

Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash 11/15/2020 Time of Crash 0424 24HR City/Town WILMINGTON

Motor Vehicle Crash Police Report

Number Vehicles 1 Number Injured 0 Speed Limit 25 Latitude Longitude State Police MBTA Police Campus Police Other

AT INTERSECTION:

LOCATION

NOT AT INTERSECTION:

1 4

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

Route# Direction Address # Name of Roadway/Street 63 ADAMS ST Feet N S E W of Mile Marker Exit Number

2 10

1 11

2 1

3

Please Select One of the Following: [X] Vehicle 12 #Occupants [ ] Hit/Run [ ] Moped

Crash Report ID# 20-261-AC

4 1

License # Sex Lic. Class 99 19 19 Lic. Restrictions 20 CDL Endorsement Operator Address City State Zip

Reg # 9TA758 Reg Type PC Reg State MA Veh Year 2016 Veh Make HYUNDAI Veh Config. 1 21 Owner FALVEY, BRENDAN EUGENE Address 139 NICHOLS ST City WILMINGTON State MA Zip 01887-1627

3 12

5

Insurance Company STATE FARM MUTUAL AUTOMOB Vehicle Travel Direction: [N][X][E][W] Responding to Emergency? 2 Citation # (If Issued) T2063948 Viol. 1: Ch/Sec/Sub 90 10 Viol. 2: Ch/Sec/Sub 90 24 Viol. 3: Ch/Sec/Sub 90 24 Viol. 4: Ch/Sec/Sub 90 18

Vehicle Action Prior to Crash 1 22 Damaged Area Code: 1 27 2 27 2 27 Event Sequence 40 23 21 23 21 23 24 Test Status: 1 28 29 Type of Test: 30 BAC Test Result: 30 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Driver Contributing Code 10 25 2 25 Driver Distracted by 99 26 Towed from scene? 1 33

21 13

6 1

Table with columns: 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. Includes Operator NATHAN FORD.

7 1

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

License # Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement Operator Address City State Zip Insurance Company Vehicle Action Prior to Crash 22 Damaged Area Code: 27 27 27 Event Sequence 23 23 23 23 Test Status: 28 29 Type of Test: 30 BAC Test Result: 30 Susp. Alcohol: 31 Susp. Drug: 32 Driver Contributing Code 25 25 Driver Distracted by 26 Towed from scene? 33

1 14

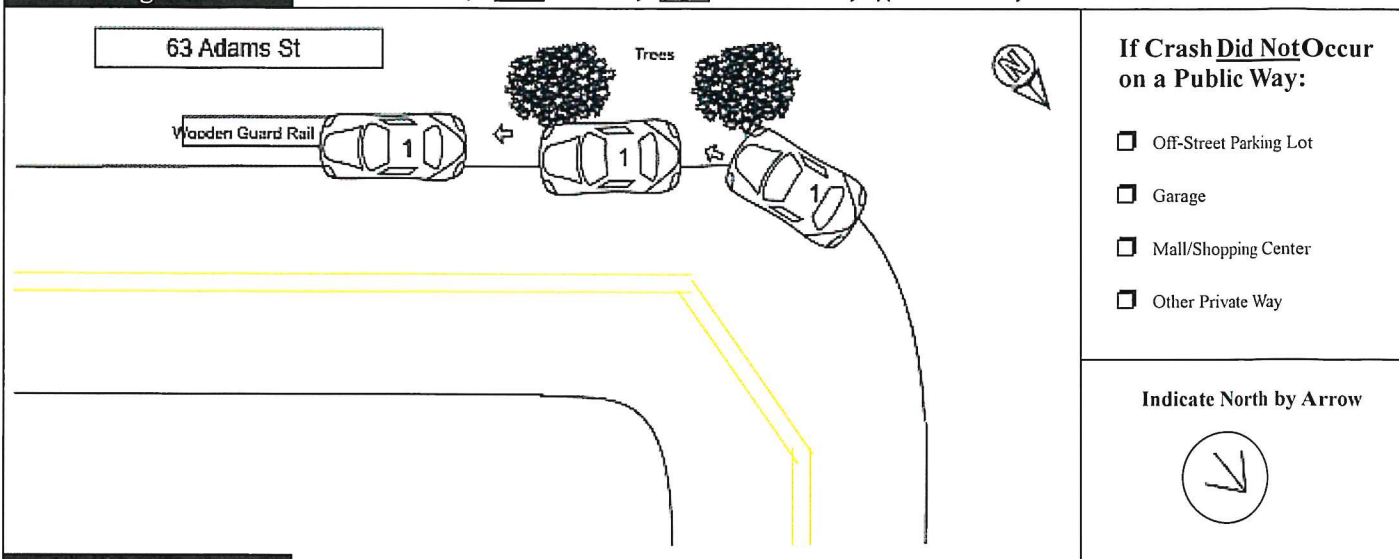
9 2

Table with columns: 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. Includes Operator/Non-Motorist.

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

**Crash Diagram:**

ie: → 1    → 2    → ○    → ○



**Crash Narrative:**

MV1 was traveling SB on Adams St at a high rate of speed. Operator of MV1 lost control of vehicle in turn. MV1 veered off of roadway, right shoulder. Operator attempted to follow turn. MV1 sideswiped two (2) trees and hit a wooden guard rail. Vehicle was totaled and towed by Cain's Towing. Wooden guard rail was destroyed. Damage to both trees. No reported injuries to operator or passenger. Neither transported. Operator issues citation T2063948

**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		3	WOODEN GUARD RAIL
TOWN OF WILMINGTON	121 GLEN RD WILMINGTON MA		3	TREES

**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

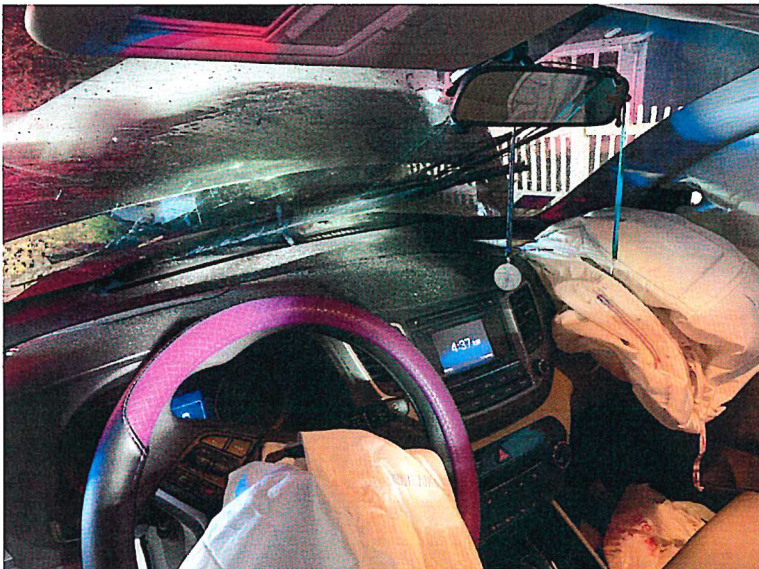
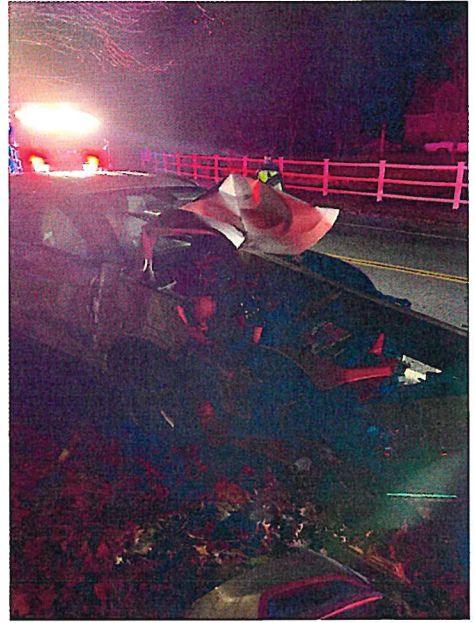
**Hazmat Information:**

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

Patrol Officer Joseph A Fitzgerald    215    Wilmington Police Department    11/15/2020  
 Police Officer Name (Please Print)    Signature    ID/Badge #    Department    Precinct/Barracks    Date

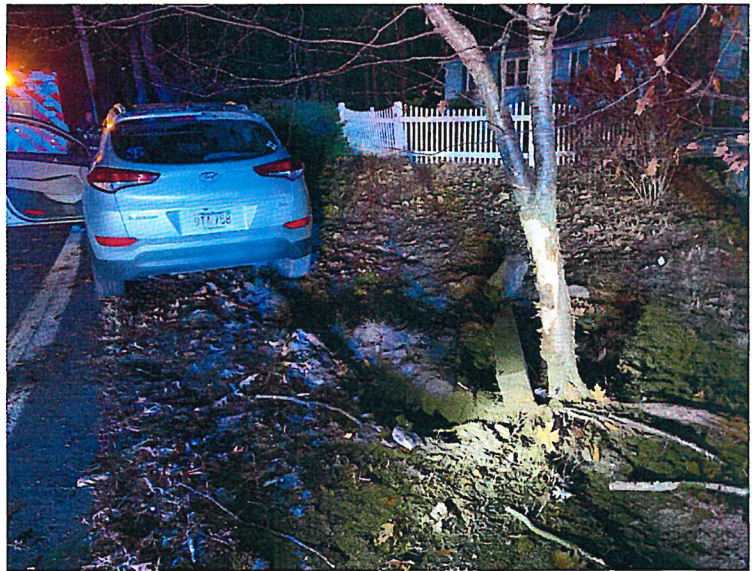


Wilmington Police Department  
Images Associated with 20-261-AC





Wilmington Police Department  
Images Associated with 20-261-AC





Wilmington Police Department  
Images Associated with 20-261-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 **2**

Route# \_\_\_\_\_ Direction \_\_\_\_\_ Name of Intersecting Roadway/Street \_\_\_\_\_

2 **10**

Route# \_\_\_\_\_ Direction \_\_\_\_\_ **325 MAIN ST** Address # \_\_\_\_\_ Name of 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 \_\_\_\_\_

