

Date of Crash 01/10/2021	Time of Crash 1058 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report	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"/>
AT INTERSECTION:			< LOCATION >	NOT AT INTERSECTION:			

<p>1 1</p> <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>2 1</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p>	<p>2 10</p> <p>Route# _____ Direction _____ <u>342</u> <u>MAIN ST</u> Name of Roadway/Street _____</p> <p>Address # _____</p> <p>_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____</p> <p style="text-align: center;">Mile Marker _____ Exit Number _____</p> <p>2 11</p> <p>_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____</p> <p style="text-align: center;">Route# _____ Intersecting Roadway/Street _____</p> <p>_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____</p> <p style="text-align: center;">Landmark _____</p>
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3 Please Select One of the Following: Vehicle 12 #Occupants Hit/Run Moped Crash Report ID# **21-5-AC**

<p>4 1</p> <p>License # <u>S91084986</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>1</u> <u>20</u> CDL _____</p> <p>Operator <u>SPINOSA, DEANNA J</u></p> <p style="text-align: center;">Last First Middle</p> <p>Address <u>15 STONEHEDGE DR</u></p> <p>City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-3189</u></p> <p>Insurance Company <u>THE COMMERCE INSURANCE CO</u></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>1 12</p> <p>Reg # <u>6CA154</u> Reg Type <u>PC</u> Reg State <u>MA</u></p> <p>Veh Year <u>2019</u> Veh Make <u>VOLVO</u> Veh Config. <u>1</u> <u>21</u></p> <p>Owner <u>SPINOSA, STEPHEN ANTHONY</u></p> <p style="text-align: center;">Last First Middle</p> <p>Address <u>15 STONEHEDGE DR</u></p> <p>City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-3189</u></p> <p>Vehicle Action Prior to Crash <u>2</u> <u>22</u> Damaged Area Code: <u>5</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>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>2</u> <u>33</u></p>
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6 **1**

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	X	1	1	4	0	0	10	1	
				4	1	4	0	0	10	1	

7 **1**

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

<p>8 1</p> <p>License # <u>S49869924</u> St <u>MA</u> DOB/Age _____</p> <p>Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL _____</p> <p>Operator <u>DROOGAN, JACOB ZACHARY</u></p> <p style="text-align: center;">Last First Middle</p> <p>Address <u>147 VILLAGE CRSG</u></p> <p>City <u>FITCHBURG</u> State <u>MA</u> Zip <u>01420-1354</u></p> <p>Insurance Company <u>SAFETY INSURANCE COMPANY</u></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>1 14</p> <p>Reg # <u>831WE4</u> Reg Type <u>PC</u> Reg State <u>MA</u></p> <p>Veh Year <u>2017</u> Veh Make <u>FORD</u> Veh Config. <u>1</u> <u>21</u></p> <p>Owner <u>DROOGAN, JACOB ZACHARY</u></p> <p style="text-align: center;">Last First Middle</p> <p>Address <u>147 VILLAGE CRSG</u></p> <p>City <u>FITCHBURG</u> State <u>MA</u> Zip <u>01420-1354</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>29</u></p> <p>Driver Contributing Code <u>19</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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9 **2**

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

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

MV 1 was traveling straight on Main Street attempting to turn left into a business parking lot. MV 2 was traveling straight on Main Street when he rear-ended MV 1. MV 2 was towed by A&S. No injuries.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
FITZPATRICK JANICE M	123 CHESTNUT ST WILMINGTON MA 01887-3354		

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 Kevin J Skinner

200

Wilmington Police Department

01/10/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Date of Crash: 01/10/2021 Time of Crash: 1947 City/Town: **Wilmington** **Motor Vehicle Crash Police Report** Number Vehicles: 2 Number Injured: 2 Speed Limit: 25 State Police Local Police MBTA Police Campus Police Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

<p>SALEM ST</p> <p>Route# _____ Direction _____ Name of Roadway/Street _____</p> <p style="text-align: center;">At</p> <p>WOBURN ST</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 # _____ Name of Roadway/Street _____</p> <p>Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____</p> <p style="text-align: center;">Mile Marker _____ Exit Number _____</p> <p>Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____</p> <p>Route# _____ Intersecting Roadway/Street _____</p> <p>Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____</p> <p style="text-align: center;">Landmark _____</p>
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Please Select One of the Following: Vehicle 1 Occupants Hit/Run Moped Crash Report ID# **21-6-AC**

