

<b>Police Use Only</b>			<b>Commonwealth of Massachusetts</b>				<b>RMV Document Number</b>								
Date of Crash 12/14/2020	Time of Crash 1757 24HR	City/Town Wilmington	<b>Motor Vehicle Crash Police Report</b>			Number Vehicles 1	Number Injured 0	Speed Limit <u>35</u>	Latitude _____	Longitude _____	State Police <input type="checkbox"/>	Local Police <input type="checkbox"/>	MBTA Police <input type="checkbox"/>	Campus Police <input type="checkbox"/>	Other <input type="checkbox"/>

<b>AT INTERSECTION:</b>	<b>&lt; LOCATION &gt;</b>	<b>NOT AT INTERSECTION:</b>
Route# _____ Direction _____ Name of Roadway/Street _____ At _____	Route# _____ Direction _____ Address # <u>945</u> Name of Roadway/Street <u>MAIN ST</u>	Route# _____ Direction _____ Name of Roadway/Street _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____	_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Mile Marker _____ Exit Number _____	Route# _____ Direction _____ Name of Intersecting Roadway/Street _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____	_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____	Route# _____ Direction _____ Name of Intersecting Roadway/Street _____
	_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ 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# <b>20-303-AC</b>
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License # <u>S67595453</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>JEAN-FRANCOIS, MARLY</u> Last First Middle Address <u>11 SOUTH ST</u> City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-1612</u> Insurance Company <u>THE COMMERCE INSURANCE CO</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>2BR887</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2010</u> Veh Make <u>TOYOTA</u> Veh Config. <u>1</u> <u>21</u> Owner <u>JEAN-FRANCOIS, ANTOINETTE MIMOSE</u> Last First Middle Address <u>11 SOUTH ST</u> City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-0000</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> Event Sequence <u>5</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>28</u> Most Harmful Event <u>5</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>31</u> Susp. Drug: <u>32</u> Towed from scene? <u>1</u> <u>33</u>
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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>	<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:	<input type="checkbox"/> Vehicle <u>2</u> #Occupants	<input type="checkbox"/> Non-Motorist A	Type <u>15</u> Action <u>16</u> Location <u>17</u> Condition <u>18</u>	<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped
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License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____ Endorsement _____ Operator _____ Last First Middle Address _____ City _____ State _____ Zip _____ Insurance Company _____ Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____ Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # _____ Reg Type _____ Reg State _____ Veh Year _____ Veh Make _____ Veh Config. <u>21</u> Owner _____ Last First Middle Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash <u>22</u> Damaged Area Code: <u>27</u> <u>27</u> <u>27</u> Event Sequence <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>28</u> Most Harmful Event <u>24</u> Type of Test: <u>29</u> Driver Contributing Code <u>25</u> <u>25</u> BAC Test Result: <u>30</u> Driver Distracted by <u>26</u> Susp. Alcohol: <u>31</u> Susp. Drug: <u>32</u> Towed from scene? <u>33</u>
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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>	<u>1</u>							



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

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

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

Please Select One of the Following:  Vehicle 12 #Occupants  Hit/Run  Moped  
 Crash Report ID# **20-304-AC**

License # **S35146560** St **MA** DOB/Agc \_\_\_\_\_ Reg # **2LZY85** Reg Type **PC** Reg State **MA**  
 Sex **M** Lic. Class **D** Lic. Restrictions **1** CDL Endorsement \_\_\_\_\_ Veh Year **2012** Veh Make **FORD** Veh Config. **1**  
 Operator **ROESLER, ELERSON MARCOS JR** Owner **ROESLER, ELERSON MARCOS JR**  
 Address **399 WALKER ST APT 15** Address **399 WALKER ST APT 15**  
 City **LOWELL** State **MA** Zip **01851-2536** City **LOWELL** State **MA** Zip **01851-2536**  
 Insurance Company **GOVERNMENT EMPLOYEES INSU** Vehicle Action Prior to Crash **2** 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: **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? **1 33**  
 Viol. 4: Ch/Sec/Sub \_\_\_\_\_

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator</b>	See Above			<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	
<b>LAYSEA GONZALEZ</b>	<b>25 JADE ST METHUEN, MA 01844-1479</b>		<b>F</b>	<b>3</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

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

License # **S41284864** St **MA** DOB/Agc \_\_\_\_\_ Reg # **1NMW41** Reg Type **PC** Reg State **MA**  
 Sex **F** Lic. Class **D** Lic. Restrictions **1** CDL Endorsement \_\_\_\_\_ Veh Year **2008** Veh Make **SUBARU** Veh Config. **1**  
 Operator **PICARDI, ARIANNA M** Owner **DIMAMBRO, GIOVANNI J**  
 Address **153 WINTER ST APT 4** Address **6 HARRIS ST**  
 City **HYANNIS** State **MA** Zip **02601-5560** City **WILMINGTON** State **MA** Zip **01887-3629**  
 Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **1** Damaged Area Code: **8 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) **T2062434** Most Harmful Event **1 24** Type of Test: **1 29**  
 Viol. 1: Ch/Sec/Sub **89 4A** Driver Contributing Code **9 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? **1 33**  
 Viol. 4: Ch/Sec/Sub \_\_\_\_\_

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

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





Date of Crash 12/16/2020	Time of Crash 0251 24HR	City/Town <b>Wilmington</b>	<b>Motor Vehicle Crash Police Report</b>	Number Vehicles 1	Number Injured 1	Speed Limit <u>40</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 _____ Address # <u>120</u> Name of Roadway/Street <u>SHAWSHEEN AVE</u>	Route# _____ Direction _____ Name of Roadway/Street _____ _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Mile Marker _____ Exit Number _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____	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# _____ Direction _____ Name of Intersecting Roadway/Street _____ _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Intersecting Roadway/Street _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____		Landmark _____

Please Select One of the Following:  Vehicle 1 #Occupants  Hit/Run  Moped Crash Report ID# **20-305-AC**

License # <u>S28884532</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>PIERRE, KENSON</u> Address <u>202 BRYANT ST APT 3</u> City <u>MALDEN</u> State <u>MA</u> Zip <u>02148-4241</u> Insurance Company <u>THE COMMERCE INSURANCE CO</u> Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u> Citation # (If Issued) <u>869390AA</u> Viol. 1: Ch/Sec/Sub <u>90</u> <u>24</u> Viol. 2: Ch/Sec/Sub <u>89</u> <u>4A</u> Viol. 3: Ch/Sec/Sub <u>90</u> <u>17</u> Viol. 4: Ch/Sec/Sub _____	Reg # <u>I35417</u> Reg Type <u>CO</u> Reg State <u>MA</u> Veh Year <u>2015</u> Veh Make <u>ISUZU</u> Veh Config. <u>2</u> <u>21</u> Owner <u>GEORGES BAKERY PRODUCTS INC</u> Address <u>25 HALL ST</u> City <u>MEDFORD</u> State <u>MA</u> Zip <u>02155-4927</u> Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>11</u> <u>27</u> <u>27</u> <u>27</u> Event Sequence <u>22</u> <u>23</u> <u>21</u> <u>23</u> <u>30</u> <u>23</u> <u>35</u> <u>23</u> Test Status: <u>28</u> Most Harmful Event <u>22</u> <u>24</u> Type of Test: <u>29</u> Driver Contributing Code <u>21</u> <u>25</u> <u>25</u> BAC Test Result: <u>30</u> Driver Distracted by <u>5</u> <u>26</u> Susp. Alcohol: <u>31</u> Susp. Drug: <u>32</u> Towed from scene? <u>1</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>X</del>	1	99	5	0	0	9	2	Lahey Clinic

