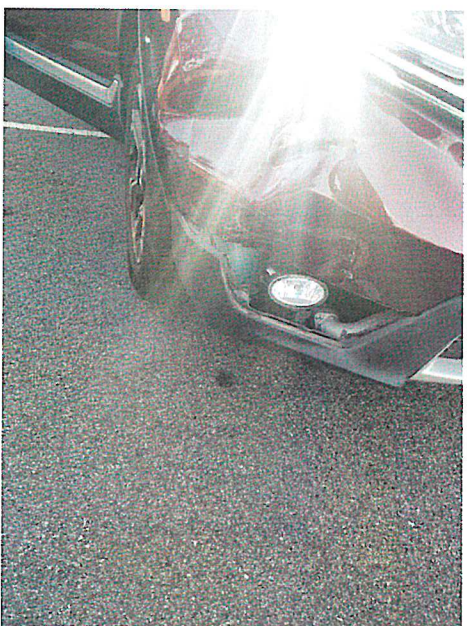
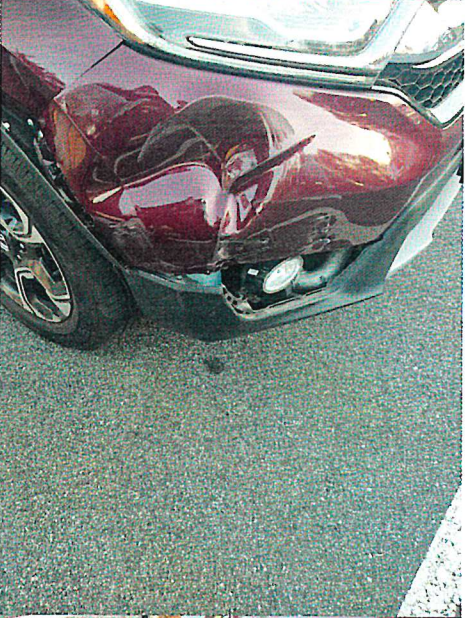
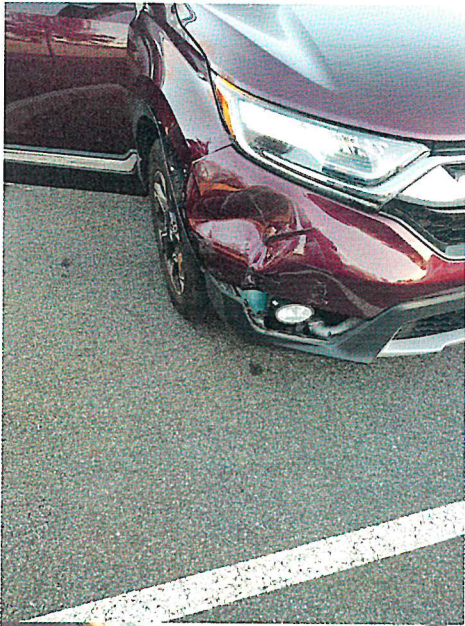
**Hazmat Information:**

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

Patrol Officer Daniel P Furbush 196 Wilmington Police Department 11/10/2020  
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

CDPI 11-24-00

Wilmington Police Department  
Images Associated with 20-255-AC



Wilmington Police Department  
Images Associated with 20-255-AC



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

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

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

Route# Direction Name of Intersecting Roadway/Street

Route# Direction Name of 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 12 #Occupants  Hit/Run  Moped Crash Report ID# **20-256-AC**

License # **S15918576** St **MA** DOB/Age \_\_\_\_\_ Reg # **1FWS66** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** Lic. Restrictions **20** CDL \_\_\_\_\_ Veh Year **2017** Veh Make **KIA** Veh Config. **1**

Operator **CREAMER, HANNAH ROSE** Owner **CREAMER, STEPHEN JOHN**

Address **18 MADISON ST** Address **18 MADISON ST**

City **MEDFORD** State **MA** Zip **02155-2231** City **MEDFORD** State **MA** Zip **02155-2231**