<p>License # _____ St. _____ DOB/Age _____</p> <p>Sex _____ Lic. Class <input type="checkbox"/> 19 <input type="checkbox"/> 19 Lic. Restrictions <input type="checkbox"/> 20 CDL _____</p> <p>Operator _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Insurance Company PROGRESSIVE CASUALTY INSU</p> <p>Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <input type="checkbox"/> 2</p> <p>Citation # (If Issued) _____</p> <p>Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____</p> <p>Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____</p>	<p>Reg # 4239584 Reg Type PC Reg State NH</p> <p>Veh Year 2007 Veh Make HONDA Veh Config. <input type="checkbox"/> 1 <input type="checkbox"/> 21</p> <p>Owner DOLLIVER, STACY ANN</p> <p>Address 22 SAVANNAH DR</p> <p>City PELHAM State NH Zip 030763179</p> <p>Vehicle Action Prior to Crash <input type="checkbox"/> 1 <input type="checkbox"/> 22 Damaged Area Code: <input type="checkbox"/> 8 <input type="checkbox"/> 27 <input type="checkbox"/> 7 <input type="checkbox"/> 27 <input type="checkbox"/> 27</p> <p>Event Sequence <input type="checkbox"/> 1 <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23 Test Status: <input type="checkbox"/> 28</p> <p>Most Harmful Event <input type="checkbox"/> 1 <input type="checkbox"/> 24 Type of Test: <input type="checkbox"/> 29</p> <p>Driver Contributing Code <input type="checkbox"/> 19 <input type="checkbox"/> 25 <input type="checkbox"/> 4 <input type="checkbox"/> 25 BAC Test Result: <input type="checkbox"/> 30</p> <p>Driver Distracted by <input type="checkbox"/> 99 <input type="checkbox"/> 26 Susp. Alcohol: <input type="checkbox"/> 2 <input type="checkbox"/> 31 Susp. Drug: <input type="checkbox"/> 2 <input type="checkbox"/> 32</p> <p>Towed from scene? <input type="checkbox"/> 2 <input type="checkbox"/> 33</p>
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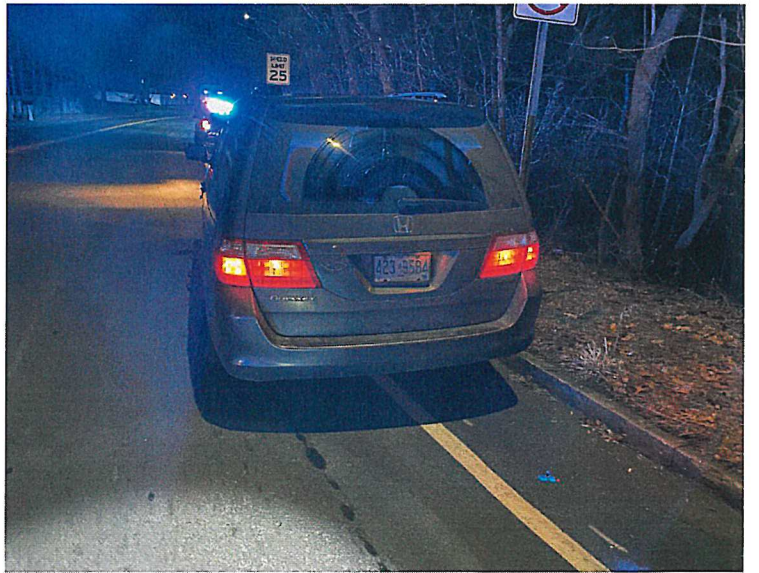
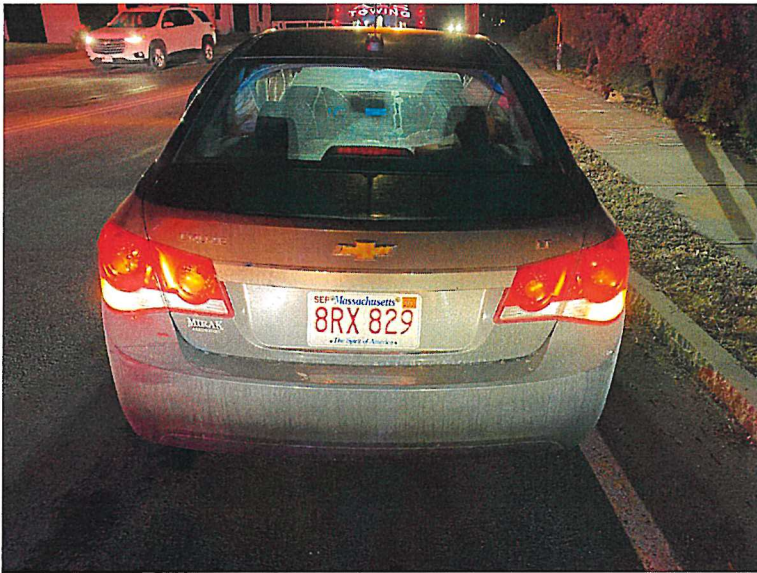
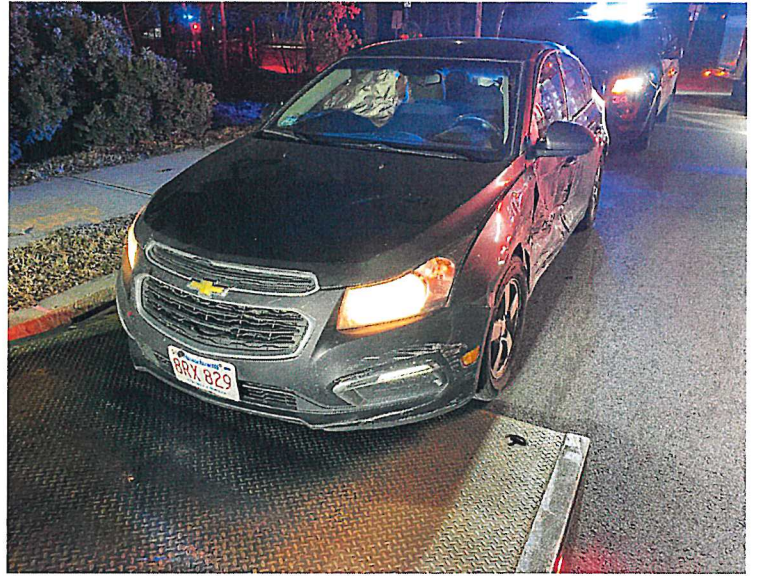
Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above	XXXXXX	XXXX	1	1	4	0	0	10	1	

