

**AT INTERSECTION:** **MIDDLESEX AVE** **< 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 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# **20-292-AC**

License # **S61189741** St. **MA** DOB/Age \_\_\_\_\_ Reg # **6CFJ60** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** Lic. Restrictions **1** CDL \_\_\_\_\_ Veh Year **2006** Veh Make **SAAB** Veh Config. **1**

Operator **DELUCA, JULIANNA N** Owner **DELUCA, MICHAEL ANTHONY**

Address **9 HODGSON ST** Address **9 HODGSON ST**

City **TEWKSBURY** State **MA** Zip **01876-3915** City **TEWKSBURY** State **MA** Zip **01876-3915**

Insurance Company **SAFETY INSURANCE COMPANY** Vehicle Action Prior to Crash **4** Damaged Area Code: **6** **27** **27** **27**

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

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

Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **99** **25** **25** BAC Test Result: **30**

Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **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
<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>	

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

License # **SA3190053** St. **MA** DOB/Age \_\_\_\_\_ Reg # **2XM716** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** Lic. Restrictions **1** CDL \_\_\_\_\_ Veh Year **2012** Veh Make **TOYOTA** Veh Config. **1**

Operator **FANIKOS, HARRISON EDWARD** Owner **FANIKOS, EDWARD J**

Address **44 MARION ST** Address **44 MARION ST**

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

Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **1** Damaged Area Code: **8** **27** **27** **27**

Vehicle Travel Direction: **N S E X** 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 **99** **25** **25** BAC Test Result: **30**

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

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

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

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>	
			<b>M</b>	<b>3</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	



**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

38 N 555 MAIN ST  
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 \_\_\_\_\_ **HEAVENLY DONUTS** Landmark

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

Crash Report ID# **20-293-AC**

License # **S57820593** St. **MA** DOB/Age \_\_\_\_\_ Reg # **2747KN** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **B** 20 CDL \_\_\_\_\_ Veh Year **2016** Veh Make **KIA** Veh Config. **1** 21

Operator **CALLAHAN, KERRIE E** Owner **CALLAHAN, MICHAEL J**

Address **125 BEDFORD ST** Address **125 BEDFORD ST**

City **BURLINGTON** State **MA** Zip **01803-2734** City **BURLINGTON** State **MA** Zip **01803-2734**

Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **1** 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) \_\_\_\_\_ Most Harmful Event **1** 24 Type of Test: **2** 29

Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **5** 25 **20** 25 BAC Test Result: **30**

Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **5** 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
<b>Operator</b>	See Above	<del>XXXXXX</del>	<del>XX</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	
				<b>5</b>	<b>4</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

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

License # **S58213936** St. **MA** DOB/Age \_\_\_\_\_ Reg # **9DM833** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL \_\_\_\_\_ Veh Year **2008** Veh Make **HONDA** Veh Config. **1** 21

Operator **PROIA, CHRISTIAN J** Owner **PROIA, CHRISTIAN J**

Address **78 ADAMS ST** Address **78 ADAMS ST**

City **NEWTON** State **MA** Zip **02458-1127** City **NEWTON** State **MA** Zip **02458-1127**

Insurance Company **ARBELLA MUTUAL INSURANCE** Vehicle Action Prior to Crash **2** 22 Damaged Area Code: **5** 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) \_\_\_\_\_ Most Harmful Event **1** 24 Type of Test: **2** 29

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

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

Towed from scene? **2** 33

Please fill out for operator/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>XX</del>	<b>1</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	



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

Route# Direction Name of Roadway/Street At Route# Direction Address # Name of Roadway/Street  
 1 1 \_\_\_\_\_ At \_\_\_\_\_ **131 LOWELL ST**  
 \_\_\_\_\_ Feet **N S E W** of \_\_\_\_\_ or \_\_\_\_\_  
 \_\_\_\_\_ Mile Marker \_\_\_\_\_ Exit Number  
 Route# Direction Name of Intersecting Roadway/Street Also at Intersection with  
 \_\_\_\_\_ 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# **20-294-AC**

License # **S66909820** St **MA** DOB/Age \_\_\_\_\_ Reg # **1MRA85** Reg Type **PC** Reg State **MA**  
 Sex **M** Lic. Class **D** <sup>19</sup>/<sub>D</sub> <sup>19</sup>/<sub>D</sub> Lic. Restrictions **1** <sup>20</sup>/<sub>20</sub> CDL Endorsement \_\_\_\_\_ Veh Year **2014** Veh Make **TOYOTA** Veh Config. **1** <sup>21</sup>/<sub>21</sub>  
 Operator **ELAHMDAOU, YASSINE** Owner **NACHEF, NICOLE ROSE**  
 Address **388 OCEAN AVE APT 207** Address **388 OCEAN AVE APT 207**  
 City **REVERE** State **MA** Zip **02151** City **REVERE** State **MA** Zip **02151-2656**  
 Insurance Company **GEICO** Vehicle Action Prior to Crash **1** <sup>22</sup>/<sub>22</sub> Damaged Area Code: **2** <sup>27</sup>/<sub>27</sub> **27** <sup>27</sup>/<sub>27</sub>  
 Vehicle Travel Direction: **N S E W** Responding to Emergency? **2** Event Sequence **1** <sup>23</sup>/<sub>23</sub> **23** <sup>23</sup>/<sub>23</sub> **23** <sup>23</sup>/<sub>23</sub> Test Status: **1** <sup>28</sup>/<sub>28</sub>  
 Citation # (If Issued) **T2445664** Most Harmful Event **1** <sup>24</sup>/<sub>24</sub> Type of Test: **2** <sup>29</sup>/<sub>29</sub>  
 Viol. 1: Ch/Sec/Sub **90** **10** Viol. 2: Ch/Sec/Sub **720** **906** Driver Contributing Code **4** <sup>25</sup>/<sub>25</sub> **19** <sup>25</sup>/<sub>25</sub> BAC Test Result: **1** <sup>30</sup>/<sub>30</sub>  
 Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **0** <sup>26</sup>/<sub>26</sub> Susp. Alcohol: **2** <sup>31</sup>/<sub>31</sub> Susp. Drug: **2** <sup>32</sup>/<sub>32</sub>  
 Towed from scene? **3** <sup>33</sup>/<sub>33</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	<del>XXXXXX</del>	<del>XX</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