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

License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> 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. <u>21</u> Owner _____ Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash <u>22</u> Damaged Area Code: <u>27</u> <u>27</u> <u>27</u> Event Sequence <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>28</u> Most Harmful Event <u>24</u> Type of Test: <u>29</u> Driver Contributing Code <u>25</u> <u>25</u> BAC Test Result: <u>30</u> Driver Distracted by <u>26</u> Susp. Alcohol: <u>31</u> Susp. Drug: <u>32</u> Towed from scene? <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>X</del>	1							





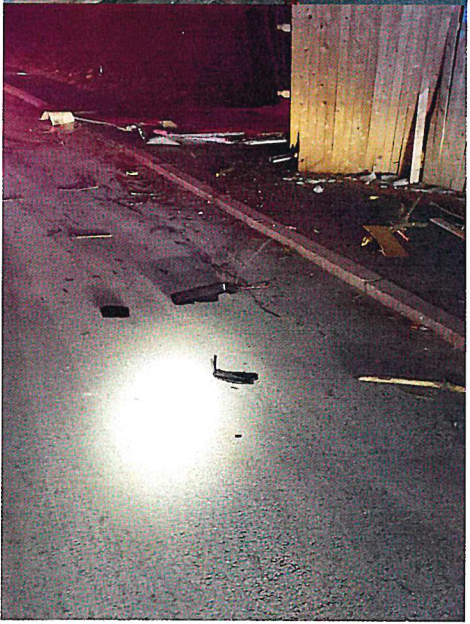
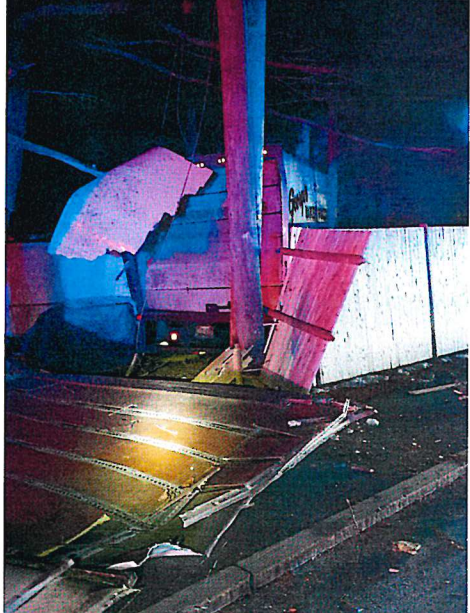


Wilmington Police Department  
Images Associated with 20-305-AC



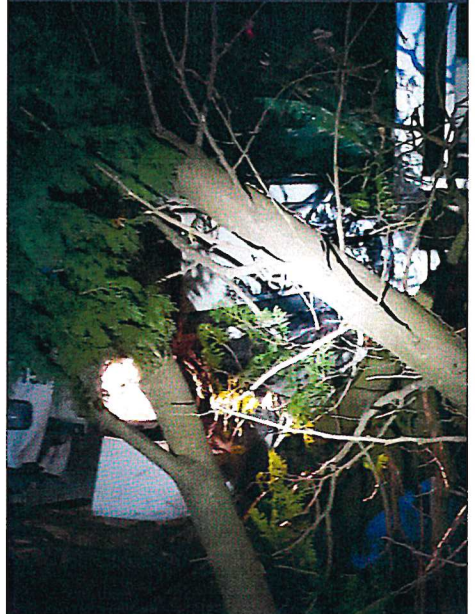
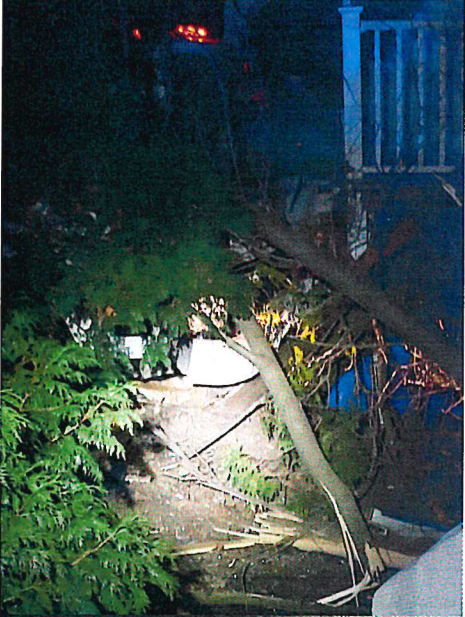
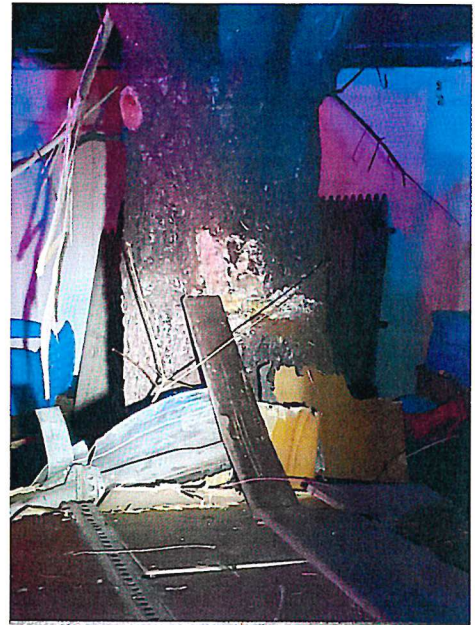


