

<b>Police Use Only</b>			<b>Commonwealth of Massachusetts</b>				<b>RMV Document Number</b>								
Date of Crash 12/28/2020	Time of Crash 1137 24HR	City/Town Wilmington	<b>Motor Vehicle Crash Police Report</b>			Number Vehicles 2	Number Injured 0	Speed Limit <u>35</u>	Latitude _____	Longitude _____	State Police <input type="checkbox"/>	Local Police <input type="checkbox"/>	MBTA Police <input type="checkbox"/>	Campus Police <input type="checkbox"/>	Other: <input type="checkbox"/>

<b>AT INTERSECTION:</b>	<b>LOCATION</b>	<b>NOT AT INTERSECTION:</b>
Route# _____ Direction _____ Name of Roadway/Street _____ At _____	Route# <u>281</u> Direction _____ Address # _____ Name of Roadway/Street <u>MAIN ST</u>	Route# _____ Direction _____ Name of Roadway/Street _____ Mile Marker _____ Exit Number _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____	Route# _____ Direction _____ Name of Roadway/Street _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____	Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____	Route# _____ Direction _____ Name of Roadway/Street _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____	Route# _____ Direction _____ Name of 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 10 #Occupants  Hit/Run  Moped  Crash Report ID# **20-322-AC**

License # _____ St _____ DOB/Age _____	Reg # <u>2GYF60</u> Reg Type <u>PC</u> Reg State <u>MA</u>
Sex _____ Lic. Class <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____ Endorsement _____	Veh Year <u>2015</u> Veh Make <u>NISSAN</u> Veh Config. <u>1</u> <u>21</u>
Operator <u>Driverless M.V.</u> Last First Middle	Owner <u>NGUYEN-LAM, HONGYEN T</u> Last First Middle
Address _____	Address <u>39 PINE ST APT E</u>
City _____ State _____ Zip _____	City <u>LOWELL</u> State <u>MA</u> Zip <u>01851-1811</u>
Insurance Company <u>THE HANOVER INSURANCE COM</u>	Vehicle Action Prior to Crash <u>11</u> <u>22</u> Damaged Area Code: <u>6</u> <u>27</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>2</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u>
Citation # (If Issued) _____	Most Harmful Event <u>2</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>1</u> <u>30</u>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	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>

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>XXXX</del>	<del>XX</del>	<u>1</u>	<u>0</u>	<u>5</u>	<u>3</u>	<u>0</u>	<u>10</u>	<u>1</u>	

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

License # <u>S41638821</u> St <u>MA</u> DOB/Age _____	Reg # <u>9740DJ</u> Reg Type <u>PC</u> Reg State <u>MA</u>
Sex <u>F</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>2015</u> Veh Make <u>HYUNDAI</u> Veh Config. <u>1</u> <u>21</u>
Operator <u>MACMULLEN, CORINNE F</u> Last First Middle	Owner <u>MACMULLEN, RONALD A</u> Last First Middle
Address <u>4 RADCLIFF RD</u>	Address <u>4 RADCLIFF RD</u>
City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-1603</u>	City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-1603</u>
Insurance Company <u>GEICO GENERAL INSURANCE C</u>	Vehicle Action Prior to Crash <u>8</u> <u>22</u> Damaged Area Code: <u>1</u> <u>27</u> <u>8</u> <u>27</u> <u>27</u>
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? <u>2</u>	Event Sequence <u>2</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u>
Citation # (If Issued) _____	Most Harmful Event <u>2</u> <u>24</u> Type of Test: <u>29</u>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code <u>12</u> <u>25</u> <u>9</u> <u>25</u> BAC Test Result: <u>1</u> <u>30</u>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	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>

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>XXXX</del>	<del>XX</del>	<u>1</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	



