

Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 02/07/2021	Time of Crash 0806 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 1	Number Injured 0	Speed Limit 25	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>1 4</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 _____ Address # 136 Name of Roadway/Street GLEN RD</p> <p>_____ Feet N S E W of _____ or _____</p> <p style="text-align: center;">Mile Marker _____ Exit Number _____</p> <p>1 11</p> <p>_____ Feet N S E W of _____</p> <p>_____ Feet N S E W of _____</p> <p style="text-align: center;">Route# _____ Intersecting Roadway/Street _____</p> <p style="text-align: center;">Landmark _____</p>
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3 Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped Crash Report ID# **21-32-AC**

<p>4 2</p> <p>License # _____ St _____ DOB/Age _____</p> <p>Sex _____ Lic. Class 19 19 Lic. Restrictions 20 CDL _____</p> <p>Operator unknown</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Insurance Company _____</p> <p>Vehicle Travel Direction: N S E <input checked="" type="checkbox"/> Responding to Emergency? 2</p> <p>5 1</p> <p>Citation # (If Issued) _____</p> <p>Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____</p> <p>Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____</p>	<p>Reg # _____ Reg Type _____ Reg State _____</p> <p>Veh Year _____ Veh Make DODGE Veh Config. 21</p> <p>Owner _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Vehicle Action Prior to Crash 3 22</p> <p>Event Sequence 30 23 23 23 23</p> <p>Most Harmful Event 30 24</p> <p>Driver Contributing Code 9 25 7 25</p> <p>Driver Distracted by 99 26</p> <p>3 12</p> <p>Damaged Area Code: 8 27 27 27</p> <p>Test Status: 28</p> <p>Type of Test: 29</p> <p>BAC Test Result: 30</p> <p>Susp. Alcohol: 99 31 Susp. Drug: 99 32</p> <p>Towed from scene? 2 33</p> <p>30 13</p>
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6 **4**

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	99	99	0	0	10	1	

7 **3**

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

<p>8 2</p> <p>License # _____ St _____ DOB/Age _____</p> <p>Sex _____ Lic. Class 19 19 Lic. Restrictions 20 CDL _____</p> <p>Operator _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Insurance Company _____</p> <p>Vehicle Travel Direction: N S E W Responding to Emergency? _____</p> <p>9 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 # _____ Reg Type _____ Reg State _____</p> <p>Veh Year _____ Veh Make _____ Veh Config. 21</p> <p>Owner _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Vehicle Action Prior to Crash 22</p> <p>Event Sequence 23 23 23 23</p> <p>Most Harmful Event 24</p> <p>Driver Contributing Code 25 25</p> <p>Driver Distracted by 26</p> <p>4 14</p> <p>Damaged Area Code: 27 27 27</p> <p>Test Status: 28</p> <p>Type of Test: 29</p> <p>BAC Test Result: 30</p> <p>Susp. Alcohol: 31 Susp. Drug: 32</p> <p>Towed from scene? 33</p>
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6 **4**

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							

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1 5

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 2

Route# Direction Address # Name of Roadway/Street

Feet N S E W of _____ or _____

Mile Marker Exit Number

5 11

Feet N S E W of _____

Route# Intersecting Roadway/Street

Feet N S E W of _____

Landmark

3

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

Crash Report ID# **21-33-AC**

4 1

License # **S58254391** St **MA** DOB/Age _____ Reg # **NFZR45** Reg Type **PC** Reg State **FL**

Sex **M** Lic. Class **D 19 19** Lic. Restrictions **20** CDL _____ Veh Year **2020** Veh Make **DODGE** Veh Config. **2 21**

Operator **MARHOLZ, NATHAN JON** Owner **AMAZON LOGISTICS**

Address **55 PITMAN AVE** Address **4413 SEABOARD RD**

City **WAKEFIELD** State **MA** Zip **01880-4362** City **ORLANDO** State **FL** Zip **32808-3812**