Wilmington Police Department  
Images Associated with 20-305-AC



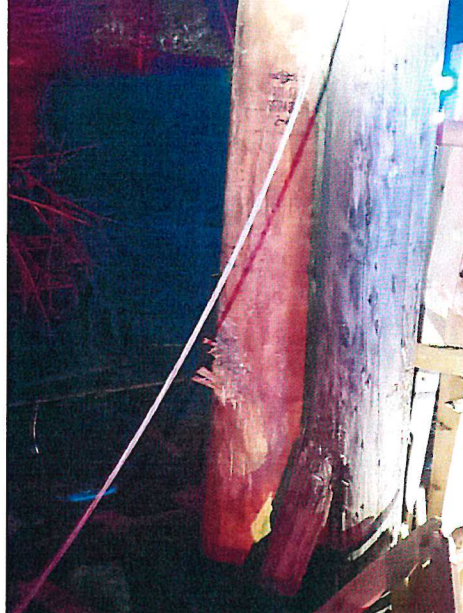
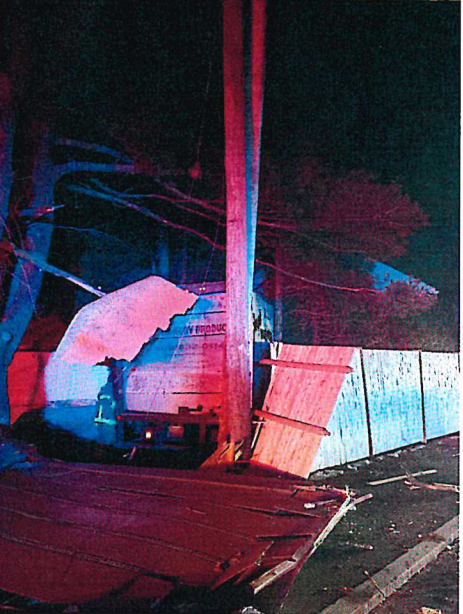
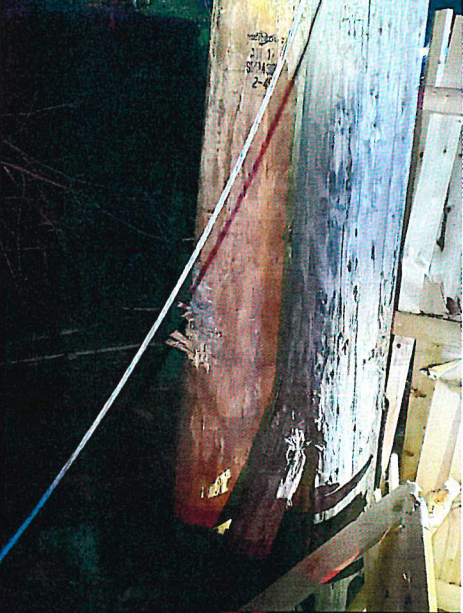
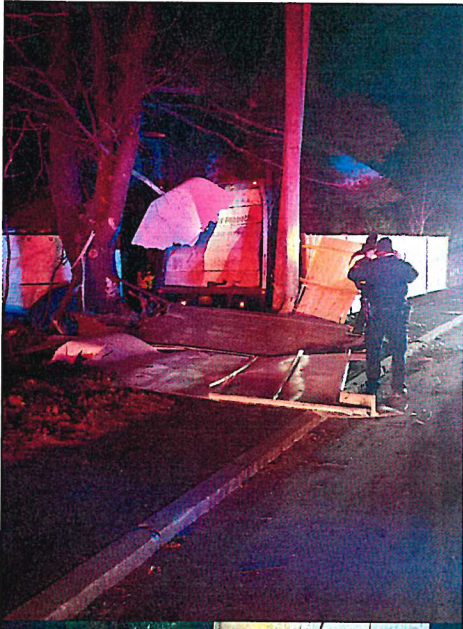