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

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

Route# \_\_\_\_\_ Direction \_\_\_\_\_ Address # **515** Name of Roadway/Street **WOBURN ST**  
 Feet  N  S  E  W of \_\_\_\_\_ or \_\_\_\_\_  
 Mile Marker \_\_\_\_\_ Exit Number \_\_\_\_\_  
 Feet  N  S  E  W of \_\_\_\_\_  
 Route# \_\_\_\_\_ Intersecting Roadway/Street \_\_\_\_\_  
 Feet  N  S  E  W of \_\_\_\_\_  
 Landmark \_\_\_\_\_

Please Select One of the Following:  Vehicle 11 #Occupants  Hit/Run  Moped  
 Crash Report ID# **20-323-AC**

License # **S75588293** St **MA** DOB/Age \_\_\_\_\_  
 Sex **M** Lic. Class  19  19 Lic. Restrictions  20 CDL \_\_\_\_\_  
 Endorsement \_\_\_\_\_  
 Operator **LOPILATO, DAVID MARK**  
 Last First Middle  
 Address **7 FAIRVIEW ST**  
 City **NORTH READING** State **MA** Zip **01864-2917**  
 Insurance Company **SAFETY INSURANCE COMPANY**  
 Vehicle Travel Direction:  S  E  W Responding to Emergency? **2**  
 Citation # (If Issued) **T2064107**  
 Viol. 1: Ch/Sec/Sub **90 24** Viol. 2: Ch/Sec/Sub **90 24**  
 Viol. 3: Ch/Sec/Sub **89 4A** Viol. 4: Ch/Sec/Sub \_\_\_\_\_

Reg # **141XF5** Reg Type **PC** Reg State **MA**  
 Veh Year **2017** Veh Make **FORD** Veh Config.  1  21  
 Owner **LOPILATO, DAVID MARK**  
 Last First Middle  
 Address **7 FAIRVIEW ST**  
 City **NORTH READING** State **MA** Zip **01864-2917**  
 Vehicle Action Prior to Crash  1  22  
 Event Sequence  1  23  23  23  23  
 Most Harmful Event  1  24  
 Driver Contributing Code  11  25  14  25  
 Driver Distracted by  5  26  
 Damaged Area Code:  7  27  27  27  
 Test Status:  1  28  
 Type of Test:  29  
 BAC Test Result:  1  30  
 Susp. Alcohol:  1  31 Susp. Drug:  99  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		<input checked="" type="checkbox"/>	<b>1</b>	<b>1</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>8</b>	<b>2</b>	Lahey Clinic

Please Select One of the Following:  Vehicle 25 #Occupants  Non-Motorist A Type  15 Action  16 Location  17 Condition  18  Hit/Run  Moped

License # **S38589713** St **MA** DOB/Age \_\_\_\_\_  
 Sex **F** Lic. Class  19  19 Lic. Restrictions  20 CDL \_\_\_\_\_  
 Endorsement \_\_\_\_\_  
 Operator **TOPOR, DARIA**  
 Last First Middle  
 Address **9 MOLLOY RD**  
 City **WILMINGTON** State **MA** Zip **01887-2912**  
 Insurance Company **THE COMMERCE INSURANCE CO**  
 Vehicle Travel Direction:  N  E  W Responding to Emergency? **2**  
 Citation # (If Issued) \_\_\_\_\_  
 Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_  
 Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_

Reg # **9VB485** Reg Type **PC** Reg State **MA**  
 Veh Year **2016** Veh Make **NISSAN** Veh Config.  1  21  
 Owner **TOPOR, KATARZYNA**  
 Last First Middle  
 Address **9 MOLLOY RD**  
 City **WILMINGTON** State **MA** Zip **01887-2912**  
 Vehicle Action Prior to Crash  1  22  
 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:  7  27  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/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		<input checked="" type="checkbox"/>	<b>1</b>	<b>1</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	
				<b>5</b>	<b>1</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	
				<b>3</b>	<b>1</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	
				<b>4</b>	<b>1</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

