

Date of Crash **11/29/2020** Time of Crash **1409** City/Town **Wilmington** **Motor Vehicle Crash** Number Vehicles **1** Number Injured **1** Speed Limit **35** State Police
 24HR **Police Report** Latitude _____ MBTA Police
 Longitude _____ Other: _____ Campus Police

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# 2 Direction _____ Address # HARDEN ST Name of Roadway/Street _____</p> <p>Feet N S E W of _____ or _____</p> <p>Mile Marker _____ Exit Number _____</p> <p>Route# _____ Intersecting Roadway/Street _____</p> <p>Landmark _____</p>
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Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped Crash Report ID# **20-277-AC**

<p>License # S85784604 St MA DOB/Age _____</p> <p>Sex F Lic. Class D Lic. Restrictions 1 CDL Endorsement 20</p> <p>Operator DANGO, JEAN MARIE</p> <p>Address 68 RANDOLPH DR</p> <p>City TEWKSBURY State MA Zip 01876-1966</p> <p>Insurance Company GOVERNMENT EMPLOYEES INSU</p> <p>Vehicle Travel Direction: <input checked="" type="checkbox"/> S E W Responding to Emergency? 2</p> <p>Citation # (If Issued) _____</p> <p>Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____</p> <p>Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____</p>	<p>Reg # 3DN382 Reg Type PC Reg State MA</p> <p>Veh Year 2016 Veh Make HONDA Veh Config. 1</p> <p>Owner DANGO, JEAN MARIE</p> <p>Address 68 RANDOLPH DR</p> <p>City TEWKSBURY State MA Zip 01876-1966</p> <p>Vehicle Action Prior to Crash 1</p> <p>Event Sequence 22 23 23 23 23</p> <p>Most Harmful Event 22</p> <p>Driver Contributing Code 14 25 25</p> <p>Driver Distracted by 0</p> <p>Damaged Area Code: 2 27 27 27</p> <p>Test Status: 1 28 29 30</p> <p>BAC Test Result: 1</p> <p>Susp. Alcohol: 2 Susp. Drug: 2 32</p> <p>Towed from scene? 1 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
Operator	See Above		<input checked="" type="checkbox"/>	1	1	1	0	0	8	2	Brigham & Womans hospital

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 19 19 Lic. Restrictions 20 CDL Endorsement _____</p> <p>Operator _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Insurance Company _____</p> <p>Vehicle Travel Direction: <input type="checkbox"/> N S E 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. 21</p> <p>Owner _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Vehicle Action Prior to Crash 22</p> <p>Event Sequence 23 23 23 23</p> <p>Most Harmful Event 24</p> <p>Driver Contributing Code 25 25</p> <p>Driver Distracted by 26</p> <p>Damaged Area Code: 27 27 27</p> <p>Test Status: 28 29 30</p> <p>BAC Test Result: _____</p> <p>Susp. Alcohol: 31 Susp. Drug: 32</p> <p>Towed from scene? 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
Operator/Non-Motorist	See Above		<input checked="" type="checkbox"/>	1							

Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash **11/29/2020** Time of Crash **1651** 24HR City/Town **Wilmington**

Motor Vehicle Crash Police Report

Number Vehicles **2** Number Injured **0** Speed Limit **15** State Police
 Latitude _____ Local Police
 Longitude _____ MBTA Police
 Other: _____ Campus Police

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

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

Crash Report ID# **20-278-AC**

License # **S96438294** St **MA** DOB/Age _____
 Sex **M** Lic. Class **D** **19** **19** Lic. Restrictions **1** **20** CDL _____ Endorsement _____
 Operator **AKROUR, TOUFIK**
 Last First Middle
 Address **21 WARREN ST APT 3**
 City **REVERE** State **MA** Zip **02151-3449**
 Insurance Company **THE COMMERCE INSURANCE CO**
 Vehicle Travel Direction: **N S E W** Responding to Emergency? **2**
 Citation # (If Issued) _____
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____

Reg # **2WPZ51** Reg Type **PC** Reg State **MA**
 Veh Year **2017** Veh Make **HONDA** Veh Config. **1** **21**
 Owner **AKROUR, TOUFIK**
 Last First Middle
 Address **21 WARREN ST APT 3**
 City **REVERE** State **MA** Zip **02151-3449**
 Vehicle Action Prior to Crash **11** **22** Damaged Area Code: **4** **27** **27** **27**
 Event Sequence **1** **23** **23** **23** **23** Test Status: **1** **28**
 Most Harmful Event **2** **24** Type of Test: **29**
 Driver Contributing Code **1** **25** **25** BAC Test Result: **1** **30**
 Driver Distracted by **0** **26** Susp. Alcohol: **2** **31** Susp. Drug: **2** **32**
 Towed from scene? **2** **33**

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above	_____	_____	1	0	4	3	0	10	1	

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

License # **S00236265** St **MA** DOB/Age _____
 Sex **F** Lic. Class **D** **19** **19** Lic. Restrictions **1** **20** CDL _____ Endorsement _____
 Operator **MORGANTI, NANCY J**
 Last First Middle
 Address **11 CHAMPA RD**
 City **BILLERICA** State **MA** Zip **01821-2914**
 Insurance Company **ALLSTATE INSURANCE COMPAN**
 Vehicle Travel Direction: **S E W** Responding to Emergency? **2**
 Citation # (If Issued) _____
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____

Reg # **1BEW36** Reg Type **PC** Reg State **MA**
 Veh Year **2019** Veh Make **HONDA** Veh Config. **1** **21**
 Owner **MORGANTI, NANCY J**
 Last First Middle
 Address **11 CHAMPA RD**
 City **BILLERICA** State **MA** Zip **01821-2914**
 Vehicle Action Prior to Crash **10** **22** Damaged Area Code: **0** **27** **27** **27**
 Event Sequence **2** **23** **23** **23** **23** Test Status: **1** **28**
 Most Harmful Event **2** **24** Type of Test: **29**
 Driver Contributing Code **19** **25** **25** BAC Test Result: **1** **30**
 Driver Distracted by **0** **26** Susp. Alcohol: **2** **31** Susp. Drug: **2** **32**
 Towed from scene? **2** **33**

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

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

Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash
11/30/2020

Time of Crash
0221
24HR

City/Town
Wilmington

Motor Vehicle Crash Police Report

Number
Vehicles
1

Number
Injured
0

Speed Limit **35**
Latitude _____
Longitude _____

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 # **169** Name of Roadway/Street **SHAWSHEEN AVE**

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

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

_____ Feet **N S E W** of _____
Landmark _____

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

Crash Report ID# **20-279-AC**

License # _____ St _____ DOB/Age _____
Sex _____ Lic. Class **19 19** Lic. Restrictions **20** CDL _____
Endorsement _____

Operator _____
Address _____
City _____ State _____ Zip _____

Insurance Company _____

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

Citation # (If Issued) _____

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____

Reg # **RLTDE** Reg Type **PC** Reg State **MA**

Veh Year **2002** Veh Make **TOYOTA** Veh Config. **1 21**

Owner **HARRELL, RENE J**
Address **17 MARLAND ST**
City **ANDOVER** State **MA** Zip **01810-5821**

Vehicle Action Prior to Crash **1 22** Damaged Area Code: **2 27 27 27**

Event Sequence **22 23 23 23 23** Test Status: **1 28**

Most Harmful Event **1 24** Type of Test: **29**

Driver Contributing Code **97 25 25** BAC Test Result: **1 30**

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

Towed from scene? **1 33**

Please fill out for operator and all occupants involved											
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above			1	1	1	0	0	10	1	

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

License # _____ St _____ DOB/Age _____
Sex _____ Lic. Class **19 19** Lic. Restrictions **20** CDL _____
Endorsement _____

Operator _____
Address _____
City _____ State _____ Zip _____

Insurance Company _____

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

Citation # (If Issued) _____

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____

Reg # _____ Reg Type _____ Reg State _____

Veh Year _____ Veh Make _____ Veh Config. **21**

Owner _____
Address _____
City _____ State _____ Zip _____

Vehicle Action Prior to Crash **22** Damaged Area Code: **27 27 27**

Event Sequence **23 23 23 23** Test Status: **28**

Most Harmful Event **24** Type of Test: **29**

Driver Contributing Code **25 25** BAC Test Result: **30**

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

Towed from scene? **33**

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

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

Route# Direction Name of Roadway/Street: 38 S 433 MAIN ST

Route# Direction Name of Intersecting Roadway/Street: 400 Feet S E W of 62 BURLINGTON AVE