Wilmington Police Department  
Images Associated with 20-305-AC



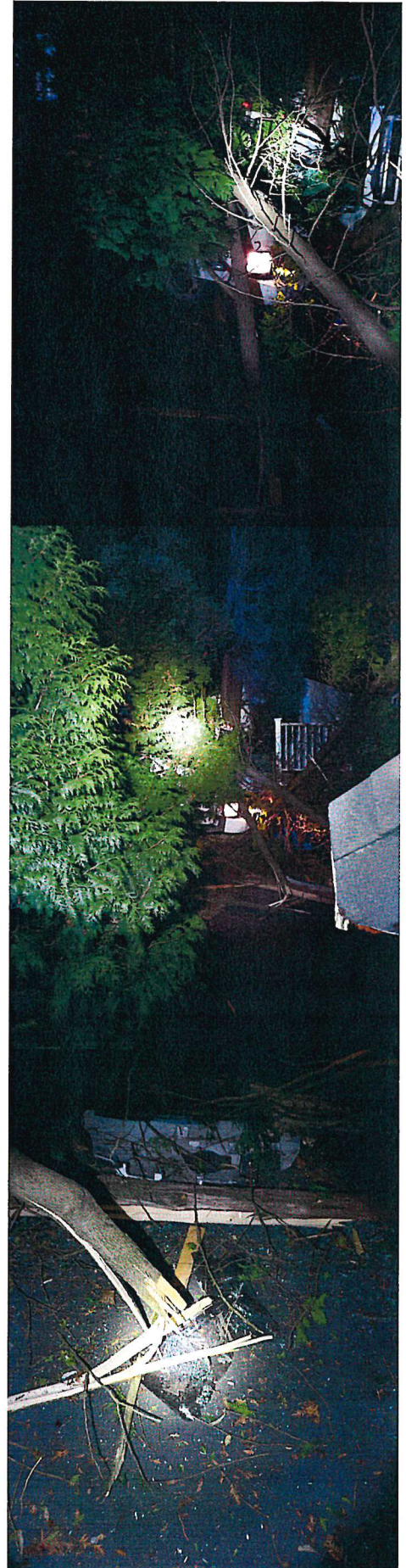


Wilmington Police Department  
Images Associated with 20-305-AC



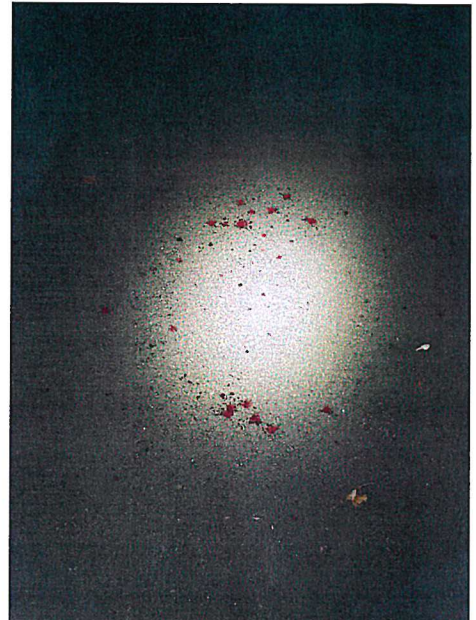


Wilmington Police Department  
Images Associated with 20-305-AC



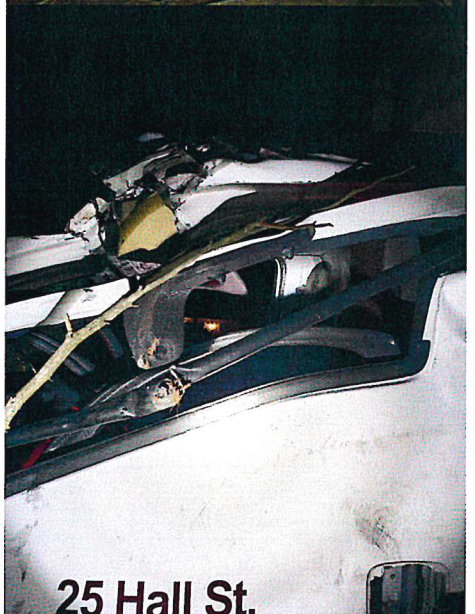
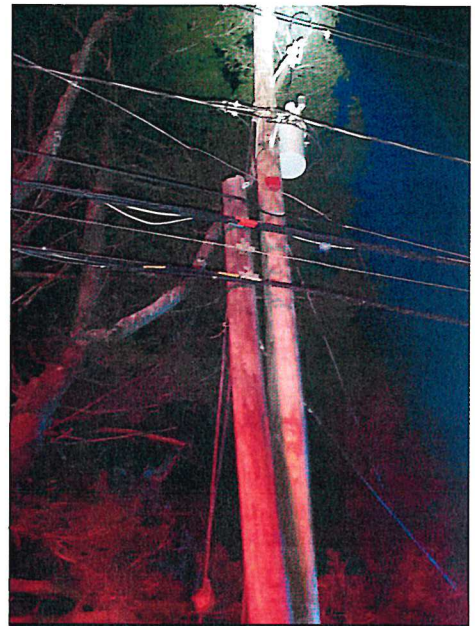
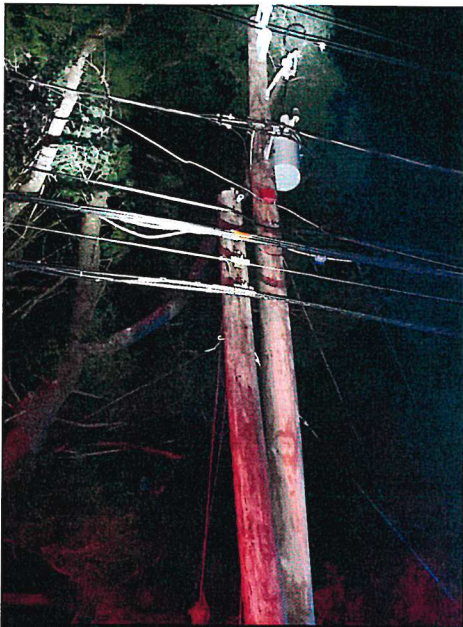


Wilmington Police Department  
Images Associated with 20-305-AC



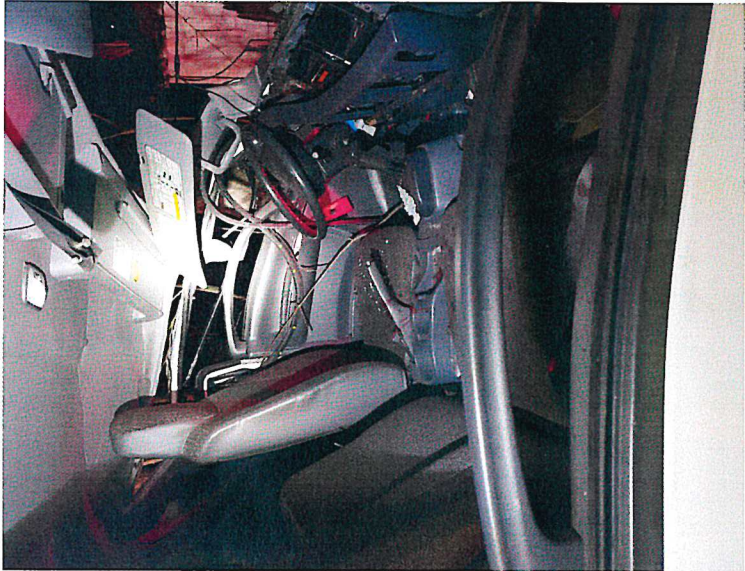
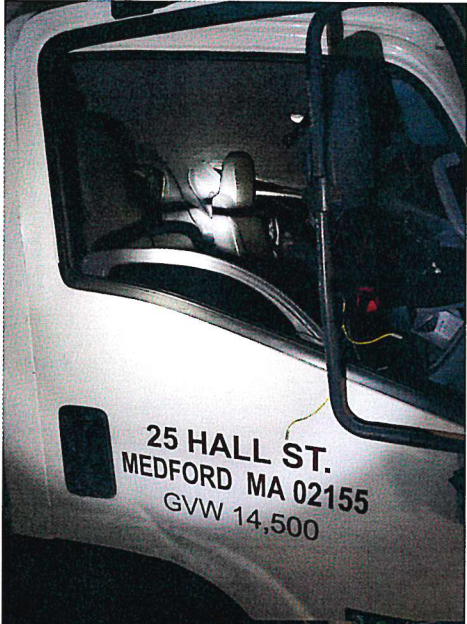


Wilmington Police Department  
Images Associated with 20-305-AC





Wilmington Police Department  
Images Associated with 20-305-AC





Wilmington Police Department  
Images Associated with 20-305-AC



Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash 12/16/2020 Time of Crash 1705 24HR City/Town WILMINGTON

Motor Vehicle Crash Police Report

Number Vehicles 2 Number Injured 1 Speed Limit 40 State Police Local Police MBTA Police Campus Police Other

AT INTERSECTION:

LOCATION

NOT AT INTERSECTION:

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

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

Please Select One of the Following: [X] Vehicle 15 #Occupants [ ] Hit/Run [ ] Moped

Crash Report ID# 20-306-AC

License # S15448375 St MA DOB/Age Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement Operator BOZEK, TARA A Address 5 DOUG RD City AYER State MA Zip 01432-1056 Insurance Company SAFETY INSURANCE COMPANY 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 # 62VT84 Reg Type PC Reg State MA Veh Year 2017 Veh Make CHRYSLER Veh Config. 1 21 Owner DERMER, RACHELLE A Address 10 PATRIOT WAY City AYER State MA Zip 01432-1674 Vehicle Action Prior to Crash 2 22 Damaged Area Code: 5 27 27 27 Event Sequence 1 23 23 23 23 Test Status: 1 28 Type of Test: 29 Most Harmful Event 1 24 BAC Test Result: 1 30 Driver Contributing Code 1 25 25 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Driver Distracted by 0 26 Towed from scene? 2 33

Table with 10 columns: Name (Last First Middle), Address, DOB/Age, Sex, 34 Seat Pos., 35 Safety System, 36 Airbag Status, 37 Eject Code, 38 Trap Code, 39 Injury Status, 40 Transp. Code, Medical Facility. Rows for Operator and RACHELLE DERMER.