Date of Crash 12/29/2020 Time of Crash 1707 City/Town WILMINGTON

Motor Vehicle Crash Police Report

Number Vehicles 2 Number Injured 1 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 Name of Intersecting Roadway/Street Also at Intersection with

Route# Direction Address # Name of Roadway/Street 515 WOBURN ST Feet N S E W of Mile Marker Exit Number

Please Select One of the Following: [X] Vehicle 25 #Occupants [ ] Hit/Run [ ] Moped

Crash Report ID# 20-323-AC

License # S38589713 St MA DOB/Age Sex F Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement Operator TOPOR, DARIA Address 9 MOLLOY RD City WILMINGTON State MA Zip 01887-2912

Reg # 9VB485 Reg Type PC Reg State MA Veh Year Veh Make NISSAN Veh Config. 21 Owner TOPOR, KATARZYNA Address 9 MOLLOY RD City WILMINGTON State MA Zip 01887-2912

Please fill out for operator and all occupants involved

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

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

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

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

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

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

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

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



Wilmington Police Department  
Images Associated with 20-323-AC



**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 # **47 MCDONALD RD**  
 Name of Roadway/Street  
 Feet **N S E W** of \_\_\_\_\_ or \_\_\_\_\_  
 Mile Marker Exit Number  
 1 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# **20-324-AC**

License # **S91815660** St **MA** DOB/Agr \_\_\_\_\_  
 Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL \_\_\_\_\_  
 Operator **CROWLEY, PATRICIA A**  
 Last First Middle  
 Address **21 POMFRET RD**  
 City **WILMINGTON** State **MA** Zip **01887-3834**  
 Insurance Company **ARBELLA MUTUAL INSURANCE**  
 Vehicle Travel Direction: **N S X W** Responding to Emergency? **2**  
 Citation # (If Issued) \_\_\_\_\_  
 Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_  
 Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_

Reg # **1YE578** Reg Type **PC** Reg State **MA**  
 Veh Year **2014** Veh Make **HONDA** Veh Config. **1** 21  
 Owner **CROWLEY, PATRICIA A**  
 Last First Middle  
 Address **21 POMFRET RD**  
 City **WILMINGTON** State **MA** Zip **01887-3834**  
 Vehicle Action Prior to Crash **3** 22 Damaged Area Code: **1** 27 **8** 27 **10** 27  
 Event Sequence **10** 23 23 23 23 Test Status: **1** 28  
 Most Harmful Event **10** 24 Type of Test: **1** 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
<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 **1** 15 Action **97** 16 Location **5** 17 Condition **1** 18  Hit/Run  Moped

License # **S96366751** St **MA** DOB/Age \_\_\_\_\_  
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL \_\_\_\_\_  
 Operator **DELUCIA, ANTHONY**  
 Last First Middle  
 Address **47 MCDONALD RD**  
 City **WILMINGTON** State **MA** Zip **01887-3810**  
 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**