Route# Direction Name of Intersecting Roadway/Street: _____

Please Select One of the Following: Vehicle 1 Occupants Hit/Run Moped | Crash Report ID# 20-280-AC

License # S22870548 St MA DOB/Age _____ Reg # 523PV8 Reg Type PC Reg State MA

Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL _____ Veh Year 2016 Veh Make FORD Veh Config. 1

Operator CHUTE, ANDREA Owner CHUTE, ANDREA

Address 160 BEDFORD RD Address 160 BEDFORD RD

City WOBURN State MA Zip 01801-3906 City WOBURN State MA Zip 01801-3906

Insurance Company ARBELLA MUTUAL INSURANCE Vehicle Action Prior to Crash 2

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

Citation # (If Issued) _____ Event Sequence 1 23 23 23 23

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Most Harmful Event 1 24

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Contributing Code 1 25 25

Driver Distracted by 0 26

Please fill out for operator and all occupants involved

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

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

License # S69859701 St MA DOB/Age _____ Reg # 7GW934 Reg Type PC Reg State MA

Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL _____ Veh Year 2007 Veh Make TOYOTA Veh Config. 1

Operator MCGAFFIGAN, DANIEL P Owner MCGAFFIGAN, PAUL DENNIS

Address 50 MARION ST Address 50 MARION ST EXT

City WILMINGTON State MA Zip 01887-3148 City WILMINGTON State MA Zip 01887-3148

Insurance Company THE COMMERCE INSURANCE CO Vehicle Action Prior to Crash 1

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

Citation # (If Issued) _____ Event Sequence 1 23 23 23 23

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Most Harmful Event 1 24

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Contributing Code 19 25 20 25

Driver Distracted by 5 26

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

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

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

<p>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>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p>	<p>Route# _____ Direction _____ Address # <u>107</u> Name of Roadway/Street <u>MAIN ST</u></p> <p>_____ Feet <input checked="" type="checkbox"/> S <input checked="" type="checkbox"/> E <input checked="" type="checkbox"/> W of _____ Mile Marker _____ Exit Number _____</p> <p>_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____</p> <p>_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____</p>
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Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped | Crash Report ID# **20-281-AC**

<p>License # <u>S75356555</u> St <u>MA</u> DOB/Ag _____</p> <p>Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL _____ Endorsement _____</p> <p>Operator <u>PEARSON, ANDREW K</u></p> <p>Address <u>30 MILLER RD</u></p> <p>City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-3512</u></p> <p>Insurance Company <u>SAFETY INSURANCE COMPANY</u></p> <p>Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input checked="" type="checkbox"/> E <input checked="" 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>Reg # <u>1CVX54</u> Reg Type <u>PC</u> Reg State <u>MA</u></p> <p>Veh Year <u>2016</u> Veh Make <u>NISSAN</u> Veh Config. <u>1</u> <u>21</u></p> <p>Owner <u>PEARSON, MARJORIE P</u></p> <p>Address <u>30 MILLER RD</u></p> <p>City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-3512</u></p> <p>Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>1</u> <u>27</u> <u>2</u> <u>27</u> <u>8</u> <u>27</u></p> <p>Event Sequence <u>22</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u></p> <p>Most Harmful Event <u>22</u> <u>24</u> Type of Test: <u>29</u></p> <p>Driver Contributing Code <u>21</u> <u>25</u> <u>25</u> BAC Test Result: <u>1</u> <u>30</u></p> <p>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></p> <p>Towed from scene? <u>1</u> <u>33</u></p>
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Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator		See Above	<input checked="" type="checkbox"/>	<u>1</u>	<u>1</u>	<u>3</u>	<u>0</u>	<u>0</u>	<u>9</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

<p>License # _____ St _____ DOB/Ag _____</p> <p>Sex _____ Lic. Class <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____ Endorsement _____</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. <u>21</u></p> <p>Owner _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Vehicle Action Prior to Crash <u>22</u> Damaged Area Code: <u>27</u> <u>27</u> <u>27</u></p> <p>Event Sequence <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>28</u></p> <p>Most Harmful Event <u>24</u> Type of Test: <u>29</u></p> <p>Driver Contributing Code <u>25</u> <u>25</u> BAC Test Result: <u>30</u></p> <p>Driver Distracted by <u>26</u> Susp. Alcohol: <u>31</u> Susp. Drug: <u>32</u></p> <p>Towed from scene? <u>33</u></p>
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Please fill out for operator/non-motorist and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist		See Above	<input checked="" type="checkbox"/>	<u>1</u>							

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 11/30/2020	Time of Crash 1734 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 3	Number Injured 0	Speed Limit <u>35</u>	Latitude _____	Longitude _____	<input type="checkbox"/> State Police <input type="checkbox"/> Local Police <input type="checkbox"/> MBTA Police <input type="checkbox"/> Campus Police <input type="checkbox"/> Other: _____

AT INTERSECTION:			< LOCATION >	NOT AT INTERSECTION:		
Route# _____	Direction _____	Name of Roadway/Street _____	Route# _____	Direction _____	Address # <u>222</u>	Name of Roadway/Street <u>MAIN ST</u>
At _____			Feet <u>N S E W</u> of _____ or _____			Mile Marker _____
Route# _____	Direction _____	Name of Intersecting Roadway/Street _____	Feet <u>N S E W</u> of _____			Exit Number _____
Also at Intersection with _____			Route# _____			Intersecting Roadway/Street _____
Route# _____	Direction _____	Name of Intersecting Roadway/Street _____	Feet <u>N S E W</u> of _____			Landmark _____

Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle <u>1</u> #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped	Crash Report ID# 20-282-AC
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License # <u>S61976170</u> St <u>MA</u> DOB/Age _____ Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL _____ Operator <u>ENGLISH, STEPHEN T</u> Address <u>65 BUCKINGHAM DR</u> City <u>BILLERICA</u> State <u>MA</u> Zip <u>01821-3227</u> Insurance Company <u>THE COMMERCE INSURANCE CO</u> Vehicle Travel Direction: <u>N X E W</u> 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>VT37855</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2016</u> Veh Make <u>Jeep</u> Veh Config. <u>1</u> <u>21</u> Owner <u>ENGLISH, STEPHEN T</u> Address <u>65 BUCKINGHAM DR</u> City <u>BILLERICA</u> State <u>MA</u> Zip <u>01821-3227</u> Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>1</u> <u>27</u> <u>2</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>1</u> <u>29</u> Driver Contributing Code <u>1</u> <u>25</u> <u>25</u> BAC Test Result: <u>1</u> <u>30</u> Driver Distracted by <u>0</u> <u>26</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u> Towed from scene? <u>2</u> <u>33</u>
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Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator		See Above	X	X	1	1	4	0	0	10	1

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

License # <u>SA2550129</u> St <u>MA</u> DOB/Age _____ Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL _____ Operator <u>CUMMISKY, TYLER ANTHONY</u> Address <u>7 MORNINGSIDE DR</u> City <u>BILLERICA</u> State <u>MA</u> Zip <u>01821-1411</u> Insurance Company <u>THE COMMERCE INSURANCE CO</u> Vehicle Travel Direction: <u>X S E W</u> Responding to Emergency? <u>2</u> Citation # (If Issued) <u>T2062433</u> Viol. 1: Ch/Sec/Sub <u>89</u> <u>9</u> Viol. 2: Ch/Sec/Sub <u>90</u> <u>17</u> Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # <u>2PWB64</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2013</u> Veh Make <u>HYUNDAI</u> Veh Config. <u>1</u> <u>21</u> Owner <u>CUMMISKY, TYLER ANTHONY</u> Address <u>7 MORNINGSIDE DR</u> City <u>BILLERICA</u> State <u>MA</u> Zip <u>01821-1411</u> Vehicle Action Prior to Crash <u>4</u> <u>22</u> Damaged Area Code: <u>3</u> <u>27</u> <u>2</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>1</u> <u>29</u> Driver Contributing Code <u>7</u> <u>25</u> <u>25</u> BAC Test Result: <u>1</u> <u>30</u> Driver Distracted by <u>0</u> <u>26</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u> Towed from scene? <u>2</u> <u>33</u>
--	--