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

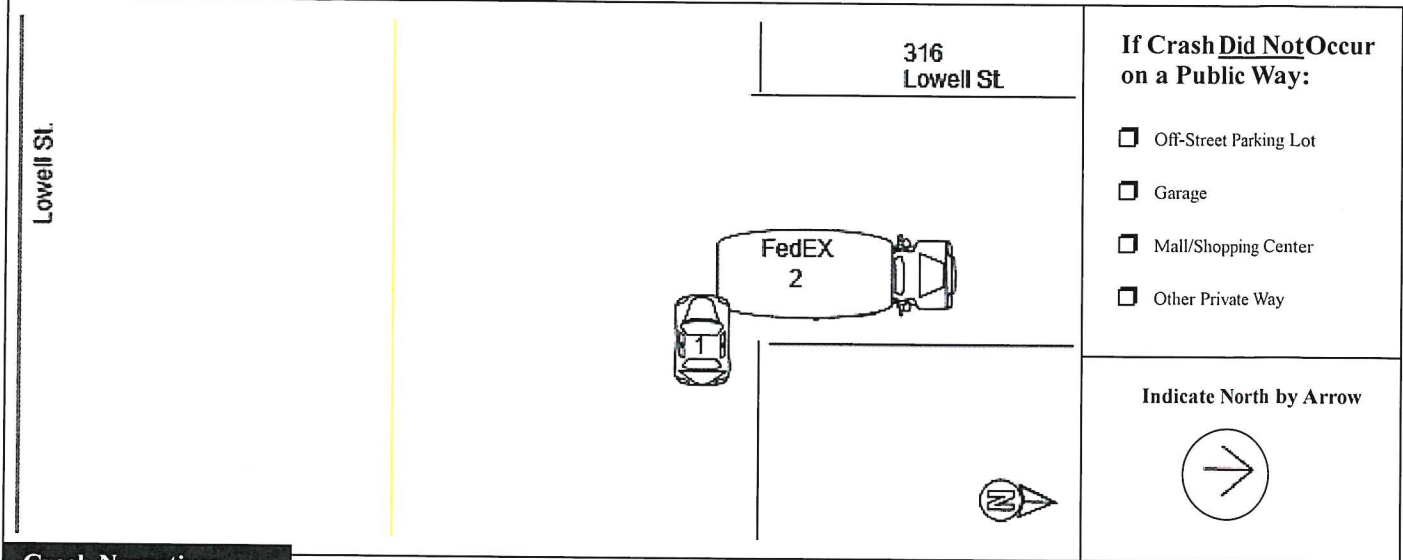
License # **S21545565** St **MA** DOB/Age \_\_\_\_\_ Reg # **V92782** Reg Type **CO** Reg State **MA**  
 Sex **M** Lic. Class **D** <sup>19</sup>/<sub>D</sub> <sup>19</sup>/<sub>D</sub> Lic. Restrictions **1** <sup>20</sup>/<sub>20</sub> CDL Endorsement \_\_\_\_\_ Veh Year **2005** Veh Make **Other-not listed** Veh Config. **97** <sup>21</sup>/<sub>21</sub>  
 Operator **SCHUENG, GUILHERME** Owner **ALPHA DELIVERY INC**  
 Address **29 E BORDER RD** Address **114 OLIVER ST APT 1**  
 City **MALDEN** State **MA** Zip **02148-1103** City **MALDEN** State **MA** Zip **02148**  
 Insurance Company **PROTECTIVE INSURANCE CO.** Vehicle Action Prior to Crash **4** <sup>22</sup>/<sub>22</sub> Damaged Area Code: **4** <sup>27</sup>/<sub>27</sub> **27** <sup>27</sup>/<sub>27</sub>  
 Vehicle Travel Direction: **S E W** Responding to Emergency? **2** Event Sequence **1** <sup>23</sup>/<sub>23</sub> **23** <sup>23</sup>/<sub>23</sub> **23** <sup>23</sup>/<sub>23</sub> Test Status: **1** <sup>28</sup>/<sub>28</sub>  
 Citation # (If Issued) \_\_\_\_\_ Most Harmful Event **1** <sup>24</sup>/<sub>24</sub> Type of Test: **2** <sup>29</sup>/<sub>29</sub>  
 Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **1** <sup>25</sup>/<sub>25</sub> **25** <sup>25</sup>/<sub>25</sub> BAC Test Result: **1** <sup>30</sup>/<sub>30</sub>  
 Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **0** <sup>26</sup>/<sub>26</sub> Susp. Alcohol: **2** <sup>31</sup>/<sub>31</sub> Susp. Drug: **2** <sup>32</sup>/<sub>32</sub>  
 Towed from scene? **2** <sup>33</sup>/<sub>33</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	<del>XXXXXX</del>	<del>XX</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

### 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:

M/V 1 was travelling westbound on Lowell St. M/V 2 was turning in 316 Lowell St. As M/V 2 was completing the turn M/V 1 crashed into the rear bumper of M/V 2.

Refer to 20-361-AR

### 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 **Brian Tavares** 206 **Wilmington Police Department** 12/08/2020  
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

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

1 1 Route# Direction Name of Roadway/Street At Route# Direction Address # Name of Roadway/Street **773 SALEM ST**

2 1 Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street

3 1 Route# Direction Name of Intersecting Roadway/Street

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

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

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

Please Select One of the Following:  Vehicle 1 #Occupants  Hit/Run  Moped Crash Report ID# **20-295-AC**

License # **06JNC69021** St **NH** DOB/Age \_\_\_\_\_ Reg # **5936A** Reg Type **AP** Reg State **MA**

Sex **M** Lic. Class **A** 19 19 Lic. Restrictions **B** 20 CDL \_\_\_\_\_ Veh Year **2017** Veh Make **Other-not listed** Veh Config. **10** 21

Operator **JOHNSON, CRAIG A** Owner **W L FRENCH JR TRUCKING CO INC**

Address **5 WILDWOOD LN** Address **14 STERLING RD**

City **NASHUA** State **NH** Zip **03060-4337** City **N BILLERICA** State **MA** Zip **01862-0000**

Insurance Company **HARTFORD FIRE INSURANCE C** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **11** 27 **27** 27

Vehicle Travel Direction: **N S E W** Responding to Emergency? **2** Event Sequence **40** 23 **23** 23 **23** 21 23 Test Status: **1** 28

Citation # (If Issued) \_\_\_\_\_ Most Harmful Event **30** 24 Type of Test: **29**

Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **20** 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? **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
<b>Operator</b>	See Above	<del>XXXXXX</del>	<del>XXXX</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

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

License # \_\_\_\_\_ St \_\_\_\_\_ DOB/Age \_\_\_\_\_ Reg # \_\_\_\_\_ Reg Type \_\_\_\_\_ Reg State \_\_\_\_\_

Sex \_\_\_\_\_ Lic. Class **19** **19** Lic. Restrictions **20** CDL \_\_\_\_\_ Veh Year \_\_\_\_\_ Veh Make \_\_\_\_\_ Veh Config. **21**

Operator \_\_\_\_\_ Owner \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

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

Insurance Company \_\_\_\_\_ Vehicle Action Prior to Crash **22** Damaged Area Code: **27** **27** **27**