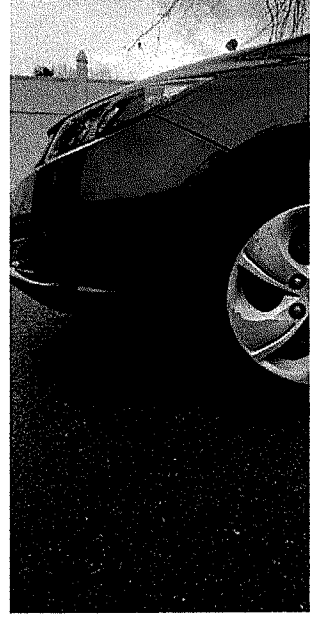
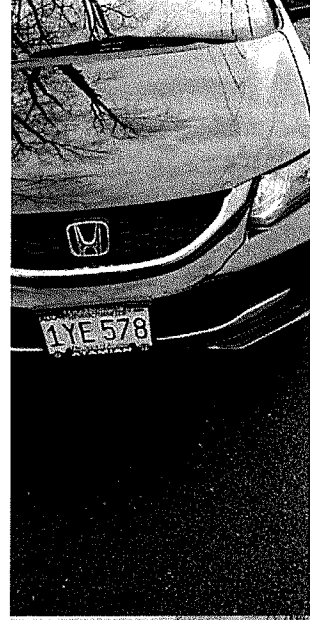
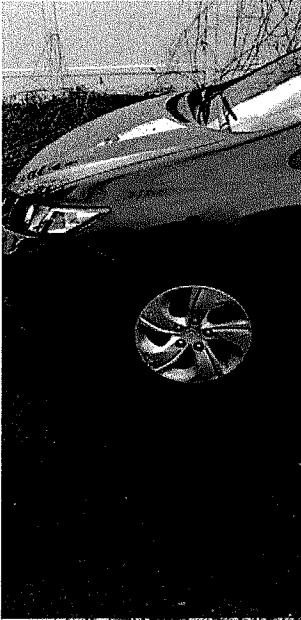
Please fill out for operator/non-motorist and all occupants involved

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
<b>Operator/Non-Motorist</b>	See Above	<del>XXXXXX</del>	<del>XXXX</del>	<b>1</b>	<b>10</b>				<b>10</b>	<b>1</b>	





Wilmington Police Department  
Images Associated with 20-324-AC



## NARRATIVE FOR PATROL OFFICER JULIO J QUILES

Ref: 20-324-AC

Entered: 12/31/2020 @ 1503      Entry ID: 197  
Modified: 12/31/2020 @ 1546      Modified ID: 197  
Approved: 01/01/2021 @ 0836      Approval ID: 185

On Thursday, December 31, 2020, I was working uniformed patrol assigned to marked cruiser 34, sector 2, on the 8:00 AM - 4:00 PM shift. At approximately 11:46 PM, I was dispatched to 47 McDonald Road for a caller, Anthony Delucia, reporting debris in the middle of the roadway. Dispatch advised that the caller stated it looked like a piece of wood from a telephone pole.

Ofc. Dunnett (Unit 31) and I arrived in the area. Dispatch had advised units that there was a second caller reporting she removed the wood from roadway. I advised dispatch that the caller had just waved me down. I spoke with Charlene Gallozzi, who stated that she was driving by, observed the hazard in the roadway, stopped and pulled it off to the side of the road on the property at 47 McDonald Road. She stated that a male party later identified as the original caller, Mr. Delucia, came over to her yelling and cussing at her, because she placed the wood on his property. She got scared, drove away to call the police, and observed him put the wood back in the middle of the roadway. She stopped her car at the next house driveway and observed a vehicle had crashed into the wood.

I then spoke with the operator involved in the crash, Patricia Crowley. Mrs. Crowley stated that she was traveling on Bernstein Road, turned right onto McDonald Road and crashed into the wood that was in the middle of the roadway (See images). She did not appear to have sustained any injuries and refused medical attention.

I then spoke with the original caller, Mr. Delucia. I asked if it was true that he put the wood back into the middle of the roadway and recreated the hazard. He admitted to putting the wood back into the roadway. I observed him to be angry and belligerent. He yelled that the wood was not his and that she (Mrs. Gallozzi) shouldn't have placed it onto his property. He stated that she put the wood on his driveway and showed me the location. I observed that area he pointed out to be approximately 3 feet onto his property near his driveway. I also observed that he had room to drive around it if he needed to leave his driveway. I advised him that he knew the police were on our way to handle this issue and that we would have had the wood removed by the Department of Public Works. I advised him that by recreating the hazard in the roadway, an elderly driver had crashed into the wood. He stated that she could have seen the wood and drove into it on purpose.

I advised dispatch and Sgt. Delorey (Unit 35) of the situation. Dispatch contacted the DPW and they came to the scene to remove the wood shortly after. Peace was restored.