Insurance Company **PLYMOUTH ROCK ASSURANCE C** Vehicle Action Prior to Crash **1** Damaged Area Code: 1 27 2 27 3 27

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

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

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

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

Towed from scene? **1** 33

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator</b>	See Above			<b>1</b>	<b>1</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	
<b>SAMUEL MCINERNEY</b>	77 SHERIDAN AVE MEDFORD, MA 02155-4042	12/18/2001	M	3	1	3	0	0	10	1	

Please Select One of the Following:  Vehicle 24 #Occupants  Non-Motorist A Type **15** Action **16** Location **17** Condition **18**  Hit/Run  Moped

License # **S36340380** St **MA** DOB/Age \_\_\_\_\_ Reg # **22T490** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** Lic. Restrictions **20** CDL \_\_\_\_\_ Veh Year **2006** Veh Make **CHEVROLET** Veh Config. **1**

Operator **CIANCIULLI, KIMBERLEE ANN** Owner **CIANCIULLI, KIMBERLEE ANN**

Address **17 JERE RD** Address **17 JERE RD**

City **WILMINGTON** State **MA** Zip **01887-1670** City **WILMINGTON** State **MA** Zip **01887-1670**

Insurance Company **PROGRESSIVE DIRECT INSURA** Vehicle Action Prior to Crash **4** Damaged Area Code: 1 27 2 27 3 27

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

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

Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **4** 25 **19** 25 BAC Test Result: 30

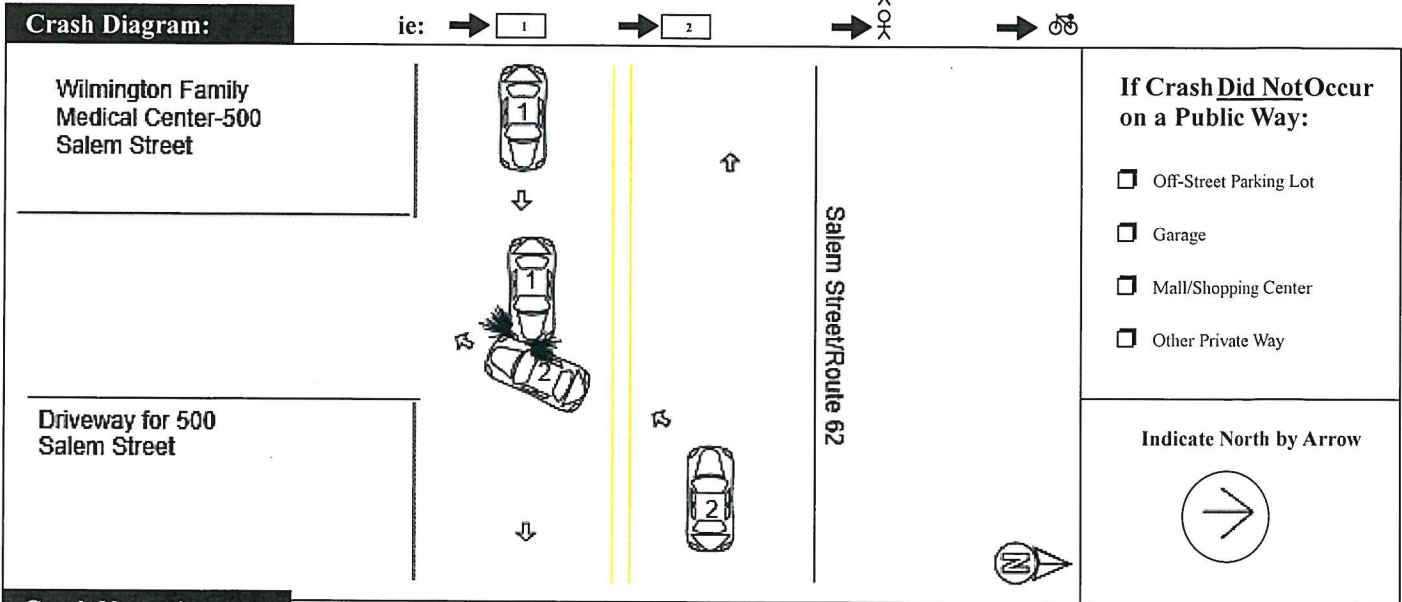
Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **99** 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32