Insurance Company _____ Vehicle Action Prior to Crash **1 22** Damaged Area Code: **3 27 27 27**

5

Vehicle Travel Direction: **N S E W** Responding to Emergency? **2** Event Sequence **35 23 23 23 23** Test Status: **28**

Citation # (If Issued) _____ Most Harmful Event **35 24** Type of Test: **29**

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **19 25 20 25** BAC Test Result: **30**

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

6 3

Towed from scene? **3 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	99	4	0	0	10	1	

7 1

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

8 99

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**

9 2

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**

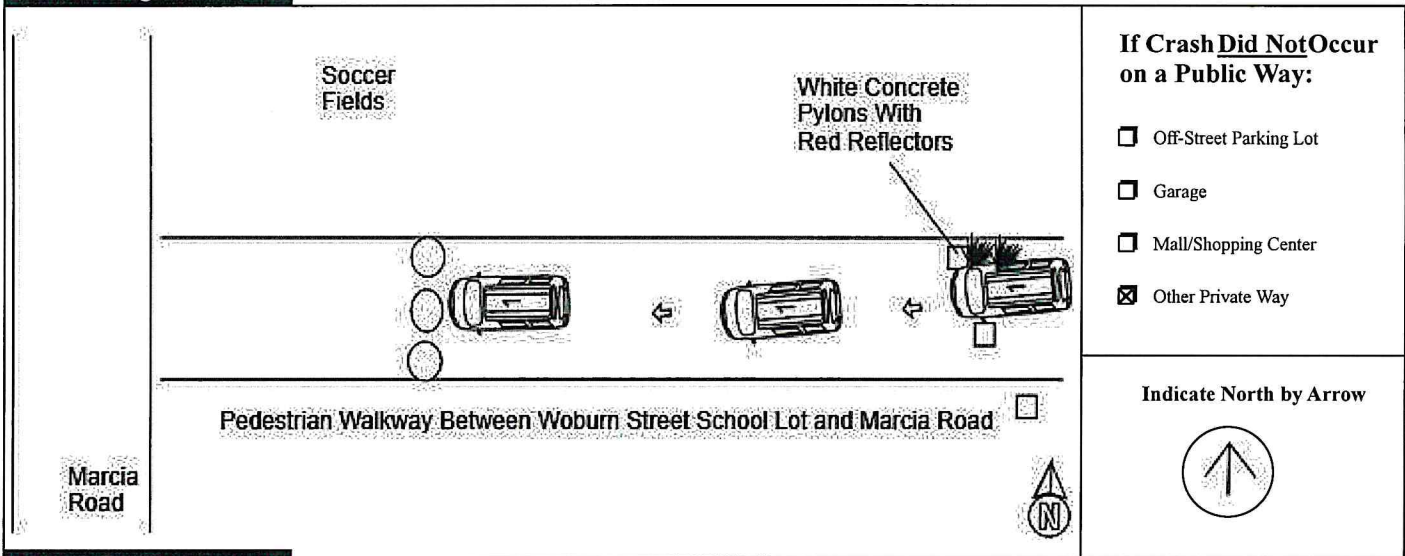
Towed from scene? **33**

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
Operator/Non-Motorist	See Above			1							

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

Crash Diagram:



Crash Narrative:

MV1 was traveling through the parking at the rear of the Woburn Street School and was attempting to continue heading westbound towards Marcia Road. MV1 left the parking lot and continued traveling down the pedestrian walking path that connects Marcia Road with the Woburn Street School fields and playground. As MV1 continued down the partially shoveled walkway, MV1 struck and side-swiped one of the concrete pylons that was installed to prevent vehicular traffic on the walkway. MV1 drove between two of the pylons and continued down the sloping walkway until MV1 became trapped at the rock boulders and could not continue further. Then MV1 became trapped and was unable to reverse up the walkway due to the snow and incline. A private tow, RCH Transportation, arrived, moved a boulder, and freed MV1 from the snow and onto Marcia Road. The operator was not injured and stated he was following Amazon's Flex GPS. MV1 suffered damage to the right side and passenger door.