Please fill out for operator/non-motorist and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist		See Above	X	X	1	1	4	0	0	10	1
JAYLEN MONTESANTI		7 MORNINGSIDE DR BILLERICA, MA 01821-1411	F	3	1	4	0	0	10	1	

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

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

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

Please Select One of the Following: Vehicle 31 #Occupants Hit/Run Moped
 Crash Report ID# **20-282-AC**

License # **S69793518** St **MA** DOB/Age _____
 Sex **F** Lic. Class **D** Lic. Restrictions **1** CDL _____
 Operator **CONTRADA, ISABELLA**
 Address **45 GEORGE BROWN ST**
 City **BILLERICA** State **MA** Zip **01821-2258**
 Insurance Company **ARBELLA MUTUAL INSURANCE**
 Vehicle Travel Direction: **N S E W** Responding to Emergency? **2**
 Citation # (If Issued) _____
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____

Reg # **416VR6** Reg Type **PC** Reg State **MA**
 Veh Year **2013** Veh Make **NISSAN** Veh Config. **1**
 Owner **CONTRADA, ROBERT**
 Address **7 HEATHER DR**
 City **WILMINGTON** State **MA** Zip **01887-1505**
 Vehicle Action Prior to Crash **2** Damaged Area Code: **1 27 8 27 27**
 Event Sequence **97 23 23 23 23** Test Status: **1 28**
 Most Harmful Event **1 24** Type of Test: **29**
 Driver Contributing Code **1 25 25** BAC Test Result: **1 30**
 Driver Distracted by **0 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**
 Towed from scene? **1 33**

Please fill out for operator and all occupants involved

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

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

License # _____ St _____ DOB/Age _____
 Sex _____ Lic. Class **19 19** Lic. Restrictions **20** CDL _____
 Operator _____
 Address _____
 City _____ State _____ Zip _____
 Insurance Company _____
 Vehicle Travel Direction: **N S E W** Responding to Emergency? _____
 Citation # (If Issued) _____
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____

Reg # _____ Reg Type _____ Reg State _____
 Veh Year _____ Veh Make _____ Veh Config. **21**
 Owner _____
 Address _____
 City _____ State _____ Zip _____
 Vehicle Action Prior to Crash **22** Damaged Area Code: **27 27 27**
 Event Sequence **23 23 23 23** Test Status: **28**
 Most Harmful Event **24** Type of Test: **29**
 Driver Contributing Code **25 25** BAC Test Result: **30**
 Driver Distracted by **26** Susp. Alcohol: **31** Susp. Drug: **32**
 Towed from scene? **33**

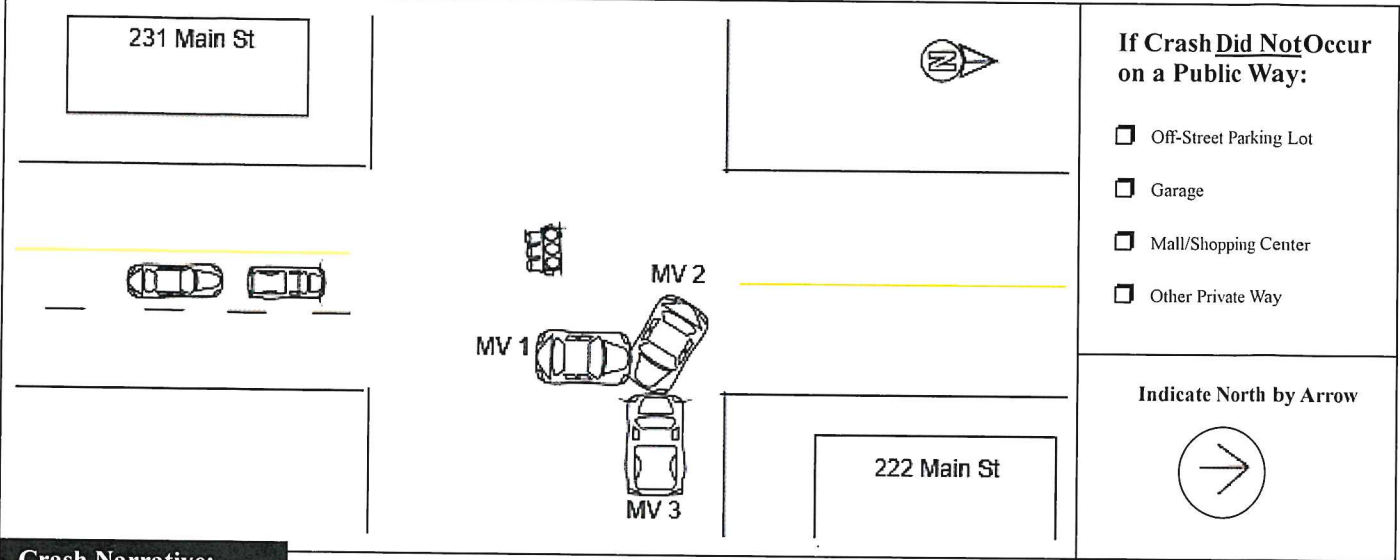
Please fill out for operator/non-motorist and all occupants involved

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

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

Crash Diagram:

ie: → [1] → [2] → ○ → ○



Crash Narrative:

MV 1 was travelling northbound on Main St in the town of Wilmington. MV 1 had the green light and attempted to travel through the intersection. He was in the far right hand lane. MV 2 was stagnant in the intersection facing southbound on Main St when his light turned yellow. The operator of MV 2 told me that he was stuck in the middle of the intersection and didn't want to impede traffic. He attempted to speed through the intersection and take a left, but was unable to do so. MV 1 was unable to stop and collided with MV 2. When the two vehicles collided the force of the crash took both vehicles into the entrance of 222 Main st, and ended with the vehicles colliding into MV 3.

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 11/30/2020
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Date of Crash 11/30/2020 Time of Crash 1828 City/Town **Wilmington**

Motor Vehicle Crash Police Report

Number Vehicles 1 Number Injured 0 Speed Limit 30
 Latitude _____ Longitude _____
 State Police
 Local 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 _____ Name of Intersecting Roadway/Street _____

Route# _____ Direction _____ Address # **93** Name of Roadway/Street **SALEM ST**
 _____ Feet **N S E W** of _____ or _____
 Mile Marker _____ Exit Number _____
 _____ Feet **N S E W** of _____
 Route# _____ Intersecting Roadway/Street _____
 _____ Feet **N S E W** of _____
 Landmark _____

2 10

1 11

2 3

3 3

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

Crash Report ID# **20-283-AC**

4 1

License # **S41214968** St **MA** DOB/Agc _____
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL _____
 Operator **DOOLEY, PATRICK GRIFFIN**
 Address **3 WALKLING CT APT F**
 City **MEDFORD** State **MA** Zip **02155-3732**
 Insurance Company **ARBELLA PROTECTION INSURA**
 Vehicle Travel Direction: **N S E W** Responding to Emergency? **2**
 Citation # (If Issued) **T1683941**
 Viol. 1: Ch/Sec/Sub **90 24C** Viol. 2: Ch/Sec/Sub **89 4A**
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____

Reg # **V63215** Reg Type **CO** Reg State **MA**
 Veh Year **2014** Veh Make **NISSAN** Veh Config. **2** 21
 Owner **FLYNN AND CATALDO INC**
 Address **108 SCHOOL ST**
 City **WATERTOWN** State **MA** Zip **02472-4248**
 Vehicle Action Prior to Crash **8** 22 Damaged Area Code: **1** 27 **2** 27 **8** 27
 Event Sequence **1** 23 23 23 23 Test Status: **28**
 Most Harmful Event **1** 24 Type of Test: **29**
 Driver Contributing Code **10** 25 **14** 25 BAC Test Result: **30**
 Driver Distracted by **0** 26 Susp. Alcohol: **31** Susp. Drug: **32**
 Towed from scene? **2** 33

