

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

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

Route# Direction Name of 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 \_\_\_\_\_ **NORTH ST** Route# Intersecting Roadway/Street  
 Feet N S E W of \_\_\_\_\_ Landmark

Please Select One of the Following:  Vehicle 4 #Occupants  Hit/Run  Moped Crash Report ID# **20-271-AC**

License # **S11680798** St. **MA** DOB/Ag: \_\_\_\_\_ Reg # **6KT221** Reg Type **PC** Reg State **MA**  
 Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL \_\_\_\_\_ Veh Year **2012** Veh Make **TOYOTA** Veh Config. **1** 21  
 Operator **PERALTA, MARTA CRUZ** Owner **PERALTA, MARTA CRUZ**  
 Address **27 SCOTLAND HEIGHTS RD** Address **27 SCOTLAND HEIGHTS RD**  
 City **HAVERHILL** State **MA** Zip **01832-8615** City **HAVERHILL** State **MA** Zip **01832-8615**  
 Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **2** 22 Damaged Area Code: 5 27 4 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: 29  
 Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **1** 25 25 BAC Test Result: 30  
 Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **0** 26 Susp. Alcohol: **2** 31 Susp. Drug: **2** 32  
 Towed from scene? **1** 33

Please fill out for operator 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>10</b>	<b>1</b>	
				<b>8</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	
				<b>6</b>	<b>4</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	
				<b>4</b>	<b>4</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

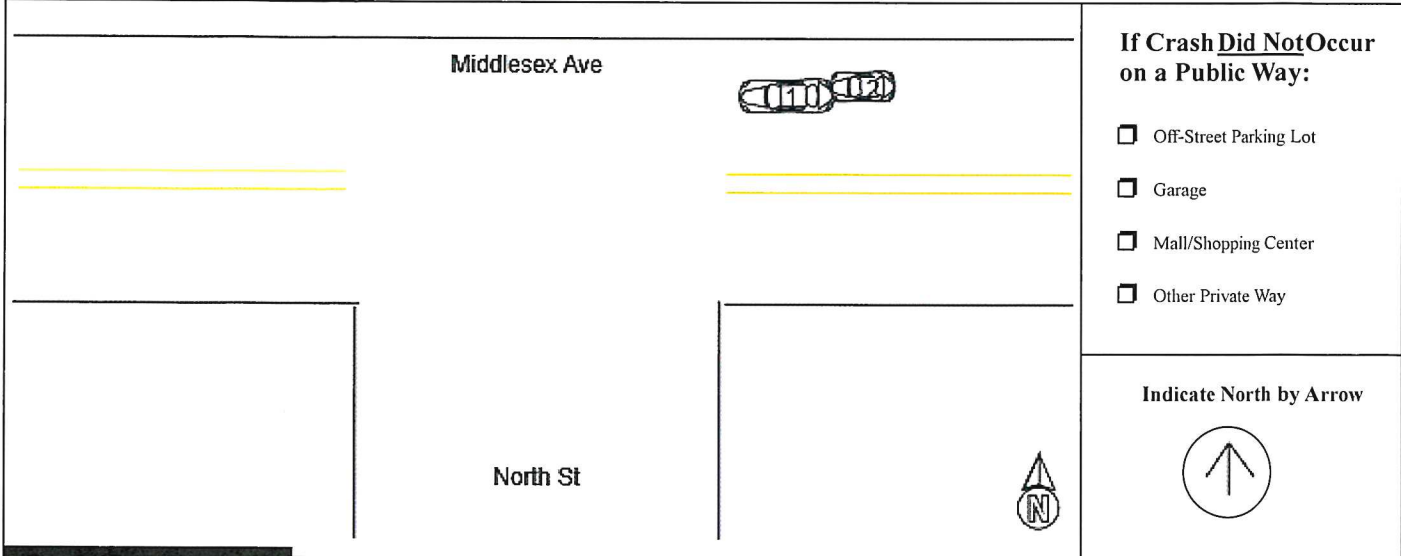
License # **S88919891** St. **MA** DOB/Ag: \_\_\_\_\_ Reg # **1YYY10** Reg Type **PC** Reg State **MA**  
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL \_\_\_\_\_ Veh Year **2006** Veh Make **HONDA** Veh Config. **1** 21  
 Operator **QAULI, YASSINE** Owner **QAULI, YASSINE**  
 Address **4 PENNY LN** Address **4 PENNY LN**  
 City **METHUEN** State **MA** Zip **01844-7321** City **METHUEN** State **MA** Zip **01844-7321**  
 Insurance Company **GOVERNMENT EMPLOYEES INSU** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: 1 27 10 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) **T1683380** Most Harmful Event **1** 24 Type of Test: 29  
 Viol. 1: Ch/Sec/Sub **720 906** Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **5** 25 7 25 BAC Test Result: 30  
 Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **99** 26 Susp. Alcohol: **2** 31 Susp. Drug: **2** 32  
 Towed from scene? **2** 33