Respectfully submitted,

*Ofc. Julio J. Quiles*

Patrolman - 197

Wilmington Police Department

<b>Police Use Only</b>			<b>Commonwealth of Massachusetts</b>				<b>RMV Document Number</b>								
Date of Crash 01/01/2021	Time of Crash 1942 24HR	City/Town Wilmington	<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"/>

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

<p>Route# _____ Direction _____ Name of Roadway/Street _____</p> <p style="text-align: center;">At _____</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p> <p style="text-align: center;">Also at Intersection with _____</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p>	<p style="text-align: center;"><b>409 MIDDLESEX AVE</b></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>_____ 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 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# **20-325-AC**

License # _____ i _____ DOB/Age _____ Sex _____ Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL _____ Endorsement _____ Operator: Last _____ First _____ Middle _____ Address: _____ Cit _____ Stat _____ ip _____ Insurance Company <b>ARBELLA MUTUAL INSURANCE</b> Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? <u>2</u> Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # <b>7HT353</b> Reg Type <b>PC</b> Reg State <b>MA</b> Veh Year <b>2011</b> Veh Make <b>FORD</b> Veh Config. <u>1</u> <u>21</u> Owner <b>MORETTO, GARY M</b> Last _____ First _____ Middle _____ Address <b>3 ARLENE AVE</b> City <b>WILMINGTON</b> State <b>MA</b> Zip <b>01887-1111</b> 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>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
<b>Operator</b>	See Above	<del>XXXXXX</del>	<del>XXXX</del>	<u>1</u>	<u>1</u>	<u>2</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

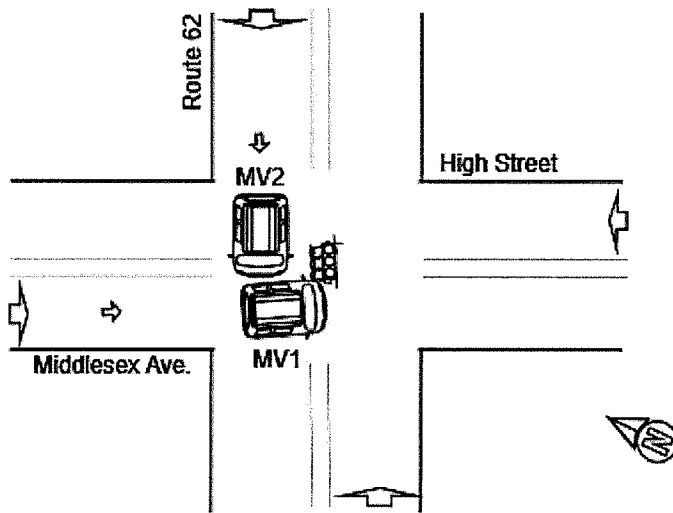
License # <b>S78185486</b> St <b>MA</b> DOB/Age _____ Sex <b>M</b> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL _____ Endorsement _____ Operator <b>HICKOX, BRENDEN J</b> Last _____ First _____ Middle _____ Address <b>4 HARNDEN RD</b> City <b>BILLERICA</b> State <b>MA</b> Zip <b>01821-6150</b> Insurance Company <b>GOVERNMENT EMPLOYEES INSU</b> 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 # <b>22X550</b> Reg Type <b>PC</b> Reg State <b>MA</b> Veh Year <b>2005</b> Veh Make <b>KIA</b> Veh Config. <u>1</u> <u>21</u> Owner <b>FERNANDEZ, GINA M</b> Last _____ First _____ Middle _____ Address <b>4 HARNDEN RD</b> City <b>BILLERICA</b> State <b>MA</b> Zip <b>01821-6150</b> 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>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/non-motorist and all occupants involved											
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator/Non-Motorist</b>	See Above	<del>XXXXXX</del>	<del>XXXX</del>	<u>1</u>	<u>1</u>	<u>1</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**



**Crash Narrative:**

Operator of motor vehicle 1, Garrett Moretto stated that he was traveling on Middlesex Avenue, had a yellow traffic control light, and attempted to make a left turn onto Route 62. Op. of MV2, Brenden Hickox stated that he was traveling west on Route 62 and had a green traffic control light. See images for photographs of the damage. I observed that neither party appeared to have sustained any injuries and both stated no injuries. Members of WFD arrived on scene to render aid and both parties refused medical attention. Cain's towed both vehicles and I conducted an inventory report (See attachments).