3 12

2 13

6 2

Please fill out for operator and all occupants involved

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

7 1

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

8 1

License # _____ St _____ DOB/Agc _____
 Sex _____ Lic. Class _____ 19 19 Lic. Restrictions _____ 20 CDL _____
 Operator _____
 Address _____
 City _____ State _____ Zip _____
 Insurance Company _____
 Vehicle Travel Direction: **N S E W** Responding to Emergency? _____
 Citation # (If Issued) _____
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____

Reg # _____ Reg Type _____ Reg State _____
 Veh Year _____ Veh Make _____ Veh Config. **21**
 Owner _____
 Address _____
 City _____ State _____ Zip _____
 Vehicle Action Prior to Crash **22** Damaged Area Code: **27** **27** **27**
 Event Sequence **23** **23** **23** **23** Test Status: **28**
 Most Harmful Event **24** Type of Test: **29**
 Driver Contributing Code **25** **25** BAC Test Result: **30**
 Driver Distracted by **26** Susp. Alcohol: **31** Susp. Drug: **32**
 Towed from scene? **33**



1 14

9 2

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

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

Crash Diagram:

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

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:

The driver of V1 pulled onto the yard and lawn at 93 Salem street in an attempt to turn around quickly. He drove across the lawn several times, ruining it and digging it up.

His muffler fell off of his car onto the lawn

He was later arrested OUI Liquor.

T1683440

Witnesses:

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

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
MAHONEY MICHAEL J	93 SALEM ST WILMINGTON MA 01887-40			TORN UP LAWN

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

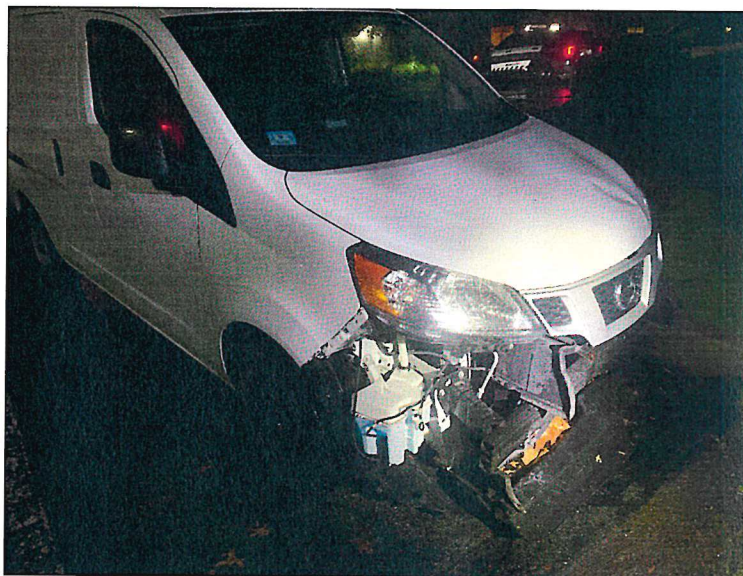
Patrol Officer Brian D Thornton

190
ID/Badge #

Wilmington Police Department
Department Precinct/Barracks

11/30/2020
Date

Wilmington Police Department
Images Associated with 20-283-AC



Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash **12/01/2020** Time of Crash **0857** City/Town **Wilmington**
 24HR

Motor Vehicle Crash Police Report

Number Vehicles **2** Number Injured **2** Speed Limit **30**
 Latitude _____ Longitude _____
 State Police Local Police
 MBTA Police Campus Police
 Other: _____

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1

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

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

2 10

3 11

2

3

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

Crash Report ID# **20-284-AC**

4 1

License # **S10965480** St **MA** DOB/Age _____
 Sex **M** Lic. Class **D** **19** **19** Lic. Restrictions **20** CDL Endorsement _____
 Operator **VELAZQUEZ, JEROME**
 Last First Middle
 Address **185 CHESTNUT ST FL APT 2**
 City **LAWRENCE** State **MA** Zip **01841-3846**
 Insurance Company **GOVERNMENT EMPLOYEES INSU**
 Vehicle Travel Direction: **S E W** Responding to Emergency? **2**
 Citation # (If Issued) _____
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____

Reg # **1KFB63** Reg Type **PC** Reg State **MA**
 Veh Year **2006** Veh Make **HONDA** Veh Config. **1** **21**
 Owner **VELAZQUEZ, JEROME**
 Last First Middle
 Address **185 CHESTNUT ST FL APT 2**
 City **LAWRENCE** State **MA** Zip **01841-3846**
 Vehicle Action Prior to Crash **1** **22** Damaged Area Code: **1** **27** **8** **27** **27**
 Event Sequence **1** **23** **23** **23** **23** Test Status: **2** **28**
 Most Harmful Event **1** **24** Type of Test: **2** **29**
 Driver Contributing Code **1** **25** **25** BAC Test Result: **2** **30**
 Driver Distracted by **0** **26** Susp. Alcohol: **2** **31** Susp. Drug: **2** **32**
 Towed from scene? **1** **33**

1 12

1 13

6 2

Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above	XXXXXX	M	1	1	3	0	0	8	2	Winchester Hospital

7 1

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

8 1

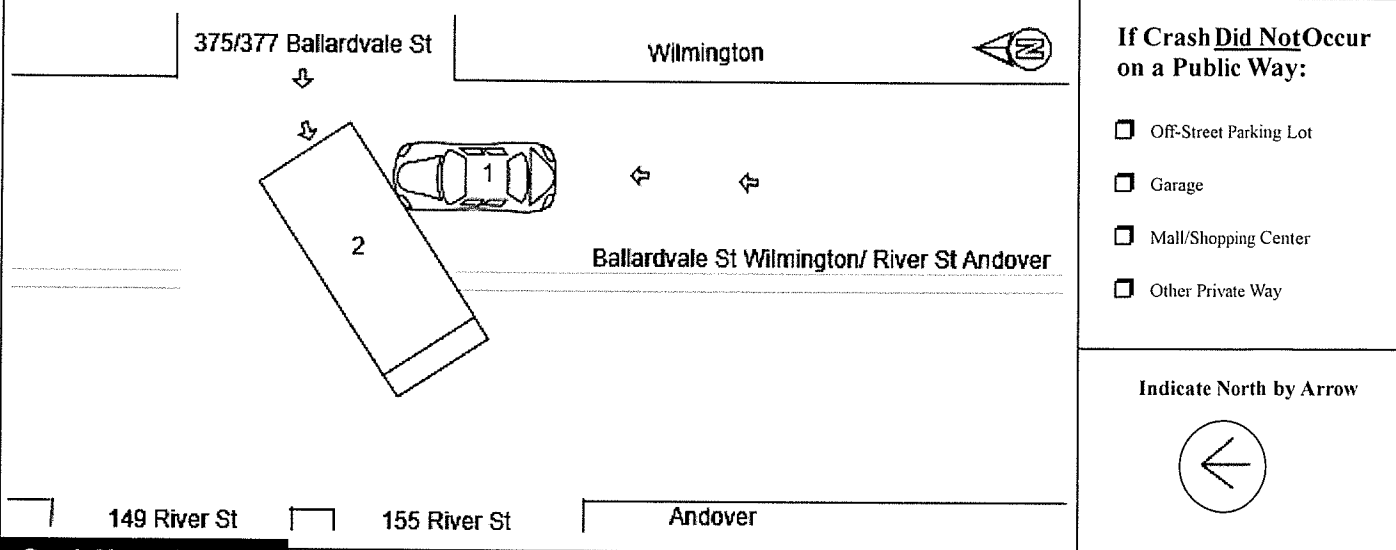
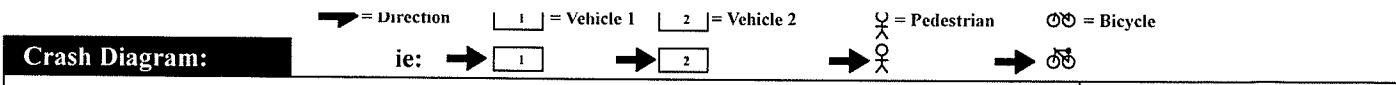
License # **NHL18655850** St **NH** DOB/Age _____
 Sex **M** Lic. Class **D** **19** **19** Lic. Restrictions **20** CDL Endorsement _____
 Operator **FEDRICK TOLBERT, JACKSON W**
 Last First Middle
 Address **2 LANCELOT CT APT 15**
 City **SALEM** State **NH** Zip **03079**
 Insurance Company **PROTECTIVE INSURANCE COMP**
 Vehicle Travel Direction: **N S E W** Responding to Emergency? **2**
 Citation # (If Issued) **861200AA**
 Viol. 1: Ch/Sec/Sub **89** **8** Viol. 2: Ch/Sec/Sub _____
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____