Please fill out for operator/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 → ○ → ○



**Crash Narrative:**

Both vehicles 1 and 2 were travelling west bound on Middlesex Ave (Rte. 62). Vehicle 1 stopped as someone in front of her was stopped to turn left onto North St from the west bound lane of Middlesex Ave. Vehicle 2 was travelling to close and could not stop in time Vehicle 2 crashed into the rear of vehicle 1 causing heavy damage to the rear end of vehicle 1 and heavy damage to the front end of vehicle 2. The operator of vehicle 2 was issued Massachusetts Uniformed Citation # T1683380, for following to close (CMR 720/9.06)

**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      11/23/2020  
 Police Officer Name (Please Print)      Signature      ID/Badge #      Department      Precinct/Barracks      Date

<b>Police Use Only</b>		<b>Commonwealth of Massachusetts</b>				<b>RMV Document Number</b>	
Date of Crash 11/24/2020	Time of Crash 1232 24HR	City/Town Wilmington	<b>Motor Vehicle Crash Police Report</b>		Number Vehicles 2	Number Injured 0	Speed Limit <u>40</u> Latitude _____ Longitude _____
						State Police <input type="checkbox"/> Local Police <input type="checkbox"/> MBTA Police <input type="checkbox"/> Campus Police <input type="checkbox"/> Other: _____ <input type="checkbox"/>	

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

Route# _____ Direction _____ Name of Roadway/Street _____ At _____ Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____ Route# _____ Direction _____ Name of Intersecting Roadway/Street _____	Route# _____ Direction _____ Address # <u>687</u> Name of Roadway/Street <u>MAIN ST</u> _____ 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:  Vehicle 1 #Occupants  Hit/Run  Moped  
 Crash Report ID# **20-272-AC**

License # <u>S78627882</u> St <u>MA</u> DOB/Age _____	Reg # <u>V25815</u> Reg Type <u>CO</u> Reg State <u>MA</u>
Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____	Veh Year <u>2019</u> Veh Make <u>FORD</u> Veh Config. <u>2</u> <u>21</u>
Operator <u>LANGONE, JOSEPH A</u>	Owner <u>NORTHEASTERN DEVELOPMENT CORP</u>
Address <u>287 CHESTNUT ST</u>	Address <u>20 MIDDLESEX AVE</u>
City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-3304</u>	City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-2714</u>
Insurance Company <u>ACADIA INSURANCE COMPANY</u>	Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>6</u> <u>27</u> <u>27</u> <u>27</u>
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u>	Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u>
Citation # (If Issued) _____	Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>1</u> <u>29</u>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	BAC Test Result: <u>1</u> <u>30</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Contributing Code <u>1</u> <u>25</u> <u>25</u> 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>XXXXXX</del>	<del>M</del>	<u>1</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	