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

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

Crash Report ID# **20-262-AC**

4 **1**

License # **S21290192** St **MA** DOB/Age \_\_\_\_\_

Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL \_\_\_\_\_ Endorsement \_\_\_\_\_

Operator **DAMERJIAN, DAVID DANIEL**

Address **380 PEARL ST**

City **READING** State **MA** Zip **01867-1357**

Insurance Company **THE COMMERCE INSURANCE CO**

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

Citation # (If Issued) \_\_\_\_\_

Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_

6 **1**

Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_

7 **12**

Reg # **92YC05** Reg Type **PC** Reg State **MA**

Veh Year **2013** Veh Make **TOYOTA** Veh Config. **1** **21**

Owner **DAMERJIAN, LIESJE MARIE**

Address **380 PEARL ST**

City **READING** State **MA** Zip **01867-1357**

Vehicle Action Prior to Crash **1** **22** Damaged Area Code: **6** **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: **30**

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

Towed from scene? **2** **33**

1 **13**

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>XXXX</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

7 **9**

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

8 **1**

License # **S42215273** St **MA** DOB/Age \_\_\_\_\_

Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **1** **20** CDL \_\_\_\_\_ Endorsement \_\_\_\_\_

Operator **WHITE, DOUGLAS EDWARD**

Address **15 ELGINWOOD RD**

City **PEABODY** State **MA** Zip **01960-3602**

Insurance Company **VERMONT MUTUAL INSURANCE**

9 **2**

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 \_\_\_\_\_

1 **14**

Reg # **251CP6** Reg Type **PC** Reg State **MA**

Veh Year **2008** Veh Make **FORD** Veh Config. **1** **21**

Owner **WHITE, DOUGLAS EDWARD**

Address **15 ELGINWOOD RD**

City **PEABODY** State **MA** Zip **01960-3602**

Vehicle Action Prior to Crash **10** **22** Damaged Area Code: **0** **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: **30**

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

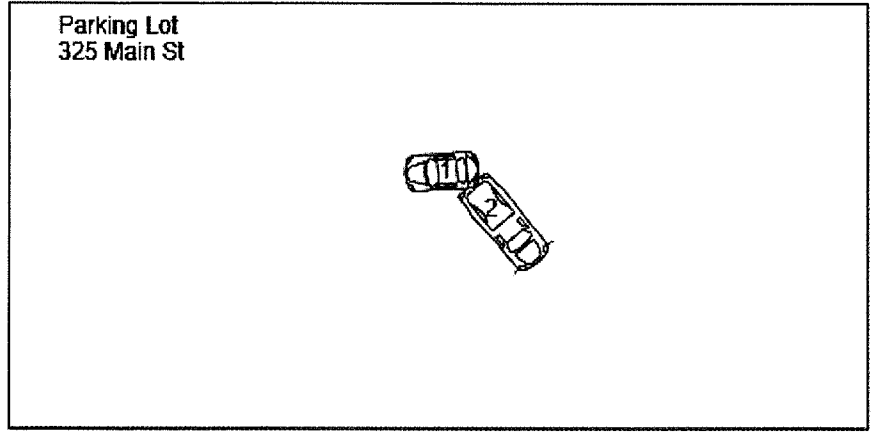
Towed from scene? **2** **33**

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

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



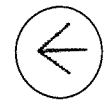
**Crash Diagram:**



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:**

Vehicle 1 pulled into the parking lot to Wilmington House Of Pizza (325 Main St). As vehicle 1 was traveling through the parking lot vehicle 2 backed out of a parking spot. Vehicle 2 backed into the left, driver side rear quarter panel of vehicle 1. There was minor damage to vehicle 1 and no damage to vehicle 2.

**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 W Wandell

174

Wilmington Police Department

11/16/2020

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 # **319** **ANDOVER ST** Name of Roadway/Street \_\_\_\_\_  
 \_\_\_\_\_ Feet  **S E W** of \_\_\_\_\_ or \_\_\_\_\_ Exit Number \_\_\_\_\_  
 \_\_\_\_\_ Feet  **N S E W** of \_\_\_\_\_ Mile Marker \_\_\_\_\_  
 \_\_\_\_\_ 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# 20-263-AC**

License # **S43822760** St **MA** DOB/Age \_\_\_\_\_ Reg # **8542** Reg Type **PC** Reg State **MA**  
 Sex **M** Lic. Class **D** Lic. Restrictions **1** CDL Endorsement \_\_\_\_\_ Veh Year **2000** Veh Make **TOYOTA** Veh Config. **1**  
 Operator **GIROUX, EUGENE C** Owner **GIROUX, EUGENE M**  
 Address **154 WOBURN ST** Address **154 WOBURN ST**  
 City **ANDOVER** State **MA** Zip **01810-6031** City **ANDOVER** State **MA** Zip **01810-6031**  
 Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **1** Damaged Area Code: **3 27 27 27**  
 Vehicle Travel Direction:  **S E W** Responding to Emergency? **2** Event Sequence **5 23 23 23 23** Test Status: **1 28 29 30**  
 Citation # (If Issued) \_\_\_\_\_ Most Harmful Event **5 24** BAC Test Result: **1 30**  
 Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **1 25 25** Susp. Alcohol: **2 31** Susp. Drug: **2 32**  
 Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **0 26** 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 # \_\_\_\_\_ St \_\_\_\_\_ DOB/Age \_\_\_\_\_ Reg # \_\_\_\_\_ Reg Type \_\_\_\_\_ Reg State \_\_\_\_\_  
 Sex \_\_\_\_\_ Lic. Class **19 19** Lic. Restrictions **20** CDL Endorsement \_\_\_\_\_ Veh Year \_\_\_\_\_ Veh Make \_\_\_\_\_ Veh Config. **21**  
 Operator \_\_\_\_\_ Owner \_\_\_\_\_  
 Address \_\_\_\_\_ Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Insurance Company \_\_\_\_\_ Vehicle Action Prior to Crash **22** Damaged Area Code: **27 27 27**  
 Vehicle Travel Direction:  **N S E W** Responding to Emergency? \_\_\_\_\_ Event Sequence **23 23 23 23** Test Status: **28 29 30**  
 Citation # (If Issued) \_\_\_\_\_ Most Harmful Event **24** BAC Test Result: **30**  
 Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **25 25** Susp. Alcohol: **31** Susp. Drug: **32**  
 Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **26** 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	<del>XXXXXX</del>	<del>X</del>	<b>1</b>							





<b>Police Use Only</b>	Date of Crash 11/17/2020	Time of Crash 2054 24HR	City/Town <b>Wilmington</b>	<b>Motor Vehicle Crash Police Report</b>	Number Vehicles <b>1</b>	Number Injured <b>0</b>	Speed Limit <b>40</b>	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"/>
<b>AT INTERSECTION:</b>				<b>&lt; LOCATION &gt;</b>	<b>NOT AT INTERSECTION:</b>									
Route# _____ Direction _____ Name of Roadway/Street _____ At _____				Route# _____ <b>255</b> <b>BALLARDVALE ST</b> Address # _____ Name of Roadway/Street _____										
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____				_____ Feet <input checked="" type="checkbox"/> <b>S E W</b> of _____ or _____ Mile Marker _____ Exit Number _____										
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____				_____ Feet <input type="checkbox"/> <b>N S E W</b> of _____ Route# _____ Intersecting Roadway/Street _____										
				_____ Feet <input type="checkbox"/> <b>N S E W</b> of _____ Landmark _____										

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

Crash Report ID# **20-264-AC**

License # <b>S58880221</b> St <b>MA</b> DOB/Age _____	Reg # <b>5MAY50</b> Reg Type <b>PC</b> Reg State <b>MA</b>
Sex <b>F</b> Lic. Class <b>D</b> <b>19</b> <b>19</b> Lic. Restrictions <b>1</b> <b>20</b> CDL Endorsement _____	Veh Year <b>2014</b> Veh Make <b>TOYOTA</b> Veh Config. <b>1</b> <b>21</b>
Operator <b>MAROUN, LAURA MARTHA</b> Last First Middle	Owner <b>MAROUN, LAURA MARTHA</b> Last First Middle
Address <b>30 PARKSIDE PL APT 101</b>	Address <b>30 PARKSIDE PL APT 101</b>
City <b>MALDEN</b> State <b>MA</b> Zip <b>02148-7870</b>	City <b>MALDEN</b> State <b>MA</b> Zip <b>02148-7870</b>
Insurance Company <b>USAA CASUALTY INSURANCE C</b>	Vehicle Action Prior to Crash <b>1</b> <b>22</b> Damaged Area Code: <b>2</b> <b>27</b> <b>1</b> <b>27</b> <b>27</b>
Vehicle Travel Direction: <input checked="" type="checkbox"/> <b>S E W</b> Responding to Emergency? <b>2</b>	Event Sequence <b>5</b> <b>23</b> <b>23</b> <b>23</b> <b>23</b> Test Status: <b>1</b> <b>28</b>
Citation # (If Issued) _____	Most Harmful Event <b>5</b> <b>24</b> Type of Test: <b>29</b>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code <b>1</b> <b>25</b> <b>25</b> BAC Test Result: <b>1</b> <b>30</b>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by <b>0</b> <b>26</b> Susp. Alcohol: <b>2</b> <b>31</b> Susp. Drug: <b>2</b> <b>32</b>
	Towed from scene? <b>1</b> <b>33</b>