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

<p>License # S68564400 St MA DOB/Age _____</p> <p>Sex M Lic. Class <input type="checkbox"/> 19 <input type="checkbox"/> 19 Lic. Restrictions <input type="checkbox"/> 20 CDL _____</p> <p>Operator GAUTHIER, DEVIN P</p> <p>Address 55 DARTMOUTH ST</p> <p>City SOMERVILLE State MA Zip 02145-2834</p> <p>Insurance Company PROGRESSIVE CASUALTY INSU</p> <p>Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? <input type="checkbox"/> 2</p> <p>Citation # (If Issued) _____</p> <p>Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____</p> <p>Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____</p>	<p>Reg # 8RX829 Reg Type PC Reg State MA</p> <p>Veh Year 2016 Veh Make CHEVROLET Veh Config. <input type="checkbox"/> 1 <input type="checkbox"/> 21</p> <p>Owner GAUTHIER, DEVIN P</p> <p>Address 55 DARTMOUTH ST</p> <p>City SOMERVILLE State MA Zip 02145-2834</p> <p>Vehicle Action Prior to Crash <input type="checkbox"/> 1 <input type="checkbox"/> 22 Damaged Area Code: <input type="checkbox"/> 8 <input type="checkbox"/> 27 <input type="checkbox"/> 7 <input type="checkbox"/> 27 <input type="checkbox"/> 6 <input type="checkbox"/> 27</p> <p>Event Sequence <input type="checkbox"/> 1 <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23 Test Status: <input type="checkbox"/> 28</p> <p>Most Harmful Event <input type="checkbox"/> 1 <input type="checkbox"/> 24 Type of Test: <input type="checkbox"/> 29</p> <p>Driver Contributing Code <input type="checkbox"/> 99 <input type="checkbox"/> 25 <input type="checkbox"/> 25 BAC Test Result: <input type="checkbox"/> 30</p> <p>Driver Distracted by <input type="checkbox"/> 99 <input type="checkbox"/> 26 Susp. Alcohol: <input type="checkbox"/> 2 <input type="checkbox"/> 31 Susp. Drug: <input type="checkbox"/> 2 <input type="checkbox"/> 32</p> <p>Towed from scene? <input type="checkbox"/> 1 <input type="checkbox"/> 33</p>
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Please fill out for operator/non-motorist and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above	XXXXXX	XXXX	1	99	3	0	0	8	2	Winchester Hospital
ROBERT DELUCA	8 ROYAL CREST DR NORTH ANDOVER, MA 01845		M	3	99	3	0	0	8	2	Winchester Hospital

Wilmington Police Department
Images Associated with 21-6-AC



Police Use Only	Date of Crash 01/12/2021	Time of Crash 1337 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report	Number Vehicles 2	Number Injured 0	Speed Limit <u>35</u>	Latitude _____	Longitude _____	<input type="checkbox"/> State Police <input checked="" type="checkbox"/> Local Police <input type="checkbox"/> MBTA Police <input type="checkbox"/> Campus Police <input type="checkbox"/> Other: _____
AT INTERSECTION:			LOCATION		NOT AT INTERSECTION:					
125 N ROUTE 125 HWY Route# Direction Name of Roadway/Street				Route# Direction Address # Name of Roadway/Street						
At BALLARDVALE ST 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 _____ • _____ or _____ Mile Marker Exit Number						
Also at Intersection with Route# Direction Name of Intersecting Roadway/Street				_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# Intersecting Roadway/Street						
Route# Direction Name of Intersecting Roadway/Street				_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark						

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

Crash Report ID# **21-7-AC**

License # S26937364 St MA DOB/Age _____ Sex F Lic. Class D Lic. Restrictions 1 CDL _____ Operator PEREIRA, JENNIFER A Address 40 DAVID MORRIS RD City TEWKSBURY State MA Zip 01876-2831 Insurance Company ESURANCE INSURANCE COMPAN Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u> Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # 9BN725 Reg Type PC Reg State MA Veh Year 2014 Veh Make MERCEDES-BENZ Veh Config. 1 Owner PEREIRA, RONALD Address 40 DAVID MORRIS RD City TEWKSBURY State MA Zip 01876-2831 Vehicle Action Prior to Crash 2 Event Sequence 1 23 23 23 23 Most Harmful Event 1 24 Driver Contributing Code 1 25 25 Driver Distracted by 0 26
Damaged Area Code: 6 27 27 27 Test Status: 1 28 Type of Test: 29 BAC Test Result: 30 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Towed from scene? 2 33	

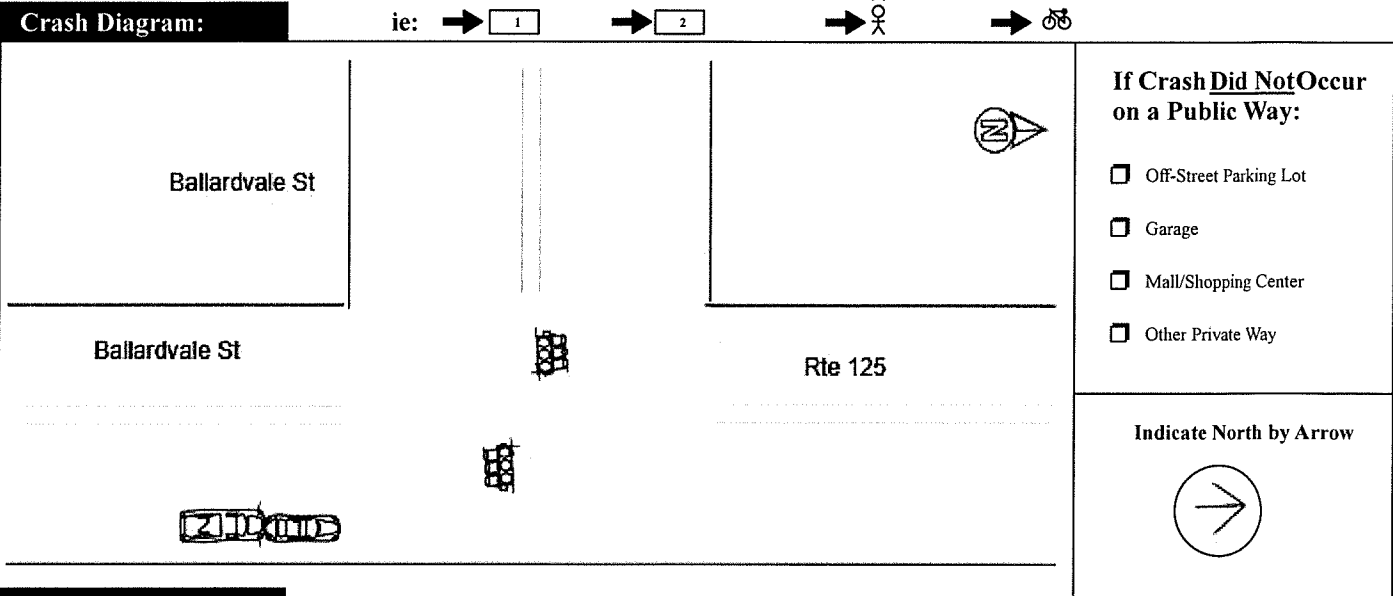
Please fill out for operator and all occupants involved											
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above			1	1	4	0	0	10	1	