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

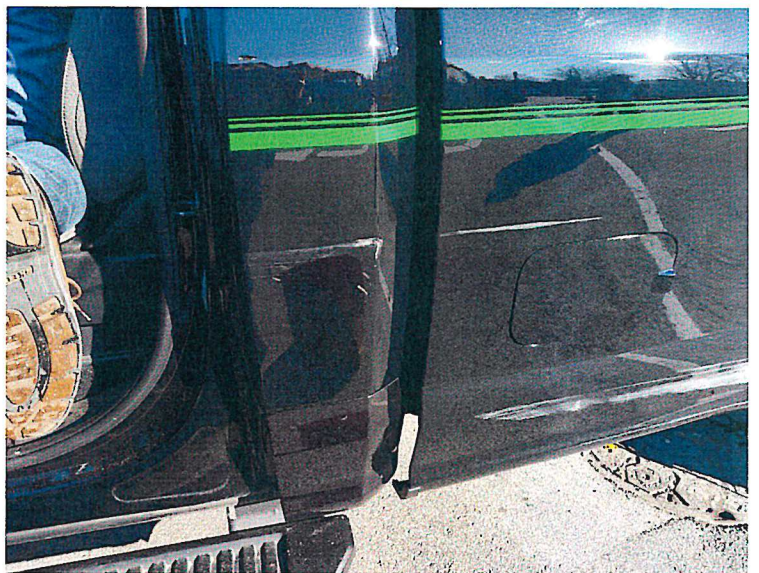
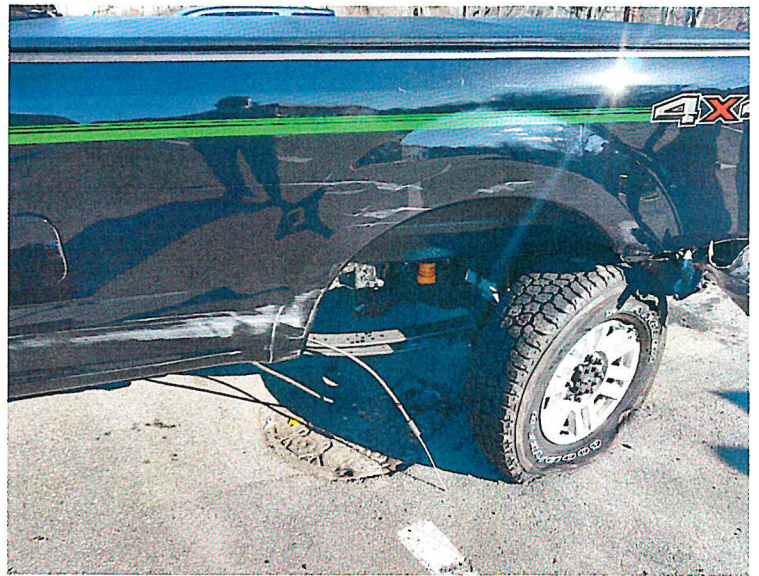
License # <u>S88142944</u> St <u>MA</u> DOB/Age _____	Reg # <u>BR36PT</u> Reg Type <u>PC</u> Reg State <u>MA</u>
Sex <u>F</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____	Veh Year <u>2018</u> Veh Make <u>Jeep</u> Veh Config. <u>1</u> <u>21</u>
Operator <u>AHERN, ARLENE M</u>	Owner <u>AHERN, KRISTOPHER M</u>
Address <u>447 MIDDLESEX TPKE</u>	Address <u>447 MIDDLESEX TPKE</u>
City <u>BILLERICA</u> State <u>MA</u> Zip <u>01821</u>	City <u>BILLERICA</u> State <u>MA</u> Zip <u>01821-3507</u>
Insurance Company <u>CITIZENS INSURANCE COMPAN</u>	Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>8</u> <u>27</u> <u>27</u> <u>27</u>
Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u>	Event Sequence <u>42</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u>
Citation # (If Issued) <u>T2445685</u>	Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>1</u> <u>29</u>
Viol. 1: Ch/Sec/Sub <u>90</u> <u>23</u> Viol. 2: Ch/Sec/Sub <u>89</u> <u>4A</u>	BAC Test Result: <u>1</u> <u>30</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Contributing Code <u>9</u> <u>25</u> <u>20</u> <u>25</u> Driver Distracted by <u>99</u> <u>26</u> Towed from scene? <u>1</u> <u>33</u>

Please fill out for operator/non-motorist and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator/Non-Motorist</b>	See Above	<del>XXXXXX</del>	<del>M</del>	<u>1</u>	<u>1</u>	<u>3</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	
			<u>M</u>	<u>4</u>	<u>4</u>	<u>3</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	





Wilmington Police Department  
Images Associated with 20-272-AC



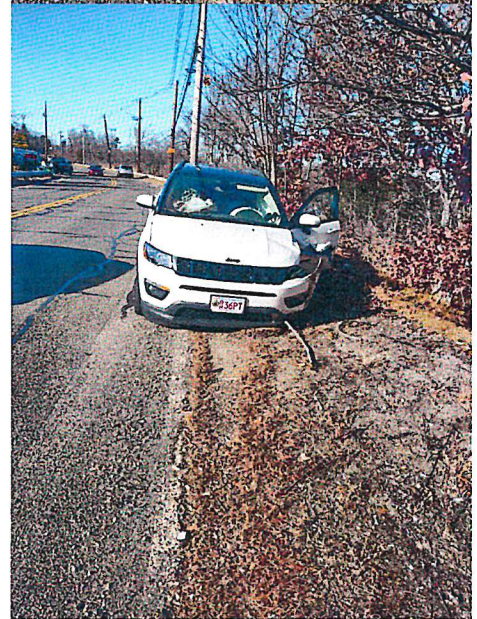
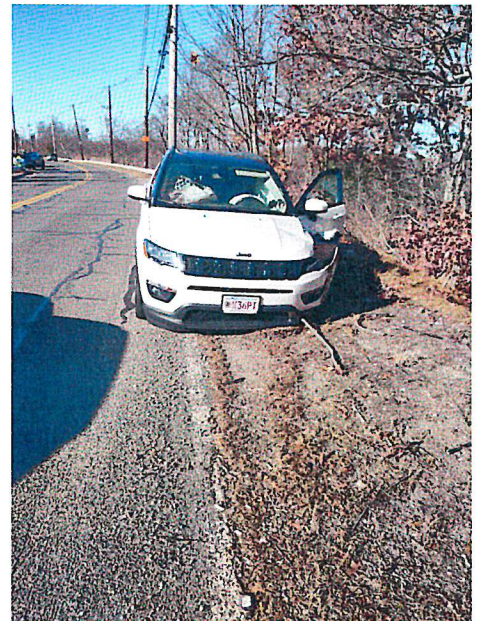