Towed from scene? **1** 33

Please fill out for operator/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
<b>Operator/Non-Motorist</b>	See Above			<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	
<b>MATTHEW TROIANO</b>	7 GREENBRIAR DR NORTH READING, MA 01864-3142	08/07/1991	M	3	99	4	0	0	10	1	
<b>NALANI CIANCIULLI</b>	17 JERE RD WILMINGTON, MA 01887	12/19/2017	F	4	4	4	0	0	10	1	
<b>MATTHEW CIANCIULLI</b>	17 JERE RD WILMINGTON, MA 01887	12/19/2017	M	6	4	4	0	0	10	1	

→ = Direction     1 = Vehicle 1     2 = Vehicle 2     OOK = Pedestrian     🚲 = Bicycle  
 ic: → 1 → 2 → OOK → 🚲



**Crash Narrative:**

MV1 was traveling straight ahead on Salem Street/Route 62 westbound towards the intersection with Woburn Street. MV2 was traveling straight ahead on Salem Street/Route 6 eastbound towards 500 Salem Street. The operator of MV2 claims that she activated her turn signal and slowed down in preparation to turn left into the driveway for 500 Salem Street. MV1 continued traveling straight ahead on Salem Street. The operator of MV2 claimed that she believed MV1 was going to slow down and stop. MV2 then abruptly turned left across the westbound travel lane and into the driveway for 500 Salem Street. MV1 continued traveling forward and collided with the right side of MV2. Both MV1 and MV2 suffered right front end and right side damage and airbags deployed in MV1. All occupants of both vehicles claimed to be uninjured and refused medical treatment and transport by the WFD. Forrest Towing arrived and towed both disabled vehicles 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     11/10/2020  
 Police Officer Name (Please Print)     Signature     ID/Badge #     Department     Precinct/Barracks     Date

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

Route# Direction Name of Roadway/Street At

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

Route# Direction Name of Intersecting Roadway/Street

Route# Direction Address # Name of Roadway/Street

Feet N S E W of Mile Marker Exit Number

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

Feet N S E W of Landmark

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

Crash Report ID# 20-257-AC

License # S85256813 St. MA DOB/Age Reg # 1XE820 Reg Type PC Reg State MA

Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement Veh Year 2006 Veh Make DODGE Veh Config. 1 21

Operator GENTRY, CHRISTINA S Owner GENTRY, JAMES G

Address 40 CHARME RD Address 40 CHARME RD

City BILLERICA State MA Zip 01821-2125 City BILLERICA State MA Zip 01821-2125

Insurance Company LIBERTY MUTUAL INSURANCE

Vehicle Action Prior to Crash 1 22 Damaged Area Code: 3 27 27 27

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

Event Sequence 1 23 23 23 23 Test Status: 1 28

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

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

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

Towed from scene? 1 33

Please fill out for operator and all occupants involved

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

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

License # S18134382 St. MA DOB/Age Reg # 2AYN25 Reg Type PC Reg State MA

Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement Veh Year 2005 Veh Make HONDA Veh Config. 1 21

Operator JOSEPH, MAYEVA Owner JOSEPH, MAYEVA

Address 2901 POULIOT PL Address 2901 POULIOT PL

City WILMINGTON State MA Zip 01887-4570 City WILMINGTON State MA Zip 01887-4570

Insurance Company GOVERNMENT EMPLOYEES INSU

Vehicle Action Prior to Crash 4 22 Damaged Area Code: 7 27 27 27

Vehicle Travel Direction: N S X 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 4 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