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

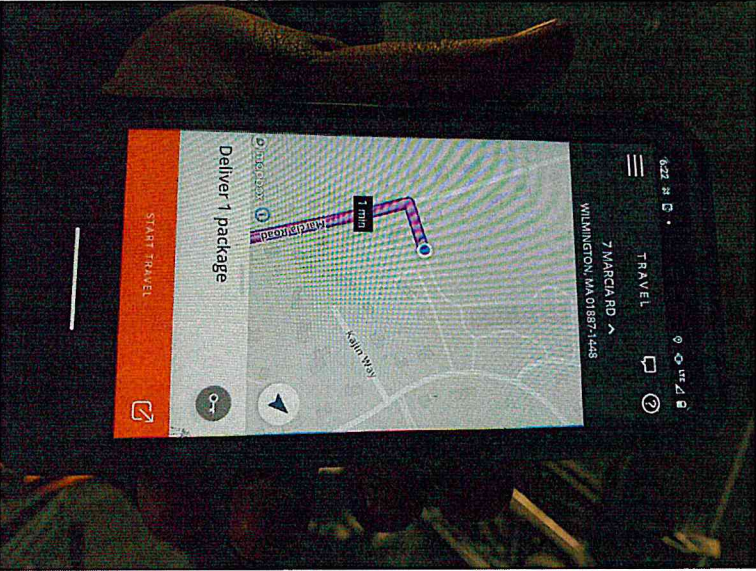
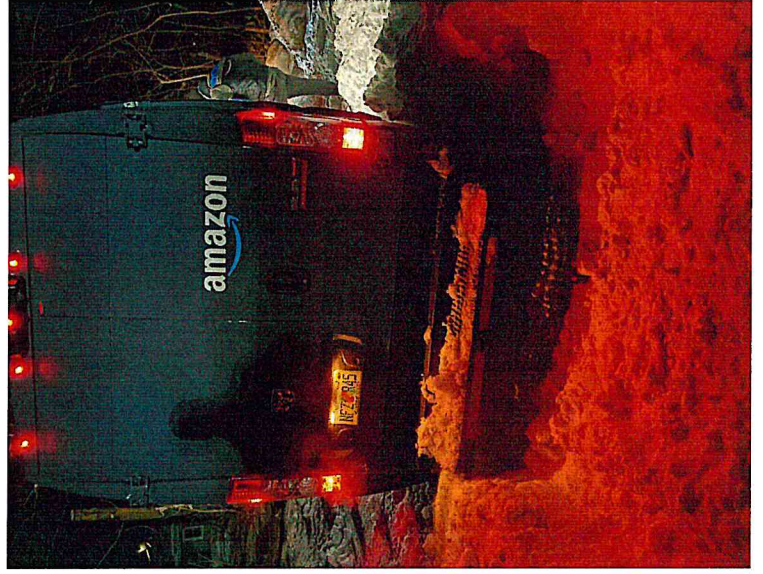
Patrol Officer Michael A Wilson
 Police Officer Name (Please Print) Signature