Wilmington Police Department  
Images Associated with 20-272-AC





Wilmington Police Department  
Images Associated with 20-272-AC



## NARRATIVE FOR PATROL OFFICER DANIEL P FURBUSH

Ref: 20-272-AC

Entered: 11/24/2020 @ 1541      Entry ID: 196  
Modified: 11/24/2020 @ 1541      Modified ID: 196  
Approved: 11/26/2020 @ 1432      Approval ID: 185

The following is a brief summary of events that occurred on 11/24/20 during a motor vehicle crash

On Tuesday November 24, 2020, I, Officer Furbush was assigned uniformed patrol in marked cruiser 37, Traffic Unit, working the 7a-3p shift. At approximately 1232 hrs, I was dispatched to the area of 687 Main St for a report of a three car crash. There was unknown injuries. Officer Tavares (Car 38/Roving), Officer Skinner (Car 33/Sector 3) Sgt. Delorey (Car 35/OIC) and Wilmington Fire Department also responded to the call. Upon arrival, there were only two cars involved. I observed a Ford Pickup, a Ford F250 with Ma Commercial plates V25815, was in one of the entrances of U-Haul (687 Main St) facing northbound. The other car, a white Jeep Compass with Ma plates BR36PT, was on the side of the road facing southbound in the northbound lane. The front driver's tire and part of the axle from the Jeep was resting behind the Jeep on the northbound side of the road.

There were no injuries as a result of the crash. I asked Mr. Joseph Langone of 287 Chestnut St Wilmington what had happened. He reported that he was traveling straight on Main St/Rt 38 heading northbound. He observed the Jeep traveling southbound. He reported seeing the female operator looking behind her as like she was looking at someone in the back seat. He attempted to avoid the crash but the Jeep crossed the double yellow line and sideswiped the rear of his Ford Pickup. The crash forced him to cross over the yellow line and pull into the U-Haul driveway.

I spoke to the operator of the Jeep, Mrs. Arlene Ahern of 447 Middlesex Turnpike Billerica. I asked her what happened. She stated she had no idea how the crash happened. She reported she was driving along and out of no where, there was a crash. I asked her if she was potentially looking in the back seat where her son, Cole, was sitting. She claimed she wasn't. I asked her how she had not seen the other car or seen how the crash occurred and she stated she had no idea. Initially she questioned whether the pickup exited one of the driveways and pulled out in front of her but the damage was clearly that of a sideswipe. This was evident by the peeling of the door of the Jeep and the scrapes along the side of the pickup truck. She then stated perhaps the truck came at her head on. The damage again did not support this claim. If the truck had crossed over and caused the damage, the damage to the pickup would have been in the front end not the rear of the truck. The damage supports that the pickup truck was the one struck by the Jeep.

I gave Dispatch the information of all parties involved and both vehicles. Dispatch reported that Arlene's driver's license was suspended for failure to pay fines and costs. Dispatch confirmed the suspension through the RMV. I asked Arlene what was going on with her license. Initially, Arlene reported that she had no idea why her license was suspended. After informing her of the reason for the suspension, Arlene admitted that she had not paid a seat belt citation about a month ago. As far as she knew it, the citation was still in her car.

Both vehicles sustained heavy damage and both vehicles needed to be towed. A&S Towing was dispatched and towed both vehicles. The damage caused by both vehicles support that Arlene caused the crash by crossing over the double yellow line and colliding with the pickup truck. Arlene was also aware she failed to pay a citation which according to the citation, says that failure to pay will result in a suspension. Arlene was issued Massachusetts Uniformed Citation T2445685 and a criminal application will be filed through Woburn District Court for operating a motor vehicle with a suspended license and marked lanes. An inventory was performed as per department policy and the appropriate form was filled out

Respectfully submitted,



NARRATIVE FOR PATROL OFFICER DANIEL P FURBUSH

Ref: 20-272-AC

Entered: 11/24/2020 @ 1541	Entry ID: 196
Modified: 11/24/2020 @ 1541	Modified ID: 196
Approved: 11/26/2020 @ 1432	Approval ID: 185