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

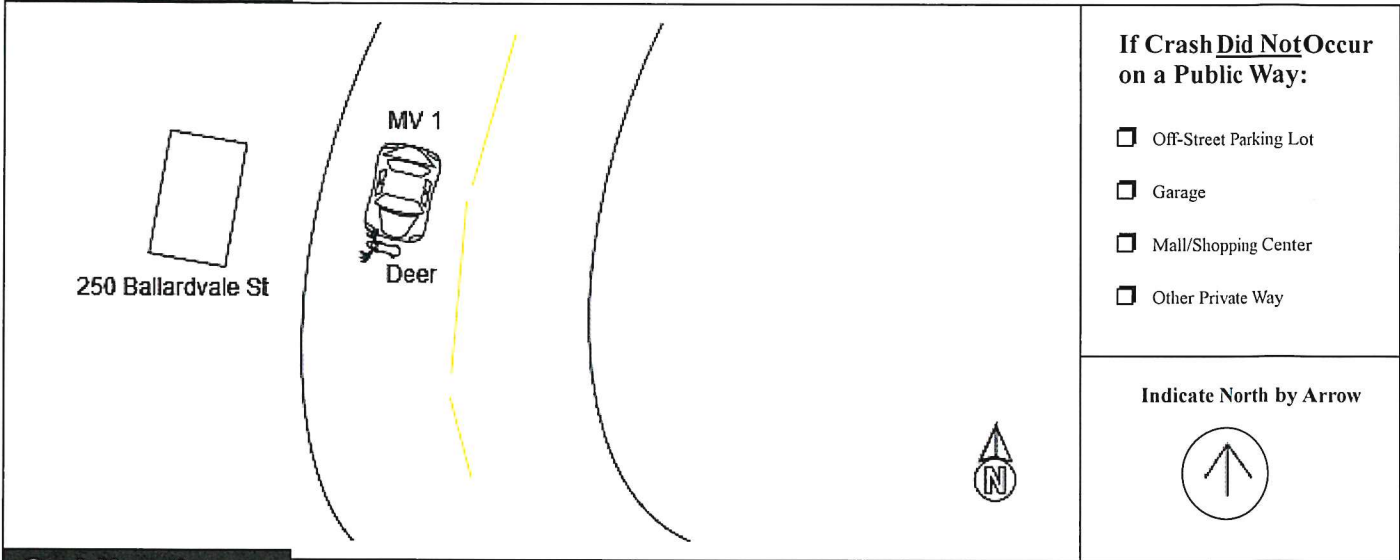
Please fill out for operator/non-motorist and all occupants involved											
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator/Non-Motorist</b>	See Above	<del>XXXXXX</del>	<del>XXXX</del>	<b>1</b>							



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

**Crash Diagram:**

ie: → 1 → 2 → ○ → ○



**Crash Narrative:**

MV 1 was travelling southbound on Ballardvale St. MV 1 was travelling straight when she noticed a deer attempting to cross the road. She attempted to decelerate but was unable to do so. She struck the deer causing significant damage to the front end of the vehicle as well as shattering the front windshield. The operator of MV 1 wanted to be evaluated by the FD due to the impact of the collision. She signed a refusal and signed a refusal to be transported.

**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 Shane A Foley

211

Wilmington Police Department

11/17/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Princt/Barracks

Date

Date of Crash **11/19/2020** Time of Crash **2017** City/Town **Wilmington** **Motor Vehicle Crash** Number Vehicles **2** Number Injured **1** **Police Report** Speed Limit **35** State Police  Local Police  MBTA Police  Campus Police  Other:

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

Route# _____ Direction _____ Name of Roadway/Street _____ At _____ Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____ Route# _____ Direction _____ Name of Intersecting Roadway/Street _____	Route# _____ Direction _____ Address # <b>400</b> Name of Roadway/Street <b>LOWELL ST</b> _____ Feet <b>N S E W</b> of _____ or _____ Mile Marker _____ Exit Number _____ _____ Feet <b>N S E W</b> of _____ Route# _____ Intersecting Roadway/Street _____ _____ Feet <b>N S E W</b> of _____ Landmark _____
--	---

Please Select One of the Following:  Vehicle **1** #Occupants  Hit/Run  Moped Crash Report ID# **20-265-AC**

License # <b>R262433936830</b> St <b>FL</b> DOB/Age _____ Sex <b>F</b> Lic. Class <b>99</b> <b>19</b> <b>19</b> Lic. Restrictions <b>20</b> CDL Endorsement _____ Operator <b>ROGERS, JAMIE MARIE</b> Last First Middle Address <b>2216 NE 10TH AVE</b> City <b>CAPE CORAL</b> State <b>FL</b> Zip <b>33909</b> Insurance Company <b>USAA CASUALTY INSURANCE C</b> Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> E <input checked="" type="checkbox"/> W Responding to Emergency? <b>2</b> Citation # (If Issued) <b>T2061732</b> Viol. 1: Ch/Sec/Sub <b>90 10</b> Viol. 2: Ch/Sec/Sub <b>89 8</b> Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # <b>7LB928</b> Reg Type <b>PC</b> Reg State <b>MA</b> Veh Year <b>2012</b> Veh Make <b>FIAT</b> Veh Config. <b>1</b> <b>21</b> Owner <b>BAUER, AMBER</b> Last First Middle Address <b>67 HARVARD AVE APT 1</b> City <b>ALLSTON</b> State <b>MA</b> Zip <b>02134-1730</b> Vehicle Action Prior to Crash <b>4</b> <b>22</b> Damaged Area Code: <b>2</b> <b>27</b> <b>1</b> <b>27</b> <b>8</b> <b>27</b> Event Sequence <b>1</b> <b>23</b> <b>23</b> <b>23</b> <b>23</b> Test Status: <b>1</b> <b>28</b> Most Harmful Event <b>1</b> <b>24</b> Type of Test: <b>29</b> Driver Contributing Code <b>19</b> <b>25</b> <b>4</b> <b>25</b> BAC Test Result: <b>1</b> <b>30</b> Driver Distracted by <b>99</b> <b>26</b> Susp. Alcohol: <b>2</b> <b>31</b> Susp. Drug: <b>2</b> <b>32</b> Towed from scene? <b>1</b> <b>33</b>
--	--



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	<input checked="" type="checkbox"/>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>9</b>	<b>2</b>	Winchester Hospital

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

License # <b>12664028</b> St <b>VT</b> DOB/Age _____ Sex <b>M</b> Lic. Class <b>D</b> <b>19</b> <b>19</b> Lic. Restrictions <b>20</b> CDL Endorsement _____ Operator <b>YOUNG, BRANDEN</b> Last First Middle Address <b>12 PERU ST</b> City <b>BURLINGTON</b> State <b>VT</b> Zip <b>05401</b> Insurance Company <b>GEICO</b> Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input checked="" type="checkbox"/> E <input checked="" type="checkbox"/> W Responding to Emergency? <b>2</b> 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>HNS502</b> Reg Type <b>PC</b> Reg State <b>VT</b> Veh Year <b>2019</b> Veh Make <b>SUBARU</b> Veh Config. <b>1</b> <b>21</b> Owner <b>YOUNG, BRANDEN</b> Last First Middle Address <b>12 PERU ST</b> City <b>BURLINGTON</b> State <b>VT</b> Zip <b>05401</b> Vehicle Action Prior to Crash <b>1</b> <b>22</b> Damaged Area Code: <b>6</b> <b>27</b> <b>7</b> <b>27</b> <b>8</b> <b>27</b> Event Sequence <b>1</b> <b>23</b> <b>23</b> <b>23</b> <b>23</b> Test Status: <b>1</b> <b>28</b> Most Harmful Event <b>1</b> <b>24</b> Type of Test: <b>29</b> Driver Contributing Code <b>1</b> <b>25</b> <b>25</b> BAC Test Result: <b>1</b> <b>30</b> Driver Distracted by <b>0</b> <b>26</b> Susp. Alcohol: <b>2</b> <b>31</b> Susp. Drug: <b>2</b> <b>32</b> Towed from scene? <b>1</b> <b>33</b>
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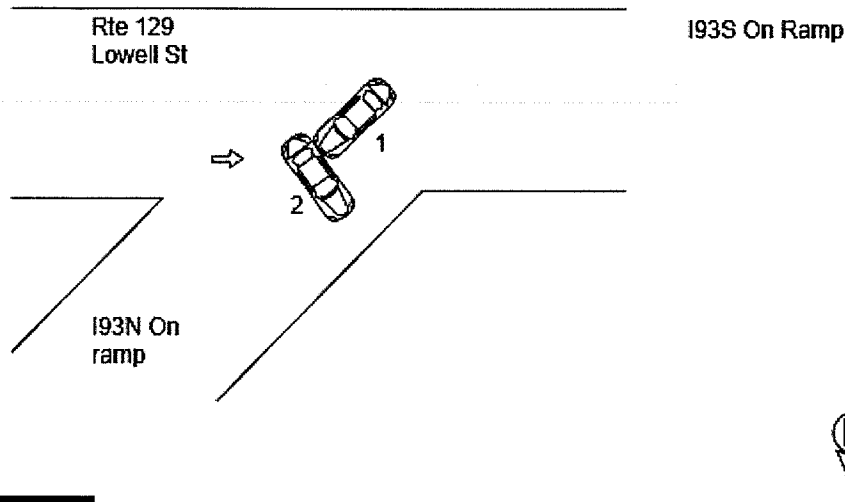
Please fill out for operator/non-motorist and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator/Non-Motorist</b>		See Above	<input checked="" type="checkbox"/>	<b>1</b>	<b>1</b>	<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 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:**

Motor vehicle crash on Lowell Street at the I93 North on ramp. The operator of vehicle 1 attempted to turn left onto the on ramp. The operator of vehicle 1 failed to yield to oncoming traffic, striking vehicle 2 as it was traveling straight along Lowell St, headed for the I93 South on ramp. The operator of vehicle 1 was evaluated and transported to Winchester hospital. The operator of vehicle 2 didn't report any injuries. There was damage on the front of vehicle 1. There was damage along the length of the left side of vehicle 2. Both vehicles were towed from the scene. The operator of vehicle 1 received a summons for unlicensed operation of a motor vehicle and for failing to yield to oncoming traffic while taking a left turn.

