

Date of Crash 12/20/2020 Time of Crash 1108 City/Town Wilmington **Motor Vehicle Crash Police Report** Number Vehicles 2 Number Injured 0 Speed Limit 30 State Police Local Police MBTA Police Campus Police Other:

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

<p>Route# _____ Direction _____ Name of Roadway/Street _____</p> <p style="text-align: center;">At</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p> <p style="text-align: center;">Also at Intersection with</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p>	<p>Route# _____ Direction _____ Address # <u>284</u> Name of Roadway/Street <u>SALEM ST</u></p> <p>_____ Feet <u>N S E W</u> of _____ or _____ Exit Number _____</p> <p>_____ Feet <u>N S E W</u> of _____ Mile Marker _____</p> <p>_____ Feet <u>N S E W</u> of _____ Route# _____ Intersecting Roadway/Street _____</p> <p style="text-align: right;">Landmark _____</p>
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Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped Crash Report ID# **20-312-AC**

<p>License # <u>S39124811</u> St <u>MA</u> DOB/Age _____</p> <p>Sex <u>F</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____ Endorsement _____</p> <p>Operator <u>RAPOSO, REBECCA L</u></p> <p style="text-align: center;">Last First Middle</p> <p>Address <u>10 CHANDLER LN</u></p> <p>City <u>RAYMOND</u> State <u>NH</u> Zip <u>03077</u></p> <p>Insurance Company _____</p> <p>Vehicle Travel Direction: <u>N S E W</u> 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>4088430</u> Reg Type <u>PC</u> Reg State <u>NH</u></p> <p>Veh Year <u>2012</u> Veh Make <u>HONDA</u> Veh Config. <u>1</u> <u>21</u></p> <p>Owner <u>RAPOSO, REBECCA L</u></p> <p style="text-align: center;">Last First Middle</p> <p>Address <u>10 CHANDLER LN</u></p> <p>City <u>RAYMOND</u> State <u>NH</u> Zip <u>03077</u></p> <p>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></p> <p>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></p> <p>Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>1</u> <u>29</u></p> <p>Driver Contributing Code <u>4</u> <u>25</u> <u>25</u> BAC Test Result: <u>1</u> <u>30</u></p> <p>Driver Distracted by <u>99</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	XXXXXX	X	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

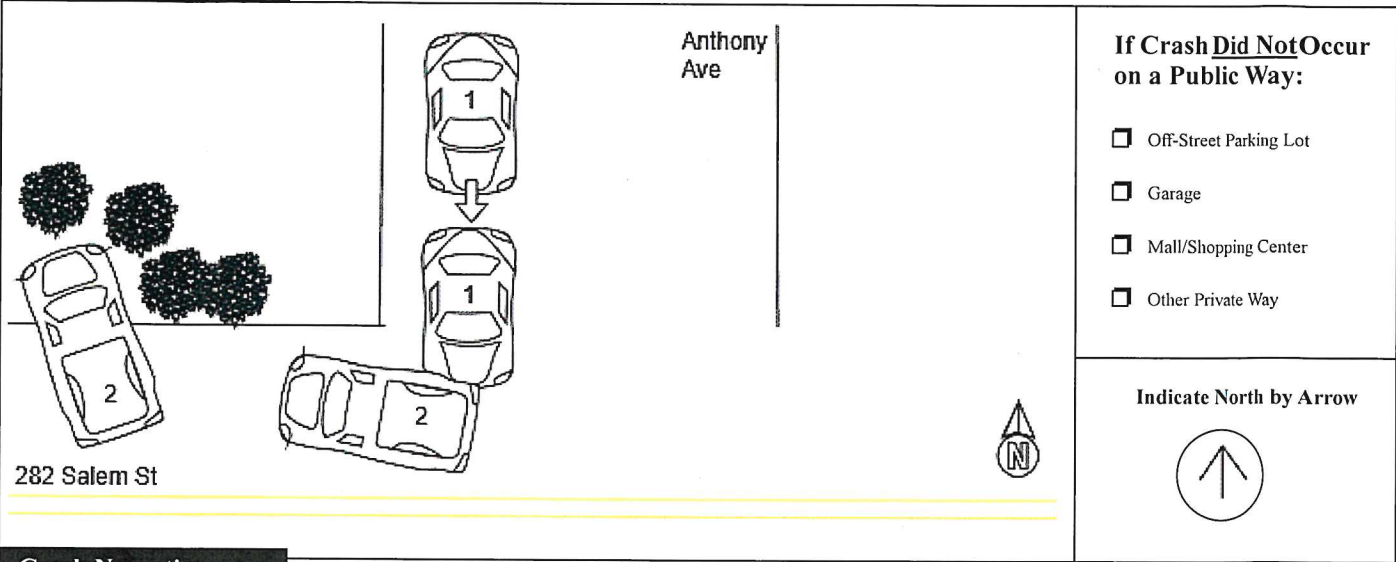
<p>License # <u>V535189603057</u> St <u>MI</u> DOB/Age _____</p> <p>Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____ Endorsement _____</p> <p>Operator <u>VANHOUTEN, EDWARD MICHAEL</u></p> <p style="text-align: center;">Last First Middle</p> <p>Address <u>6635 THORNAPPLE RIVER DR SE</u></p> <p>City <u>ALTO</u> State <u>MI</u> Zip <u>49302</u></p> <p>Insurance Company _____</p> <p>Vehicle Travel Direction: <u>N S E W</u> 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>JV94L</u> Reg Type <u>PC</u> Reg State <u>MI</u></p> <p>Veh Year <u>2003</u> Veh Make <u>CHEVROLET</u> Veh Config. <u>1</u> <u>21</u></p> <p>Owner <u>VANHOUTEN, EDWARD MICHAEL</u></p> <p style="text-align: center;">Last First Middle</p> <p>Address <u>6635 THORNAPPLE RIVER DR SE</u></p> <p>City <u>ALTO</u> State <u>MI</u> Zip <u>49302</u></p> <p>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></p> <p>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></p> <p>Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>1</u> <u>29</u></p> <p>Driver Contributing Code <u>1</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/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 south on Anthony Ave towards Salem St. The operator of MV1 stated she did not stop prior to pulling onto Salem St. MV1 hit the rear right side of MV2 causing MV2 to lose control and drive off the road in the area of 282 Salem St. The front air bags in MV1 were deployed. Wilmington Fire responded to the crash, both parties reported no injuries. Cains towed both vehicles.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
THORUD SCOTT RICHARD	790 SHAWSHEEN ST TEWKSBURY MA 01876-2362		