Officer Daniel Furbush, Badge #196  
Wilmington Police Department



<b>Police Use Only</b>	Date of Crash 11/24/2020	Time of Crash 1710 24HR	City/Town <b>Wilmington</b>	<b>Motor Vehicle Crash Police Report</b>	Number Vehicles 2	Number Injured 0	Speed Limit <u>30</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>7</u> Direction _____ Address # _____ Name of Roadway/Street <b>EAMES ST</b>					2 10
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 _____					3 11
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 _____					3 11

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

Crash Report ID# **20-273-AC**

License # <b>S92461190</b> St <b>MA</b> DOB/Agmt _____ Sex <b>F</b> Lic. Class <b>D</b> 19 19 Lic. Restrictions <b>20</b> CDL _____ Operator <b>JIMENEZ, ANNERY</b> Address <b>2 INMAN ST APT 29</b> City <b>LAWRENCE</b> State <b>MA</b> Zip <b>01843-2760</b> Insurance Company <b>THE HANOVER INSURANCE COM</b> Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> S <input type="checkbox"/> W Responding to Emergency? <u>2</u> Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # <b>8XC823</b> Reg Type <b>PC</b> Reg State <b>MA</b> Veh Year <b>2004</b> Veh Make <b>HONDA</b> Veh Config. <b>1</b> 21 Owner <b>JIMENEZ, ANNERY</b> Address <b>2 INMAN ST APT 29</b> City <b>LAWRENCE</b> State <b>MA</b> Zip <b>01843-2760</b> Vehicle Action Prior to Crash <b>1</b> 22 Damaged Area Code: <b>3</b> 27 27 27 Event Sequence <b>1</b> 23 23 23 23 Test Status: <b>1</b> 28 Most Harmful Event <b>1</b> 24 Type of Test: <b>1</b> 29 Driver Contributing Code <b>1</b> 25 25 BAC Test Result: <b>1</b> 30 Driver Distracted by <b>0</b> 26 Susp. Alcohol: <b>2</b> 31 Susp. Drug: <b>2</b> 32 Towed from scene? <b>2</b> 33
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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>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>S67391737</b> St <b>MA</b> DOB/Agmt _____ Sex <b>M</b> Lic. Class <b>B</b> 19 19 Lic. Restrictions <b>20</b> CDL _____ Operator <b>PANZINI, PATRICK R</b> Address <b>5 WENTWORTH RD</b> City <b>PEABODY</b> State <b>MA</b> Zip <b>01960-1046</b> Insurance Company <b>THE STANDARD FIRE INSURAN</b> Vehicle Travel Direction: <input checked="" type="checkbox"/> N <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 _____	# <b>913XR2</b> Reg Type <b>PC</b> Reg State <b>MA</b> Veh Year <b>2004</b> Veh Make <b>LINCOLN</b> Veh Config. <b>1</b> 21 Owner <b>PANZINI, CONSTANCE P</b> Address <b>5 WENTWORTH RD</b> City <b>W PEABODY</b> State <b>MA</b> Zip <b>01960-1046</b> Vehicle Action Prior to Crash <b>3</b> 22 Damaged Area Code: <b>1</b> 27 27 27 Event Sequence <b>1</b> 23 23 23 23 Test Status: <b>1</b> 28 Most Harmful Event <b>1</b> 24 Type of Test: <b>1</b> 29 Driver Contributing Code <b>19</b> 25 <b>4</b> 25 BAC Test Result: <b>1</b> 30 Driver Distracted by <b>0</b> 26 Susp. Alcohol: <b>2</b> 31 Susp. Drug: <b>2</b> 32 Towed from scene? <b>2</b> 33
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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>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>	







Police Use Only		<b>Commonwealth of Massachusetts</b>				RMV Document Number	
Date of Crash 11/27/2020	Time of Crash 1507 24HR	City/Town Wilmington	<b>Motor Vehicle Crash Police Report</b>		Number Vehicles 2	Number Injured 0	Speed Limit <u>35</u> Latitude _____ Longitude _____
						<input type="checkbox"/> State Police <input checked="" type="checkbox"/> Local Police <input type="checkbox"/> MBTA Police <input type="checkbox"/> Campus Police <input type="checkbox"/> Other	

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

<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# <u>38</u> Direction <u>N</u> Address # <u>260</u> Name of Roadway/Street <u>MAIN ST</u></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 <u>PLAZA, NORTH ENTRANCE</u></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# **20-274-AC**