**Witnesses:**

Name (Last,First,Middle)	Address	Phone #	Statement
RYAN DAVID K	100 FOREST ST READING MA 01867-1205		

**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

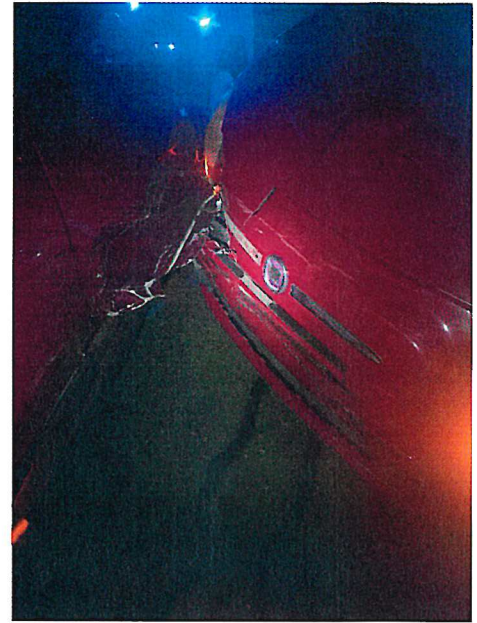
Trailer Reg #: \_\_\_\_\_ Reg Type \_\_\_\_\_ Reg State \_\_\_\_\_ Reg Year \_\_\_\_\_ Trailer Length  46

**Hazmat Information:**

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

Patrol Officer Nicholas E Nofle    204    Wilmington Police Department    11/19/2020  
 Police Officer Name (Please Print)    Signature    ID/Badge #    Department    Precinct/Barracks    Date

Wilmington Police Department  
Images Associated with 20-265-AC





## NARRATIVE FOR PATROL OFFICER NICHOLAS E NOFTLE

Ref: 20-265-AC

Entered: 11/21/2020 @ 0203      Entry ID: 204  
Modified: 11/21/2020 @ 0203      Modified ID: 204

The following is a summary of the facts leading to the summons of Jamie Marie Rogers for unlicensed operation of a motor vehicle and failure to yield to oncoming traffic when taking a left turn on Lowell St, a public way, resulting in a crash (20-265-AC) in Wilmington on Thursday, November 19, 2020.

On Thursday, November 19, 2020, I, Officer Nofle, was assigned to uniformed patrol in marked cruiser 33 during the 4-12 shift. At 2017 hours, I was dispatched to the area of 400 Lowell Street, for the report of a motor vehicle crash in the I93 North on-ramp.

I arrived on scene with Officer Goodwin who arrived as backup. The operators of both vehicles were standing outside when I arrived. I asked if anyone was injured, and both parties initially said no. Vehicle 1, a red 2012 Fiat 500 (MA Reg: 7LB928), was operated by Jamie Marie Rogers, (FL learner's permit: R-262-433-93-683-0). Jamie walked up to me, appeared to be panicking, and stated, "I only have a learner's permit, I don't want to go to jail." Jamie appeared to be hyperventilating, possibly having a panic attack. At that point, I contacted WPD Dispatch and requested WFD send an ambulance to evaluate her. There were no other drivers or passengers in the vehicle. The Florida Learner's Permit is not a valid driver's license in the Commonwealth of Massachusetts.

Vehicle 2, a red 2019 Subaru Outback, (VT Reg: HNS502), was operated by Branden Young, (VT License: 23396491). Branden informed me that he was in the process of moving to Somerville. I updated the address in this report to reflect his new residence. Branden stated that he was traveling along Lowell St, preparing to get on I93 South, when the operator of vehicle 1 took a left turn into his vehicle. Branden stated that he tried to swerve to the right to avoid her, but was unable. Jamie Rogers struck his vehicle on the driver's side, causing damage along the left side of Vehicle 2.

Jamie was evaluated by the Wilmington Fire Department, and was eventually transported to Winchester Hospital. Jamie gave me her address in MA, which I updated in this report as well. Jamie stated that the Fiat belonged to her friend, Amber Bauer. Jamie stated that Amber was her roommate, and allowed Jamie to take her vehicle. I had the Desk Officer, Officer Quiles, contact Amber to ascertain whether or not Jamie had permission to drive the vehicle.

Officer Quiles reported that he spoke with the owner of Vehicle 1, Amber Bauer. Amber stated that she didn't know Jamie used the vehicle tonight, but that she has allowed Jamie to use the vehicle in the past. In fact, Amber stated that there was a verbal agreement that Jamie would purchase Vehicle 1, and that a down payment was already paid.

I verified Jamie's address, and informed her that she would be receiving a summons for unlicensed operation of a motor vehicle. I informed her that she would receive information from the court at the address she gave. She indicated that she understood, and was then transported to Winchester Hospital.

Please note that during this incident, Jamie stated that her roommate, Amber, preferred to go by the name "Lee," and that person should be referred to as "they." She also stated that she preferred to go by the name, "Emry". Throughout the paperwork for this case, as well as the report, the names and genders used of the involved parties, are the names and genders on file with the MA Registry of Motor Vehicles.

NARRATIVE FOR PATROL OFFICER NICHOLAS E NOFTLE

Ref: 20-265-AC

Entered: 11/21/2020 @ 0203  
Modified: 11/21/2020 @ 0203

Entry ID: 204  
Modified ID: 204

Jamie Marie Rogers was charged with the following violations (Citation # T2061732):

- MGL C. 90 s. 10: Unlicensed Operation of a Motor Vehicle
- MGL C. 89 s. 9: Failure to Yield to Oncoming Traffic While Taking a Left Turn

Respectfully Submitted,

Officer Nicholas Nofle



<b>Police Use Only</b>			<b>Commonwealth of Massachusetts</b>				<b>RMV Document Number</b>								
Date of Crash 11/20/2020	Time of Crash 0838 24HR	City/Town <b>Wilmington</b>	<b>Motor Vehicle Crash Police Report</b>			Number Vehicles 2	Number Injured 0	Speed Limit <u>25</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"/>

<b>AT INTERSECTION:</b>			<b>&lt; LOCATION &gt;</b>	<b>NOT AT INTERSECTION:</b>		
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			Route# <u>30</u> Direction _____ Address # _____ Name of Roadway/Street <b>SHERIDAN RD</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 _____			
			_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____			

Please Select One of the Following:  Vehicle 1 #Occupants  Hit/Run  Moped  
 Crash Report ID# **20-266-AC**

License # <b>S15066564</b> St <b>MA</b> DOB/Age _____	Reg # <b>2AMW49</b> Reg Type <b>PC</b> Reg State <b>MA</b>
Sex <b>F</b> Lic. Class <b>D</b> Lic. Restrictions <b>1</b> CDL Endorsement _____	Veh Year <b>2012</b> Veh Make <b>Jeep</b> Veh Config. <b>1</b> <b>21</b>
Operator <b>BROWN, RACHEL ANN</b> Last First Middle	Owner <b>BROWN, RACHEL ANN</b> Last First Middle
Address <b>21 CHAPMAN AVE</b>	Address <b>21 CHAPMAN AVE</b>
City <b>WILMINGTON</b> State <b>MA</b> Zip <b>01887-1405</b>	City <b>WILMINGTON</b> State <b>MA</b> Zip <b>01887-1405</b>
Insurance Company <b>THE COMMERCE INSURANCE CO</b>	Vehicle Action Prior to Crash <b>2</b> <b>22</b> Damaged Area Code: <b>1</b> <b>27</b> <b>27</b> <b>27</b>
Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input checked="" type="checkbox"/> Responding to Emergency? <u>2</u>	Event Sequence <b>1</b> <b>23</b> <b>23</b> <b>23</b> <b>23</b> Test Status: <b>1</b> <b>28</b>
Citation # (If Issued) _____	Most Harmful Event <b>1</b> <b>24</b> Type of Test: <b>1</b> <b>29</b>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code <b>1</b> <b>25</b> <b>25</b> BAC Test Result: <b>1</b> <b>30</b>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Susp. Alcohol: <b>2</b> <b>31</b> Susp. Drug: <b>2</b> <b>32</b>
	Driver Distracted by <b>0</b> <b>26</b> Towed from scene? <b>1</b> <b>33</b>

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>XXXX</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

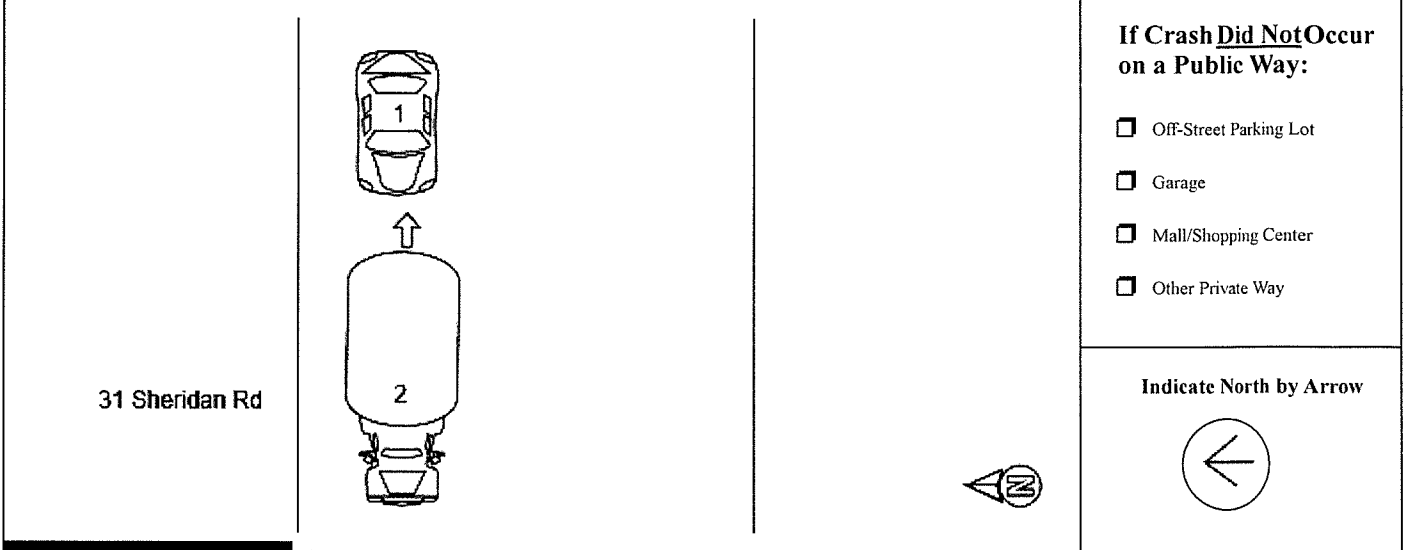
License # <b>S65879888</b> St <b>MA</b> DOB/Age _____	Reg # <b>PWL4645</b> Reg Type <b>AP</b> Reg State <b>OH</b>
Sex <b>M</b> Lic. Class <b>B</b> Lic. Restrictions <b>1</b> CDL Endorsement _____	Veh Year <b>2020</b> Veh Make <b>Mack Truck</b> Veh Config. <b>13</b> <b>21</b>
Operator <b>POIRIER, EDGAR CLAUDE SR</b> Last First Middle	Owner <b>PREMIER TRUCK SALES AND RENTAL INC</b> Last First Middle
Address <b>13 JENNIFER LN</b>	Address <b>7700 WALL ST</b>
City <b>PEABODY</b> State <b>MA</b> Zip <b>01960-4273</b>	City <b>CLEVELAND</b> State <b>OH</b> Zip <b>44125</b>
Insurance Company _____	Vehicle Action Prior to Crash <b>10</b> <b>22</b> Damaged Area Code: <b>6</b> <b>27</b> <b>27</b> <b>27</b>
Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input checked="" type="checkbox"/> Responding to Emergency? <u>2</u>	Event Sequence <b>1</b> <b>23</b> <b>23</b> <b>23</b> <b>23</b> Test Status: <b>1</b> <b>28</b>
Citation # (If Issued) _____	Most Harmful Event <b>1</b> <b>24</b> Type of Test: <b>1</b> <b>29</b>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code <b>99</b> <b>25</b> <b>25</b> BAC Test Result: <b>1</b> <b>30</b>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Susp. Alcohol: <b>2</b> <b>31</b> Susp. Drug: <b>2</b> <b>32</b>
	Driver Distracted by <b>0</b> <b>26</b> Towed from scene? <b>2</b> <b>33</b>