Please Select One of the Following: [X] Vehicle 1 #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 # 62VT84 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 Type of Test: 29 Most Harmful Event 24 BAC Test Result: 30 Driver Contributing Code 25 25 Susp. Alcohol: 31 Susp. Drug: 32 Driver Distracted by 26 Towed from scene? 2 33

Table with 10 columns: Name (Last First Middle), Address, DOB/Age, Sex, 34 Seat Pos., 35 Safety System, 36 Airbag Status, 37 Eject Code, 38 Trap Code, 39 Injury Status, 40 Transp. Code, Medical Facility. Rows for Operator/Non-Motorist.

Police Use Only

# Commonwealth of Massachusetts

RMV Document Number

Date of Crash **12/16/2020** Time of Crash **1705** City/Town **Wilmington**  
 24HR

## Motor Vehicle Crash Police Report

Number Vehicles **2** Number Injured **1** Speed Limit **40** State Police   
 Latitude \_\_\_\_\_ MBTA Police   
 Longitude \_\_\_\_\_ 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# **19** Direction \_\_\_\_\_ Address # **CONCORD ST** 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 \_\_\_\_\_

10

11

2 1

3

Please Select One of the Following:  Vehicle **21** #Occupants  Hit/Run  Moped  
 Crash Report ID# **20-306-AC**

4 1

License # **S36340380** St **MA** DOB/Age \_\_\_\_\_  
 Sex **F** Lic. Class **D** **19** **19** Lic. Restrictions **1** **20** CDL \_\_\_\_\_  
 Endorsement \_\_\_\_\_  
 Operator **CIANCIULLI, KIMBERLEE ANN**  
 Last First Middle  
 Address **17 JERE RD**  
 City **WILMINGTON** State **MA** Zip **01887-1670**  
 Insurance Company **PROGRESSIVE DIRECT INSURA**  
 Vehicle Travel Direction:  **N S E W** Responding to Emergency? **2**  
 Citation # (If Issued) **T2061967**  
 Viol. 1: Ch/Sec/Sub **90 13B** Viol. 2: Ch/Sec/Sub \_\_\_\_\_  
 Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_

Reg # **22T490** Reg Type **PC** Reg State **MA**  
 Veh Year **2006** Veh Make **CHEVROLET** Veh Config. **1** **21**  
 Owner **CIANCIULLI, KIMBERLEE ANN**  
 Last First Middle  
 Address **17 JERE RD**  
 City **WILMINGTON** State **MA** Zip **01887-1670**  
 Vehicle Action Prior to Crash **1** **22** Damaged Area Code: **1** **27** **27** **27**  
 Event Sequence **1** **23** **23** **23** **23** Test Status: **1** **28**  
 Most Harmful Event **1** **24** Type of Test: **29**  
 Driver Contributing Code **15** **25** **20** **25** BAC Test Result: **1** **30**  
 Driver Distracted by **1** **26** Susp. Alcohol: **2** **31** Susp. Drug: **2** **32**  
 Towed from scene? **2** **33**

12

13

6 1

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

7 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 \_\_\_\_\_  
 Endorsement \_\_\_\_\_  
 Operator \_\_\_\_\_  
 Last First Middle  
 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 \_\_\_\_\_  
 Last First Middle  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Insurance Company \_\_\_\_\_  
 Vehicle Action Prior to Crash **22** Damaged Area Code: **27** **27** **27**  
 Event Sequence **23** **23** **23** **23** Test Status: **28**  
 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**

14

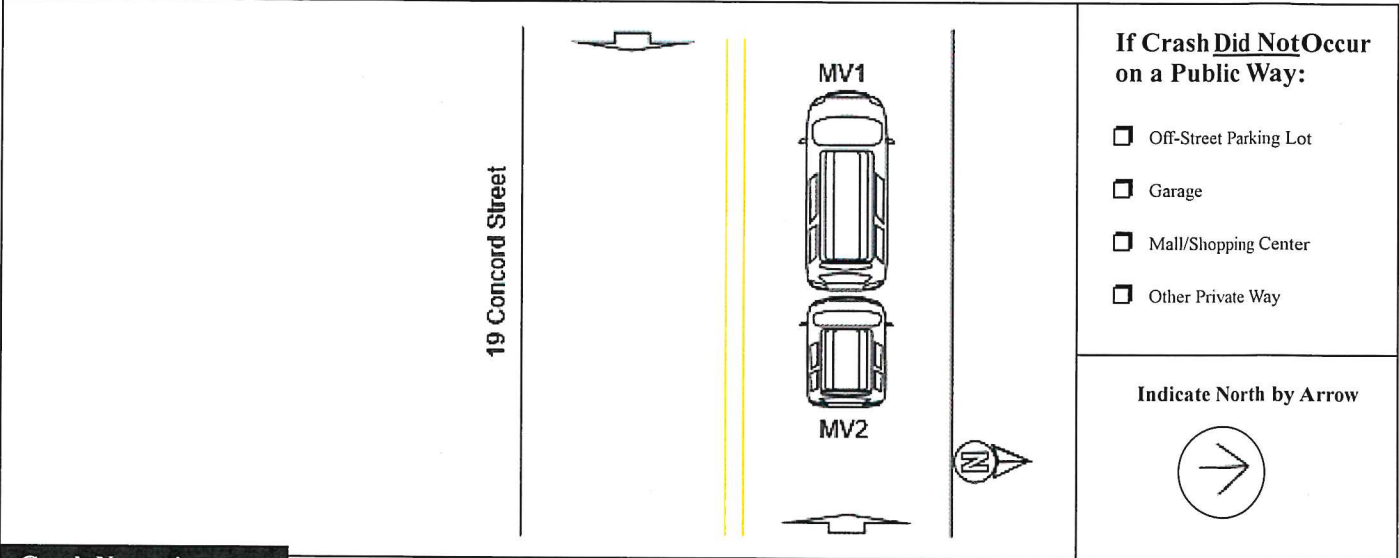
9 2

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
<b>Operator/Non-Motorist</b>				<b>1</b>							
See Above											

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

**Crash Diagram:**

ie: → 1    → 2    → ○    → ○



**Crash Narrative:**

Operator of motor vehicle 1, Tara Bozek stated she was stopped due to traffic, when MV2 rear ended her vehicle. Op. of MV2, Kimberlee Cianciulli stated that she was looking down at her cell phone and crashed into MV1. Ms. Cianciulli stated no injuries and refused medical attention. MV1 had 5 people inside the vehicle. 4 of the people inside MV1 stated no injuries and refused medical attention. The front seat passenger of MV1, Rachelle Dermer stated that she sustained a neck injury. Members of WFD arrived on scene, rendered medical aid, and all parties refused transport to a hospital.