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 214 Wilmington Police Department 12/20/2020
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Images Associated with 20-312-AC



Wilmington Police Department
Images Associated with 20-312-AC



Wilmington Police Department
Images Associated with 20-312-AC



Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash 12/20/2020 Time of Crash 1357 City/Town WILMINGTON

Motor Vehicle Crash Police Report

Number Vehicles 2 Number Injured 0 Speed Limit 40 State Police Local Police MBTA Police Campus Police Other

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

LOWELL ST
WOODLAND RD
Name of Intersecting Roadway/Street

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

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

License # S10148856 St MA DOB/Age. Sex M Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement Operator TAMMARO, PRISCO Address 1121 FELLSWAY City MALDEN State MA Zip 02148-6515 Insurance Company METROPOLITAN PROPERTY AND Vehicle Travel Direction: N S [X] W Responding to Emergency? 2

Crash Report ID# 20-313-AC Reg # 3DR338 Reg Type PC Reg State MA Veh Year 2016 Veh Make VOLVO Veh Config. 1 21 Owner TAMMARO, PRISCO Address 1121 FELLSWAY City MALDEN State MA Zip 02148-6515 Vehicle Action Prior to Crash 1 22 Damaged Area Code: 2 27 27 27 Event Sequence 1 23 23 23 23 Test Status: 1 28 29 30 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? 1 33

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

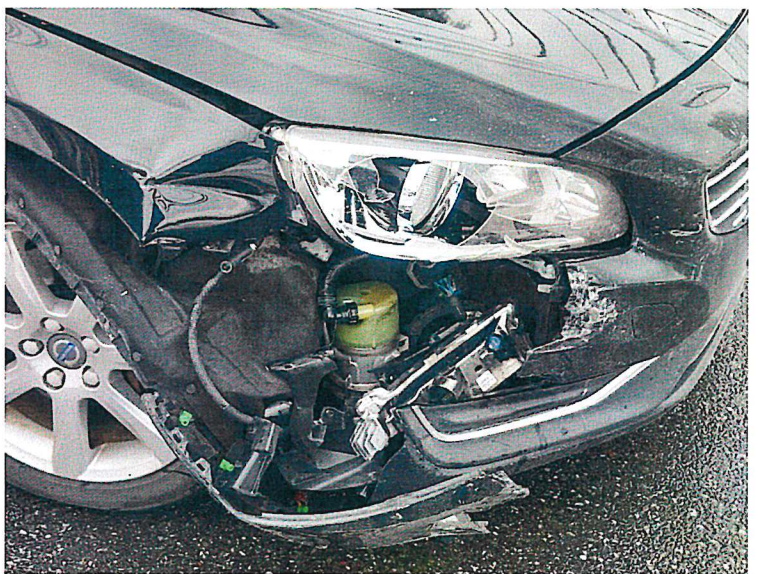
Please Select One of the Following: [X] Vehicle 2 Occupants [] Non-Motorist A Type 15 Action 16 Location 17 Condition 18 [] Hit/Run [] Moped

License # S76536511 St MA DOB/Age. Sex F Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement Operator EKSTROM, NICOLE KELLY Address 9 HANSON RD City WILMINGTON State MA Zip 01887-3405 Insurance Company SAFETY INSURANCE COMPANY Vehicle Travel Direction: [X] S E W Responding to Emergency? 2