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

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

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

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

Towed from scene? **33**

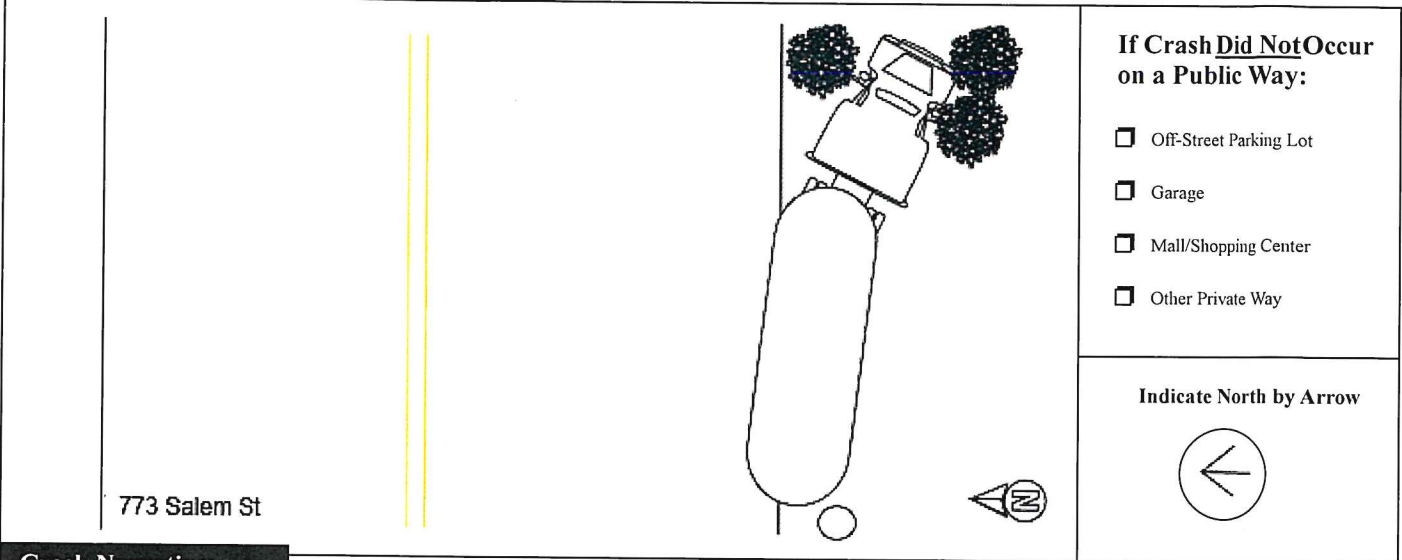
Please fill out for operator/non-motorist and all occupants involved

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

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

**Crash Diagram:**

ie: → 1 → 2 → ○ → ○



**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 traveling east on Salem St traveling approximately 40mph. The operator of MV1 reported the front end of the tractor kicked out causing him pull to the right and off of the roadway. After leaving the roadway MV1 caused damage to the utility pole, fence, and a street sign. The operator stated he was unsure if he attempted to break prior to the crash. The State Police truck team responded to the crash, Trooper Scanlon and Trooper Browning. The operator of MV1 reported no injuries.

**Witnesses:**

Name (Last,First,Middle)	Address	Phone #	Statement
HART BRIAN	7 HARWOOD ST BEVERLY MA 01915-1413		

**Property Damage:**

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
SHEA CONCRETE	773 SALEM ST WILMINGTON MA 01887			FENCE
TOWN OF WILMINTON	121 GLEN RD WILMINGTON MA 01887			STREET SIGN

**Truck and Bus Information:**

Registration # 5936A (From Vehicle Section)

Carrier Name WL French Jr Trucking CO INC Bus Use 0 <sup>42</sup>

Address 14 STERLING RD City BILLERICA St MA Zip 01821

US DOT #: 1295809 State Number \_\_\_\_\_ Issuing State MA MC/MX/ICC #: \_\_\_\_\_

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

Trailer Reg #: 3352B Reg Type AP Reg State MA Reg Year 2020 Trailer Length 4 <sup>46</sup>

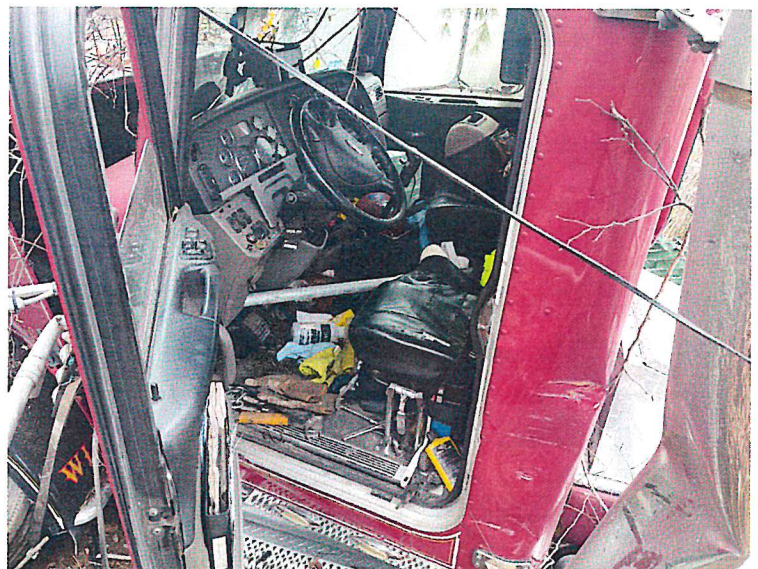
**Hazmat Information:**

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

Patrol Officer Meghan Sousa Signature 214 Department Wilmington Police Department Date 12/09/2020  
 Police Officer Name (Please Print) ID/Badge # Department Precinct/Barracks Date

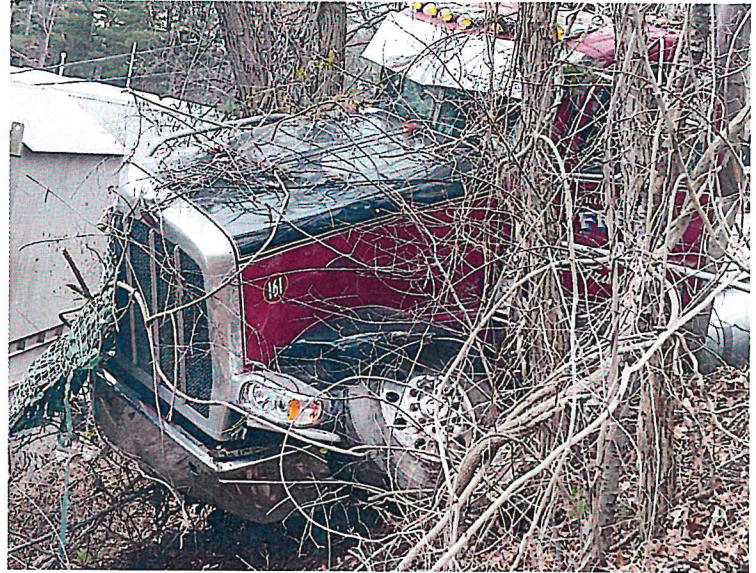


Wilmington Police Department  
Images Associated with 20-295-AC





Wilmington Police Department  
Images Associated with 20-295-AC





<b>Police Use Only</b>			<b>Commonwealth of Massachusetts</b>				<b>RMV Document Number</b>								
Date of Crash 12/10/2020	Time of Crash 1140 24HR	City/Town <b>Wilmington</b>	<b>Motor Vehicle Crash Police Report</b>			Number Vehicles 2	Number Injured 0	Speed Limit <u>30</u>	Latitude _____	Longitude _____	State Police <input type="checkbox"/>	Local Police <input type="checkbox"/>	MBTA Police <input type="checkbox"/>	Campus Police <input type="checkbox"/>	Other: _____ <input type="checkbox"/>