**Witnesses:**

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

**Property Damage:**

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

**Truck and Bus Information:**

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

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

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

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

Interstate  43    Cargo Body Type Code  44    GVWR/GCWR  45

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

**Hazmat Information:**

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

Patrol Officer Julio J Quiles

197

Wilmington Police Department

12/16/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date



Date of Crash 12/17/2020 Time of Crash 0108 City/Town **Wilmington** **Motor Vehicle Crash Police Report** Number Vehicles 1 Number Injured 0 Speed Limit 20 State Police Local Police MBTA Police Campus Police Other:

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

Route# _____ Direction _____ Name of Roadway/Street _____ At _____	Route# <u>130</u> Direction <u>GLEN RD</u> Address # _____ Name of Roadway/Street _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____	_____ Feet <u>N S E W</u> of _____ Mile Marker _____ or _____ Exit Number _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____	_____ Feet <u>N S E W</u> of _____ Route# _____ Intersecting Roadway/Street _____
	_____ Feet <u>N S E W</u> of _____ Landmark _____

Please Select One of the Following:  Vehicle 2 #Occupants  Hit/Run  Moped Crash Report ID# **20-307-AC**

License # <b>S09429643</b> St <b>MA</b> DOB/Age _____ Sex <b>F</b> Lic. Class <b>D</b> Lic. Restrictions <b>1</b> CDL Endorsement _____	Reg # <b>1TMG95</b> Reg Type <b>PC</b> Reg State <b>MA</b> Veh Year <b>2010</b> Veh Make <b>HONDA</b> Veh Config. <b>1</b>
Operator <b>FERNANDEZ, IDALISSE MARIE</b> Last First Middle	Owner <b>PADILLA, CAROLAYNE</b> Last First Middle
Address <b>1202 ARCHSTONE AVE</b>	Address <b>1202 ARCHSTONE AVE</b>
City <b>TEWKSBURY</b> State <b>MA</b> Zip <b>01876-1882</b>	City <b>TEWKSBURY</b> State <b>MA</b> Zip <b>01876-1882</b>
Insurance Company <b>ALLSTATE INSURANCE COMPAN</b>	Vehicle Action Prior to Crash <b>1</b> Damaged Area Code: <b>1 27 2 27 27</b>
Vehicle Travel Direction: <input checked="" type="checkbox"/> <b>S E W</b> Responding to Emergency? <b>2</b>	Event Sequence <b>22 23 23 23 23</b> Test Status: <b>1 28</b>
Citation # (If Issued) _____	Most Harmful Event <b>22 24</b> Type of Test: <b>29</b>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code <b>1 25 25</b> BAC Test Result: <b>30</b>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by <b>0 26</b> Susp. Alcohol: <b>2 31</b> Susp. Drug: <b>2 32</b>
	Towed from scene? <b>1 33</b>

Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator</b>				<b>1</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	
<b>GERARDO NEGRON</b>	1202 ARCHSTONE AVE TEWKSBURY, MA 01876-1882		<b>M</b>	<b>3</b>	<b>1</b>	<b>1</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 _____ Lic. Restrictions _____ CDL Endorsement _____	Reg # _____ Reg Type _____ Reg State _____ Veh Year _____ Veh Make _____ Veh Config. _____
Operator _____ Last First Middle	Owner _____ Last First Middle
Address _____	Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Insurance Company _____	Vehicle Action Prior to Crash <b>22</b> Damaged Area Code: <b>27 27 27</b>
Vehicle Travel Direction: <input type="checkbox"/> <b>N S E W</b> Responding to Emergency? _____	Event Sequence <b>23 23 23 23</b> Test Status: <b>28</b>
Citation # (If Issued) _____	Most Harmful Event <b>24</b> Type of Test: <b>29</b>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code <b>25 25</b> BAC Test Result: <b>30</b>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by <b>26</b> Susp. Alcohol: <b>31</b> Susp. Drug: <b>32</b>
	Towed from scene? <b>33</b>

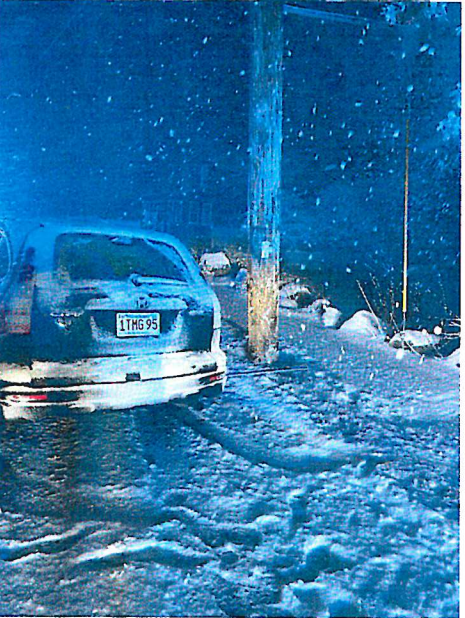
Please fill out for operator/non-motorist and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator/Non-Motorist</b>				<b>1</b>							







Wilmington Police Department  
Images Associated with 20-307-AC



Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash 12/17/2020 Time of Crash 1541 City/Town 24HR WILMINGTON

Motor Vehicle Crash Police Report

Number Vehicles 1 Number Injured 0 Speed Limit 30 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 130 SALEM ST Address # Name of Roadway/Street Feet N S E W of Mile Marker Exit Number Feet N S E W of Route# Intersecting Roadway/Street Feet N S E W of Landmark

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

Crash Report ID# 20-308-AC

License # S97174507 St MA DOB/Age Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement Operator BICALHO-TEIXEIRA, LOUCAS AUGUSTO Address 15 FRYE ST City MARLBOROUGH State MA Zip 01752-1110 Insurance Company TRAVELERS CASUALTY INSURANCE Vehicle Travel Direction: N X 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 # T78875 Reg Type CO Reg State MA Veh Year 2005 Veh Make FORD Veh Config. 2 21 Owner GPA SERVICES INC Address 87 CURTIS AVE City MARLBOROUGH State MA Zip 01752-2641 Vehicle Action Prior to Crash 1 22 Damaged Area Code: 10 27 7 27 27 Test Status: 1 28 Type of Test: 29 BAC Test Result: 30 Susp. Alcohol: 31 Susp. Drug: 32 Towed from scene? 2 33

Table with 11 columns: Name (Last First Middle), Address, DOB/Age, Sex, 34 Seat Pos., 35 Safety System, 36 Airbag Status, 37 Eject Code, 38 Trap Code, 39 Injury Status, 40 Transp. Code, Medical Facility. Row 1: 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 # 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