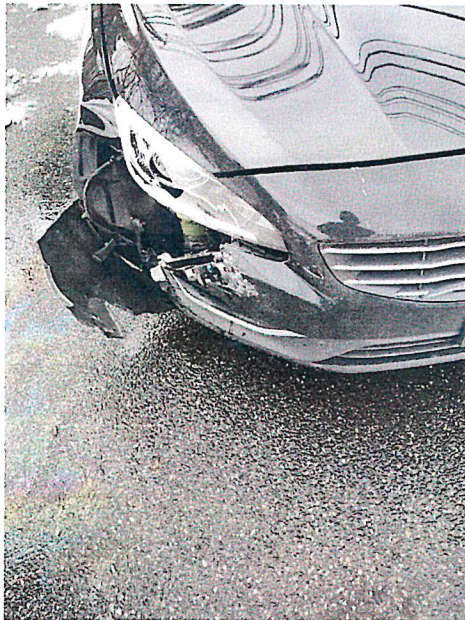
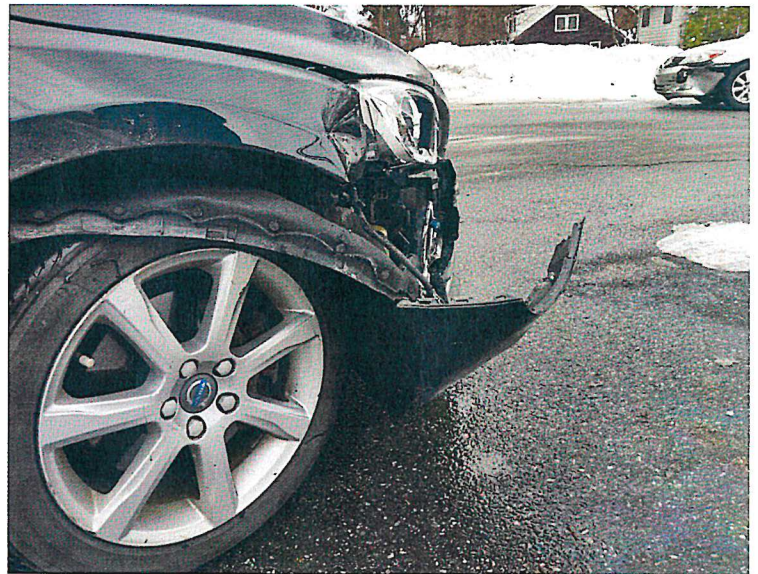
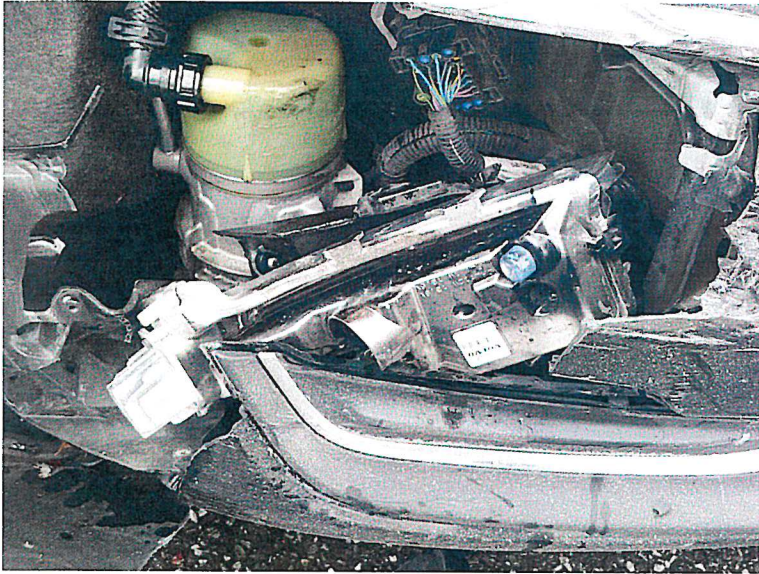
Reg # 3DH599 Reg Type PC Reg State MA Veh Year 2003 Veh Make TOYOTA Veh Config. 1 21 Owner EKSTROM, EARL ARVID III Address 9 HANSON RD City WILMINGTON State MA Zip 01887-3405 Vehicle Action Prior to Crash 4 22 Damaged Area Code: 8 27 27 27 Event Sequence 1 23 23 23 23 Test Status: 1 28 29 30 Most Harmful Event 1 24 BAC Test Result: 1 30 Driver Contributing Code 19 25 25 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Driver Distracted by 0 26 Towed from scene? 2 33

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

Wilmington Police Department
Images Associated with 20-313-AC



Wilmington Police Department
Images Associated with 20-313-AC



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

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

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

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

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

Route# 90 Direction WEST Address # 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 _____

Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped | Crash Report ID# **20-314-AC**

License # S56016013 St. MA DOB/Age _____ Reg # 2VX134 Reg Type PC Reg State MA

Sex M Lic. Class D Lic. Restrictions 20 CDL Endorsement _____ Veh Year 2018 Veh Make VOLKSWAGEN Veh Config. 1

Operator TODOR, FLORIN VASILE Owner TODOR, FLORIN VASILE

Address 146 ORCHARD HILL RD Address 146 ORCHARD HILL RD

City HAVERHILL State MA Zip 01835-7661 City HAVERHILL State MA Zip 01835-7661

Insurance Company ESURANCE INSURANCE COMPAN Vehicle Action Prior to Crash 2 Damaged Area Code: 1 27 27 27

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

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

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

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

Towed from scene? 2 33

Please fill out for operator and all occupants involved		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	<u>1</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	

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

License # D525098021273 St. MD DOB/Age _____ Reg # V27276 Reg Type CO Reg State MA

Sex M Lic. Class C Lic. Restrictions 20 CDL Endorsement _____ Veh Year 2019 Veh Make Other-not listed Veh Config. 2

Operator SILVA, BRUNO DO NASCIMENTO Owner GSILVA XPRESS INC

Address 114 E LEXINGTON ST APT 308 Address 33 WALES AVE APT C

City BALTIMORE State MD Zip 21202 City AVON State MA Zip 02322-1012

Insurance Company SAFETY INSURANCE COMPANY Vehicle Action Prior to Crash 10 Damaged Area Code: 0 27 27 27

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

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

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code 19 25 25 BAC Test Result: 1 30

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

Towed from scene? 2 33

Please fill out for operator/non-motorist and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above	XXXXXX	X	<u>1</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	
FABIO SILVA	***UNKNOWN*** WILMINGTON, MA 01887		<u>M</u>	<u>3</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	

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

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 12 #Occupants Hit/Run Moped Crash Report ID# **20-315-AC**

License # **S64157378** St. **MA** DOB/Age _____ Reg # **599AK3** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class 19 19 Lic. Restrictions 20 CDL _____ Endorsement _____ Veh Year **2019** Veh Make **CHEVROLET** Veh Config. **1** 21

Operator **ODONNELL, MICHAEL J** Owner **ODONNELL, MICHAEL J**

Address **262 FOREST ST** Address **262 FOREST ST**

City **READING** State **MA** Zip **01867-1414** City **READING** State **MA** Zip **01867-1414**

Insurance Company **THE STANDARD FIRE INSURAN** Vehicle Action Prior to Crash **2** 22 Damaged Area Code: **6** 27 27 27

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

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

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

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

Towed from scene? **2** 33

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above	XXXXXX	XXXX	1	1	4	0	0	10	1	
MARJORIE O'DONNELL	262 FOREST ST READING, MA 01867-1414		F	3	1	4	0	0	10	1	

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

License # **S87330501** St. **MA** DOB/Age _____ Reg # **40007** Reg Type **AP** Reg State **MA**

Sex **M** Lic. Class A M Lic. Restrictions 20 CDL _____ Endorsement _____ Veh Year **1999** Veh Make **International** Veh Config. **10** 21

Operator **SEVENER, KENNETH J** Owner **SEVENER, KENNETH J**

Address **395 MIDDLESEX AVE** Address **395 MIDDLESEX AVE**

City **WILMINGTON** State **MA** Zip **01887-2147** City **WILMINGTON** State **MA** Zip **01887-2147**