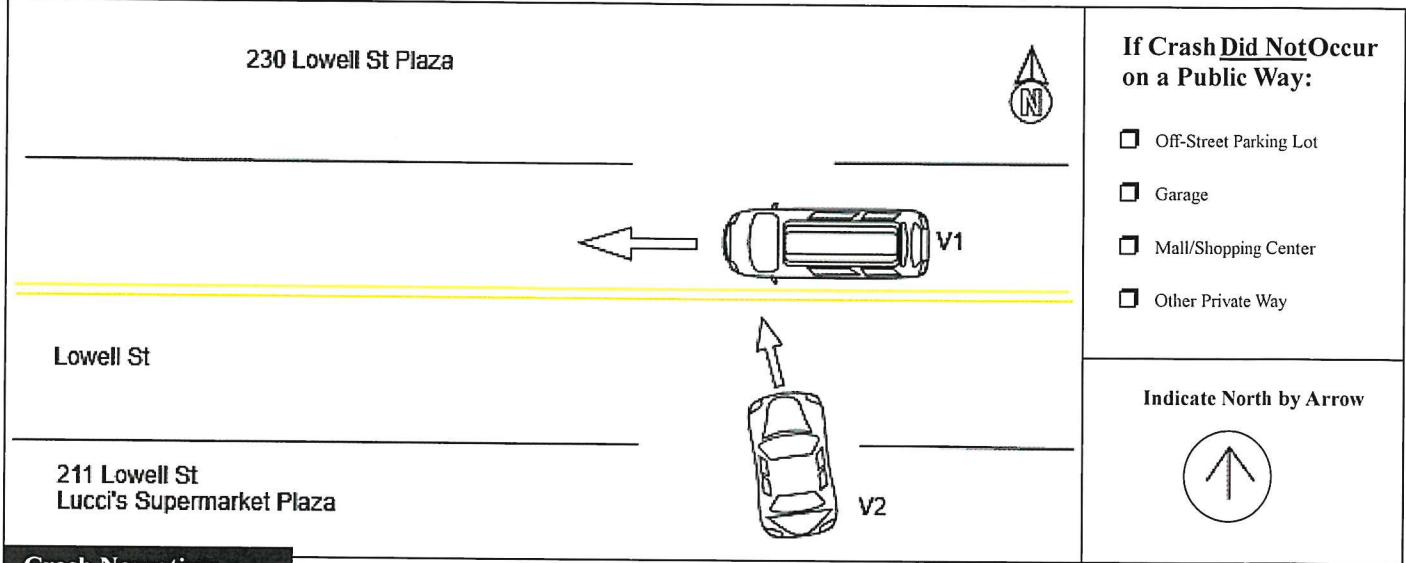
Please fill out for operator/non-motorist and all occupants involved

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

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

**Crash Diagram:**

ie: → 1 → 2 → ○ → ○



**If Crash Did Not Occur on a Public Way:**

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

Indicate North by Arrow



**Crash Narrative:**

V1 was traveling on Lowell St heading towards the intersection of Lowell St and Woburn St. While V1 was traveling on Lowell St, V2 attempted to turn left out of the Lucci's parking lot on to Lowell St. While doing this V2 struck V1 on the drivers side door and drivers engine compartment. Both V1 and V2 sustained significant damage which prevented them from driving away from the scene. Due to this both vehicles were towed from the scene by A&S towing to their facility. All parties refused medical treatment offered to them.

**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 E Johnson

199

Wilmington Police Department

11/11/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

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

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

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

Route# Direction Name of Intersecting Roadway/Street

Route# Direction Name of Intersecting Roadway/Street

Feet **N S E W** of \_\_\_\_\_ of \_\_\_\_\_ or \_\_\_\_\_ Mile Marker Exit Number

Feet **N S E W** of \_\_\_\_\_ of \_\_\_\_\_ Route# Intersecting Roadway/Street

Feet **N S E W** of \_\_\_\_\_ of \_\_\_\_\_ Landmark

Please Select One of the Following:  Vehicle 1 #Occupants  Hit/Run  Moped Crash Report ID# **20-258-AC**