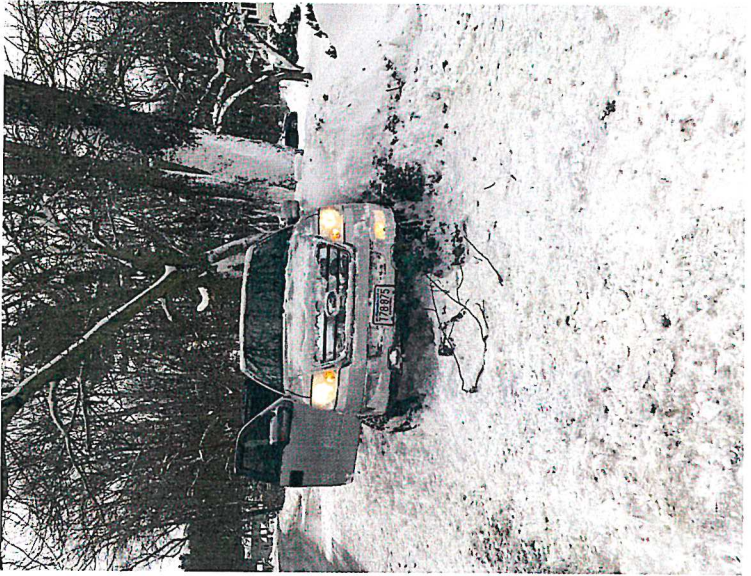
Reg # Reg Type Reg State Veh Year Veh Make Veh Config. 21 Owner Address City State Zip Vehicle Action Prior to Crash 22 Damaged Area Code: 27 27 27 Test Status: 28 Type of Test: 29 BAC Test Result: 30 Susp. Alcohol: 31 Susp. Drug: 32 Towed from scene? 33

Table with 11 columns: Name (Last First Middle), Address, DOB/Age, Sex, 34 Seat Pos., 35 Safety System, 36 Airbag Status, 37 Eject Code, 38 Trap Code, 39 Injury Status, 40 Transp. Code, Medical Facility. Row 1: Operator/Non-Motorist, See Above, [X], [X], 1





Wilmington Police Department  
Images Associated with 20-308-AC



Police Use Only

# Commonwealth of Massachusetts

RMV Document Number

Date of Crash  
12/18/2020

Time of Crash  
0937  
24HR

City/Town  
**Wilmington**

## Motor Vehicle Crash Police Report

Number Vehicles  
1

Number Injured  
0

Speed Limit 15  
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 # 645 MAIN ST  
Name of Roadway/Street \_\_\_\_\_

\_\_\_\_\_ Feet  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# **20-309-AC**

License # S40445974 St MA DOB/Age 11/19/1963

Reg # 7223B Reg Type CO Reg State MA

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

Veh Year 2013 Veh Make CHEVROLET Veh Config. 8 21

Operator LARRY, STEPHEN MICHAEL  
Last First Middle

Owner D CRESCIO TRUCKING CO INC  
Last First Middle

Address 39 MYRTLE ST APT 25

Address BX 512

City LOWELL State MA Zip 01851

City BILLERICA State MA Zip 01821-0512

Insurance Company THE COMMERCE INSURANCE CO

Vehicle Action Prior to Crash 10 22 Damaged Area Code: 0 27 27 27

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

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

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

Most Harmful Event 22 24 Type of Test: 97 29

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

Driver Contributing Code 19 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
<b>Operator</b>	See Above	<del>XXXXXX</del>	<del>XXXX</del>	1	1	4	0	0	10	1	

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

License # \_\_\_\_\_ St \_\_\_\_\_ DOB/Age \_\_\_\_\_

Reg # \_\_\_\_\_ Reg Type \_\_\_\_\_ Reg State \_\_\_\_\_

Sex \_\_\_\_\_ Lic. Class 19 19 Lic. Restrictions 20 CDL \_\_\_\_\_  
Endorsement \_\_\_\_\_

Veh Year \_\_\_\_\_ Veh Make \_\_\_\_\_ Veh Config. 21

Operator \_\_\_\_\_  
Last First Middle

Owner \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_

Address \_\_\_\_\_

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

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

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

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

Vehicle Travel Direction:  N  S  E  W Responding to Emergency? \_\_\_\_\_

Event Sequence 23 23 23 23 Test Status: 28

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

Most Harmful Event 24 Type of Test: 29

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

Driver Contributing Code 25 25 BAC Test Result: 30

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

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

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>	1							





Date of Crash 12/18/2020 Time of Crash 1308 24HR City/Town **Wilmington** **Motor Vehicle Crash Police Report** Number Vehicles 1 Number Injured 0 Speed Limit 20 State Police  Local Police  MBTA Police  Campus Police  Other

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

<p>1 <b>1</b> Route# _____ Direction _____ Name of Roadway/Street _____</p> <p>At _____</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p> <p>Also at Intersection with _____</p> <p>2 <b>1</b> Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p>	<p>2 <b>10</b> Route# _____ Direction <u>17</u> <b>TOWPATH DR</b> Name of Roadway/Street _____</p> <p>Address # _____</p> <p>_____ Feet <b>N S E W</b> of _____ Mile Marker _____ or _____ Exit Number _____</p> <p>1 <b>11</b> _____ Feet <b>N S E W</b> of _____ Route# _____ Intersecting Roadway/Street _____</p> <p>_____ Feet <b>N S E W</b> of _____</p> <p>Landmark _____</p>
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3 **97** Please Select One of the Following:  Vehicle **1** #Occupants  Hit/Run  Moped Crash Report ID# **20-310-AC**

<p>4 <b>1</b> License # <b>SA3910204</b> St <b>MA</b> DOB/Age _____</p> <p>Sex <b>M</b> Lic. Class <b>D</b> <b>19</b> <b>19</b> Lic. Restrictions <b>1</b> <b>20</b> CDL _____</p> <p>Operator <b>MURPHY, LUKE MAXWELL</b></p> <p>Address <b>50 HOUGHTON RD</b></p> <p>City <b>WILMINGTON</b> State <b>MA</b> Zip <b>01887-2242</b></p> <p>Insurance Company <b>ARBELLA MUTUAL INSURANCE</b></p> <p>Vehicle Travel Direction: <input checked="" type="checkbox"/> <b>S E W</b> Responding to Emergency? <b>2</b></p> <p>Citation # (If Issued) _____</p> <p>Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____</p> <p>Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____</p>	<p>Reg # <b>765VZ8</b> Reg Type <b>PC</b> Reg State <b>MA</b></p> <p>Veh Year <b>2013</b> Veh Make <b>FORD</b> Veh Config. <b>1</b> <b>21</b></p> <p>Owner <b>STAPLES, NANCY E</b></p> <p>Address <b>50 HOUGHTON RD</b></p> <p>City <b>WILMINGTON</b> State <b>MA</b> Zip <b>01887-2242</b></p> <p>Vehicle Action Prior to Crash <b>1</b> <b>22</b> Damaged Area Code: <b>8</b> <b>27</b> <b>27</b> <b>27</b></p> <p>Event Sequence <b>20</b> <b>23</b> <b>23</b> <b>23</b> <b>23</b> Test Status: <b>1</b> <b>28</b></p> <p>Most Harmful Event <b>20</b> <b>24</b> Type of Test: <b>29</b></p> <p>Driver Contributing Code <b>1</b> <b>25</b> <b>25</b> BAC Test Result: <b>1</b> <b>30</b></p> <p>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></p> <p>Towed from scene? <b>1</b> <b>33</b></p>
--	--