<b>AT INTERSECTION:</b>	<b>&lt; LOCATION &gt;</b>	<b>NOT AT INTERSECTION:</b>
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<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">Route#</td> <td style="width: 10%;">Direction</td> <td style="width: 75%;">Name of Roadway/Street</td> </tr> <tr> <td colspan="3" style="text-align: center;">At</td> </tr> <tr> <td>Route#</td> <td>Direction</td> <td>Name of Intersecting Roadway/Street</td> </tr> <tr> <td colspan="3" style="text-align: center;">Also at Intersection with</td> </tr> <tr> <td>Route#</td> <td>Direction</td> <td>Name of Intersecting Roadway/Street</td> </tr> </table>	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	2	10	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">Route#</td> <td style="width: 10%;">Direction</td> <td style="width: 10%;">Address #</td> <td style="width: 70%;">Name of Roadway/Street</td> </tr> <tr> <td colspan="4">_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____</td> </tr> <tr> <td colspan="2"></td> <td style="text-align: center;">Mile Marker</td> <td style="text-align: center;">Exit Number</td> </tr> <tr> <td>Route#</td> <td>Direction</td> <td>Address #</td> <td>Name of Roadway/Street</td> </tr> <tr> <td colspan="4">_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W of _____</td> </tr> <tr> <td colspan="4" style="text-align: center;">Landmark</td> </tr> </table>	Route#	Direction	Address #	Name of Roadway/Street	_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____						Mile Marker	Exit Number	Route#	Direction	Address #	Name of Roadway/Street	_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W of _____				Landmark				2	11
Route#	Direction	Name of Roadway/Street																																										
At																																												
Route#	Direction	Name of Intersecting Roadway/Street																																										
Also at Intersection with																																												
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_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" 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>20-296-AC</b>
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License # <u>S31036616</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>RYAN, DONOVAN F</u> Address <u>10 MARIE DR</u> City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-1414</u> Insurance Company <u>ARBELLA MUTUAL INSURANCE</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) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # <u>1VEM63</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2013</u> Veh Make <u>CHEVROLET</u> Veh Config. <u>1</u> <u>21</u> Owner <u>RYAN, DONOVAN F</u> Address <u>10 MARIE DR</u> City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-1414</u> Vehicle Action Prior to Crash <u>2</u> <u>22</u> Damaged Area Code: <u>5</u> <u>27</u> <u>10</u> <u>27</u> <u>27</u> Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u> Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u> Driver Contributing Code <u>1</u> <u>25</u> <u>25</u> BAC Test Result: <u>30</u> Driver Distracted by <u>0</u> <u>26</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u> Towed from scene? <u>2</u> <u>33</u>
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Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator</b>	See Above	<del>XXXXXX</del>	<del>XXXX</del>	1	1	4	0	0	10	1	

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

License # <u>511792892</u> St <u>NY</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>FELIZMELO, ERIX M</u> Address <u>2735 UNIVERSITY E2 APT BRONX</u> City <u>OUT OF STATE</u> State <u>NY</u> Zip <u>10468</u> Insurance Company _____ 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) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # <u>1AP456</u> Reg Type <u>AP</u> Reg State <u>NH</u> Veh Year <u>2016</u> Veh Make <u>International</u> Veh Config. <u>2</u> <u>21</u> Owner <u>FINAL MILE LEASING LLC</u> Address <u>175 HERITAGE AVE</u> City <u>PORTSMOUTH</u> State <u>NH</u> Zip <u>03801</u> Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>1</u> <u>27</u> <u>27</u> <u>27</u> Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u> Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u> Driver Contributing Code <u>20</u> <u>25</u> <u>19</u> <u>25</u> BAC Test Result: <u>30</u> Driver Distracted by <u>5</u> <u>26</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u> Towed from scene? <u>2</u> <u>33</u>
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Please fill out for operator/non-motorist and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator/Non-Motorist</b>	See Above	<del>XXXXXX</del>	<del>XXXX</del>	1	1	4	0	0	10	1	
<b>STHARLYN YNOA</b>	205 FERRY STREET 1ST FL LAWRENCE, MA 01841-1319		M	3	1	4	0	0	10	1	



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

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

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

Please Select One of the Following:  Vehicle 1 #Occupants  Hit/Run  Moped  
 Crash Report ID# **20-297-AC**

License # **S22408676** St. **MA** DOB/Age. \_\_\_\_\_ Reg # **6ST198** Reg Type **PC** Reg State **MA**  
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL \_\_\_\_\_ Veh Year **2008** Veh Make **FORD** Veh Config. **1** 21  
 Operator **COWARD, JOSHUA R** Owner **COWARD, PATRICIA E**  
 Address **65 PARKER AVE** Address **65 PARKER AVE**  
 City **TEWKSBURY** State **MA** Zip **01876-4463** City **TEWKSBURY** State **MA** Zip **01876-4463**  
 Insurance Company **ALLSTATE INSURANCE COMPAN** Vehicle Action Prior to Crash **4** 22 Damaged Area Code: 3 27 0 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: 29  
 Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **4** 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? **1** 33

Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator</b>	See Above	<del>XXXXXX</del>	<del>M</del>	<b>1</b>	<b>99</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

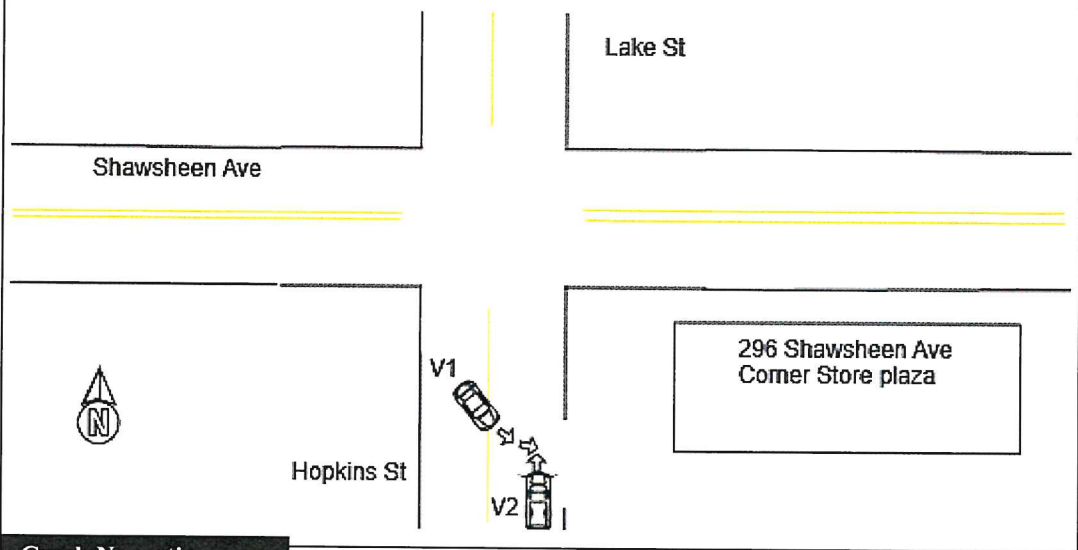
Please Select One of the Following:  Vehicle 2 #Occupants  Non-Motorist A Type **15** Action **16** Location **17** Condition **18**  Hit/Run  Moped