209
 ID/Badge #

Wilmington Police Department
 Department Precinct/Barracks

02/08/2021
 Date

Wilmington Police Department
Images Associated with 21-33-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 02/10/2021	Time of Crash 1433 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 25	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:
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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 _____	361 MIDDLESEX AVE 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 _____
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Please Select One of the Following:	<input checked="" type="checkbox"/> Vehicle 1 #Occupants _____	<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped	Crash Report ID# 21-34-AC
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License # NONE St. OC DOB/Age _____ Sex F Lic. Class 99 19 19 Lic. Restrictions 20 CDL _____ Endorsement _____ Operator DESOUZA, RAIANE Last First Middle Address 134 CHELSEA ST APT 56 City EVERETT State MA Zip 02149 Insurance Company PROGRESSIVE CASUALTY INSU Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? 2 Citation # (If Issued) 904780AA Viol. 1: Ch/Sec/Sub 90 10 Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # 2HGW41 Reg Type PC Reg State MA Veh Year 2016 Veh Make TOYOTA Veh Config. 1 21 Owner SOUZA, WILSON J Last First Middle Address 1370 OCEAN ST APT 2B City MARSHFIELD State MA Zip 02050-3528 Vehicle Action Prior to Crash 1 22 Damaged Area Code: 3 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? 3 33
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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	

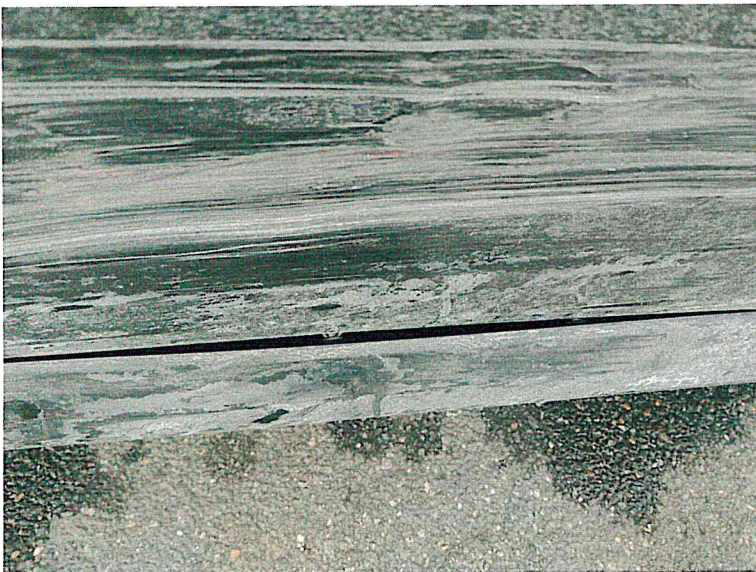
Please Select One of the Following:	<input checked="" type="checkbox"/> Vehicle 2 #Occupants _____	<input type="checkbox"/> Non-Motorist A	Type 15 Action 16 Location 17 Condition 18	<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped
License # S43831745 St. MA DOB/Age _____ Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL _____ Endorsement _____ Operator BRIERE, COREY W Last First Middle Address 9 WOODCREST AVE City BURLINGTON State MA Zip 01803 Insurance Company ALLMERICA FINANCIAL BENEF Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> 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 # V64217 Reg Type CO Reg State MA Veh Year 2018 Veh Make FORD Veh Config. 97 21 Owner INLINE MECHANICAL LLC Last First Middle Address 226 LOWELL ST APT E A3 City WILMINGTON State MA Zip 01887-3073 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 19 25 25 BAC Test Result: 1 30 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		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above	XXXXXX	XXXX	1	1	4	0	0	10	1	

Wilmington Police Department
Images Associated with 21-34-AC



Wilmington Police Department
Images Associated with 21-34-AC



Wilmington Police Department
Images Associated with 21-34-AC



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

<p>Route# _____ Direction _____ Name of Roadway/Street _____</p> <p style="text-align: center;">At _____</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p> <p style="text-align: center;">Also at Intersection with _____</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p>	<p>Route# _____ Direction _____ Address # 231 Name of Roadway/Street MAIN ST</p> <p>_____ Feet N S E W of _____ or _____</p> <p style="text-align: center;">Mile Marker _____ Exit Number _____</p> <p>_____ Feet N S E W of _____</p> <p>_____ Feet N S E 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 **10** #Occupants Hit/Run Moped **Crash Report ID# 21-35-AC**