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

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

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

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



Crash Narrative:

See Report 21-43-OF

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

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

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

Patrol Officer Michael W Wandell 174 Wilmington Police Department 01/12/2021
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department

Page: 1

NARRATIVE FOR PATROL OFFICER MICHAEL W WANDELL

Ref: 21-43-OF

Entered: 01/12/2021 @ 1515 Entry ID: 174
Modified: 01/12/2021 @ 1544 Modified ID: 174

On 1/12/2021, I, Officer Wandell was assigned to marked cruiser 334, sector 2 on the 0800 – 1600 hrs shift. At approximately 1337 hrs I was dispatched to the area of Ballardvale St and Rte. 125 for the report of a hit and run.

When I arrived I met with the owner operator of Ma Reg: 9BN725, Jennifer Pereira. Jenifer stated she was stopped in the far right lane on Rte. 125 north bound waiting for the light to turn green. She stated she felt her vehicle jolt forward, as the vehicle behind her crashed into the rear of her vehicle. She stated she motioned for the operator of the vehicle, an identified white male she was pulling onto Ballardvale St in order to exchange information. She stated as she pulled onto Ballardvale St the other vehicle went straight on Rte. 125.

There was damage to the driver's side rear bumper of the reporting party's vehicle. I did a checked of the area for the unidentified vehicle with negative results. I advised Jennifer there would be a report on file at WPD for her insurance company.

Respectfully Submitted,

Patrolman Michael Wandell

Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash
01/12/2021

Time of Crash
1446
24HR

City/Town
Wilmington

Motor Vehicle Crash Police Report

Number Vehicles
2

Number Injured
0

Speed Limit 15
Latitude _____
Longitude _____

State Police
Local Police
MBTA Police
Campus Police
Other

AT INTERSECTION:

< LOCATION >

NOT AT INTERSECTION:

1 1

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

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

2 1

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

2 10

Route# _____ Direction _____ Address # 226 Name of Roadway/Street LOWELL ST

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

10 11

_____ 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# **21-8-AC**

3

License # S10669282 St MA DOB/Age _____
Sex F Lic. Class B 19 19 Lic. Restrictions M 20 CDL _____
Endorsement _____
Operator BOORAS-DUFRESNE, ANNA C
Last First Middle
Address 118 PARKER AVE
City DRACUT State MA Zip 01826-4674

7 12

Reg # 8EAB10 Reg Type PC Reg State MA
Veh Year 2019 Veh Make HONDA Veh Config. 10 21
Owner BOORAS-DUFRESNE, ANNA C
Last First Middle
Address 118 PARKER AVE
City DRACUT State MA Zip 01826-4674

5

Insurance Company QUINCY MUTUAL FIRE INSURA
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 _____

2 13

Vehicle Action Prior to Crash 11 22 Damaged Area Code: 4 27 0 27 27
Event Sequence 2 23 23 23 23 Test Status: 1 28
Most Harmful Event 2 24 Type of Test: 29
Driver Contributing Code 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	1	0	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

8 1

License # _____ St _____ DOB/Age _____
Sex _____ Lic. Class _____ 19 19 Lic. Restrictions 20 CDL _____
Endorsement _____
Operator unknown
Last First Middle
Address _____
City _____ State _____ Zip _____

1 14

Reg # _____ Reg Type _____ Reg State _____
Veh Year _____ Veh Make _____ Veh Config. 21
Owner _____
Last First Middle
Address _____
City _____ State _____ Zip _____

9 2

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 _____

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	1							

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

Crash Diagram:

Lowell St.

226 Lowell St

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 parked in a spot in the 226 Lowell St. parking lot. The operator of M/V 1 came out to her M/V and saw a light scuff mark on the right side of her bumper. From the looks of the damage it looks like M/V 2 backed out of the spot next to M/V 1 and the tire of M/V 2 rubbed up next to M/V 1. There was no note left and no cameras in the parking lot that could identify M/V 2.