Reg # **S55852** Reg Type **CO** Reg State **MA**
 Veh Year **2016** Veh Make **FORD** Veh Config. **6** **21**
 Owner **FORMAN PRICE VEHICLE LEASING CORP**
 Last First Middle
 Address **BX 145**
 City **GLEN HEAD** State **NY** Zip **11545-0000**
 Vehicle Action Prior to Crash **4** **22** Damaged Area Code: **7** **27** **10** **27** **27**
 Event Sequence **1** **23** **23** **23** **23** Test Status: **1** **28**
 Most Harmful Event **1** **24** Type of Test: **1** **29**
 Driver Contributing Code **19** **25** **4** **25** BAC Test Result: **1** **30**
 Driver Distracted by **99** **26** Susp. Alcohol: **2** **31** Susp. Drug: **2** **32**
 Towed from scene? **1** **33**

1 14

9 2

Please fill out for operator/non-motorist and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above	XXXXXX	M	1	1	4	0	0	10	1	
ANGELO TAVAREZ	80 S BROADWAY LAWRENCE, MA 01843-1411		M	1	1	4	0	0	8	2	LAWRENCE GENERAL



If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow

Crash Narrative:

On 12/1/20, I responded to a two vehicle crash in the area of 375 Ballardvale St. All operators and the passenger from veh 2 were wearing seat belts. Veh 1 operator reported he was traveling straight ahead on Ballardvale and Veh 2 cut out in front of him turning left. Veh 1 operator reported he tried to slam on his brakes but due to the wet road conditions, his car slid. He reported he had almost no time to stop when Veh 2 pulled out. Veh 2 operator reported that he did pull out of the driveway of 375 Ballardvale to pull onto Ballardvale St, but that Veh 1 was going too fast. Veh 2 was entering Ballardvale which was the main road. There were no signage. Veh 1 operator reported minor injuries. Veh 2 Operator was ok but his passenger reported minor injuries. Veh 1 operator and Veh 2 passenger were transported. Veh 1 suffered damage to front end/ front left quarter. Towed by Cains. Veh 2 had left side and undercarriage(axle) damage. Towed by A&S

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 _____ MCMX/ICC #: _____

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

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

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

Patrol Officer Daniel P Furbush 196 Wilmington Police Department 12/01/2020
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Images Associated with 20-284-AC



Wilmington Police Department
Images Associated with 20-284-AC



Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash **12/01/2020** Time of Crash **1642** City/Town **Wilmington**
 24HR

Motor Vehicle Crash Police Report

Number Vehicles **2** Number Injured **0** Speed Limit **35**
 Latitude _____ Longitude _____
 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 # **325** Name of Roadway/Street **MAIN ST**
 _____ Feet **NSEW** of _____ or _____ Mile Marker _____ Exit Number _____
 _____ Feet **NSEW** of _____ Route# _____ Intersecting Roadway/Street _____
 _____ Feet **NSEW** of _____ Landmark _____

Please Select One of the Following:

Vehicle **1** #Occupants Hit/Run Moped

Crash Report ID# **20-285-AC**

License # **S51169952** St **MA** DOB/Age _____
 Sex **M** Lic. Class **D** Lic. Restrictions **B** CDL _____
 Endorsement _____

Reg # **28V450** Reg Type **PC** Reg State **MA**
 Veh Year **2019** Veh Make **KIA** Veh Config. **1**

Operator **HUYNH, WARREN KOK**
 Last First Middle

Owner **HUYNH, WARREN KOK**
 Last First Middle

Address **7 COREY AVE**

Address **7 COREY AVE**

City **WILMINGTON** State **MA** Zip **01887-3613**

City **WILMINGTON** State **MA** Zip **01887-3613**

Insurance Company **GEICO GENERAL INSURANCE C**

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

Vehicle Travel Direction: **NSEW** Responding to Emergency? **2**

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

Citation # (If Issued) _____

Most Harmful Event **1 24** Type of Test: **29**

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____

Driver Contributing Code **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**

Please fill out for operator and all occupants involved

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

Please Select One of the Following:

Vehicle **2** #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

License # **S75106294** St **MA** DOB/Age _____
 Sex **M** Lic. Class **D** Lic. Restrictions **1** CDL _____
 Endorsement _____

Reg # **7JZ217** Reg Type **PC** Reg State **MA**
 Veh Year **2017** Veh Make **DODGE** Veh Config. **8**

Operator **RICE, CHARLES E**
 Last First Middle

Owner **RICE, JENNIFER ANNE**
 Last First Middle

Address **80B WASHINGTON PARK DR**

Address **80B WASHINGTON PARK DR APT 6**

City **ANDOVER** State **MA** Zip **01810-3022**

City **ANDOVER** State **MA** Zip **01810-3022**

Insurance Company **ARBELLA MUTUAL INSURANCE**

Vehicle Action Prior to Crash **1** Damaged Area Code: **2 27 27 27**

Vehicle Travel Direction: **NSEW** Responding to Emergency? **2**

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

Citation # (If Issued) _____

Most Harmful Event **1 24** Type of Test: **29**

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____

Driver Contributing Code **1 25 25** BAC Test Result: **30**

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____

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

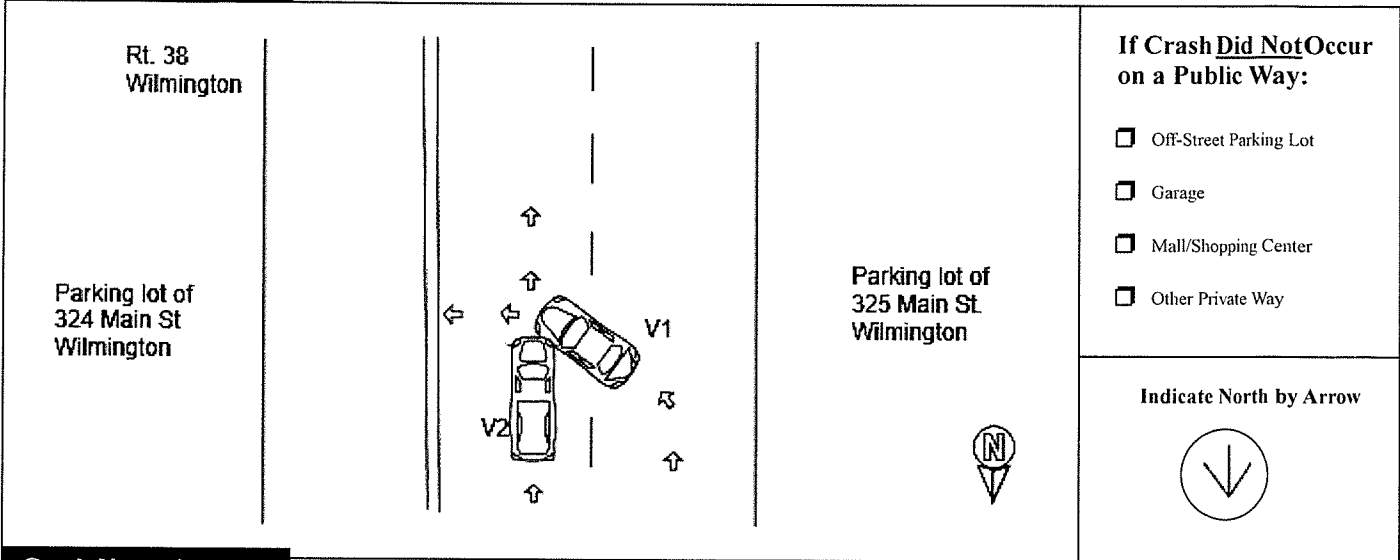
Please fill out for operator/non-motorist and all occupants involved

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

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○



If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow



Crash Narrative:

V1 was traveling south on Main Street, Rt. 38, in Wilmington. Oper. 1 stated he was taking a left turn into the parking lot of 324 Main Street to turn around and go north on Main Street. He stated he tried to go around V2 but he was unable to do so. V2 was traveling south on Main Street, Rt. 38, in Wilmington. Oper. 2 stated he was traveling straight ahead in the left lane of the two lane road. Oper. 2 stated Oper.1 put on his right directional and was in the right lane then proceeded to take a left hand turn into 324 Main St. No injuries reported or observed in Oper.1 and Oper. 2. Vehicle 1 was towed by Cain's. V2 was towed by AAA at expense of Oper. 1. MV inventory attached to the report. Wilmington House of Pizza video footage of the crash can be found in the attachments file of this report.