Insurance Company **SAFETY INSURANCE COMPANY** Vehicle Action Prior to Crash **4** 22 Damaged Area Code: **0** 27 27 27

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

Citation # (If Issued) **T2445626** Most Harmful Event **1** 24 Type of Test: **1** 29

Viol. 1: Ch/Sec/Sub **90** **9** Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **19** 25 25 BAC Test Result: **1** 30

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

Towed from scene? **2** 33

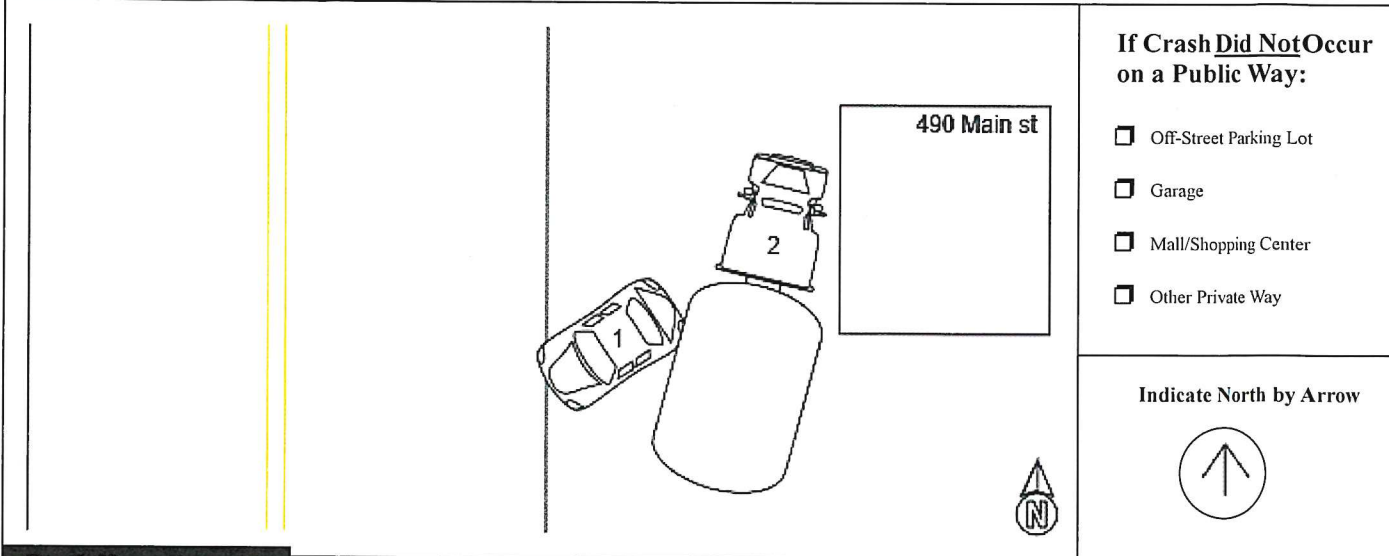
Please fill out for operator/non-motorist and all occupants involved

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	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:

MV1 was stopped in the parking lot of Super Petroleum waiting to pull into traffic. MV2 turned into the parking lot to the gas station. While MV2 was turning in the parking lot, the vehicle side swiped MV1 causing damage to the rear left side of MV1. Both parties reported no injuries, neither vehicles air bags were deployed.

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 # **40007** (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

US DOT #: **263317** 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

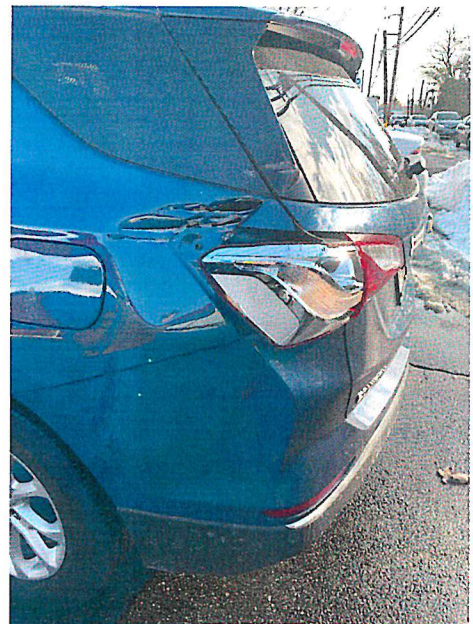
Department

Precinct/Barracks

12/22/2020

Date

Wilmington Police Department
Images Associated with 20-315-AC



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# 62 Direction _____ Address # LOWELL ST Name of Roadway/Street _____

_____ Feet S E W of _____ Mile Marker _____ Exit Number _____

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

_____ Feet N S E W of _____ Landmark _____

Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped | Crash Report ID# **20-316-AC**

License # S30993267 St. MA DOB/Age _____ Reg # 8VV569 Reg Type PC Reg State MA

Sex F Lic. Class D ¹⁹/₁₉ Lic. Restrictions 1 ²⁰/₂₀ CDL _____ Veh Year 2015 Veh Make TOYOTA Veh Config. 1 ²¹/₂₁

Operator GUY, MADISON JEAN Owner GUY, RANDY SCOTT

Address 39 MILL RD Address 39 MILL RD

City WILMINGTON State MA Zip 01887-3347 City WILMINGTON State MA Zip 01887-3347

Insurance Company SAFETY INSURANCE COMPANY Vehicle Action Prior to Crash 1 ²²/₂₂ Damaged Area Code: 8 ²⁷/₂₇ 1 ²⁷/₂₇ 2 ²⁷/₂₇

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

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

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

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

Towed from scene? 2 ³³/₃₃

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
Operator	See Above	XXXX	XX	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 # S40427907 St. MA DOB/Age _____ Reg # 282ZN6 Reg Type PC Reg State MA

Sex F Lic. Class D ¹⁹/₁₉ Lic. Restrictions 1 ²⁰/₂₀ CDL _____ Veh Year 2020 Veh Make KIA Veh Config. 1 ²¹/₂₁