License # <u>S58696657</u> St <u>MA</u> DOB/Age _____ Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL Endorsement _____ Operator <u>FERNANDES-JUNIOR, VALTER FERNANDE</u> Last First Middle Address <u>14 SUMMER ST</u> City <u>STONEHAM</u> State <u>MA</u> Zip <u>02180-2835</u> Insurance Company <u>PROTECTIVE INSURANCE COMP</u> Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u> Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # <u>S62746</u> Reg Type <u>CO</u> Reg State <u>MA</u> Veh Year <u>2016</u> Veh Make <u>FORD</u> Veh Config. <u>2</u> <u>21</u> Owner <u>BALBOA CAPITAL CORP</u> Last First Middle Address <u>575 ANTON BLVD 12TH FL</u> City <u>COSTA MESA</u> State <u>CA</u> Zip <u>92626-0000</u> Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>7</u> <u>27</u> <u>27</u> <u>27</u> Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u> Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u> Driver Contributing Code <u>1</u> <u>25</u> <u>25</u> BAC Test Result: <u>30</u> Driver Distracted by <u>0</u> <u>26</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u> Towed from scene? <u>2</u> <u>33</u>
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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>XXXX</del>	<u>1</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	

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

License # <u>S35070437</u> St <u>MA</u> DOB/Age _____ Sex <u>F</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL Endorsement _____ Operator <u>DORVIL-MEMEUS, MARLENE M</u> Last First Middle Address <u>264 SALEM RD</u> City <u>BILLERICA</u> State <u>MA</u> Zip <u>01821-2156</u> Insurance Company <u>GEICO GENERAL INSURANCE C</u> Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u> Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # <u>3CJ284</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2013</u> Veh Make <u>TOYOTA</u> Veh Config. <u>1</u> <u>21</u> Owner <u>DORVIL-MEMEUS, MARLENE M</u> Last First Middle Address <u>264 SALEM RD</u> City <u>BILLERICA</u> State <u>MA</u> Zip <u>01821-2156</u> Vehicle Action Prior to Crash <u>5</u> <u>22</u> Damaged Area Code: <u>2</u> <u>27</u> <u>27</u> <u>27</u> Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u> Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u> Driver Contributing Code <u>4</u> <u>25</u> <u>25</u> BAC Test Result: <u>30</u> Driver Distracted by <u>0</u> <u>26</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u> Towed from scene? <u>2</u> <u>33</u>
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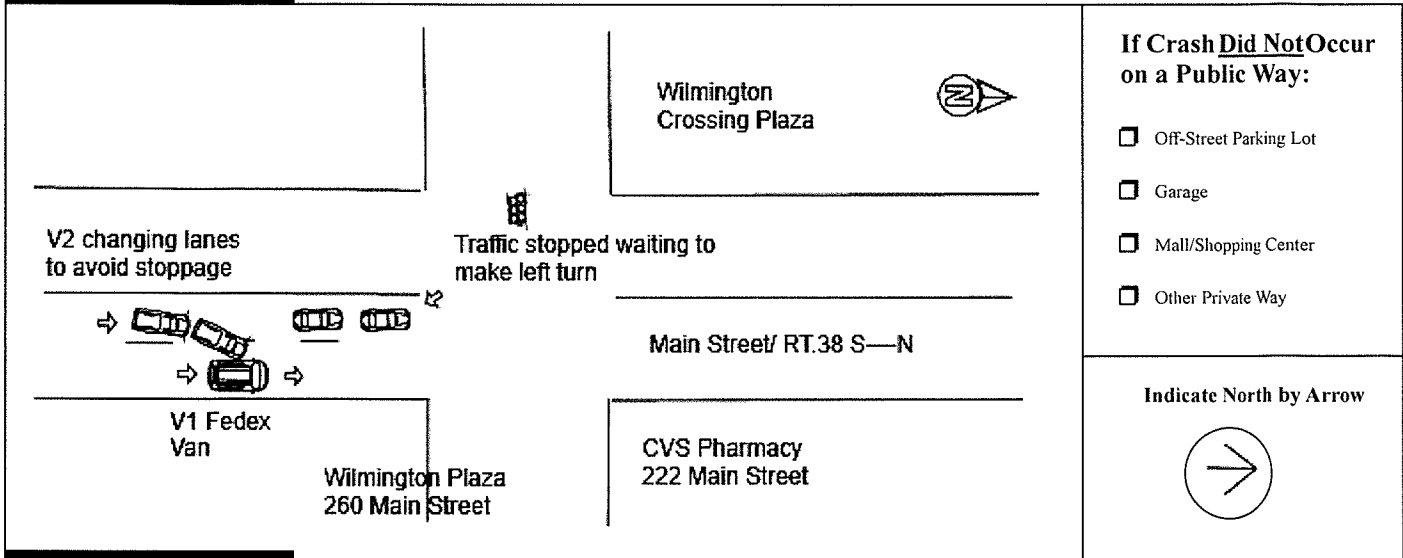
Please fill out for operator/non-motorist and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator/Non-Motorist</b>	See Above	<del>XXXXXX</del>	<del>XXXX</del>	<u>1</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	