License # **S53520842** St **MA** DOB/Age \_\_\_\_\_ Reg # **2602B** Reg Type **AP** Reg State **MA**

Sex **M** Lic. Class **B 19 19 D** Lic. Restrictions **99 20** CDL **T** Veh Year **2019** Veh Make \_\_\_\_\_ Veh Config. **10 21**

Operator **BENBOW, MARCUS C** Owner **PENSKE LEASING AND RENTAL COMPANY**

Address **679 CHESTNUT ST APT FL2L** Address **2675 MORGANTOWN RD**

City **SPRINGFIELD** State **MA** Zip **01107-1620** City **READING** State **PA** Zip **19607-0000**

Insurance Company **FEDERAL INSURANCE COMPANY** Vehicle Action Prior to Crash **1 22** Damaged Area Code: **0 27 27 27**

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

Citation # (If Issued) \_\_\_\_\_ Most Harmful Event **23 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

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
<b>Operator</b>	See Above			<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

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

License # \_\_\_\_\_ St \_\_\_\_\_ DOB/Age \_\_\_\_\_ Reg # \_\_\_\_\_ Reg Type \_\_\_\_\_ Reg State \_\_\_\_\_

Sex \_\_\_\_\_ Lic. Class **19 19** Lic. Restrictions **20** CDL \_\_\_\_\_ Veh Year \_\_\_\_\_ Veh Make \_\_\_\_\_ Veh Config. **21**

Operator \_\_\_\_\_ Owner \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Insurance Company \_\_\_\_\_ Vehicle Action Prior to Crash **22** Damaged Area Code: **27 27 27**

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

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

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

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

Towed from scene? **33**

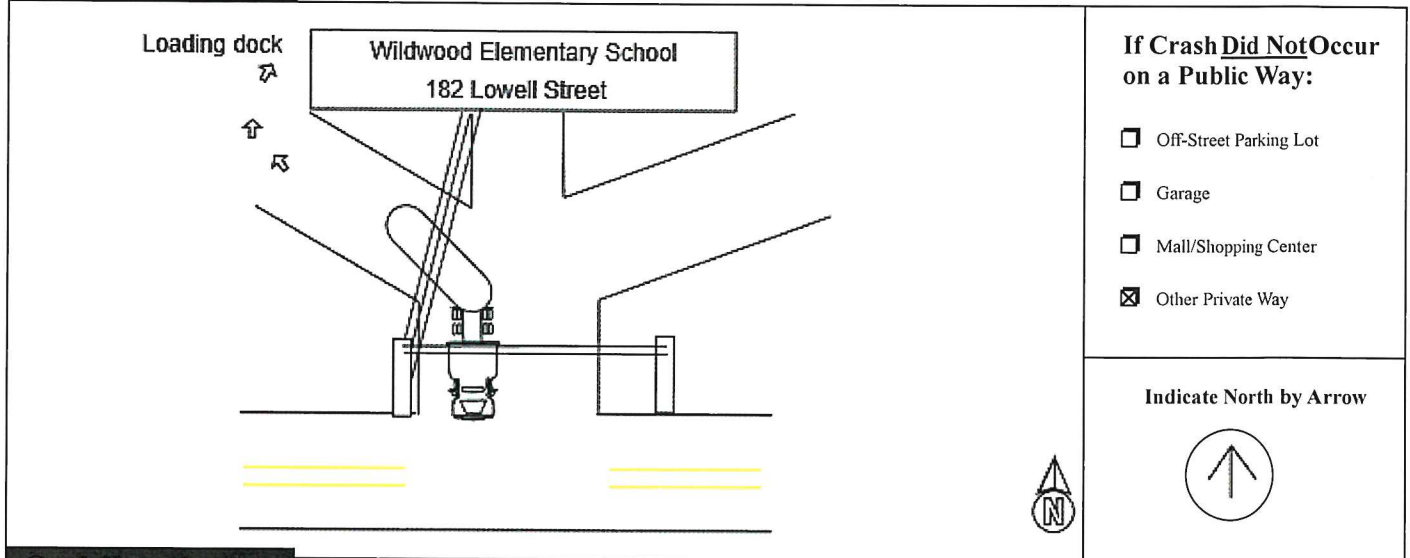
Please fill out for operator/non-motorist and all occupants involved