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

Address _____ City _____ St _____ Zip _____

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

Interstate Cargo Body Type Code GVWR/GCWR

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

Hazmat Information:

Placard Material 1 digit # Material Name _____ Material 4 digit # _____ Release code

Patrol Officer Brian Tavares 206 Wilmington Police Department 01/12/2021
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

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

Route# Direction Name of Roadway/Street At Route# Direction Address # Name of Roadway/Street
 280 LOWELL ST
 Feet N S E W of Mile Marker Exit Number
 Route# Direction Name of Intersecting Roadway/Street
 Also at Intersection with
 Route# Direction Name of Intersecting Roadway/Street
 Feet N S E W of Route# Intersecting Roadway/Street
 Landmark

Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped
 Crash Report ID# **21-9-AC**

License # **S42949188** St **MA** DOB/Age Reg # **V35952** Reg Type **CO** Reg State **MA**
 Sex **M** Lic. Class **D** Lic. Restrictions **1** CDL Endorsement Veh Year **2016** Veh Make **FORD** Veh Config. **97** **21**
 Operator **MICHAUD, ZACHARY K** Owner **MICHAUD, ZACHARY K**
 Address **285 MAPLE ST** Address **285 MAPLE ST**
 City **TEWKSBURY** State **MA** Zip **01876-1515** City **TEWKSBURY** State **MA** Zip **01876-1515**
 Insurance Company **THE COMMERCE INSURANCE CO**
 Vehicle Travel Direction: N S E W Responding to Emergency? **2**
 Vehicle Action Prior to Crash **1** **22** Damaged Area Code: **4** **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? **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
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

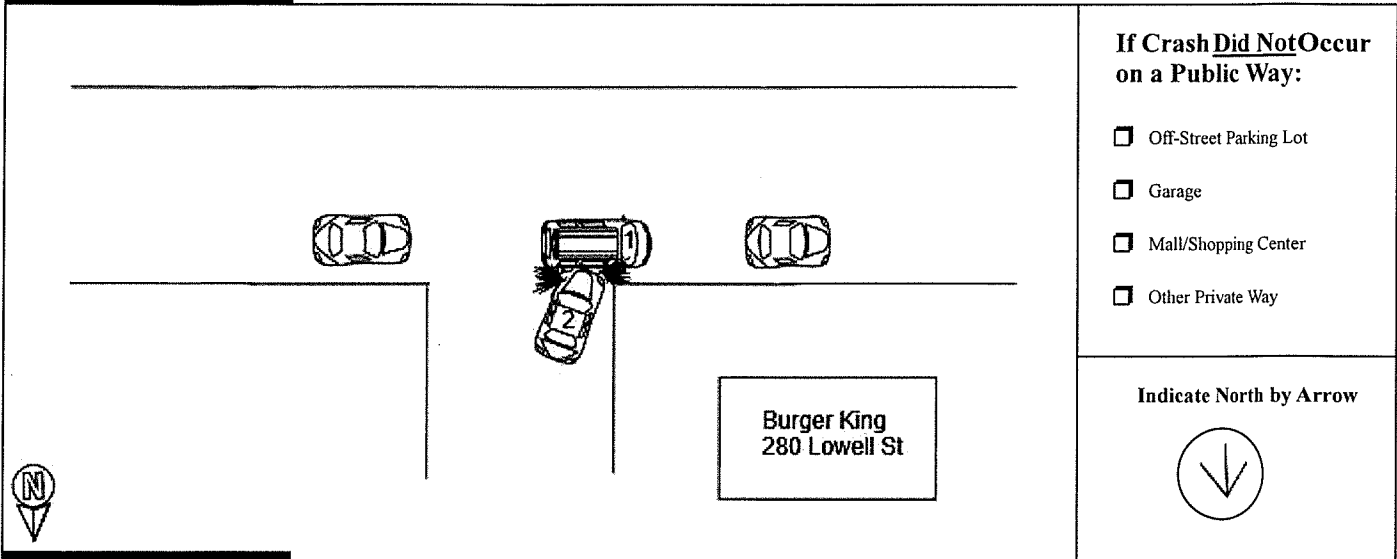
License # **S46983683** St **MA** DOB/Age Reg # **358YD2** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D** Lic. Restrictions **99** CDL Endorsement Veh Year **2003** Veh Make **Jeep** Veh Config. **1** **21**
 Operator **HAYNES, NICHOLAS J** Owner **HAYNES, NICHOLAS J**
 Address **60 SALEM ST** Address **60 SALEM ST**
 City **WOBURN** State **MA** Zip **01801-3008** City **WOBURN** State **MA** Zip **01801-3008**
 Insurance Company **GEICO**
 Vehicle Travel Direction: N S E W Responding to Emergency? **2**
 Vehicle Action Prior to Crash **6** **22** Damaged Area Code: **1** **27** **27** **27**
 Event Sequence **1** **23** **23** **23** **23** Test Status: **1** **28**
 Most Harmful Event **1** **24** Type of Test: **29**
 Driver Contributing Code **97** **25** **25** BAC Test Result: **1** **30**
 Driver Distracted by **7** **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			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 west with the flow of traffic on Lowell Street when MV2 attempted to pull out of Burger King and collided with the passenger side rear of the van. MV2 operator reported that he looked left, but must have looked beyond the van because he didnt see the van as he pulled out. MV1 sustained minor damage to the passenger side rear, resulting in a tow by Cains due to a flat tire. MV2 was towed by AAA with moderate damage to the front end. No injuries were observed or reported. Information was exchanged.