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

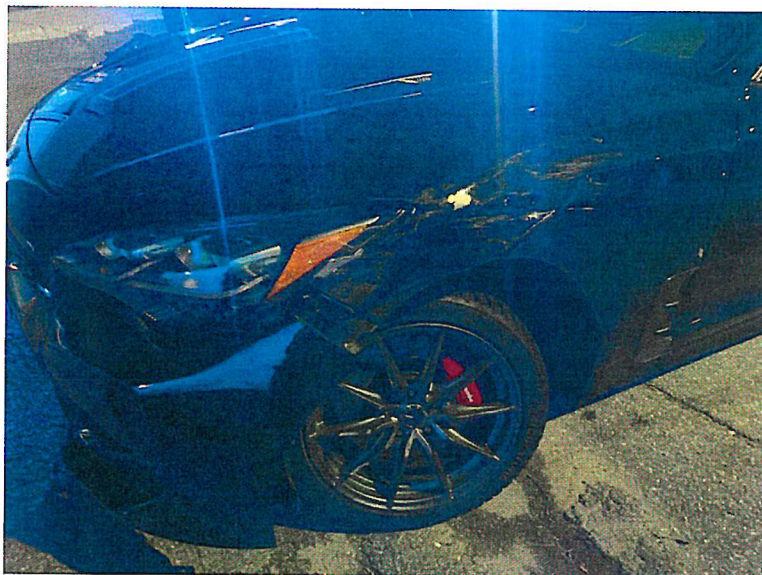
Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 46

Hazmat Information:

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

Patrol Officer Kathryn C Goodwin 216 Wilmington Police Department 12/01/2020
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Images Associated with 20-285-AC



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

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

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

Route# Direction Name of Intersecting Roadway/Street

260 MAIN ST
WILMINGTON PLAZA

Please Select One of the Following: Vehicle 10 #Occupants Hit/Run Moped | Crash Report ID# 20-286-AC

License # _____ St _____ DOB/Age _____ Reg # 795WC5 Reg Type PC Reg State MA

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

Operator Driverless M.V. Owner CLARK, LUCILLE M

Address 4 HARDIN ST

City WILMINGTON State MA Zip 01887-2233

Insurance Company CITIZENS INSURANCE COMPAN

Vehicle Action Prior to Crash 11 22 Damaged Area Code: 8 27 27 27

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

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

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

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

Towed from scene? 2 33

Please fill out for operator and all occupants involved

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

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

License # _____ St _____ DOB/Age _____ Reg # _____ Reg Type _____ Reg State _____

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

Operator unknown Owner _____

Address _____

City _____ State _____ Zip _____

Insurance Company _____

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

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

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

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

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

Towed from scene? 33

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

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

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

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

Route# Direction Address # Name of Roadway/Street
 _____ **430 SALEM ST** _____
 _____ Feet **NSEW** of _____ or _____ Exit Number
 _____ Feet **NSEW** of _____ Mile Marker _____
 _____ Feet **NSEW** of _____ Route# Intersecting Roadway/Street
 _____ Landmark _____

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped
 Crash Report ID# **20-287-AC**

License # **S25446996** St **MA** DOB/Age _____ Reg # **T66765** Reg Type **CO** Reg State **MA**
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL _____ Veh Year **2019** Veh Make **GMC** Veh Config. **1** 21
 Operator **MUESKES, MATTHEW JAMES** Owner **MUESKES LANDSCAPING LLC**
 Address **2 MORGAN DR** Address **23 OLD FERRY RD**
 City **METHUEN** State **MA** Zip **01844-1247** City **METHUEN** State **MA** Zip **01844-4101**
 Insurance Company **CONTINENTAL CASUALTY COMP** Vehicle Action Prior to Crash **2** 22 Damaged Area Code: 0 27 27 27
 Vehicle Travel Direction: **N S X W** Responding to Emergency? **2** Event Sequence **1** 23 23 23 23 Test Status: **1** 28
 Citation # (If Issued) _____ Most Harmful Event **1** 24 Type of Test: **1** 29
 Viol. 1: Ch/Sec/Sub _____ Driver Contributing Code **1** 25 25 BAC Test Result: **1** 30
 Viol. 2: Ch/Sec/Sub _____ Driver Distracted by **0** 26 Susp. Alcohol: **2** 31 Susp. Drug: **2** 32
 Viol. 3: Ch/Sec/Sub _____ Towed from scene? **2** 33
 Viol. 4: Ch/Sec/Sub _____

Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above	XXXXXX	X	1	1	4	0	0	10	1	

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

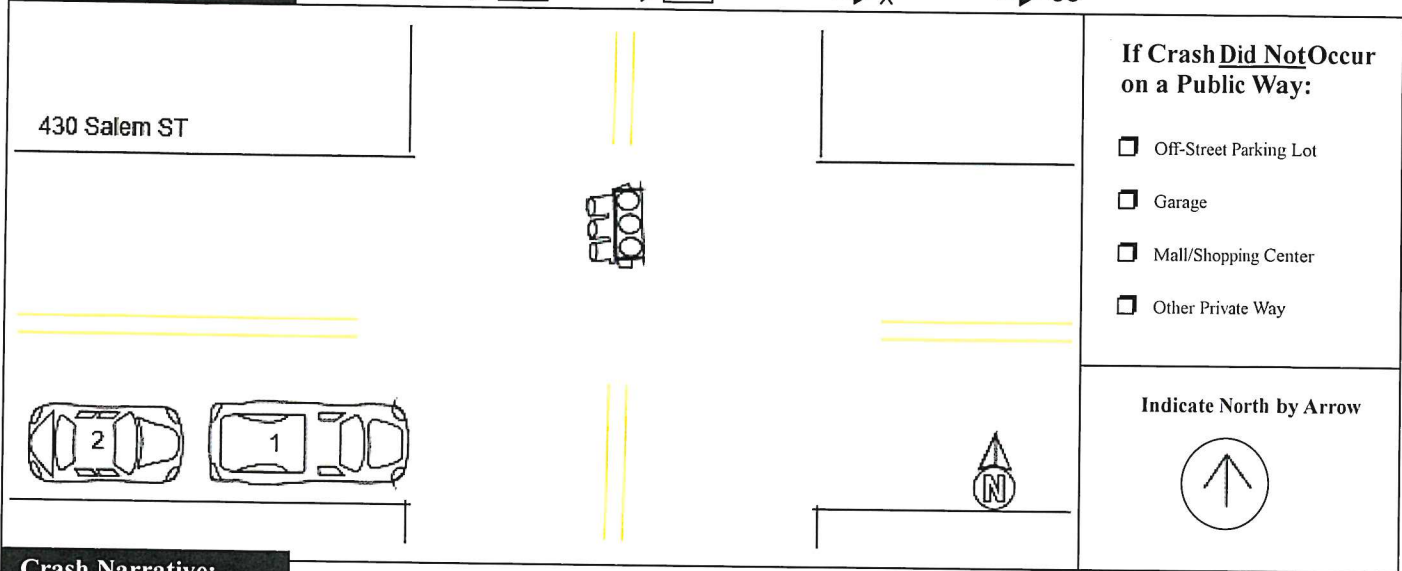
License # **S34877328** St **MA** DOB/Age _____ Reg # **7THP60** Reg Type **PC** Reg State **MA**
 Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL _____ Veh Year **2017** Veh Make **FORD** Veh Config. **1** 21
 Operator **ELLIOTT, NANCY LILLIAN** Owner **ELLIOTT, NANCY LILLIAN**
 Address **4 LUCAYA CIR** Address **4 LUCAYA CIR**
 City **WILMINGTON** State **MA** Zip **01887-1555** City **WILMINGTON** State **MA** Zip **01887-1555**
 Insurance Company **SAFETY INSURANCE COMPANY** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **1** 27 27 27
 Vehicle Travel Direction: **N S X W** Responding to Emergency? **2** Event Sequence **1** 23 23 23 23 Test Status: **1** 28
 Citation # (If Issued) _____ Most Harmful Event **1** 24 Type of Test: **1** 29
 Viol. 1: Ch/Sec/Sub _____ Driver Contributing Code **99** 25 25 BAC Test Result: **1** 30
 Viol. 2: Ch/Sec/Sub _____ Driver Distracted by **99** 26 Susp. Alcohol: **2** 31 Susp. Drug: **2** 32
 Viol. 3: Ch/Sec/Sub _____ Towed from scene? **1** 33
 Viol. 4: Ch/Sec/Sub _____