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



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

**Crash Diagram:**



**Crash Narrative:**

Tractor trailer truck had just delivered products to the loading dock of the Wildwood Elementary School which is at the left side/rear of the building. During his attempt to exit the parking lot, the top of the truck grabbed onto some low hanging wires that ran from the school to the street side utility pole subsequently pulling them off of the school. The wires landed on and around the cab of the truck. The wires were identified as cable/internet. Wilmington Public works personnel arrived on scene and removed the wires from the truck, allowing it to safely exit the parking lot. Verizon came out a short time later to rectify the low hanging wires across the school driveway. Students were present in the school but not affected during this incident.

**Witnesses:**

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

**Property Damage:**

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
WILDWOOD ELEMENTARY SCHOOL	182 WILDWOOD ST WILMINGTON MA 0188			CABLE/INTERNET WIRES

**Truck and Bus Information:**

Registration # 2602B (From Vehicle Section)

Carrier Name Mansfield Paper Bus Use 0 <sup>42</sup>

Address 360 UNION ST City W. SPRINGFIELD St MA Zip 01089

US DOT #: 056072 State Number \_\_\_\_\_ Issuing State \_\_\_\_\_ MC/MX/ICC #: \_\_\_\_\_

Interstate 0 <sup>43</sup> Cargo Body Type Code 97 <sup>44</sup> GVWR/GCWR    <sup>45</sup>

Trailer Reg #: 2554258 Reg Type TL Reg State ME Reg Year 2016 Trailer Length    <sup>46</sup>

**Hazmat Information:**

Placard    <sup>47</sup> Material 1 digit #    <sup>48</sup> Material Name \_\_\_\_\_ Material 4 digit # \_\_\_\_\_ Release code    <sup>49</sup>

Patrol Officer Scott Dunnett 202 Wilmington Police Department 11/12/2020  
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

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

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

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

Route# Direction Name of Intersecting Roadway/Street

Route# Direction Name of Intersecting Roadway/Street

Please Select One of the Following:  Vehicle 13 #Occupants  Hit/Run  Moped Crash Report ID# **20-259-AC**

License # **S10568547** St. **MA** DOB/Age Reg # **9KN168** Reg Type **PC** Reg State **MA**

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

Operator **HO, BRENDAN SEAN** Owner **HUNTER, KAYOUA**

Address **7 VIRGINIA RD** Address **7 VIRGINIA RD**

City **WILMINGTON** State **MA** Zip **01887-4124** City **WILMINGTON** State **MA** Zip **01887-4124**

Insurance Company **GARRISON PROPERTY & CASUA** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **3** 27 27 27

Vehicle Travel Direction: **N 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: **2** 29

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

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

Towed from scene? **1** 33

Please fill out for operator and all occupants involved		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
<b>Operator</b>		See Above	<del>X</del>	<del>X</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>
<b>REID COTE</b>	401 DANA CT WILMINGTON, MA 01887-6227		<b>M</b>	<b>6</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	
<b>RYAN CLARKE</b>	13 GREEN MEADOW DR WILMINGTON, MA 01887		<b>M</b>	<b>3</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

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

License # **S49831032** St. **MA** DOB/Age Reg # **US97ME** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL Endorsement Veh Year **2012** Veh Make **NISSAN** Veh Config. **1** 21

Operator **SIRACO, JOSEPH DOMENIC** Owner **SIRACO, GERTRUDE E**

Address **128 ELM ST** Address **128 ELM ST**

City **TEWKSBURY** State **MA** Zip **01876-4411** City **TEWKSBURY** State **MA** Zip **01876-4411**