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 Scott Dunnett

Police Officer Name (Please Print)

Signature

202

ID/Badge #

Wilmington Police Department

Department

Precinct/Barracks

01/12/2021

Date

Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash: 01/12/2021
 Time of Crash: 2245
 City/Town: **Wilmington**

Motor Vehicle Crash Police Report

Number Vehicles: 1
 Number Injured: 0
 Speed Limit: 35
 State Police
 Local Police
 MBTA Police
 Campus Police
 Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

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

Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____
 _____ Feet N S E W of _____ or _____
 Mile Marker _____ Exit Number _____
 _____ Feet N S E W of _____
 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# **21-10-AC**

License # **S36103355** St **MA** DOB/Age _____
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL _____
 Endorsement _____
 Operator **COTTER, DENNIS R**
 Last First Middle
 Address **257 PARK ST**
 City **N READING** State **MA** Zip **01864-3211**
 Insurance Company **SAFETY INSURANCE COMPANY**
 Vehicle Travel Direction: N S E W Responding to Emergency? **1**
 Citation # (If Issued) _____
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____

Reg # **8ML565** Reg Type **PC** Reg State **MA**
 Veh Year **2000** Veh Make **BMW** Veh Config. **1** 21
 Owner **COTTER, DAVID R**
 Last First Middle
 Address **12 PINEPLAIN RD**
 City **GEORGETOWN** State **MA** Zip **01833-1317**
 Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **2** 27 27 27
 Event Sequence **5** 23 23 23 23 Test Status: **28**
 Most Harmful Event **5** 24 Type of Test: **29**
 Driver Contributing Code **1** 25 25 BAC Test Result: **30**
 Driver Distracted by **0** 26 Susp. Alcohol: **31** Susp. Drug: **32**
 Towed from scene? **2** 33

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

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

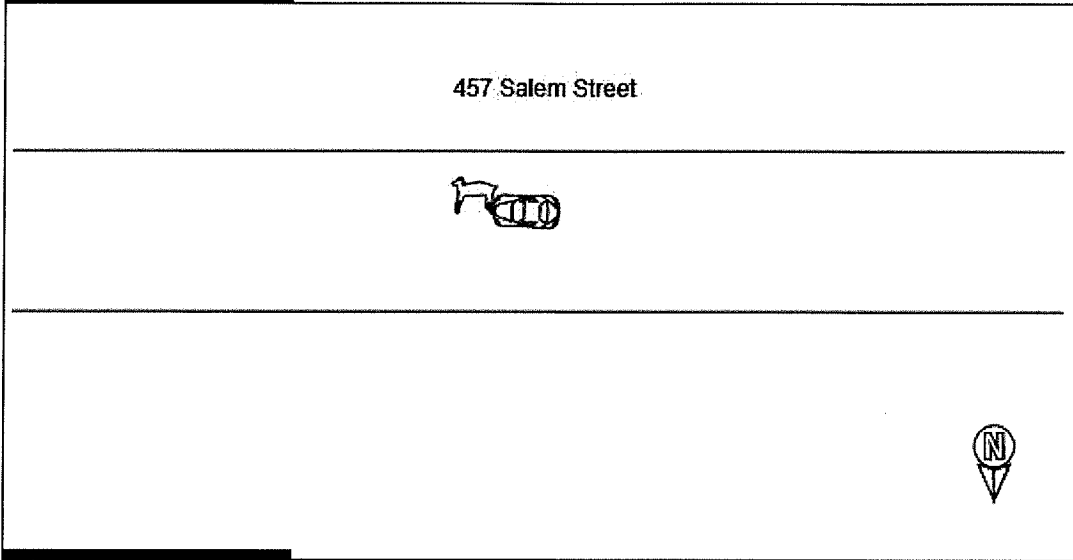
License # _____ St _____ DOB/Age _____
 Sex _____ Lic. Class _____ 19 19 Lic. Restrictions _____ 20 CDL _____
 Endorsement _____
 Operator _____
 Last First Middle
 Address _____
 City _____ State _____ Zip _____
 Insurance Company _____
 Vehicle Travel Direction: N S E W Responding to Emergency? _____
 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 _____
 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	1							

→ = 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 was traveling east on Salem Street. A deer jumped in front of his car and v1 collided with it.

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 D Thornton 190 Wilmington Police Department 01/12/2021
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Date of Crash 01/14/2021 Time of Crash 1949 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:**

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 _____ or _____ 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 13 #Occupants Hit/Run Moped Crash Report ID# **21-11-AC**

License # **S25751158** St **MA** DOB/Age _____ Reg # **72PN32** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **I** 20 CDL _____ Veh Year **2011** Veh Make **FORD** Veh Config. **1** 21

Operator **BERNAZANI, CHRISTOPHER LOUIS** Owner **BERNAZANI, JOHN ANTHONY JR**

Address **7 CHAPMAN AVE** Address **7 CHAPMAN AVE**

City **WILMINGTON** State **MA** Zip **01887-1405** City **WILMINGTON** State **MA** Zip **01887-1405**

Insurance Company **THE STANDARD FIRE INSURAN** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **8** 27 27 27

Vehicle Travel Direction: N E W 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 _____ Driver Contributing Code **1** 25 25 BAC Test Result: **30**

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

Viol. 3: Ch/Sec/Sub _____ Towed from scene? **2** 33

Viol. 4: Ch/Sec/Sub _____

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above	XXXXXX	XXXX	1	1	4	0	0	10	1	
ALYSSA BERNAZANI	7 CHAPMAN AVE WILMINGTON, MA 01887-1405	11/06/2000	F	3	1	4	0	0	10	1	
CAMERON MARTIN	135 NICHOLS ST WILMINGTON, MA 01887-1627	03/15/2001	M	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

License # **S83067477** St **MA** DOB/Age _____ Reg # **8ZJ370** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL _____ Veh Year **2016** Veh Make **NISSAN** Veh Config. **1** 21

Operator **RYAN, AIDAN THOMAS** Owner **RYAN, LORI J**

Address **54 MARION ST** Address **54 MARION ST**

City **WILMINGTON** State **MA** Zip **01887-0000** City **WILMINGTON** State **MA** Zip **01887-3148**

Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **4** 22 Damaged Area Code: **8** 27 1 27 2 27

Vehicle Travel Direction: S E W 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 _____ Driver Contributing Code **4** 25 19 25 BAC Test Result: **30**