Operator JONES, GINA M Owner JONES, GINA M

Address 209 BURLINGTON AVE Address 209 BURLINGTON AVE

City WILMINGTON State MA Zip 01887-3194 City WILMINGTON State MA Zip 01887-3194

Insurance Company PROGRESSIVE CASUALTY INSU Vehicle Action Prior to Crash 1 ²²/₂₂ Damaged Area Code: 4 ²⁷/₂₇ 1 ²⁷/₂₇ 6 ²⁷/₂₇

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

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

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

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

Towed from scene? 2 ³³/₃₃

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
Operator/Non-Motorist	See Above	XXXX	XX	1	1	4	0	0	10	1	

Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash 12/23/2020 Time of Crash 1555 City/Town WILMINGTON

Motor Vehicle Crash Police Report

Number Vehicles 2 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 Address # Name of Roadway/Street 510 MAIN ST Feet N S E W of Mile Marker Exit Number

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

Crash Report ID# 20-317-AC

License # S30316912 St. MA DOB/Age Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement Operator GAROFANO, SAMANTHA A Address 4214 HORSESHOE LN City WILMINGTON State MA Zip 01887-6005 Insurance Company SAFETY INSURANCE COMPANY

Reg # 6NB456 Reg Type PC Reg State MA Veh Year 2013 Veh Make HYUNDAI Veh Config. 1 21 Owner GAROFANO, SAMANTHA A Address 4214 HORSESHOE LN City WILMINGTON State MA Zip 01887-6005 Vehicle Action Prior to Crash 1 22 Damaged Area Code: 1 27 27 27

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

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

License # S18562738 St. MA DOB/Age Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement Operator DELIGIANIDIS, MAUREEN T Address 88 PEACH ORCHARD RD City BURLINGTON State MA Zip 01803-3231 Insurance Company THE COMMERCE INSURANCE CO

Reg # 3DM530 Reg Type PC Reg State MA Veh Year 2008 Veh Make CHEVROLET Veh Config. 1 21 Owner DELIGIANIDIS, MAUREEN T Address 88 PEACH ORCHARD RD City BURLINGTON State MA Zip 01803-3231 Vehicle Action Prior to Crash 2 22 Damaged Area Code: 5 27 27 27

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

Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash 12/23/2020 Time of Crash 1755 24HR City/Town WILMINGTON

Motor Vehicle Crash Police Report

Number Vehicles 3 Number Injured 0 Speed Limit 35 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 # Name of Roadway/Street 272 LOWELL ST 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

2 10

2 11

2 1

3 99

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

Crash Report ID# 20-318-AC

4 3

License # S63494671 St MA DOB/Age Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement Operator SIERRA, KEVIN BRADLEY Address 2 KATHLEEN DR City ANDOVER State MA Zip 01810-1902 Insurance Company ESURANCE INSURANCE COMPAN Vehicle Travel Direction: N S [X] W Responding to Emergency? 2 Citation # (If Issued) Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub

Reg # 5VA598 Reg Type PC Reg State MA Veh Year 2012 Veh Make KIA Veh Config. 1 21 Owner SIERRA, KEVIN BRADLEY Address 2 KATHLEEN DR City ANDOVER State MA Zip 01810-1902 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 Type of Test: 29 BAC Test Result: 1 30 Driver Contributing Code 99 25 25 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Driver Distracted by 99 26 Towed from scene? 2 33

1 12

5 1

6 1

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

1 13

7 1

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

Reg # 969XW1 Reg Type PC Reg State MA Veh Year 2015 Veh Make Jeep Veh Config. 1 21 Owner SIMIONE, NICHOLAS J III Address 11 APPLETREE LN City WILMINGTON State MA Zip 01887-3916 Vehicle Action Prior to Crash 2 22 Damaged Area Code: 1 27 5 27 27 Event Sequence 1 23 23 23 23 Test Status: 1 28 Type of Test: 29 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

8 2

9 2

License # S77817951 St MA DOB/Age Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement Operator SIMIONE, NICHOLAS J III Address 11 APPLETREE LN City WILMINGTON State MA Zip 01887-3916 Insurance Company THE STANDARD FIRE INSURAN 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

License # S77817951 St MA DOB/Age Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement Operator SIMIONE, NICHOLAS J III Address 11 APPLETREE LN City WILMINGTON State MA Zip 01887-3916 Insurance Company THE STANDARD FIRE INSURAN 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

1 14

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

Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash
12/23/2020

Time of Crash
1755
24HR

City/Town
Wilmington

Motor Vehicle Crash Police Report

Number
Vehicles
3

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# 272 Direction _____ Address # LOWELL 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 _____
Route# _____ Intersecting Roadway/Street _____

Landmark _____

Please Select One of the Following:

Vehicle 3 #Occupants Hit/Run Moped

Crash Report ID# **20-318-AC**

License # S92565012 St MA DOB/Age _____
Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL _____
Endorsement _____
Operator NUNEZ, ROBERT E
Last First Middle
Address 47 BEACON ST APT 1
City LAWRENCE State MA Zip 01843-2016
Insurance Company THE STANDARD FIRE INSURAN

Reg # 2LMH54 Reg Type PC Reg State MA
Veh Year 2009 Veh Make ACURA Veh Config. 1 21
Owner NUNEZ, ROBERT E
Last First Middle
Address 47 BEACON ST APT 1
City LAWRENCE State MA Zip 01843-2016

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 _____

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
Most Harmful Event 1 24 Type of Test: 29
Driver Contributing Code 1 25 25 BAC Test Result: 1 30
Driver Distracted by 0 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32
Towed from scene? 2 33

Please fill out for operator and all occupants involved

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

Please Select One of the Following:

Vehicle 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

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	<u>1</u>							

Date of Crash 12/23/2020 Time of Crash 2007 24HR City/Town **Wilmington** **Motor Vehicle Crash Police Report** Number Vehicles 2 Number Injured 0 Speed Limit 25 State Police Local Police MBTA Police Campus Police Other:

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

<p>Route# _____ Direction _____ Name of Roadway/Street _____</p> <p style="text-align: center;">At</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p> <p style="text-align: center;">Also at Intersection with</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p>	<p>Route# _____ Direction _____ Address # <u>18</u> FEDERAL ST</p> <p>Feet <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____</p> <p>Mile Marker _____ Exit Number _____</p> <p>Route# _____ Intersecting Roadway/Street _____</p> <p>Landmark _____</p>
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Please Select One of the Following: Vehicle 13 #Occupants Hit/Run Moped Crash Report ID# **20-319-AC**

<p>License # S71739521 St MA DOB/Age _____</p> <p>Sex M Lic. Class D Lic. Restrictions 1 CDL Endorsement _____</p> <p>Operator CRUZEN, IAN S</p> <p>Address 27 BACON ST</p> <p>City PEPPERELL State MA Zip 01463-1301</p> <p>Insurance Company QUINCY MUTUAL FIRE INSURA</p> <p>Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u></p> <p>Citation # (If Issued) _____</p> <p>Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____</p> <p>Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____</p>	<p>Reg # 7AM751 Reg Type PC Reg State MA</p> <p>Veh Year 2019 Veh Make FORD Veh Config. 1</p> <p>Owner CRUZEN, IAN S</p> <p>Address 27 BACON ST</p> <p>City PEPPERELL State MA Zip 01463-1301</p> <p>Vehicle Action Prior to Crash 10 Damaged Area Code: 5 27 27 27</p> <p>Event Sequence 1 23 23 23 23 Test Status: 1 28</p> <p>Most Harmful Event 1 24 Type of Test: 29</p> <p>Driver Contributing Code 19 25 25 BAC Test Result: 1 30</p> <p>Driver Distracted by 0 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32</p> <p>Towed from scene? 2 33</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
Operator		See Above	<input checked="" type="checkbox"/>	1	1	4	0	0	10	1	
KATHLEEN CRUZEN	27 BACON ST PEPPERELL, MA 01463		F	3	1	4	0	0	10	1	
				6	1	4	0	0	10	1	

Please Select One of the Following: Vehicle 23 #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

<p>License # S10466624 St MA DOB/Age _____</p> <p>Sex F Lic. Class D Lic. Restrictions 1 CDL Endorsement _____</p> <p>Operator KIRrane, ROBYN S</p> <p>Address 789 BOYLSTON ST APT 1</p> <p>City CHESTNUT HILL State MA Zip 02467-1457</p> <p>Insurance Company GOVERNMENT EMPLOYEES INSU</p> <p>Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u></p> <p>Citation # (If Issued) _____</p> <p>Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____</p> <p>Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____</p>	<p>Reg # 956LY2 Reg Type PC Reg State MA</p> <p>Veh Year 2004 Veh Make HONDA Veh Config. 1</p> <p>Owner KIRrane, ROBYN S</p> <p>Address 789 BOYLSTON ST APT 1</p> <p>City CHESTNUT HILL State MA Zip 02467-1457</p> <p>Vehicle Action Prior to Crash 8 Damaged Area Code: 7 27 27 27</p> <p>Event Sequence 1 23 23 23 23 Test Status: 1 28</p> <p>Most Harmful Event 1 24 Type of Test: 29</p> <p>Driver Contributing Code 1 25 25 BAC Test Result: 1 30</p> <p>Driver Distracted by 0 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32</p> <p>Towed from scene? 3 33</p>
---	---

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"/>	1	1	4	0	0	10	1	
				3	1	4	0	0	10	1	
				6	1	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
 1 1 _____ At _____ **85 GLEN RD**
 _____ Feet **NSEW** of _____ or _____
 _____ Mile Marker _____ Exit Number
 _____ Feet **NSEW** of _____
 _____ Feet **NSEW** of _____
 _____ Route# _____ Intersecting Roadway/Street
 _____ Landmark

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped
 Crash Report ID# **20-320-AC**

License # **S74403493** St **MA** DOB/Age _____ Reg # **2HEY64** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D** **19** **19** Lic. Restrictions **20** CDL _____ Veh Year **2016** Veh Make **FORD** Veh Config. **1** **21**
 Operator **BOYAGES, CHRISTOPHER P** Owner **BOYAGES, CHRISTOPHER P**
 Address **37 HENRY J DR** Address **37 HENRY J DR**
 City **TEWKSBURY** State **MA** Zip **01876-0000** City **TEWKSBURY** State **MA** Zip **01876-0000**
 Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **1** **22** Damaged Area Code: **1** **27** **27** **27**
 Vehicle Travel Direction: **NSEW** Responding to Emergency? **2** Event Sequence **1** **23** **23** **23** **23** Test Status: **28**
 Citation # (If Issued) _____ Most Harmful Event **1** **24** Type of Test: **29**
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **19** **25** **5** **25** BAC Test Result: **30**
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0** **26** Susp. Alcohol: **31** Susp. Drug: **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	XXXXXX	XXXX	1	1	3	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 # **S14475255** St **MA** DOB/Age _____ Reg # **T31084** Reg Type **CO** Reg State **MA**
 Sex **M** Lic. Class **D** **19** **19** Lic. Restrictions **20** CDL _____ Veh Year **2008** Veh Make **FORD** Veh Config. **2** **21**
 Operator **CARTA, FRANK E JR** Owner **CARTA, FRANK E JR**
 Address **107 GLEN RD** Address **107 GLEN RD**
 City **WILMINGTON** State **MA** Zip **01887-3537** City **WILMINGTON** State **MA** Zip **01887-3537**
 Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **4** **22** Damaged Area Code: **5** **27** **27** **27**
 Vehicle Travel Direction: **NSEW** Responding to Emergency? **2** Event Sequence **1** **23** **23** **23** **23** Test Status: **28**
 Citation # (If Issued) _____ Most Harmful Event **1** **24** Type of Test: **29**
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **1** **25** **25** BAC Test Result: **30**
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0** **26** Susp. Alcohol: **31** Susp. Drug: **32**
 Towed from scene? **2** **33**