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>XXXX</del>	<b>1</b>	<b>99</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 Diagram:**

ie: → 1    → 2    → ⚣    → 🚲



**Crash Narrative:**

MV1 was stopped on Sheridan waiting for MV2 to collect trash from 31 Sheridan Rd. MV2 started to reverse and did not see MV1 stopped. MV2 backed into the front end of MV1 causing front damage to MV1 and rear damage to MV2. Both operators reported no injuries. MV1 called AAA for a private tow.

**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:**

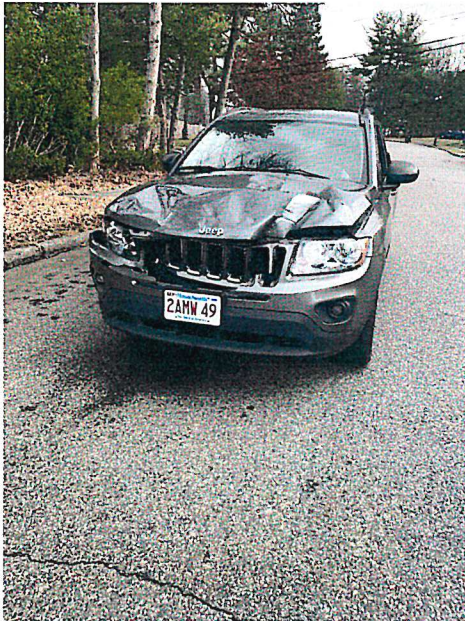
Registration # **PWL4645** (From Vehicle Section)

Carrier Name **Premier Truck Sales and Rental** Bus Use  42  
Address **7700 WALL ST** City **VALLEY VIEW** St **OH** Zip **44125**  
US DOT #: **00036425** State Number \_\_\_\_\_ Issuing State **OH** MC/MX/ICC #: \_\_\_\_\_  
Interstate  43 Cargo Body Type Code  11 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** Signature      **214** ID/Badge #      **Wilmington Police Department** Department      **11/20/2020** Date  
Police Officer Name (Please Print)      Department      Precinct/Barracks

Wilmington Police Department  
Images Associated with 20-266-AC





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

<p>1 1 Route# Direction Name of Roadway/Street</p> <p>At</p> <p>Route# Direction Name of Intersecting Roadway/Street</p> <p>Also at Intersection with</p> <p>2 1 Route# Direction Name of Intersecting Roadway/Street</p>	<p>2 10 Route# Direction <u>25</u> <b>INDUSTRIAL WAY</b></p> <p>Address # Name of Roadway/Street</p> <p>Feet <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____</p> <p>Mile Marker Exit Number</p> <p>Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____</p> <p>Route# Intersecting Roadway/Street</p> <p>Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____</p> <p>Landmark</p>
---	---

3 2 Please Select One of the Following:  Vehicle 10 #Occupants  Hit/Run  Moped  
 Crash Report ID# **20-267-AC**

<p>4 1 License # _____ St _____ DOB/Age _____</p> <p>Sex _____ Lic. Class <input type="checkbox"/> 19 <input type="checkbox"/> 19 Lic. Restrictions <input type="checkbox"/> 20 CDL _____ Endorsement</p> <p>Operator <b>Driverless M.V.</b></p> <p>Last First Middle</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Insurance Company <b>PLYMOUTH ROCK ASSURANCE C.</b></p> <p>Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u></p> <p>Citation # (If Issued) _____</p> <p>Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____</p> <p>Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____</p>	<p>7 12 Reg # <b>1NP882</b> Reg Type <b>PC</b> Reg State <b>MA</b></p> <p>Veh Year <b>2000</b> Veh Make <b>HONDA</b> Veh Config. <input type="checkbox"/> 1 <input type="checkbox"/> 21</p> <p>Owner <b>RAMOS, JULIO</b></p> <p>Last First Middle</p> <p>Address <b>72 DRACUT ST</b></p> <p>City <b>LAWRENCE</b> State <b>MA</b> Zip <b>01843-2535</b></p> <p>Vehicle Action Prior to Crash <input type="checkbox"/> 11 <input type="checkbox"/> 22</p> <p>Damaged Area Code: <input type="checkbox"/> 3 <input type="checkbox"/> 27 <input type="checkbox"/> 27 <input type="checkbox"/> 27</p> <p>Event Sequence <input type="checkbox"/> 1 <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23</p> <p>Test Status: <input type="checkbox"/> 1 <input type="checkbox"/> 28</p> <p>Type of Test: <input type="checkbox"/> 29</p> <p>Most Harmful Event <input type="checkbox"/> 1 <input type="checkbox"/> 24</p> <p>BAC Test Result: <input type="checkbox"/> 1 <input type="checkbox"/> 30</p> <p>Driver Contributing Code <input type="checkbox"/> 1 <input type="checkbox"/> 25 <input type="checkbox"/> 25</p> <p>Susp. Alcohol: <input type="checkbox"/> 2 <input type="checkbox"/> 31 Susp. Drug: <input type="checkbox"/> 2 <input type="checkbox"/> 32</p> <p>Driver Distracted by <input type="checkbox"/> 0 <input type="checkbox"/> 26</p> <p>Towed from scene? <input type="checkbox"/> 2 <input type="checkbox"/> 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
<b>Operator</b>		See Above	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	1						

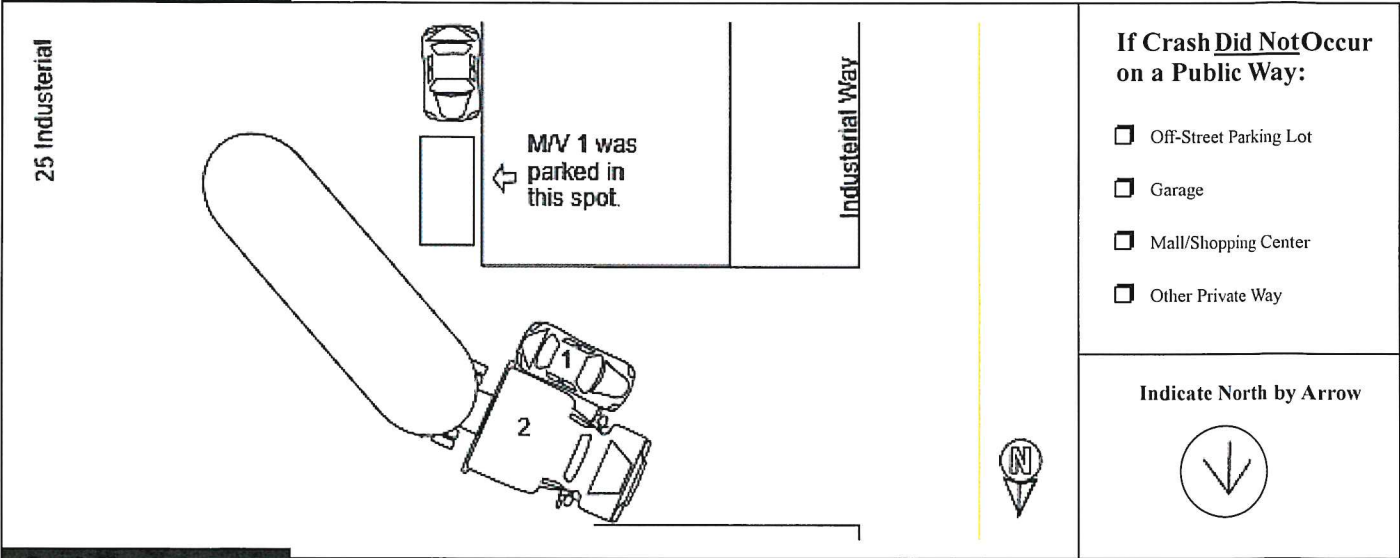
7 1 Please Select One of the Following:  Vehicle 21 #Occupants  Non-Motorist A Type  15 Action  16 Location  17 Condition  18  Hit/Run  Moped