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

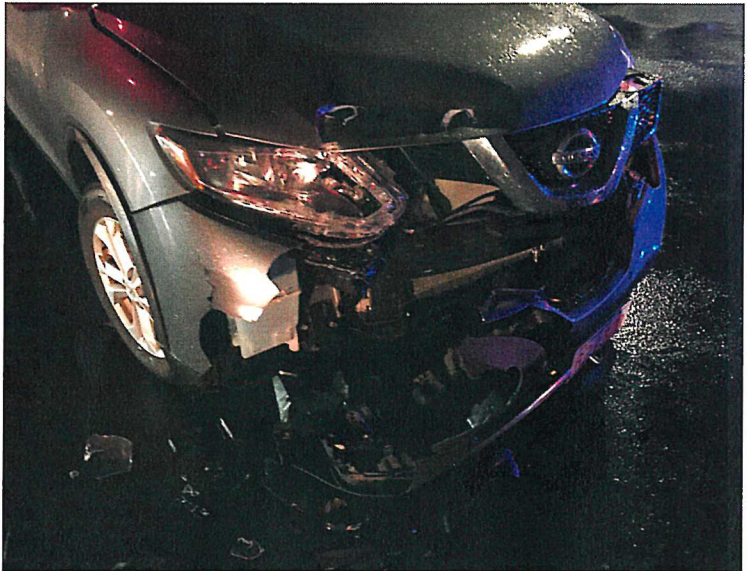
Viol. 3: Ch/Sec/Sub _____ Towed from scene? **1** 33

Viol. 4: Ch/Sec/Sub _____

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

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above	XXXXXX	XXXX	1	99	3	0	0	10	1	
JAMES VALENTE	16 DEWEY AVE WILMINGTON, MA 01887-0000		M	3	99	3	0	0	10	1	
JOSEPH HARTZELL	14 BILLING RD WILMINGTON, MA 01887-1446		M	6	99	3	0	0	10	1	

Wilmington Police Department
Images Associated with 21-11-AC



Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash 01/14/2021 Time of Crash 2115 City/Town 24HR Wilmington

Motor Vehicle Crash Police Report

Number Vehicles 2 Number Injured 0 Speed Limit 20 State Police Local Police MBTA Police Campus Police Other

AT INTERSECTION:

LOCATION

NOT AT INTERSECTION:

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

Route# 9 Direction Address # BRATTLE ST 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

Crash Report ID# 21-12-AC

License # S57607738 St. MA DOB/Age Sex F Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement Operator MARONEY, COURTNEY J Address 9 BRATTLE ST City WILMINGTON State MA Zip 01887-3506 Insurance Company SAFETY INSURANCE COMPANY Vehicle Travel Direction: [X] S [] E [] W Responding to Emergency? 2

Reg # 58F690 Reg Type PC Reg State MA Veh Year 2012 Veh Make HYUNDAI Veh Config. 1 21 Owner MARONEY, COURTNEY J Address 9 BRATTLE ST City WILMINGTON State MA Zip 01887-3506 Vehicle Action Prior to Crash 11 22 Damaged Area Code: 2 27 3 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

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 row: See Above, 1, 0, 4, 0, 0, 10, 1.

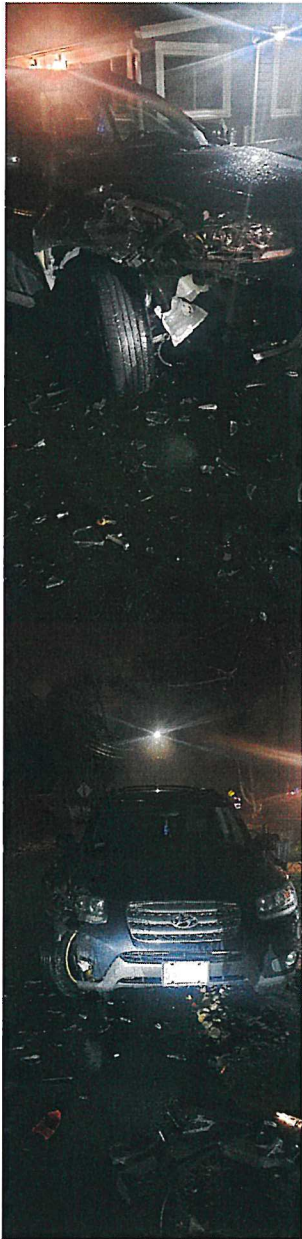
Please Select One of the Following: [] Vehicle 2 Occupants [] Non-Motorist A Type 15 Action 16 Location 17 Condition 18 [X] Hit/Run [] Moped

License # Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement Operator unknown Address City State Zip Insurance Company Vehicle Travel Direction: [] N [X] 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 1 22 Damaged Area Code: 2 27 3 27 27 Test Status: 28 Type of Test: 29 BAC Test Result: 30 Susp. Alcohol: 99 31 Susp. Drug: 99 32 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 row: See Above, 1, 99, 99, 0, 99, 99, 1.

Wilmington Police Department
Images Associated with 21-12-AC



NARRATIVE FOR PATROL OFFICER JULIO J QUILES

Ref: 21-52-OF

Entered: 01/14/2021 @ 2215 Entry ID: 197
Modified: 01/15/2021 @ 0036 Modified ID: 197

On Thursday, January 14, 2021, I was working uniformed patrol assigned to marked cruiser 33, sector 3, on the 4:00 PM - 12:00 AM shift. At approximately 9:15 PM, I was dispatched to 9 Brattle Street for a caller reporting that her vehicle was struck and the other vehicle took off. She described the other vehicle as a dark colored, SUV, possibly a newer model Chevy. Dispatch updated units that the other vehicle was last seen heading towards Mass Avenue and should have front end passenger side damage.