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

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○



Crash Narrative:

MV1 was traveling East on Salem St when he stopped at the traffic light at Salem and Woburn St. MV2 was also traveling East behind MV1. MV1 started to pull forward at the light after stopping then proceeded to stop for the traffic light. MV2 also pulled forward but failed to stop and struck the back of MV1. Both parties reported no injuries and neither cars airbags were deployed. Forest towed MV2 to Bobs Auto body in town.

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

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

Hazmat Information:

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

Patrol Officer Meghan Sousa

Police Officer Name (Please Print)

Signature

214

ID/Badge #

Wilmington Police Department

Department

Precinct/Barracks

12/03/2020

Date

Date of Crash 12/04/2020	Time of Crash 1339 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report	Number Vehicles 2	Number Injured 0	Speed Limit <u>30</u> Latitude _____ Longitude _____	<input type="checkbox"/> State Police <input type="checkbox"/> Local Police <input type="checkbox"/> MBTA Police <input type="checkbox"/> Campus Police <input type="checkbox"/> Other: _____
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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>73</u> Name of Roadway/Street <u>CLARK 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# <u>MIDDLESEX AVE</u> 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# **20-288-AC**

License # <u>SA2530259</u> St <u>MA</u> DOB/Age _____ Sex <u>F</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____ Operator <u>RODRIGUEZ NARDELLI, ANA CAROLINA</u> Address <u>1064 N SHORE RD APT 8</u> City <u>REVERE</u> State <u>MA</u> Zip <u>02151</u> Insurance Company <u>GOVERNMENT EMPLOYEES INSU</u> Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? <u>2</u> Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # <u>9XN394</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2008</u> Veh Make <u>SATURN</u> Veh Config. <u>1</u> <u>21</u> Owner <u>ABSOLUTE ENTERPRISES CORP</u> Address <u>437 CENTRAL ST</u> City <u>SAUGUS</u> State <u>MA</u> Zip <u>01906-3632</u> Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>1</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>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>32</u> Towed from scene? <u>2</u> <u>33</u>
---	---

Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator		See Above	X	X	1	1	4	0	0	10	1

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

License # <u>S26374803</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> CDL _____ Operator <u>PHAM, ROSA NGOC</u> Address <u>43 MILL ST APT 2</u> City <u>DORCHESTER</u> State <u>MA</u> Zip <u>02122-3561</u> Insurance Company <u>METROPOLITAN PROPERTY AND</u> Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" 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>3RA945</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2016</u> Veh Make <u>MERCEDES-BENZ</u> Veh Config. <u>1</u> <u>21</u> Owner <u>PHAM, ROSA NGOC</u> Address <u>43 MILL ST APT 2</u> City <u>DORCHESTER</u> State <u>MA</u> Zip <u>02122-3561</u> Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>3</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>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>32</u> Towed from scene? <u>2</u> <u>33</u>
---	--

Please fill out for operator/non-motorist and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist		See Above	X	X	1	99	4	0	0	10	1

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

Route# Direction Name of Roadway/Street At Route# Direction Address # Name of Roadway/Street
 _____ At _____ **16 ALLENHURST WAY**
 _____ Feet **NSEW** of _____ or _____ Mile Marker Exit Number
 Route# Direction Name of Intersecting Roadway/Street _____ Feet **NSEW** of _____ Route# Intersecting Roadway/Street
 _____ Also at Intersection with _____ Feet **NSEW** of _____
 Route# Direction Name of Intersecting Roadway/Street _____ Landmark

Please Select One of the Following: Vehicle **10** #Occupants Hit/Run Moped Crash Report ID# **20-289-AC**

License # _____ St _____ DOB/Age _____ Reg # **9PZ869** Reg Type **PC** Reg State **MA**
 Sex _____ Lic. Class **19 19** Lic. Restrictions **20** CDL _____ Veh Year **2011** Veh Make **MERCEDES-BENZ** Veh Config. **1 21**
 Operator **Driverless M.V.** Owner **PERKINS, CHRISTINE A**
 Address _____ Address **3 REVERE ST**
 City _____ State _____ Zip _____ City **LEXINGTON** State **MA** Zip **02420-4419**
 Insurance Company **THE STANDARD FIRE INSURAN** Vehicle Action Prior to Crash **11 22** Damaged Area Code: **8 27 27 27**
 Vehicle Travel Direction: **NSEW** Responding to Emergency? _____ Event Sequence **23 23 23 23** Test Status: **28**
 Citation # (If Issued) _____ Most Harmful Event **24** Type of Test: **29**
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **25 25** BAC Test Result: **30**
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **26** Susp. Alcohol: **31** Susp. Drug: **32**
 Towed from scene? **2 33**

Please fill out for operator and all occupants involved

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

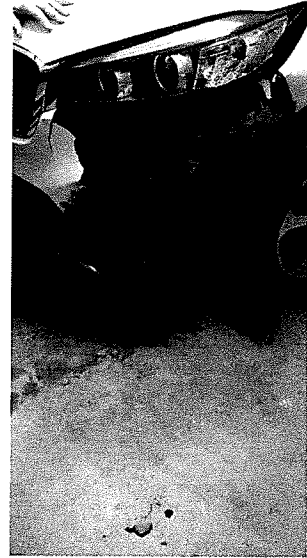
Please Select One of the Following: Vehicle **21** #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

License # **S79885243** St **MA** DOB/Age _____ Reg # **3MC181** Reg Type **PC** Reg State **MA**
 Sex **F** Lic. Class **D 19 19** Lic. Restrictions **1 20** CDL _____ Veh Year **2016** Veh Make **KIA** Veh Config. **1 21**
 Operator **CUCINOTTA, PATRICIA A** Owner **CUCINOTTA, PATRICIA A**
 Address **18 ALLENHURST WAY** Address **18 ALLENHURST WAY**
 City **WILMINGTON** State **MA** Zip **01887-4110** City **WILMINGTON** State **MA** Zip **01887-4110**
 Insurance Company **PLYMOUTH ROCK ASSURANCE C** Vehicle Action Prior to Crash **1 22** Damaged Area Code: **8 27 27 27**
 Vehicle Travel Direction: **NSEW** Responding to Emergency? **2** Event Sequence **2 23 23 23 23** Test Status: **3 28**
 Citation # (If Issued) **T2061964** Most Harmful Event **2 24** Type of Test: **2 29**
 Viol. 1: Ch/Sec/Sub **90 24** Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **97 25 19 25** BAC Test Result: **5 30**
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0 26** Susp. Alcohol: **1 31** Susp. Drug: **2 32**
 Towed from scene? **2 33**

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

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above	XXXXXX	XXXX	1	99	4	0	0	10	1	