**Witnesses:**

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

**Property Damage:**

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

**Truck and Bus Information:**

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

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

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

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

Interstate  43    Cargo Body Type Code  44    GVWR/GCWR  45

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

**Hazmat Information:**

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

Patrol Officer Julio J Quiles

197

Wilmington Police Department

01/01/2021

Police Officer Name (Please Print)

Signature

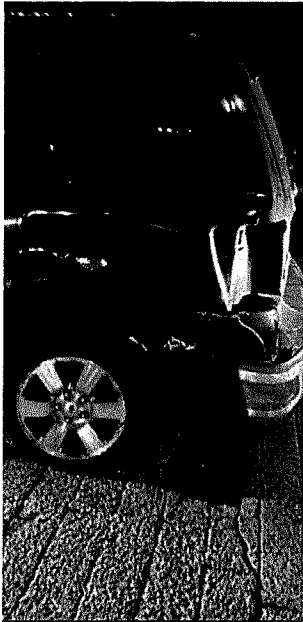
ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department  
Images Associated with 20-325-AC



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

**1** 4  
 Route# Direction **LOWELL ST** Name of Roadway/Street  
 At  
 Route# Direction **WOBURN ST** Name of Intersecting Roadway/Street  
 Also at Intersection with  
**2** 1  
 Route# Direction Name of Intersecting Roadway/Street

Please Select One of the Following:  Vehicle **1** #Occupants  Hit/Run  Moped  
 Crash Report ID# **20-326-AC**

**3**  
 License # **S16388802** St **MA** DOB/Age \_\_\_\_\_ Reg # **5EX849** Reg Type **PC** Reg State **MA**  
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **B** 20 CDL \_\_\_\_\_ Veh Year **2012** Veh Make **Other-not listed** Veh Config. **1** 21  
 Operator **LAFauci, NICHOLAS PAUL JR** Owner **LAFauci, NICHOLAS P**  
 Address **2 FREEMAN ST** Address **2 FREEMAN ST**  
 City **LYNNFIELD** State **MA** Zip **01940-2535** City **LYNNFIELD** State **MA** Zip **01940-2535**  
 Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **3** 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) **T2445810** Most Harmful Event **1** 24 Type of Test: **29**  
 Viol. 1: Ch/Sec/Sub **89** **9** Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **3** 25 **19** 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? **1** 33

**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
<b>Operator</b>	See Above	<del>XXXXXX</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>	

**7** 2  
 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 # **S61166863** St **MA** DOB/Age \_\_\_\_\_ Reg # **7DSX10** Reg Type **PC** Reg State **MA**  
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions \_\_\_\_\_ Veh Year **2009** Veh Make **TOYOTA** Veh Config. **1** 21  
 Operator **HANEGAN, CHARLES F JR** Owner **HERNANDEZ-GM, MARIA CRISTINA**  
 Address **3 MILAN AVE** Address **3 MILAN AVE**  
 City **WOBURN** State **MA** Zip **01801-1319** City **WOBURN** State **MA** Zip **01801-1319**  
 Insurance Company **GEICO GENERAL INSURANCE C** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **1** 27 **2** 27 **8** 27  
 Vehicle Travel Direction: **X 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: **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

**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
<b>Operator/Non-Motorist</b>	See Above	<del>XXXXXX</del>	<del>X</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>9</b>	<b>2</b>	<b>Lahey Clinic</b>



Wilmington Police Department  
Images Associated with 20-326-AC