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

**Crash Diagram:**

ie: → 1 → 2 → ○ → ○



**Crash Narrative:**

V1 (Fedex Van) traveling straight on Main Street (RT.38N) in outside lane. V2 (MA-3CJ284) traveling same direction and occupying inside lane. V2 opr. stated she changed lanes to avoid stoppage at intersection and collided with V2 as it passed by. She believed there was sufficient room. No injuries observed or reported. V1 damaged along left driver's side middle/rear. V2 damaged on right front bumper/fender area. V1 was already in outside lane traveling straight with ROW. V2 opr maneuvering from inside lane for lane change without granting ROW probable factor n crash.

**Witnesses:**

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

**Property Damage:**

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

**Truck and Bus Information:**

Registration # **S62746** (From Vehicle Section)

Carrier Name **BLF Courier INC , (FEDEX)** Bus Use  42

Address **11 TAYLOR RD** City **NORTH READING** St **MA** Zip **01864**

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 Richard DiPerri**      **173**      **Wilmington Police Department**      **11/27/2020**  
 Police Officer Name (Please Print)      Signature      ID/Badge #      Department      Precinct/Barracks      Date

Date of Crash **11/28/2020** Time of Crash **1516** 24HR City/Town **Wilmington** **Motor Vehicle Crash Police Report** Number Vehicles **3** Number Injured **0** Speed Limit **30** State Police  Local Police  MBTA Police  Campus Police  Other   
 Latitude \_\_\_\_\_ Longitude \_\_\_\_\_

**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>300</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 _____
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Please Select One of the Following:  Vehicle **1** #Occupants  Hit/Run  Moped Crash Report ID# **20-275-AC**

License # <b>S04793643</b> St <b>MA</b> DOB/Age _____ 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 _____ Operator <b>STABILE, COLLEEN M</b> Last First Middle Address <b>306 BURLINGTON AVE</b> City <b>WILMINGTON</b> State <b>MA</b> Zip <b>01887-3107</b> Insurance Company <b>SAFETY INSURANCE COMPANY</b> Vehicle Travel Direction: <b>N S X W</b> 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>1SXB18</b> Reg Type <b>PC</b> Reg State <b>MA</b> Veh Year <b>2020</b> Veh Make <b>Jeep</b> Veh Config. <b>1</b> <b>21</b> Owner <b>STABILE, COLLEEN M</b> Last First Middle Address <b>306 BURLINGTON AVE</b> City <b>WILMINGTON</b> State <b>MA</b> Zip <b>01887-3107</b> Vehicle Action Prior to Crash <b>2</b> <b>22</b> Damaged Area Code: <b>5</b> <b>27</b> <b>27</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>2</b> <b>33</b>
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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

License # <b>S72544455</b> St <b>MA</b> DOB/Age _____ 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 _____ Operator <b>ALLAIN, JILLIAN R</b> Last First Middle Address <b>30 SARAH ST</b> City <b>BURLINGTON</b> State <b>MA</b> Zip <b>01803-1244</b> Insurance Company <b>THE COMMERCE INSURANCE CO</b> Vehicle Travel Direction: <b>N S X W</b> 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>1MVH28</b> Reg Type <b>PC</b> Reg State <b>MA</b> Veh Year <b>2017</b> Veh Make <b>VOLKSWAGEN</b> Veh Config. <b>1</b> <b>21</b> Owner <b>ALLAIN, JILLIAN R</b> Last First Middle Address <b>30 SARAH ST</b> City <b>BURLINGTON</b> State <b>MA</b> Zip <b>01803-1244</b> Vehicle Action Prior to Crash <b>2</b> <b>22</b> Damaged Area Code: <b>1</b> <b>27</b> <b>5</b> <b>27</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	<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>



Date of Crash **11/28/2020** Time of Crash **1516** 24HR City/Town **Wilmington** **Motor Vehicle Crash** Number Vehicles **3** Number Injured **0** Speed Limit **30** State Police   
**Police Report** Latitude \_\_\_\_\_ MBTA Police   
Longitude \_\_\_\_\_ Campus Police   
Other: \_\_\_\_\_

**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>300</b> Name of Roadway/Street <b>LOWELL 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 style="text-align: center;">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 style="text-align: center;">Landmark _____</p>
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Please Select One of the Following:  Vehicle **31** #Occupants  Hit/Run  Moped Crash Report ID# **20-275-AC**