License # **S50737436** St. **MA** DOB/Age. \_\_\_\_\_ Reg # **9SW235** Reg Type **PC** Reg State **MA**  
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL \_\_\_\_\_ Veh Year **2018** Veh Make **GMC** Veh Config. **1** 21  
 Operator **PINTO, HECTOR O** Owner **PINTO, HECTOR O**  
 Address **42 SHERIDAN ST** Address **42 SHERIDAN ST**  
 City **BILLERICA** State **MA** Zip **01821-5804** City **BILLERICA** State **MA** Zip **01821-5804**  
 Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: 8 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) \_\_\_\_\_ Most Harmful Event **1** 24 Type of Test: 29  
 Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **1** 25 25 BAC Test Result: 1 30  
 Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **0** 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32  
 Towed from scene? **1** 33

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

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

**Crash Diagram:**



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

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

Indicate North by Arrow

**Crash Narrative:**

V1 attempted to turn in the the plaza from Hopkins St when a vehicle in the left turn only lane stopped to let them go. While V1 attempted to turn into the parking lot, V2 who was traveling towards the intersection at Shawsheen Ave struck V1. No one was injured as a result of this accident and refused medical treatment offered to them. Both vehicles were towed from the scene by Forrest towing to there facility

**Witnesses:**

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

**Property Damage:**

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

**Truck and Bus Information:**

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

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

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

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

Interstate  43    Cargo Body Type Code  44    GVWR/GCWR  45

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

**Hazmat Information:**  
 Placard  47    Material 1 digit #  48    Material Name \_\_\_\_\_ Material 4 digit # \_\_\_\_\_ Release code  49

Patrol Officer Michael E Johnson    199    Wilmington Police Department    12/10/2020  
 Police Officer Name (Please Print)    Signature    ID/Badge #    Department    Precinct/Barracks    Date

CDP1 11-24-00

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

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# 20-298-AC

License # S58416746 St MA DOB/Ag Reg # 895GY7 Reg Type PC Reg State MA

Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement Veh Year 2009 Veh Make FORD Veh Config. 1 21

Operator BELCHER, JONATHAN MISTLER Owner BELCHER, JONATHAN MISTLER

Address 100 JOSEPHINE AVE APT 2 Address 100 JOSEPHINE AVE APT 2

City SOMERVILLE State MA Zip 02144-2207 City SOMERVILLE State MA Zip 02144-2207

Insurance Company PLYMOUTH ROCK ASSURANCE C Vehicle Action Prior to Crash 1 22 Damaged Area Code: 1 27 2 27 27

Vehicle Travel Direction:  S  E  W Responding to Emergency? 2 Event Sequence 10 23 23 23 23 Test Status: 1 28

Citation # (If Issued) Most Harmful Event 10 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

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

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

License # S12557665 St MA DOB/Ag Reg # 84W860 Reg Type PC Reg State MA

Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement Veh Year 2008 Veh Make CHEVROLET Veh Config. 2 21

Operator MCISAAC, RYAN MATHIEU Owner MCISAAC, RYAN MATHIEU

Address 16 SUSAN DR Address 16 SUSAN DR

City BILLERICA State MA Zip 01821-4441 City BILLERICA State MA Zip 01821-4441

Insurance Company PLYMOUTH ROCK ASSURANCE C Vehicle Action Prior to Crash 1 22 Damaged Area Code: 8 27 1 27 27

Vehicle Travel Direction:  S  E  W Responding to Emergency? 2 Event Sequence 10 23 23 23 23 Test Status: 1 28

Citation # (If Issued) Most Harmful Event 10 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/non-motorist and all occupants involved

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

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

Route# **4** 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 # **844** **WOBURN ST** 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 **31** #Occupants  Hit/Run  Moped Crash Report ID# **20-298-AC**

License # **S49520452** St **MA** DOB/Age \_\_\_\_\_ Reg # **2AK752** Reg Type **PC** Reg State **MA**  
 Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL \_\_\_\_\_ Veh Year **2017** Veh Make **Jeep** Veh Config. **1** 21  
 Operator **RILEY, SANDRA J** Owner **RILEY, SANDRA J**  
 Address **22 PARKER ST** Address **22 PARKER ST**  
 City **WILMINGTON** State **MA** Zip **01887-2918** City **WILMINGTON** State **MA** Zip **01887-2918**  
 Insurance Company **LIBERTY MUTUAL INSURANCE** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **99** 27 27 27  
 Vehicle Travel Direction:  **S E W** Responding to Emergency? **2** Event Sequence **10** 23 23 23 23 Test Status: **1** 28  
 Citation # (If Issued) \_\_\_\_\_ Most Harmful Event **10** 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

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

Please Select One of the Following:  Vehicle **41** #Occupants  Non-Motorist A Type **15** Action **16** Location **17** Condition **18**  Hit/Run  Moped

License # **S43039145** St **MA** DOB/Age \_\_\_\_\_ Reg # **BR12EJ** Reg Type **PC** Reg State **MA**  
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL \_\_\_\_\_ Veh Year **2003** Veh Make **FORD** Veh Config. **2** 21  
 Operator **BURKE, GREGORY THOMAS** Owner **BURKE, GREGORY THOMAS**  
 Address **715 WOBUEN ST** Address **715 WOBUEN ST**  
 City **WILMINGTON** State **MA** Zip **01887-3422** City **WILMINGTON** State **MA** Zip **01887-3422**  
 Insurance Company **CITIZENS INSURANCE COMPAN** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **0** 27 27 27  
 Vehicle Travel Direction:  **S E W** Responding to Emergency? **2** Event Sequence **51** 23 23 23 23 Test Status: **1** 28  
 Citation # (If Issued) **T2061733** Most Harmful Event **51** 24 Type of Test: **29**  
 Viol. 1: Ch/Sec/Sub **85** **36** Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **97** 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

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator/Non-Motorist</b>	See Above	<del>XXXXXX</del>	<del>XXXX</del>	<b>1</b>	<b>10</b>	<b>5</b>	<b>3</b>	<b>0</b>	<b>10</b>	<b>1</b>	





<b>Police Use Only</b>			<b>Commonwealth of Massachusetts</b>				<b>RMV Document Number</b>						
Date of Crash 12/11/2020	Time of Crash 1804 24HR	City/Town Wilmington	<b>Motor Vehicle Crash Police Report</b>			Number Vehicles 2	Number Injured 0	Speed Limit <u>30</u>	State Police <input type="checkbox"/>	Local Police <input checked="" 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>520</u> Name of Roadway/Street <u>MAIN ST</u>	
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 _____ or _____ Mile Marker _____ Exit Number _____	
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____	_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____	
	_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____	

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

Crash Report ID# **20-299-AC**

License # <u>S57546158</u> St <u>MA</u> DOB/Agc _____	Reg # <u>IC971</u> Reg Type <u>PC</u> Reg State <u>MA</u>
Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>B</u> <u>20</u> CDL _____ Endorsement _____	Veh Year <u>2017</u> Veh Make <u>MERCEDES-BENZ</u> Veh Config. <u>1</u> <u>21</u>
Operator <u>PAQUIN, MICHAEL J</u> Last First Middle	Owner <u>PAQUIN, MICHAEL J</u> Last First Middle
Address <u>1 OLSON ST APT 2</u>	Address <u>1 OLSON ST APT 2</u>
City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-2455</u>	City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-2455</u>
Insurance Company <u>ARBELLA MUTUAL INSURANCE</u>	Vehicle Action Prior to Crash <u>2</u> <u>22</u> Damaged Area Code: <u>5</u> <u>27</u> <u>4</u> <u>27</u> <u>27</u>
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u>	Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>28</u>
Citation # (If Issued) _____	Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code <u>1</u> <u>25</u> <u>25</u> BAC Test Result: <u>30</u>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by <u>26</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u>
	Towed from scene? <u>2</u> <u>33</u>

Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Sent 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"/>	<u>1</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	

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

License # <u>P340478088577</u> St <u>MD</u> DOB/Agc _____	Reg # <u>3KD616</u> Reg Type <u>PC</u> Reg State <u>MA</u>
Sex <u>M</u> Lic. Class <u>C</u> <u>19</u> <u>19</u> Lic. Restrictions _____ CDL _____ Endorsement _____	Veh Year <u>2012</u> Veh Make <u>HONDA</u> Veh Config. <u>1</u> <u>21</u>
Operator <u>KRUSHNABHAI, BHARATBHAI</u> Last First Middle	Owner <u>PATEL, URVASHIBEN B</u> Last First Middle
Address <u>304 DOWN WOOD DR</u>	Address <u>11 CLEVELAND AVE</u>
City <u>EDGEWATER</u> State <u>MD</u> Zip <u>21037</u>	City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-2804</u>
Insurance Company <u>GOVERNMENT EMPLOYEES INSU</u>	Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>8</u> <u>27</u> <u>1</u> <u>27</u> <u>2</u> <u>27</u>
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u>	Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>28</u>
Citation # (If Issued) _____	Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code <u>19</u> <u>25</u> <u>5</u> <u>25</u> BAC Test Result: <u>30</u>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	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>
	Towed from scene? <u>2</u> <u>33</u>

Please fill out for operator/non-motorist and all occupants involved		DOB/Age	Sex	34 Sent 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"/>	<u>1</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	

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

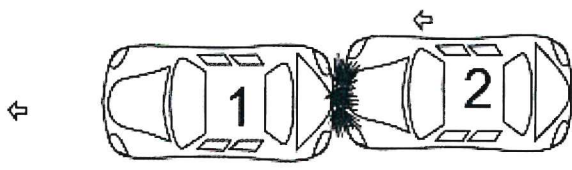
**Crash Diagram:**

ie: → 1 → 2 → ○ → ○

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

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

Indicate North by Arrow



Main Street/Route 38



**Crash Narrative:**

MV1 was traveling northbound on Main Street/Route 38 in traffic. MV2 was also traveling northbound on Main Street/Route 38 in traffic. MV1 came to a stop in traffic. MV2 continued traveling straight ahead, and was unable to come to a stop in time. MV2 struck the rear end of MV1 which was still stopped. MV1 suffered center and right rear end damage. MV2 suffered front end damage. There were no injuries and both vehicles were able to driven from the scene.

**Witnesses:**

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

**Property Damage:**

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

**Truck and Bus Information:**

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

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

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

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

Interstate  43    Cargo Body Type Code  44    GVWR/GCWR  45

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

**Hazmat Information:**

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

Patrol Officer Michael A Wilson

209

Wilmington Police Department

12/11/2020

Police Officer Name (Please Print)

Signature

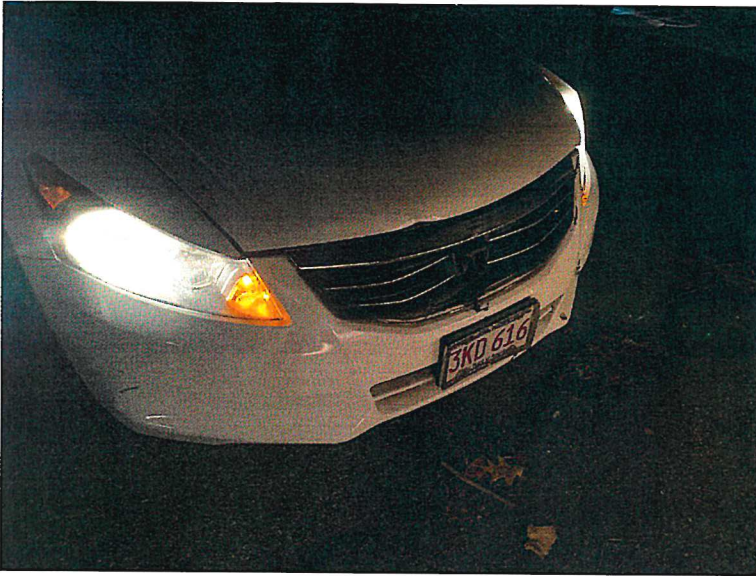
ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department  
Images Associated with 20-299-AC





<b>Police Use Only</b>		<b>Commonwealth of Massachusetts</b>				<b>RMV Document Number</b>				
Date of Crash 12/11/2020	Time of Crash 1909 24HR	City/Town Wilmington		<b>Motor Vehicle Crash Police Report</b>		Number Vehicles 2	Number Injured 0	Speed Limit <u>25</u>	State Police <input type="checkbox"/>	Local Police <input type="checkbox"/>
						Latitude _____	Longitude _____	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>
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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 _____	2	10	Route# _____ Direction _____ Address # <u>246</u> Name of Roadway/Street <u>MIDDLESEX AVE</u> _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____ Mile Marker _____ Exit Number _____ _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____ _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____	4	11
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Please Select One of the Following:	<input checked="" type="checkbox"/> Vehicle <u>12</u> #Occupants	<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped	Crash Report ID# <b>20-300-AC</b>
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License # <u>S08810450</u> St <u>MA</u> DOB/Age <u>1</u> Sex <u>F</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____ Operator <u>MATTHEWS, ASHLEY D</u> Address <u>8 ALLENDALE AVE</u> City <u>BILLERICA</u> State <u>MA</u> Zip <u>01821-5957</u> Insurance Company <u>AMICA MUTUAL INSURANCE CO</u> Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u> Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	1	12	Reg # <u>896PH3</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2019</u> Veh Make <u>CHEVROLET</u> Veh Config. <u>2</u> Owner <u>MATTHEWS, ASHLEY D</u> Address <u>8 ALLENDALE AVE</u> City <u>BILLERICA</u> State <u>MA</u> Zip <u>01821-5957</u> Vehicle Action Prior to Crash <u>9</u> Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Most Harmful Event <u>1</u> <u>24</u> Driver Contributing Code <u>19</u> <u>25</u> <u>25</u> Driver Distracted by <u>99</u> <u>26</u>	1	13
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Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator</b>		See Above		<del>X</del>	<del>X</del>	<del>X</del>	<del>X</del>	<del>X</del>	<del>X</del>	<del>X</del>	
<b>SEAN DYER</b>	7 RICHARDSON ST WOBURN, MA 01801		M	3	1	4	0	0	10	1	