Upon arrival, Sgt. Stavro (Unit 35), and I observed a 2012 black Hyundai Santafe bearing Massachusetts registration 58F690 with heavy front end and passenger side damage (See images). I spoke with the reporting party Courtney Maroney. She stated that she is the registered owner of the Hyundai. She stated that she was sitting inside her vehicle, parked outside of her house when her vehicle was struck. She stated no injuries and refused any medical attention. She stated the vehicle that struck her was a dark colored SUV, possibly a new model Chevy. She stated that she could not make out if the operator was male, female, or provide any description of the person. The Hyundai was facing north bound towards Glen Road and the unknown vehicle traveled south bound towards Mass Ave. Sgt. Stavro and I looked through the debris on the ground to see if we could find any information as to the make and, or model of the other vehicle, but were unsuccessful. I checked the street for any signs of video surveillance on any of the houses, but did not locate any. Ms. Maroney stated she would move the vehicle in the driveway and make arrangements later.

Sgt. Stavro, Ofc. Wilson (Unit 34), and Ofc. Cabral (Unit 39) checked the area for the other involved vehicle, but were unable to locate at this time. See motor vehicle crash report 21-12-AC. I later forwarded a copy of my report to the Detective Bureau for further review.

Respectfully submitted,

Julio J. Quiles
Patrolman - 197
Wilmington Police Department

Date of Crash 01/15/2021	Time of Crash 1301 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report	Number Vehicles 2	Number Injured 1	Speed Limit <u>30</u> Latitude _____ Longitude _____	<input type="checkbox"/> State Police <input checked="" type="checkbox"/> Local Police <input type="checkbox"/> MBTA Police <input type="checkbox"/> Campus Police <input type="checkbox"/> Other: _____
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AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1	Route# _____ Direction _____ Name of Roadway/Street _____ At _____	Route# _____ Direction <u>400</u> Address # <u>LOWELL ST</u> Name of Roadway/Street _____	10
2	Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____	_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Mile Marker _____ or _____ Exit Number _____	11
3	Route# _____ Direction _____ Name of Intersecting Roadway/Street _____	_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____ Landmark _____	12

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# 21-13-AC
-------------------------------------	---	----------------------------------	--------------------------------	----------------------------------

License # <u>S66550327</u> St <u>MA</u> DOB/Age _____ Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____ Endorsement _____ Operator <u>HALLISEY, SHAWN MICHAEL</u> Last First Middle Address <u>25 FLAGG ST</u> City <u>WOBURN</u> State <u>MA</u> Zip <u>01801</u> Insurance Company <u>THE TRAVELERS INDEMNITY C</u> Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u> Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # <u>V65724</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2019</u> Veh Make <u>FORD</u> Veh Config. <u>1</u> <u>21</u> Owner <u>ENTERPRISE FM TRUST</u> Last First Middle Address <u>600 CORPORATE PK DR</u> City <u>ST LOUIS</u> State <u>MO</u> Zip <u>63105-0000</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>1</u> <u>29</u> Driver Contributing Code <u>1</u> <u>25</u> <u>25</u> BAC Test Result: <u>1</u> <u>30</u> Driver Distracted by <u>0</u> <u>26</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u> Towed from scene? <u>1</u> <u>33</u>
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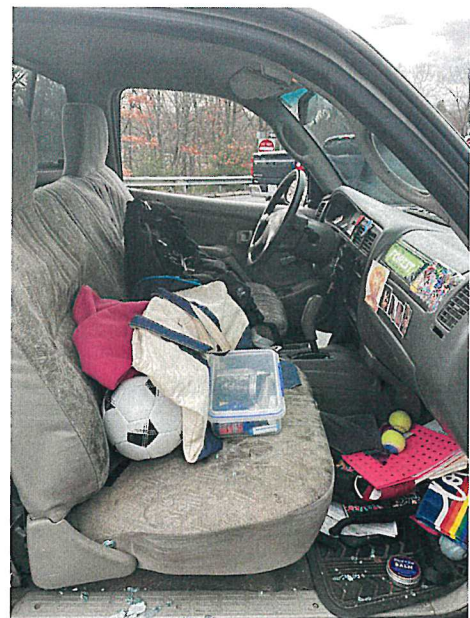
Please fill out for operator and all occupants involved											
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above	XXXXXX	XX	1	1	1	0	0	10	1	

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
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License # <u>S33186290</u> St <u>MA</u> DOB/Age _____ Sex <u>F</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____ Endorsement _____ Operator <u>SULLIVAN, JACQUELINE J</u> Last First Middle Address <u>108 STEADMAN ST</u> City <u>CHELMSFORD</u> State <u>MA</u> Zip <u>01824-1863</u> Insurance Company <u>PLYMOUTH ROCK ASSURANCE C</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 _____	Reg # <u>2XY587</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2002</u> Veh Make <u>TOYOTA</u> Veh Config. <u>1</u> <u>21</u> Owner <u>SULLIVAN, JACQUELINE J</u> Last First Middle Address <u>108 STEADMAN ST</u> City <u>CHELMSFORD</u> State <u>MA</u> Zip <u>01824-1863</u> Vehicle Action Prior to Crash <u>4</u> <u>22</u> Damaged Area Code: <u>7</u> <u>27</u> <u>27</u> <u>27</u> Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u> Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>1</u> <u>29</u> Driver Contributing Code <u>4</u> <u>25</u> <u>3</u> <u>25</u> BAC Test Result: <u>1</u> <u>30</u> 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>1</u> <u>33</u>
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Please fill out for operator/non-motorist and all occupants involved											
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above	XXXXXX	XX	1	1	4	0	0	9	2	Lahey Clinic

Wilmington Police Department
Images Associated with 21-13-AC



Wilmington Police Department
Images Associated with 21-13-AC