<p>8 99 License # <b>178165936</b> St <b>CT</b> DOB/Age _____</p> <p>Sex <b>M</b> Lic. Class <input type="checkbox"/> A <input type="checkbox"/> 19 <input type="checkbox"/> A <input type="checkbox"/> 19 Lic. Restrictions <input type="checkbox"/> 1 <input type="checkbox"/> 20 CDL _____ Endorsement</p> <p>Operator <b>COSTA, WARREN</b></p> <p>Last First Middle</p> <p>Address <b>48 INDIAN LEAP ST</b></p> <p>City <b>INDIAN ORCHARD</b> State <b>MA</b> Zip <b>01151</b></p> <p>Insurance Company <b>PILGRIM INSURANCE COMPANY</b></p> <p>Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u></p> <p>Citation # (If Issued) _____</p> <p>Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____</p> <p>Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____</p>	<p>1 14 Reg # <b>4283B</b> Reg Type <b>AP</b> Reg State <b>MA</b></p> <p>Veh Year <b>2007</b> Veh Make <b>Other-not listed</b> Veh Config. <input type="checkbox"/> 10 <input type="checkbox"/> 21</p> <p>Owner <b>L AND A LOGISTICS LLC</b></p> <p>Last First Middle</p> <p>Address <b>25 ROANOKE AVE</b></p> <p>City <b>WEST SPRINGFIELD</b> State <b>MA</b> Zip <b>01089-3711</b></p> <p>Vehicle Action Prior to Crash <input type="checkbox"/> 1 <input type="checkbox"/> 22</p> <p>Damaged Area Code: <input type="checkbox"/> 7 <input type="checkbox"/> 27 <input type="checkbox"/> 27 <input type="checkbox"/> 27</p> <p>Event Sequence <input type="checkbox"/> 2 <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23</p> <p>Test Status: <input type="checkbox"/> 1 <input type="checkbox"/> 28</p> <p>Type of Test: <input type="checkbox"/> 29</p> <p>Most Harmful Event <input type="checkbox"/> 2 <input type="checkbox"/> 24</p> <p>BAC Test Result: <input type="checkbox"/> 1 <input type="checkbox"/> 30</p> <p>Driver Contributing Code <input type="checkbox"/> 19 <input type="checkbox"/> 25 <input type="checkbox"/> 9 <input type="checkbox"/> 25</p> <p>Susp. Alcohol: <input type="checkbox"/> 2 <input type="checkbox"/> 31 Susp. Drug: <input type="checkbox"/> 2 <input type="checkbox"/> 32</p> <p>Driver Distracted by <input type="checkbox"/> 99 <input type="checkbox"/> 26</p> <p>Towed from scene? <input type="checkbox"/> 2 <input type="checkbox"/> 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
<b>Operator/Non-Motorist</b>		See Above	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	1	99	4	0	0	10	1

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

**Crash Diagram:**



**Crash Narrative:**

M/V 2 was driving through the parking lot of 25 Industrial Way. When M/V 2 was exiting th parking lot the tractor trailer dragged M/V 1. M/V 1 was parked in the parking lot in the marked space above.

**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 # 4283B (From Vehicle Section)

Carrier Name B H TRANSPORT LLC Bus Use 99<sup>42</sup>

Address GOOSE HILL RD BOX City OTHER St ME Zip 04348

US DOT #: 3158432 State Number \_\_\_\_\_ Issuing State MA MC/MX/ICC #: 109424

Interstate 43<sup>43</sup> Cargo Body Type Code 0<sup>44</sup> GVWR/GCWR 2<sup>45</sup>

Trailer Reg #: 245907A Reg Type TL Reg State ME Reg Year 2015 Trailer Length 4<sup>46</sup>

**Hazmat Information:**

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

Patrol Officer Brian Tavares 206 Wilmington Police Department 11/20/2020  
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Date of Crash **11/21/2020** Time of Crash **1158** City/Town **Wilmington** **Motor Vehicle Crash** Number Vehicles **1** Number Injured **0** Speed Limit **5**  State Police  Local Police  MBTA Police  Campus Police  Other: \_\_\_\_\_

**Police Report**

**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>36</b> Name of Roadway/Street <b>ANDOVER ST</b></p> <p>_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____</p> <p style="text-align: center;">Mile Marker _____ Exit Number _____</p> <p>_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____</p> <p>_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____</p> <p style="text-align: center;">Route# _____ Intersecting Roadway/Street _____</p> <p style="text-align: center;">Landmark _____</p>
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Please Select One of the Following:  Vehicle **1** #Occupants  Hit/Run  Moped Crash Report ID# **20-268-AC**

<p>License # <b>S85975671</b> St <b>MA</b> DOB/Age _____</p> <p>Sex <b>F</b> Lic. Class <b>D</b> <input type="checkbox"/> 19 <input type="checkbox"/> 19 Lic. Restrictions <input type="checkbox"/> 20 CDL _____</p> <p>Operator <b>TILDSLEY, CAROL ANNE</b></p> <p>Address <b>36 ANDOVER ST</b></p> <p>City <b>WILMINGTON</b> State <b>MA</b> Zip <b>01887-1223</b></p> <p>Insurance Company <b>THE COMMERCE INSURANCE CO</b></p> <p>Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W 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>25KV16</b> Reg Type <b>PC</b> Reg State <b>MA</b></p> <p>Veh Year <b>2014</b> Veh Make <b>MITSUBISHI</b> Veh Config. <b>1</b> <input type="checkbox"/> 21</p> <p>Owner <b>TILDSLEY, MARTIN F</b></p> <p>Address <b>36 ANDOVER ST</b></p> <p>City <b>WILMINGTON</b> State <b>MA</b> Zip <b>01887-1223</b></p> <p>Vehicle Action Prior to Crash <input type="checkbox"/> 11 <input type="checkbox"/> 22 Damaged Area Code: <input type="checkbox"/> 11 <input type="checkbox"/> 27 <input type="checkbox"/> 27 <input type="checkbox"/> 27</p> <p>Event Sequence <input type="checkbox"/> 35 <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23 Test Status: <input type="checkbox"/> 1 <input type="checkbox"/> 28</p> <p>Most Harmful Event <input type="checkbox"/> 35 <input type="checkbox"/> 24 Type of Test: <input type="checkbox"/> 1 <input type="checkbox"/> 29</p> <p>Driver Contributing Code <input type="checkbox"/> 19 <input type="checkbox"/> 25 <input type="checkbox"/> 25 BAC Test Result: <input type="checkbox"/> 1 <input type="checkbox"/> 30</p> <p>Driver Distracted by <input type="checkbox"/> 99 <input type="checkbox"/> 26 Susp. Alcohol: <input type="checkbox"/> 31 Susp. Drug: <input type="checkbox"/> 32</p> <p>Towed from scene? <input type="checkbox"/> 2 <input type="checkbox"/> 33</p>
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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>_____</del>	<del>_____</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

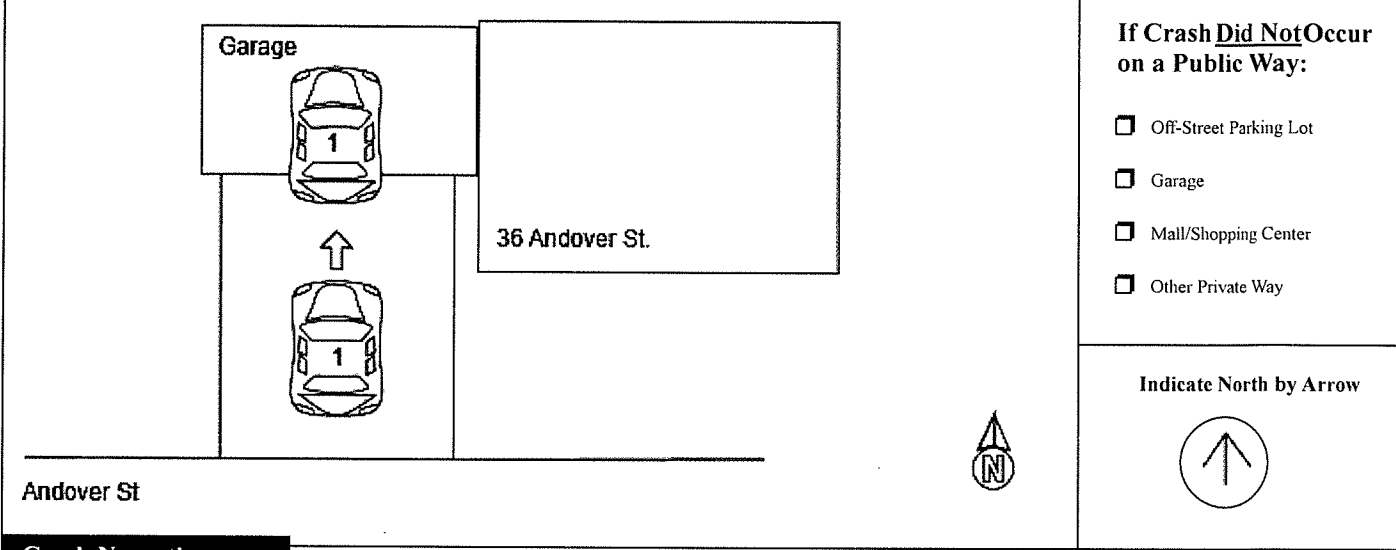
<p>License # _____ St _____ DOB/Age _____</p> <p>Sex _____ Lic. Class <input type="checkbox"/> 19 <input type="checkbox"/> 19 Lic. Restrictions <input type="checkbox"/> 20 CDL _____</p> <p>Operator _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Insurance Company _____</p> <p>Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____</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 # _____ Reg Type _____ Reg State _____</p> <p>Veh Year _____ Veh Make _____ Veh Config. <input type="checkbox"/> 21</p> <p>Owner _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Vehicle Action Prior to Crash <input type="checkbox"/> 22 Damaged Area Code: <input type="checkbox"/> 27 <input type="checkbox"/> 27 <input type="checkbox"/> 27</p> <p>Event Sequence <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23 Test Status: <input type="checkbox"/> 28</p> <p>Most Harmful Event <input type="checkbox"/> 24 Type of Test: <input type="checkbox"/> 29</p> <p>Driver Contributing Code <input type="checkbox"/> 25 <input type="checkbox"/> 25 BAC Test Result: <input type="checkbox"/> 30</p> <p>Driver Distracted by <input type="checkbox"/> 26 Susp. Alcohol: <input type="checkbox"/> 31 Susp. Drug: <input type="checkbox"/> 32</p> <p>Towed from scene? <input type="checkbox"/> 33</p>
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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>_____</del>	<del>_____</del>	<b>1</b>							



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

**Crash Diagram:**



**Crash Narrative:**

The operator of MV1 was returning from the store when the vehicle accelerated through the garage door of 36 Andover St. The operator reported the gas pedal becoming stuck prior to hitting the garage. No airbags were deployed and the operator reported no injuries. The vehicle has front damage as well as surface damage to the paint on both side of the vehicle. MV1 was removed from the garage without any damage to the structure and remained at 36 Andover St.