Please Select One of the Following:	<input checked="" type="checkbox"/> Vehicle <u>22</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 # <u>06YNM80101</u> St <u>NH</u> DOB/Age _____ Sex <u>M</u> Lic. Class <u>B</u> <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____ Operator <u>YOUNGMAN, MICHAEL L</u> Address <u>260 CENTER HILL RD</u> City <u>EPSOM</u> State <u>NH</u> Zip <u>03234</u> Insurance Company _____ Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u> Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	8	2	Reg # <u>4540934</u> Reg Type <u>PC</u> Reg State <u>NH</u> Veh Year <u>2016</u> Veh Make <u>GMC</u> Veh Config. <u>2</u> Owner <u>YOUNGMAN, MICHAEL L</u> Address <u>260 CENTER HILL RD</u> City <u>EPSOM</u> State <u>NH</u> Zip <u>03234</u> Vehicle Action Prior to Crash <u>2</u> Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Most Harmful Event <u>1</u> <u>24</u> Driver Contributing Code <u>1</u> <u>25</u> <u>25</u> Driver Distracted by <u>0</u> <u>26</u>	1	14
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Please fill out for operator/non-motorist and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator/Non-Motorist</b>		See Above		<del>X</del>	<del>X</del>	<del>X</del>	<del>X</del>	<del>X</del>	<del>X</del>	<del>X</del>	
<b>CHRISTINA POWELL</b>	10 BAILEY DR BOSCAWEN, NH 03303		F	3	1	4	0	0	10	1	



<b>AT INTERSECTION:</b>			<b>&lt; LOCATION &gt;</b>	<b>NOT AT INTERSECTION:</b>		
Route# _____ Direction _____ Name of Roadway/Street _____			Route# _____ Direction _____ Address # _____ Name of Roadway/Street <b>WILDWOOD ST</b>			
At			_____ Feet <b>N S E W</b> of _____ • _____ or _____			
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			_____ Feet _____ Mile Marker _____ Exit Number _____			
Also at Intersection with			_____ Feet <b>N S E W</b> of _____			
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			_____ Feet <b>N S E W</b> of _____			
			_____ Landmark _____			

Please Select One of the Following:		<input checked="" type="checkbox"/> Vehicle 13 #Occupants	<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped	Crash Report ID# <b>20-301-AC</b>
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License # <b>S53992292</b> St <b>MA</b> DOB/Agc _____		Reg # <b>1RBL61</b> Reg Type <b>PC</b> Reg State <b>MA</b>	
Sex <b>M</b> Lic. Class <b>D</b> Lic. Restrictions <b>1</b> CDL _____	Veh Year <b>2009</b> Veh Make <b>TOYOTA</b> Veh Config. <b>1</b>		
Operator <b>TRUELLE, JASON A</b>		Owner <b>NASH, MICHAEL J</b>	
Address <b>10 EMERSON ST</b>		Address <b>14 SANDRA AVE</b>	
City <b>WILMINGTON</b> State <b>MA</b> Zip <b>01887-1720</b>		City <b>BURLINGTON</b> State <b>MA</b> Zip <b>01803-1044</b>	
Insurance Company <b>METROPOLITAN PROPERTY AND</b>		Vehicle Action Prior to Crash <b>4</b>	
Vehicle Travel Direction: <b>N S E W</b> Responding to Emergency? <b>2</b>		Damaged Area Code: <b>8 27 27 27</b>	
Citation # (If Issued) _____		Event Sequence <b>35 23 23 23 23</b>	
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____		Most Harmful Event <b>35 24</b>	
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____		Driver Contributing Code <b>7 25 25</b>	
		Driver Distracted by <b>0 26</b>	
		BAC Test Result: <b>1 30</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>		See Above		<del>X</del>	<del>X</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>
<b>DAVID WOODWORTH</b>	1076 CHANDLER ST TEWKSBURY, MA 01876		<b>M</b>	<b>3</b>	<b>0</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>9</b>	<b>1</b>		
<b>MICHAEL NASH</b>	14 SANDRA AVE BURLINGTON, MA 01803-1044		<b>M</b>	<b>4</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:		<input type="checkbox"/> Vehicle 2 #Occupants	<input type="checkbox"/> Non-Motorist A Type <b>15</b> Action <b>16</b> Location <b>17</b> Condition <b>18</b>	<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped
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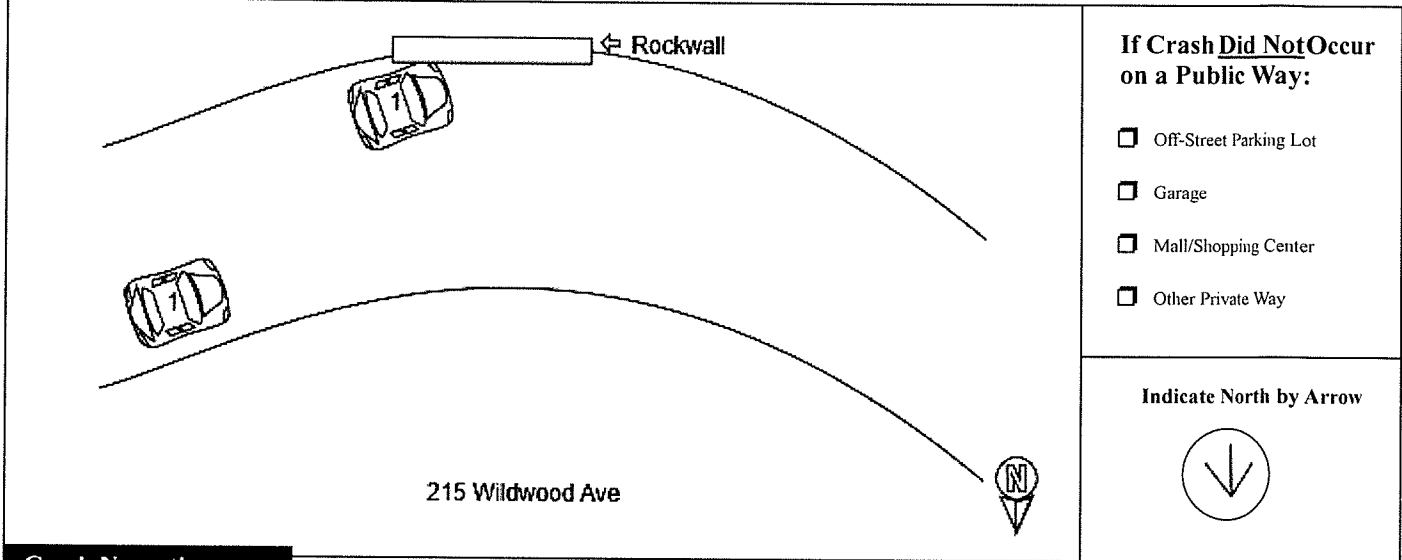
License # _____ St _____ DOB/Agc _____		Reg # _____ Reg Type _____ Reg State _____	
Sex _____ Lic. Class <b>19 19</b> Lic. Restrictions <b>20</b> CDL _____	Veh Year _____ Veh Make _____ Veh Config. <b>21</b>		
Operator _____		Owner _____	
Address _____		Address _____	
City _____ State _____ Zip _____		City _____ State _____ Zip _____	
Insurance Company _____		Vehicle Action Prior to Crash <b>22</b>	
Vehicle Travel Direction: <b>N S E W</b> Responding to Emergency? _____		Damaged Area Code: <b>27 27 27</b>	
Citation # (If Issued) _____		Event Sequence <b>23 23 23 23</b>	
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____		Most Harmful Event <b>24</b>	
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____		Driver Contributing Code <b>25 25</b>	
		Driver Distracted by <b>26</b>	
		BAC Test Result: <b>30</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>		See Above		<del>X</del>	<del>X</del>	<b>1</b>					

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

**Crash Diagram:**

ie: → 1 → 2 → ♂ → ⚙



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

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

Indicate North by Arrow



**Crash Narrative:**

MV 1 just turned onto Wildwood Ave from Woburn St. Operator of MV 1 originally stated that he hit black ice and slid off the roadway. I informed the operator that there was no ice on the roadway due to temperatures being close to 40 degrees. The operator then stated he was driving too fast for the turn and went off the roadway striking the rockwall belonging to the resident at 215 Wildwood Ave. There was minor damage to the rocks. Operator and vehicle information was given to resident at 215 Wildwood Ave. Passenger, David stated he was having pain in his arm. FD responded and David signed a refusal. A&S towed vehicle. All individuals denied injuries and refused medical attention.