<p>License # _____ St _____ DOB/Age _____</p> <p>Sex _____ Lic. Class 19 19 Lic. Restrictions 20 CDL _____ Endorsement _____</p> <p>Operator Driverless M.V.</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Insurance Company THE COMMERCE INSURANCE CO</p> <p>Vehicle Travel Direction: N S E <input checked="" type="checkbox"/> Responding to Emergency? 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 # 9JA597 Reg Type PC Reg State MA</p> <p>Veh Year 2018 Veh Make NISSAN Veh Config. 1 21</p> <p>Owner HOWLETT, GEOFFREY GORDON HAYES</p> <p>Address 25 LINDA RD</p> <p>City WILMINGTON State MA Zip 01887-1440</p> <p>Vehicle Action Prior to Crash 11 22 Damaged Area Code: 2 27 27 27</p> <p>Event Sequence 2 23 23 23 23 Test Status: 1 28</p> <p>Most Harmful Event 2 24 Type of Test: 29</p> <p>Driver Contributing Code 1 25 25 BAC Test Result: 1 30</p> <p>Driver Distracted by 0 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32</p> <p>Towed from scene? 2 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										

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

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

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○

<div style="border: 1px solid black; padding: 5px; display: inline-block;">Dollar Tree</div> <div style="float: right; padding: 5px;">231 Main St.</div>	<p>If Crash Did Not Occur on a Public Way:</p> <p><input type="checkbox"/> Off-Street Parking Lot</p> <p><input type="checkbox"/> Garage</p> <p><input checked="" type="checkbox"/> Mall/Shopping Center</p> <p><input type="checkbox"/> Other Private Way</p>
	<p>Indicate North by Arrow</p>

Crash Narrative:

M/V 1 was parked in a parking spot facing the west side of the Shopping Center. M/V 2 attempted to enter a parking spot next to M/V 1 but struck the front right corner of the bumper and fender, see attached photos. M/V 2 fled the scene after striking M/V 1. M/V 2 was described by a witness, who was never identified, of a brown colored Jeep SUV.

The witness went inside the Dollar Tree and contacted customer service to see if M/V 1 belonged to anyone in the store. The Owner of M/V 1 works at the Dollar Tree. The Owner of M/V 1 did not get any of the witness's information. M/V 2 was unable to be identified.

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

Police Officer Name (Please Print)

Signature

206

ID/Badge #

Wilmington Police Department

Department

Precinct/Barracks

02/11/2021

Date

Wilmington Police Department
Images Associated with 21-35-AC



AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

62 E CHURCH ST
Route# Direction Name of Roadway/Street

At

CLARK ST
Route# Direction Name of Intersecting Roadway/Street

Also at Intersection with

Route# Direction Name of Intersecting Roadway/Street

Route# Direction Address # Name of Roadway/Street

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

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

Feet N S E W of _____ Landmark _____

Please Select One of the Following: Vehicle 1 Occupants Hit/Run Moped | Crash Report ID# **21-36-AC**

License # **S94369040** St **MA** DOB/Ag. _____ Reg # **2TAL79** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** Lic. Restrictions **20** CDL _____ Veh Year **2011** Veh Make **KIA** Veh Config. **1**

Operator **CHENEY, ROSEANN MARIAN** Owner **CHENEY, ROSEANN MARIAN**

Address **1A STATE ST** Address **1A STATE ST**

City **WILMINGTON** State **MA** Zip **01887-2442** City **WILMINGTON** State **MA** Zip **01887-2442**

Insurance Company **ALLSTATE INSURANCE COMPAN** Vehicle Action Prior to Crash **4** Damaged Area Code: **1 27 27 27**

Vehicle Travel Direction: N E W Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **1 28 29**

Citation # (If Issued) **905513AA** Most Harmful Event **1 24** Type of Test: **1 30**