**Witnesses:**

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

**Property Damage:**

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
TILDSLEY CAROL ANNE	36 ANDOVER ST WILMINGTON MA 01887-			GARAGE

**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    11/21/2020  
 Police Officer Name (Please Print)    Signature    ID/Badge #    Department    Precinct/Barracks    Date

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

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

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# **20-269-AC**

License # **S19258631** St **MA** DOB/Age      Reg # **9PN839** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** Lic. Restrictions **1** CDL Endorsement      Veh Year **2003** Veh Make **CHEVROLET** Veh Config. **1**

Operator **GRIMES, ALANNA ROSE** Owner **GRIMES, ALANNA ROSE**

Address **4 CORTLAND RD** Address **4 CORTLAND RD**

City **DANVERS** State **MA** Zip **01923-3464** City **DANVERS** State **MA** Zip **01923-3464**

Insurance Company **GOVERNMENT EMPLOYEES INSU** Vehicle Action Prior to Crash **4** Damaged Area Code: **2 27 3 27 4 27**

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

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

Viol. 1: Ch/Sec/Sub      Viol. 2: Ch/Sec/Sub      Driver Contributing Code **1 25 25** BAC Test Result: **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>    </del>	<del>    </del>	<b>1</b>	<b>1</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>9</b>	<b>2</b>	Lahey Clinic
<b>NOAH CAPEN</b>	35 ARLINGTON ST TEWKSBURY, MA 01876-3227		M	<b>3</b>	<b>1</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>9</b>	<b>2</b>	Lahey Clinic
<b>RYAN CROCKETT</b>	35 ARLINGTON ST TEWKSBURY, MA 01876-3227		M	<b>6</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 22 #Occupants  Non-Motorist A Type **15** Action **16** Location **17** Condition **18**  Hit/Run  Moped

License # **S79808962** St **MA** DOB/Age      Reg # **1PFR81** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** Lic. Restrictions **1** CDL Endorsement      Veh Year **2019** Veh Make      Veh Config. **1**

Operator **MORETTI, DEBRA A** Owner **MORETTI, CHARLES ANTHONY JR**

Address **15 LORIN DR** Address **15 LORIN DR**

City **WILMINGTON** State **MA** Zip **01887-2898** City **WILMINGTON** State **MA** Zip **01887-2898**

Insurance Company **SAFETY INSURANCE COMPANY** Vehicle Action Prior to Crash **1** Damaged Area Code: **1 27 7 27 8 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**

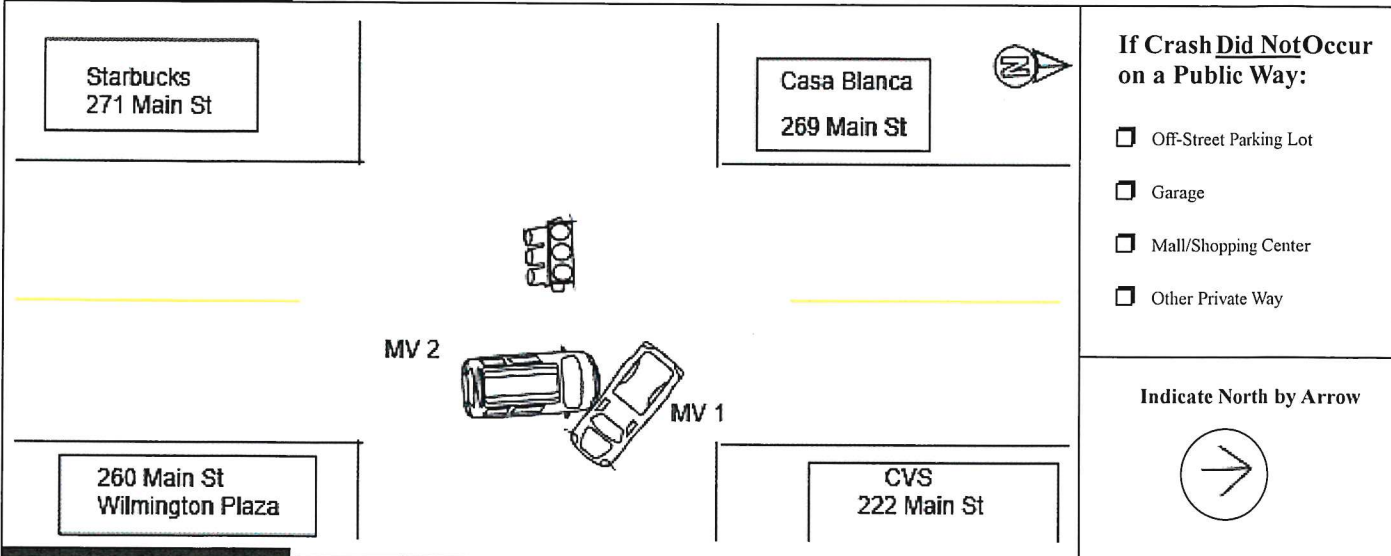
Towed from scene? **1 33**

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
<b>Operator/Non-Motorist</b> See Above		<del>    </del>	<del>    </del>	<b>1</b>	<b>1</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	
<b>CHRISTINA MORETTI</b>	15 LORIN DR WILMINGTON, MA 01887		F	<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 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:**

MV 1 was travelling southbound on Main St in the town of Wilmington. MV 1 was attempting to take a left turn into Wilmington Plaza. The operator of MV 2 was travelling northbound on Main St. The operator of MV 2 stated that she believed she had a green light at the intersection. While travelling through the intersection she stated she did not see MV 1 taking a left turn, which caused her to crash into MV 1. The operator of MV 1 was transported to Lahey Hospital, but when I spoke to a passenger of the vehicle, Ryan Crockett, he stated that his side of the intersection had a green arrow giving them the right of way. Both the operator of MV 2 and the passenger of MV 2 stated that they were not speeding through the intersection during the time of the collision.

**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

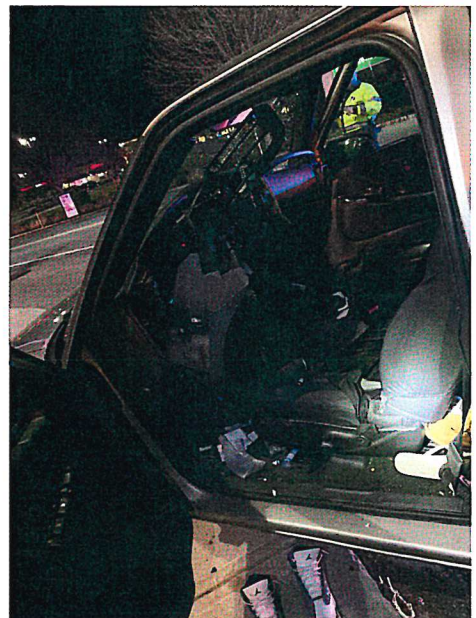
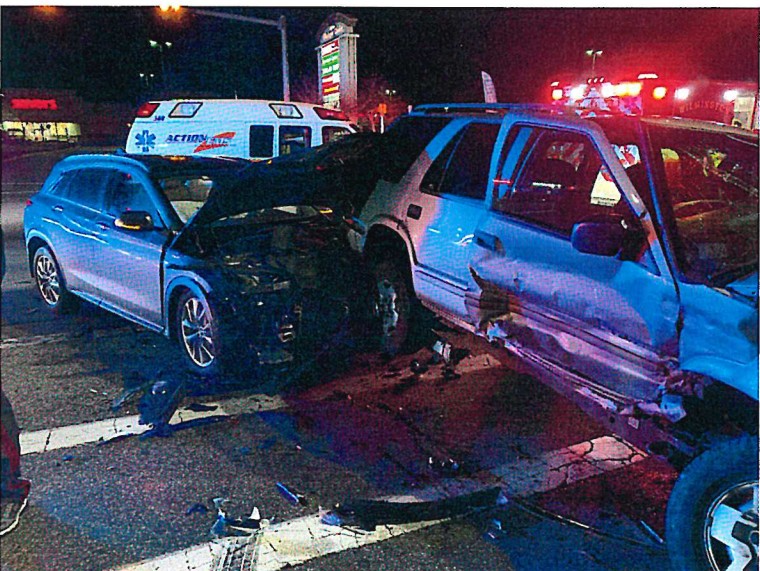
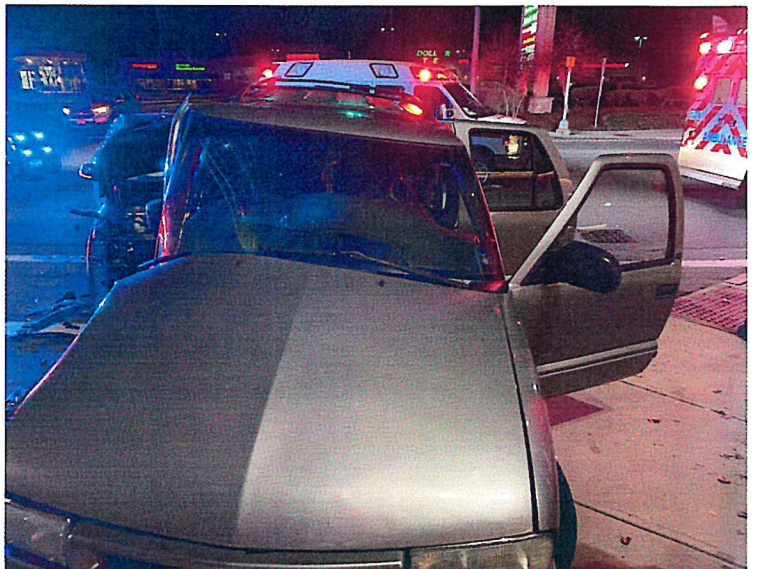
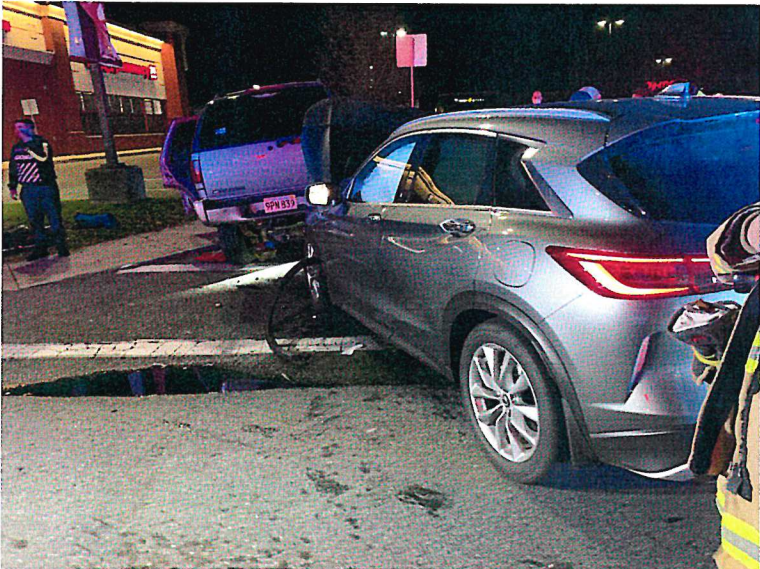
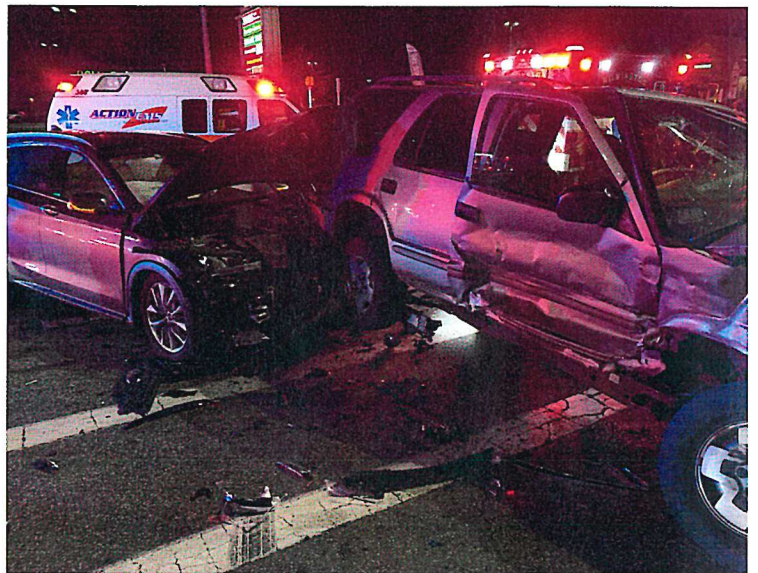
**Hazmat Information:**