Wilmington Police Department
Images Associated with 20-289-AC



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

1 **4** CONCORD ST
Route# Direction Name of Roadway/Street
At
I93NBR38 RAMP
Route# Direction Name of Intersecting Roadway/Street
Also at Intersection with
2 **3** Route# Direction Name of Intersecting Roadway/Street

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

3 Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped Crash Report ID# **20-290-AC**

4 **3** License # S51410700 St **MA** DOB/Age _____ Reg # 5FD357 Reg Type **PC** Reg State **MA**
Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL _____ Veh Year **2006** Veh Make **BUICKS** Veh Config. **1** 21
Operator VAZQUEZ, DAVID M Owner VAZQUEZ, DAVID M
Address 74 BERKELEY ST FL APT 3 Address 74 BERKELEY ST FL APT 3
City **LAWRENCE** State **MA** Zip **01841-1807** City **LAWRENCE** State **MA** Zip **01841-1807**
Insurance Company ELECTRIC INSURANCE COMPAN Vehicle Action Prior to Crash **4** 22 Damaged Area Code: **4** 27 27 27
Vehicle Travel Direction: **N S E** 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 _____ Driver Contributing Code **1** 25 25 BAC Test Result: **30**
Viol. 2: Ch/Sec/Sub _____ Driver Distracted by **0** 26 Susp. Alcohol: **2** 31 Susp. Drug: **2** 32
Viol. 3: Ch/Sec/Sub _____ Towed from scene? **2** 33
Viol. 4: Ch/Sec/Sub _____

6 2 Please fill out for operator and all occupants involved

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

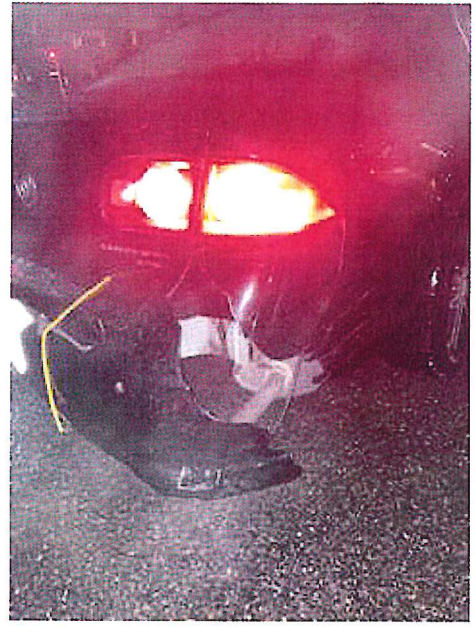
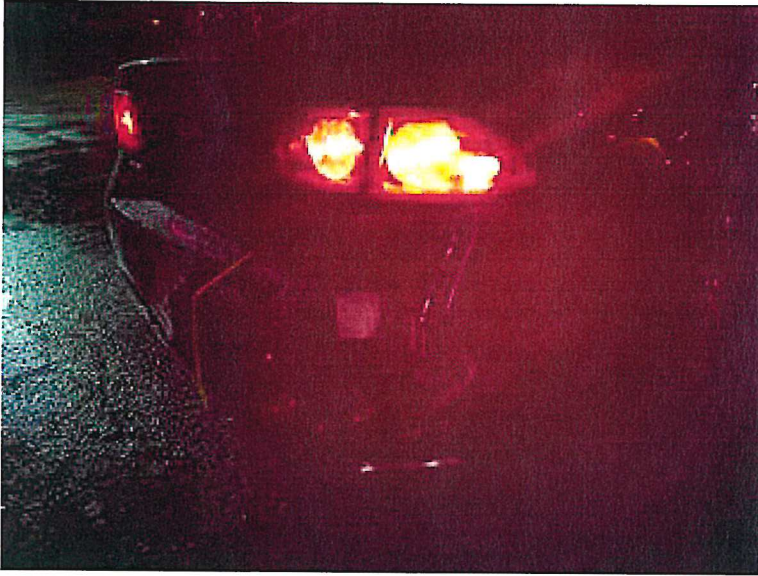
7 3 Please Select One of the Following: Vehicle **2** 1 #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

8 1 License # S34502668 St **MA** DOB/Age _____ Reg # 596NM6 Reg Type **PC** Reg State **MA**
Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **B** 20 CDL _____ Veh Year **2008** Veh Make **HONDA** Veh Config. **1** 21
Operator OUK, VANNARA Owner OUK-FERNANDES, SAVORN
Address 18 ELMORE ST Address 18 ELMORE ST
City **LYNN** State **MA** Zip **01902-1630** City **LYNN** State **MA** Zip **01902-1630**
Insurance Company THE COMMERCE INSURANCE CO Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **0** 27 27 27
Vehicle Travel Direction: **N S** **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 _____ Driver Contributing Code **1** 25 25 BAC Test Result: **30**
Viol. 2: Ch/Sec/Sub _____ Driver Distracted by **0** 26 Susp. Alcohol: **2** 31 Susp. Drug: **2** 32
Viol. 3: Ch/Sec/Sub _____ Towed from scene? **2** 33
Viol. 4: Ch/Sec/Sub _____

9 2 Please fill out for operator/non-motorist and all occupants involved

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

Wilmington Police Department
Images Associated with 20-290-AC



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

1 Route# Direction Name of Roadway/Street **129 W 211 LOWELL ST**
 At _____
 Route# Direction Name of Intersecting Roadway/Street _____
 Also at Intersection with _____
 2 3 Route# Direction Name of Intersecting Roadway/Street _____
 _____ Feet **N S E W** of _____ or _____ Mile Marker Exit Number
 _____ Feet **N S E W** of _____ **WOBURN ST**
 _____ Feet **N S E W** of _____ Route# Intersecting Roadway/Street
 _____ Feet _____ Landmark

Please Select One of the Following: Vehicle 2 #Occupants Hit/Run Moped
 Crash Report ID# **20-291-AC**

License # **S85462753** St **MA** DOB/Age _____ Reg # **3ZY253** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL Endorsement _____ Veh Year **2004** Veh Make **CHEVROLET** Veh Config. **1** 21
 Operator **BROOKS, GEORGE R III** Owner **BROOKS, GEORGE R III**
 Address **48 UPTON ST** Address **48 UPTON ST**
 City **BILLERICA** State **MA** Zip **01821** City **BILLERICA** State **MA** Zip **01821**
 Insurance Company **ARBELLA MUTUAL INSURANCE** Vehicle Action Prior to Crash **6** 22 Damaged Area Code: 0 27 27 27
 Vehicle Travel Direction: **N S E W** Responding to Emergency? **2** Event Sequence **3** 23 23 23 23 Test Status: 28
 Citation # (If Issued) _____ Most Harmful Event **3** 24 Type of Test: 29
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **99** 25 25 BAC Test Result: 30
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **99** 26 Susp. Alcohol: 31 Susp. Drug: 32
 Towed from scene? **2** 33

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above	XXXXXX	M	1	1	4	0	0	10	1	
SHAWN WHITE	59 BERKLEY ST BILLERICA, MA 01821		M	3	1	4	0	0	10	1	

Please Select One of the Following: Vehicle 2 #Occupants Non-Motorist A Type **1** 15 Action **2** 16 Location **4** 17 Condition **1** 18 Hit/Run Moped

License # **S85971845** St **MA** DOB/Age _____ Reg # _____ Reg Type _____ Reg State _____
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL Endorsement _____ Veh Year _____ Veh Make _____ Veh Config. **21**
 Operator **JENSEN, RYAN B** Owner _____
 Address **1 LEE AVE** Address _____
 City **WILMINGTON** State **MA** Zip **01887-3047** City _____ State _____ Zip _____
 Insurance Company _____ Vehicle Action Prior to Crash **22** Damaged Area Code: 27 27 27
 Vehicle Travel Direction: **N S E W** Responding to Emergency? _____ Event Sequence **23** 23 23 23 Test Status: 28
 Citation # (If Issued) _____ Most Harmful Event **24** Type of Test: 29
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **25** 25 BAC Test Result: 30
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **26** Susp. Alcohol: 31 Susp. Drug: 32
 Towed from scene? **33**

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

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above	XXXXXX	M	1	10				8	2	Lahey Clinic