**Witnesses:**

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

**Property Damage:**

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
MOLINE PAMELA J	215 WILDWOOD ST WILMINGTON MA 0188		97	ROCKWALL

**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 Kevin J Skinner**

Police Officer Name (Please Print)

Signature

**200**

ID/Badge #

**Wilmington Police Department**

Department

**12/12/2020**

Date



**AT INTERSECTION:** **CONCORD ST** **< 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

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# **20-302-AC**

License # **S99368151** St **MA** DOB/Age \_\_\_\_\_ Reg # **T99859** Reg Type **CO** Reg State **MA**  
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL \_\_\_\_\_ Veh Year **2012** Veh Make **ISUZU** Veh Config. **97**  
 Operator **HYDE, FREDERICK JOSEPH III** Owner **FEDERAL EXPRESS CORP**  
 Address **11 POND ST CT** Address **4001 LEADENHALL RD**  
 City **NAHANT** State **MA** Zip **01908-1327** City **MT LAUREL** State **NJ** Zip **08054-0000**  
 Insurance Company **OLD REPUBLIC INSURANCE CO** Vehicle Action Prior to Crash **4**  
 Vehicle Travel Direction:  S  E  W Responding to Emergency? **2** Event Sequence **1** 23 23 23 23  
 Citation # (If Issued) \_\_\_\_\_ Most Harmful Event **1** 24  
 Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **1** 25 25  
 Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **0** 26  
 Damaged Area Code: **7** 27 **8** 27 **27**  
 Test Status: **1** 28  
 Type of Test: **29**  
 BAC Test Result: **1** 30  
 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
<b>Operator</b>	See Above	<del>XXXXXX</del>	<del>XXXX</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

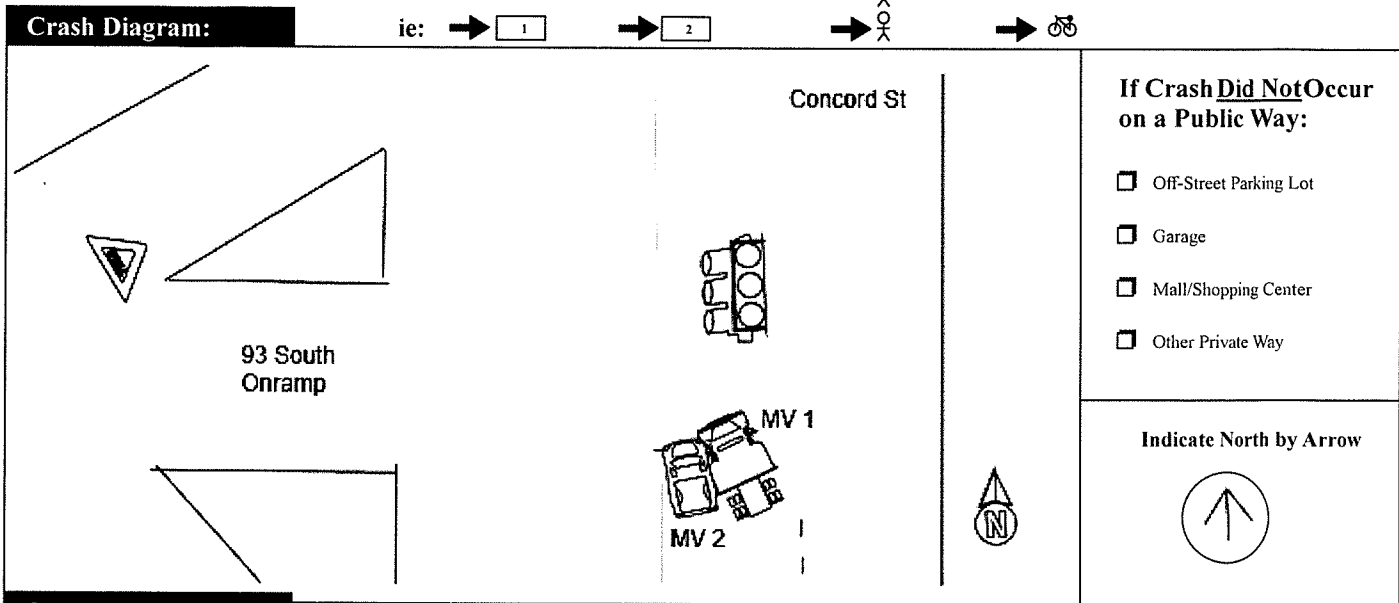
Please Select One of the Following:  Vehicle 2 Occupants  Non-Motorist A Type **15** Action **16** Location **17** Condition **18**  Hit/Run  Moped

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

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

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

→ = Direction     1 = Vehicle 1     2 = Vehicle 2     O = Pedestrian     ☺ = Bicycle  
 ie:     → 1     → 2     → O     → ☺



**Crash Narrative:**  
 MV 1 was stationary at the light at the intersection at Concord St at the 93 South on ramp. MV 1 began turning his vehicle towards the 93 South on ramp when MV 2 sped from behind him and collided with the left side of MV 1. The collision caused damage to the left side of MV 1 (See Images) as well as tearing off the side mirror (See Images). After the collision MV 2 proceeded to flee the scene and failed to exchange paperwork.

**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 # **T99859**     (From Vehicle Section)

Carrier Name **FED EX**     Bus Use  42

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

US DOT #: **86876**     State Number \_\_\_\_\_     Issuing State \_\_\_\_\_     MC/MX/ICC #: \_\_\_\_\_

Interstate  43     Cargo Body Type Code  0 44     GVWR/GCWR  1 45

Trailer Reg #: \_\_\_\_\_ Reg Type **CO**     Reg State **MA**     Reg Year **2012**     Trailer Length  46

**Hazmat Information:**  
 Placard  47     Material 1 digit #  48     Material Name \_\_\_\_\_     Material 4 digit # \_\_\_\_\_     Release code  49

Patrol Officer **Shane A Foley**     211     **Wilmington Police Department**     **12/12/2020**  
 Police Officer Name (Please Print)     Signature     ID/Badge #     Department     Precinct/Barracks     Date

Wilmington Police Department  
Images Associated with 20-302-AC