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

Patrol Officer Shane A Foley    211    Wilmington Police Department    11/21/2020  
 Police Officer Name (Please Print)    Signature    ID/Badge #    Department    Precinct/Barracks    Date

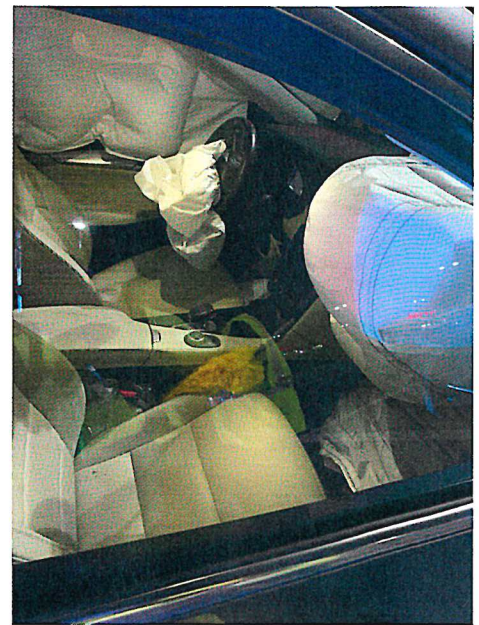


Wilmington Police Department  
Images Associated with 20-269-AC





Wilmington Police Department  
Images Associated with 20-269-AC



Date of Crash **11/21/2020** Time of Crash **2235** City/Town **Wilmington** **Motor Vehicle Crash** Number Vehicles **2** Number Injured **0** Speed Limit **25** State Police  Local Police  MBTA Police  Campus Police  Other:

**Police Report**

**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>38</b> Name of Roadway/Street <b>LAWRENCE 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>_____ Feet <b>N S E W</b> of _____</p> <p style="text-align: center;">Route# _____ Intersecting Roadway/Street _____</p> <p style="text-align: center;">Landmark _____</p>
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Please Select One of the Following:  Vehicle **10** #Occupants  Hit/Run  Moped Crash Report ID# **20-270-AC**

<p>License # _____ St _____ DOB/Age _____</p> <p>Sex _____ Lic. Class <b>19 19</b> Lic. Restrictions <b>20</b> CDL _____</p> <p>Operator <b>Driverless M.V.</b></p> <p style="text-align: center;">Last First Middle</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Insurance Company <b>ALLSTATE INSURANCE COMPAN</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>5LT236</b> Reg Type <b>PC</b> Reg State <b>MA</b></p> <p>Veh Year <b>2017</b> Veh Make <b>Jeep</b> Veh Config. <b>1 21</b></p> <p>Owner <b>DECICCO, GIUSEPPE</b></p> <p style="text-align: center;">Last First Middle</p> <p>Address <b>77 RESERVOIR AVE</b></p> <p>City <b>REVERE</b> State <b>MA</b> Zip <b>02151-5810</b></p> <p>Vehicle Action Prior to Crash <b>11 22</b> Damaged Area Code: <b>8 27 7 27 97 27</b></p> <p>Event Sequence <b>2 23 23 23 23</b> Test Status: <b>28</b></p> <p>Most Harmful Event <b>2 24</b> Type of Test: <b>29</b></p> <p>Driver Contributing Code <b>1 25 25</b> BAC Test Result: <b>30</b></p> <p>Driver Distracted by <b>0 26</b> Susp. Alcohol: <b>2 31</b> Susp. Drug: <b>2 32</b></p> <p>Towed from scene? <b>1 33</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>XXXXXX</del>	<del>X</del>	1	10	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

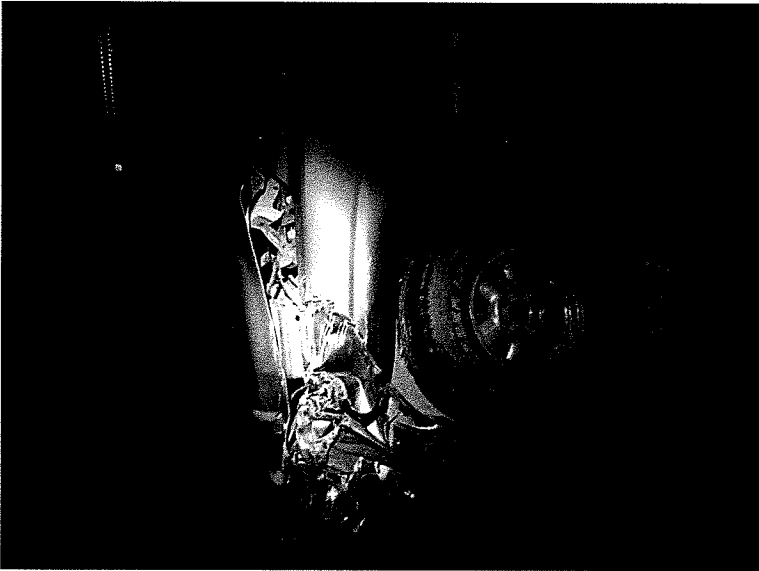
<p>License # <b>S97074944</b> St <b>MA</b> DOB/Age _____</p> <p>Sex <b>M</b> Lic. Class <b>D 19 19</b> Lic. Restrictions <b>B 20</b> CDL _____</p> <p>Operator <b>GILARDI, CHRISTOPHER M</b></p> <p style="text-align: center;">Last First Middle</p> <p>Address <b>14 BRATTLE ST</b></p> <p>City <b>WILMINGTON</b> State <b>MA</b> Zip <b>01887-3534</b></p> <p>Insurance Company <b>THE COMMERCE INSURANCE CO</b></p> <p>Vehicle Travel Direction: <b>N S E X W</b> Responding to Emergency? <b>2</b></p> <p>Citation # (If Issued) <b>T2063293</b></p> <p>Viol. 1: Ch/Sec/Sub <b>90 13</b> Viol. 2: Ch/Sec/Sub _____</p> <p>Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____</p>	<p>Reg # <b>3GS883</b> Reg Type <b>PC</b> Reg State <b>MA</b></p> <p>Veh Year <b>2001</b> Veh Make <b>CHEVROLET</b> Veh Config. <b>1 21</b></p> <p>Owner <b>GILARDI, CHRISTOPHER M</b></p> <p style="text-align: center;">Last First Middle</p> <p>Address <b>14 BRATTLE ST</b></p> <p>City <b>WILMINGTON</b> State <b>MA</b> Zip <b>01887-3534</b></p> <p>Vehicle Action Prior to Crash <b>1 22</b> Damaged Area Code: <b>8 27 7 27 2 27</b></p> <p>Event Sequence <b>2 23 23 23 23</b> Test Status: <b>28</b></p> <p>Most Harmful Event <b>2 24</b> Type of Test: <b>29</b></p> <p>Driver Contributing Code <b>20 25 19 25</b> BAC Test Result: <b>30</b></p> <p>Driver Distracted by <b>1 26</b> Susp. Alcohol: <b>2 31</b> Susp. Drug: <b>2 32</b></p> <p>Towed from scene? <b>2 33</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>XXXXXX</del>	<del>X</del>	1	1	4	0	0	10	1	





Wilmington Police Department  
Images Associated with 20-270-AC





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