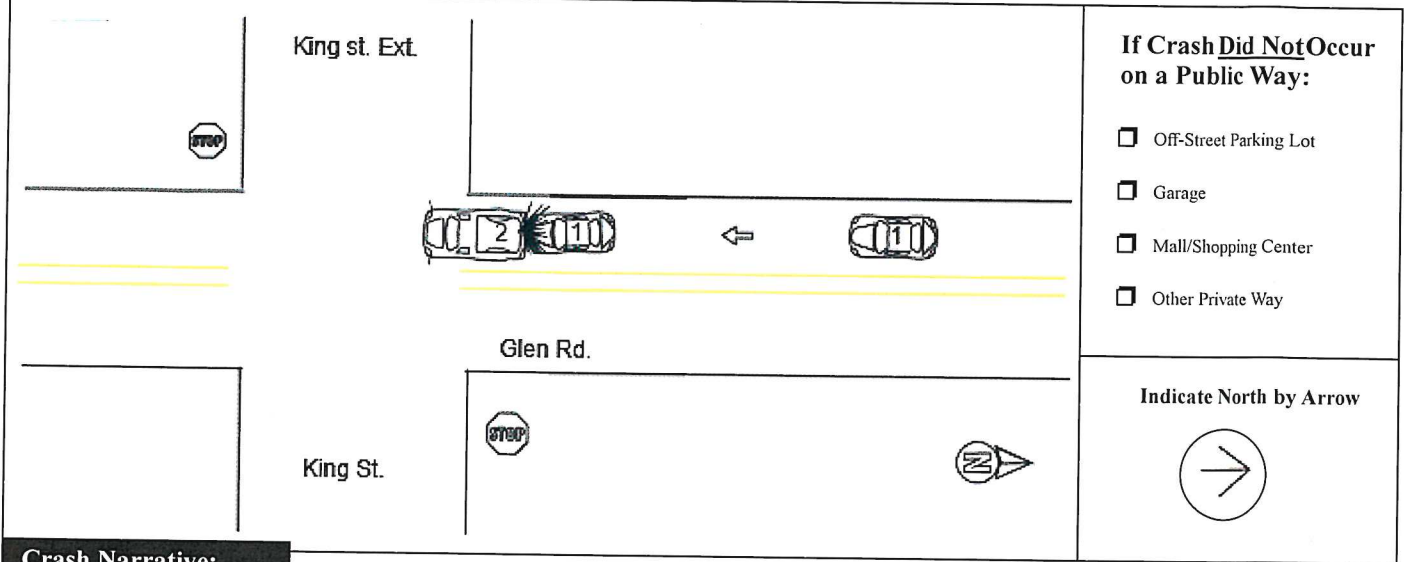
Please fill out for operator/non-motorist and all occupants involved

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	1	4	0	0	10	1	

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

Crash Diagram:

ie: → 1 → 2 → ○ → 🚲



Crash Narrative:

On 12/24/20 Car 1 while travelling SB on Glen Rd. rear ended Car 2. Car 2 was waiting as oncoming traffic subsided to take a left turn onto King St. when it was rear ended by Car 1. A&S towing towed Car 1 to their lot. Both operators refused medical by Wilmington FD/EMS.

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 Dillon Halliday 205 **Wilmington Police Department** 12/24/2020
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash 12/26/2020 Time of Crash 2217 City/Town WILMINGTON

Motor Vehicle Crash Police Report

Number Vehicles 1 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 Address # Name of Roadway/Street 615 MAIN ST Feet N S E W of Mile Marker Exit Number

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

Crash Report ID# 20-321-AC

License # S83626000 St MA DOB/Age Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement Operator CAYON, PATRICIA ANNE Address 2 WESTWOOD ST City BURLINGTON State MA Zip 01803-0000 Insurance Company THE COMMERCE INSURANCE CO Vehicle Travel Direction: N S E W Responding to Emergency? 2

Reg # 78RW47 Reg Type PC Reg State MA Veh Year 2012 Veh Make HONDA Veh Config. 1 21 Owner CAYON, PATRICIA ANNE Address 2 WESTWOOD ST City BURLINGTON State MA Zip 01803-0000 Vehicle Action Prior to Crash 1 22 Damaged Area Code: 1 27 3 27 9 27 Event Sequence 20 23 42 23 35 23 23 Test Status: 1 28 29 Type of Test: 1 30 Most Harmful Event 35 24 BAC Test Result: 1 30 Driver Contributing Code 19 25 97 25 Susp. Alcohol 2 31 Susp. Drug: 2 32 Driver Distracted by 0 26 Towed from scene? 1 33

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

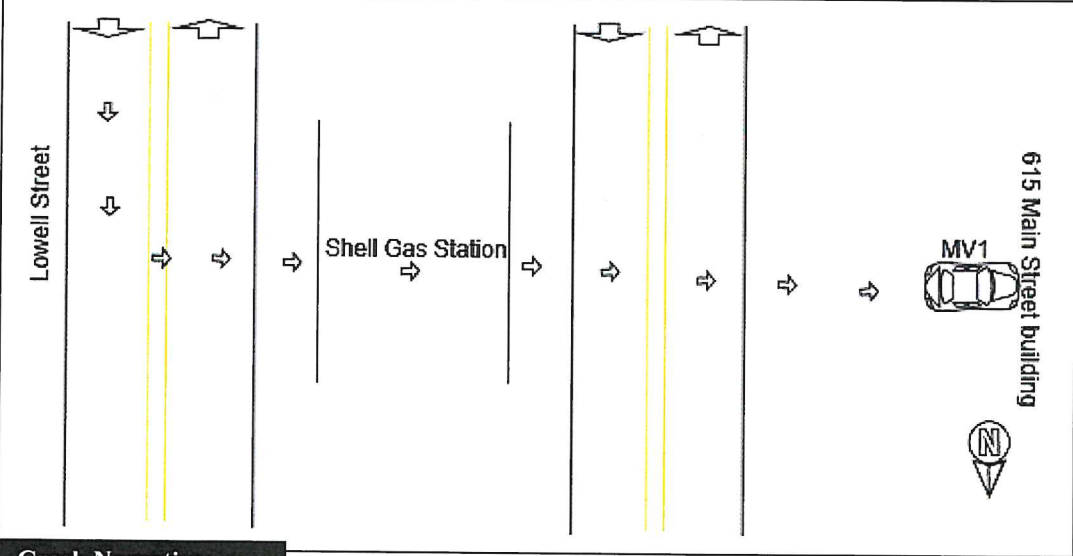
License # St DOB/Age Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement Operator Address City State Zip Insurance Company Vehicle Travel Direction: N S E W Responding to Emergency? Citation # (If Issued) Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub

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 29 Type of Test: 30 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? 33

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

Crash Diagram:

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



If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow



Crash Narrative:

Operator of motor vehicle 1, Patricia Cayon stated she was traveling West on Lowell Street, turned left into Shell Gas Station, lost control of vehicle due to "Black ice" and crashed into build at 615 Main St. I spoke with Shell employee, Todd Mitchell who stated he witnessed MV1 on Lowell St., pull into Shell lot, accelerated straight through the lot, proceeded through both travel lanes on Main St., and crashed into a building. Members of Police & Fire Dept. had to breach a door of the building to gain entry. After removing the buildings debris we were able to assist Mrs. Cayon out of the vehicle. She appeared to have sustained minor injuries, was treated by WFD / Action Ambulance, and transported to Lahey Hospital. MV1 was towed by Cains (See attachments). Officers were unable to locate any signs of "Black ice" or signs of tire brake marks. See images for damages. Also see report 20-1779-OF. The building owners were contacted and notified.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
MITCHELL TODD FREDERICK	16 ST Apt. #M HAMPTON NH 03842		1

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
DOUCETTE THOMAS CHARLES	21 SHELDON AVE WILMINGTON MA 01887		97	VACANT COMMERCIAL BUILDING

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

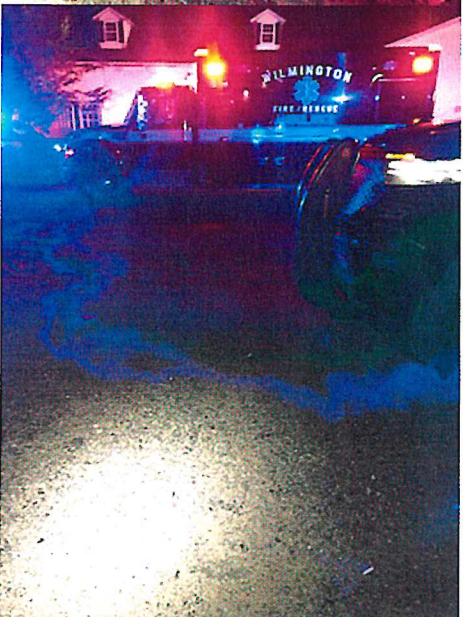
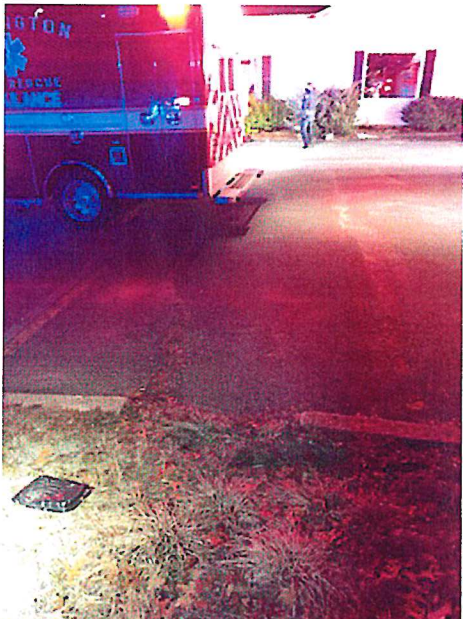
Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 46

Hazmat Information:

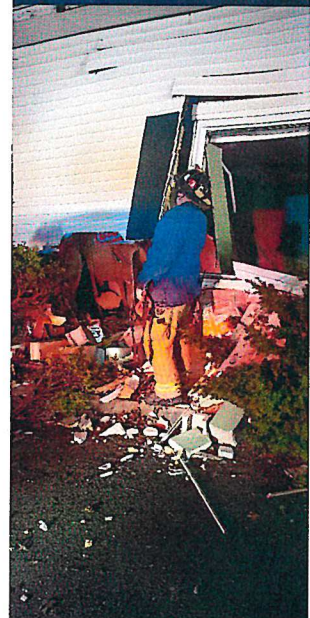
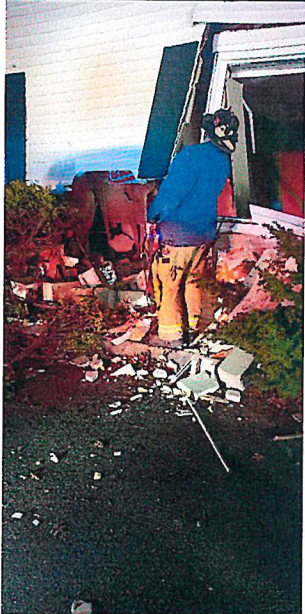
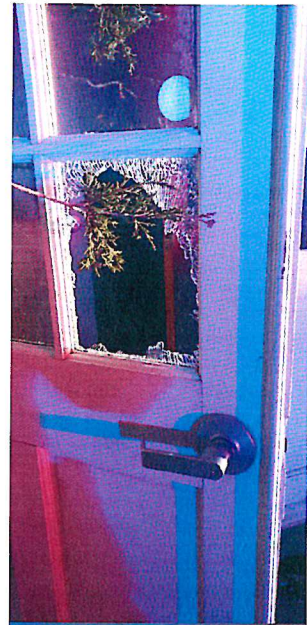
Placard 47 Material 1 digit # 48 Material Name _____ Material 4 digit # _____ Release code 49

Patrol Officer Julio J Quiles 197 Wilmington Police Department 12/26/2020
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Images Associated with 20-321-AC



Wilmington Police Department
Images Associated with 20-321-AC



Wilmington Police Department
Images Associated with 20-321-AC