<p>License # <b>S14127740</b> St <b>MA</b> DOB/Age _____</p> <p>Sex <b>M</b> Lic. Class <b>D</b> <input type="checkbox"/> 19 <input type="checkbox"/> 19 Lic. Restrictions <b>1</b> <input type="checkbox"/> 20 CDL _____</p> <p>Operator <b>GRINNELL, CHRISTOPHER J</b></p> <p>Address <b>11 CARTER RD APT 11</b></p> <p>City <b>BURLINGTON</b> State <b>MA</b> Zip <b>01803-1003</b></p> <p>Insurance Company <b>THE COMMERCE INSURANCE CO</b></p> <p>Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" 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>BR32GS</b> Reg Type <b>PC</b> Reg State <b>MA</b></p> <p>Veh Year <b>2013</b> Veh Make <b>VOLKSWAGEN</b> Veh Config. <b>1</b> <input type="checkbox"/> 21</p> <p>Owner <b>GRINNELL, CHRISTOPHER J</b></p> <p>Address <b>11 CARTER RD APT 11</b></p> <p>City <b>BURLINGTON</b> State <b>MA</b> Zip <b>01803-1003</b></p> <p>Vehicle Action Prior to Crash <b>1</b> <input type="checkbox"/> 22 Damaged Area Code: <input type="checkbox"/> 1 <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 Test Status: <input type="checkbox"/> 1 <input type="checkbox"/> 28</p> <p>Most Harmful Event <b>1</b> <input type="checkbox"/> 24 Type of Test: <input type="checkbox"/> 1 <input type="checkbox"/> 29</p> <p>Driver Contributing Code <b>20</b> <input type="checkbox"/> 25 <input type="checkbox"/> 25 BAC Test Result: <input type="checkbox"/> 1 <input type="checkbox"/> 30</p> <p>Driver Distracted by <b>4</b> <input type="checkbox"/> 26 Susp. Alcohol: <input type="checkbox"/> 2 <input type="checkbox"/> 31 Susp. Drug: <input type="checkbox"/> 2 <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		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>10</b>	<b>1</b>	

Please Select One of the Following:  Vehicle **4** #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		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>							





Date of Crash: 11/26/2020 Time of Crash: 1825 24HR City/Town: **Wilmington** **Motor Vehicle Crash Police Report** Number Vehicles: 1 Number Injured: 0 Speed Limit: 10 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>4701</b> Name of Roadway/Street <b>POULIOT PL</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 _____
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Please Select One of the Following:  Vehicle 1 #Occupants  Hit/Run  Moped Crash Report ID# **20-276-AC**

License # <b>S51564751</b> St <b>MA</b> DOB/Age _____ Sex <b>F</b> Lic. Class <b>D</b> Lic. Restrictions <b>1</b> CDL _____ Operator <b>KOTTMYER, MARY ELLEN</b> Address <b>4701 POULIOT PL</b> City <b>WILMINGTON</b> State <b>MA</b> Zip <b>01887-4596</b> Insurance Company <b>AMICA MUTUAL INSURANCE CO</b> Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input 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>1JGG37</b> Reg Type <b>PC</b> Reg State <b>MA</b> Veh Year <b>2019</b> Veh Make <b>HONDA</b> Veh Config. <b>1</b> Owner <b>KOTTMYER, MARY ELLEN</b> Address <b>4701 POULIOT PL</b> City <b>WILMINGTON</b> State <b>MA</b> Zip <b>01887-4596</b> Vehicle Action Prior to Crash <b>10</b> Damaged Area Code: <b>6 27 27 27</b> Event Sequence <b>31 23 23 23 23</b> Test Status: <b>1 28</b> Most Harmful Event <b>31 24</b> Type of Test: <b>29</b> Driver Contributing Code <b>18 25 25</b> BAC Test Result: <b>30</b> Driver Distracted by <b>0 26</b> Susp. Alcohol: <b>2 31</b> Susp. Drug: <b>2 32</b> Towed from scene? <b>2 33</b>
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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>XXXXXX</del>	<del>XXXX</del>	<b>1</b>	<b>1</b>	<b>5</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 _____ Sex _____ Lic. Class <b>19 19</b> Lic. Restrictions <b>20</b> 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. <b>21</b> Owner _____ Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash <b>22</b> Damaged Area Code: <b>27 27 27</b> Event Sequence <b>23 23 23 23</b> Test Status: <b>28</b> Most Harmful Event <b>24</b> Type of Test: <b>29</b> Driver Contributing Code <b>25 25</b> BAC Test Result: <b>30</b> Driver Distracted by <b>26</b> Susp. Alcohol: <b>31</b> Susp. Drug: <b>32</b> Towed from scene? <b>33</b>
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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>XXXXXX</del>	<del>XXXX</del>	<b>1</b>							





Wilmington Police Department  
Images Associated with 20-276-AC