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>	

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

<p>8 <b>1</b> License # _____ St _____ DOB/Age _____</p> <p>Sex _____ Lic. Class <b>19</b> <b>19</b> Lic. Restrictions <b>20</b> CDL _____</p> <p>Operator _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Insurance Company _____</p> <p>Vehicle Travel Direction: <input type="checkbox"/> <b>N S E W</b> 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. <b>21</b></p> <p>Owner _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Vehicle Action Prior to Crash <b>22</b> Damaged Area Code: <b>27</b> <b>27</b> <b>27</b></p> <p>Event Sequence <b>23</b> <b>23</b> <b>23</b> <b>23</b> Test Status: <b>28</b></p> <p>Most Harmful Event <b>24</b> Type of Test: <b>29</b></p> <p>Driver Contributing Code <b>25</b> <b>25</b> BAC Test Result: <b>30</b></p> <p>Driver Distracted by <b>26</b> Susp. Alcohol: <b>31</b> Susp. Drug: <b>32</b></p> <p>Towed from scene? <b>33</b></p>
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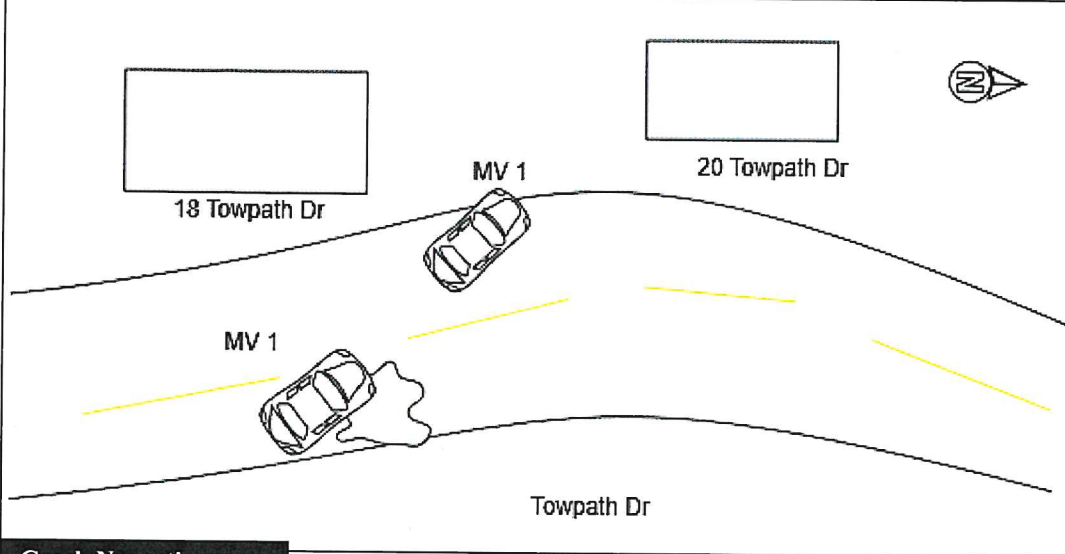
Please fill out for operator/non-motorist and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator/Non-Motorist</b>		See Above	<input checked="" type="checkbox"/>	<b>1</b>							



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

**Crash Diagram:**

ie: → 1 → 2 → O → B



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

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

Indicate North by Arrow



**Crash Narrative:**

MV 1 was travelling northbound on Towpath Dr when his vehicle struck a patch of ice. The ice caused him to lose control of his vehicle and resulted in the operator crashing into the curb. The damage to the vehicle consisted of a front left tire and caused the power steering to become inoperable. A&S Towing responded and took control of the vehicle.

**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**

Police Officer Name (Please Print)

Signature

**211**

ID/Badge #

**Wilmington Police Department**

Department

Precinct/Barracks

**12/18/2020**

Date

**Police Use Only** | **Commonwealth of Massachusetts** | **RMV Document Number**

Date of Crash: 12/19/2020 | Time of Crash: 1600 | City/Town: **Wilmington** | **Motor Vehicle Crash Police Report** | Number Vehicles: 2 | Number Injured: 1 | Speed Limit: 35 | State Police  | Local Police  | MBTA Police  | Campus Police  | Other:

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

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

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

1 3

2 1

3

4 3

5 1

6 2

2 10

3 11

1 12

1 13

4 14

Please Select One of the Following:  Vehicle 1 Occupants  Hit/Run  Moped | Crash Report ID# **20-311-AC**

License # **S95892414** St **MA** DOB/Age \_\_\_\_\_  
 Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **B** 20 CDL \_\_\_\_\_  
 Operator **GILLIS, ASHLEY NANCY**  
 Address **4 CUSHING DR**  
 City **WILMINGTON** State **MA** Zip **01887-2000**  
 Insurance Company **CITIZENS INSURANCE COMPAN**  
 Vehicle Travel Direction:  N  E  W Responding to Emergency? **2**  
 Citation # (If Issued) \_\_\_\_\_  
 Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_  
 Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_

Reg # **929RN3** Reg Type **PC** Reg State **MA**  
 Veh Year **2017** Veh Make **HYUNDAI** Veh Config. **1** 21  
 Owner **GILLIS, ASHLEY NANCY**  
 Address **4 CUSHING DR**  
 City **WILMINGTON** State **MA** Zip **01887-2000**  
 Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **8** 27 **27** 27  
 Event Sequence **1** 23 **23** 23 **23** Test Status: **1** 28  
 Most Harmful Event **1** 24 Type of Test: **29**  
 Driver Contributing Code **1** 25 **25** BAC Test Result: **30**  
 Driver Distracted by **0** 26 Susp. Alcohol: **2** 31 Susp. Drug: **2** 32  
 Towed from scene? **2** 33

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			<b>1</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>8</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 # **S70849850** St **MA** DOB/Age \_\_\_\_\_  
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **B** 20 CDL \_\_\_\_\_  
 Operator **JHONSON, MICHAEL S**  
 Address **142 PLEASANT VALLEY ST APT 130/**  
 City **METHUEN** State **MA** Zip **01844-0000**  
 Insurance Company **GOVERNMENT EMPLOYEES INSU**  
 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 # **6LG734** Reg Type **PC** Reg State **MA**  
 Veh Year **2011** Veh Make **Infinity** Veh Config. **1** 21  
 Owner **JHONSON, MICHAEL S**  
 Address **142 PLEASANT VALLEY ST APT 130/**  
 City **METHUEN** State **MA** Zip **01844-0000**  
 Vehicle Action Prior to Crash **4** 22 Damaged Area Code: **1** 27 **2** 27 **8** 27  
 Event Sequence **1** 23 **23** 23 **23** Test Status: **1** 28  
 Most Harmful Event **1** 24 Type of Test: **29**  
 Driver Contributing Code **4** 25 **25** BAC Test Result: **30**  
 Driver Distracted by **0** 26 Susp. Alcohol: **2** 31 Susp. Drug: **2** 32  
 Towed from scene? **1** 33

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





Wilmington Police Department  
Images Associated with 20-311-AC