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

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

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

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

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

Towed from scene? **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
<b>Operator/Non-Motorist</b>		See Above	<del>X</del>	<del>X</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>



AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

Route# Direction Name of Roadway/Street At

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

Route# Direction Name of Intersecting Roadway/Street

Route# Direction Address # Name of Roadway/Street

Feet N S E W of Mile Marker Exit Number

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

Feet N S E W of Landmark

Please Select One of the Following:  Vehicle 1 Occupants  Hit/Run  Moped | Crash Report ID# 20-260-AC

License # S38273381 St MA DOB/Age. Reg # 2NPL37 Reg Type PC Reg State MA

Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement Veh Year 2020 Veh Make NISSAN Veh Config. 1

Operator BURWELL, STACEY R Owner EAN HOLDINGS LLC

Address 373 LINCOLN ST Address 14002 EAST 21ST ST ST APT 1500

City WEST BRIDGEWATER State MA Zip 02379-1529 City TULSA State OK Zip 74134-0000

Insurance Company SAFECO INSURANCE COMPANY

Vehicle Travel Direction:  S  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

Vehicle Action Prior to Crash 4 Damaged Area Code: 1 27 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 19 25 25 BAC Test Result: 1 30

Driver Distracted by 99 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32

Towed from scene? 1 33

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above			1	1	3	0	0	9	1	

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

License #. St. DOB/Age. Reg # 41S840 Reg Type PC Reg State MA

Sex. Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement Veh Year 2010 Veh Make NISSAN Veh Config. 1

Operator Address. Owner KRUEGER, WILLIAM FRANCIS

Address 118 MARION ST

City WILMINGTON State MA Zip 01887-3396

Insurance Company ALLSTATE INSURANCE COMPAN

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

Vehicle Action Prior to Crash 1 Damaged Area Code: 1 27 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 1 25 25 BAC Test Result: 1 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	9	2	Winchester Hospital

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 Mile Marker Exit Number

Route# Direction Name of Intersecting Roadway/Street

Route# Direction Name of Intersecting Roadway/Street

Feet N S E W of \_\_\_\_\_ or \_\_\_\_\_

Feet N S E W of \_\_\_\_\_ Mile Marker \_\_\_\_\_ Exit Number \_\_\_\_\_

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

Landmark \_\_\_\_\_

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

Crash Report ID# 20-260-AC

License # S25332566 St MA DOB/Age \_\_\_\_\_ Reg # 9HC115 Reg Type PC Reg State MA

Sex M Lic. Class 19 19 Lic. Restrictions 20 CDL \_\_\_\_\_ Veh Year 2018 Veh Make DODGE Veh Config. 2

Operator PUCCIO, ANTONINO Owner PUCCIO, ANTONINO

Address 13 ARLENE AVE Address 13 ARLENE AVE

City WILMINGTON State MA Zip 01887-1111 City WILMINGTON State MA Zip 01887-1111

Insurance Company QUINCY MUTUAL FIRE INSURA

Vehicle Travel Direction:  S  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 \_\_\_\_\_

Vehicle Action Prior to Crash 1 22 Damaged Area Code: 1 27 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 1 25 25 BAC Test Result: 1 30

Driver Distracted by 0 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32

Towed from scene? 2 33

Please fill out for operator and all occupants involved

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

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

License # \_\_\_\_\_ St \_\_\_\_\_ DOB/Age \_\_\_\_\_ Reg # \_\_\_\_\_ Reg Type \_\_\_\_\_ Reg State \_\_\_\_\_

Sex \_\_\_\_\_ Lic. Class 19 19 Lic. Restrictions 20 CDL \_\_\_\_\_ Veh Year \_\_\_\_\_ Veh Make \_\_\_\_\_ Veh Config. 21

Operator \_\_\_\_\_ Owner \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Insurance Company \_\_\_\_\_

Vehicle 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 \_\_\_\_\_

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

Towed from scene? 33

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

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



Wilmington Police Department  
Images Associated with 20-260-AC