Viol. 1: Ch/Sec/Sub **89 4A** Viol. 2: Ch/Sec/Sub **90 11B** Driver Contributing Code **9 25 3 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 # **S60944538** St **MA** DOB/Ag. _____ Reg # **1BZX85** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** Lic. Restrictions **B** CDL _____ Veh Year **2019** Veh Make **VOLKSWAGEN** Veh Config. **1**

Operator **JAIN, ESHA** Owner **JAIN, ESHA**

Address **18 KINGS ROW** Address **18 KINGS ROW**

City **NORTH READING** State **MA** Zip **01864-1546** City **NORTH READING** State **MA** Zip **01864-1546**

Insurance Company **AMERICAN FAMILY CONNECT P** Vehicle Action Prior to Crash **2** Damaged Area Code: **2 27 27 27**

Vehicle Travel Direction: N E W Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **1 28 29**

Citation # (If Issued) _____ Most Harmful Event **1 24** Type of Test: **1 30**

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**

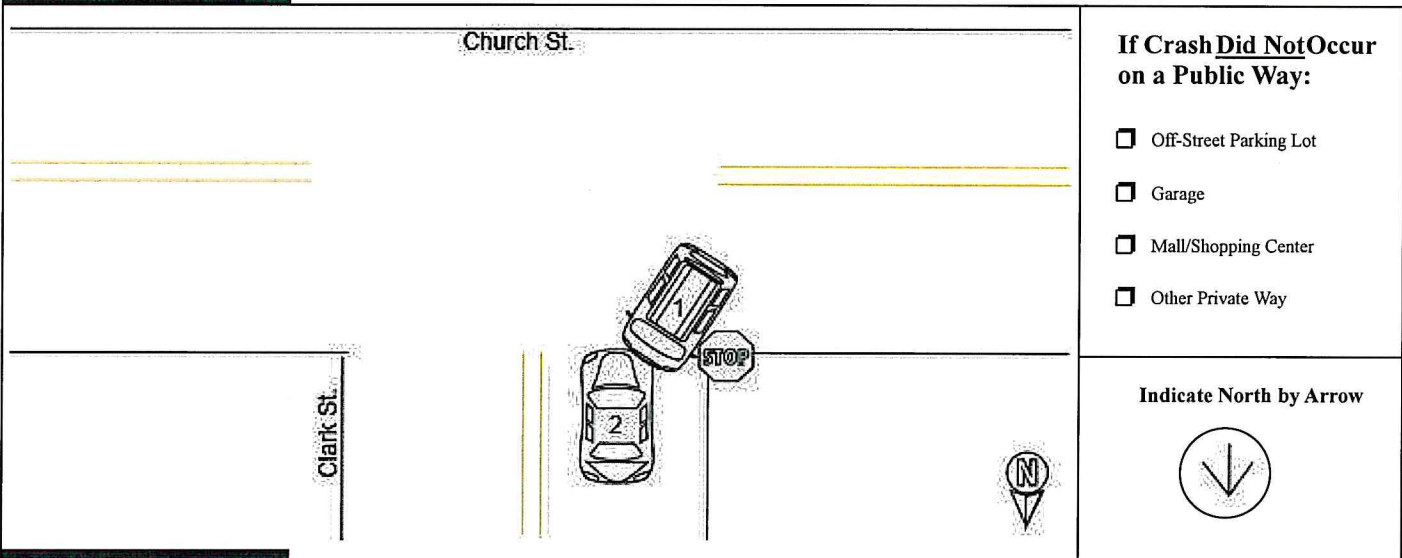
Towed from scene? **2 33**

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	

Crash Diagram:

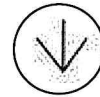
ie: → [1] → [2] → [Pedestrian] → [Bicycle]



If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow



Crash Narrative:

M/V 1 was travelling East-bound on Church St. M/V 2 was stopped on Clark St. M/V 2 was waiting at the stop sign to make a left turn. M/V 1 attempted to make a left turn onto Clark St. M/V 1 took the turn too sharp, crossed over the double yellow lines, and collided into 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 [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

02/11/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date