

Police Use Only			Commonwealth of Massachusetts				RMV Document Number					
Date of Crash 03/13/2021	Time of Crash 1711 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 2	Speed Limit 30	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:
Route# _____ Direction _____ Name of Roadway/Street _____ At _____	Route# 3 Direction _____ Address # _____ Name of Roadway/Street WISSER ST	Route# _____ Direction _____ Name of Roadway/Street _____ Feet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of _____ or _____ Mile Marker _____ Exit Number _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____	Route# _____ Direction _____ Name of Intersecting Roadway/Street _____	Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Feet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of _____ Route# _____ Intersecting Roadway/Street _____ Landmark _____

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped Crash Report ID# **21-55-AC**

License # S97666745 St MA DOB/Age 04/12/1950	Reg # 8MDZ40 Reg Type PC Reg State MA
Sex M Lic. Class D Lic. Restrictions 99 CDL Endorsement _____	Veh Year 2003 Veh Make MITSUBISHI Veh Config. 1
Operator KOSLOWSKI, JAMES R	Owner KOSLOWSKI, JAMES R
Address 43 BRAND AVE	Address 43 BRAND AVE
City WILMINGTON State MA Zip 01887-2010	City WILMINGTON State MA Zip 01887-2010
Insurance Company PILGRIM INSURANCE COMPANY	Vehicle Action Prior to Crash 1 Damaged Area Code: 3 27 27 27
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? 2	Event Sequence 3 23 23 23 23 Test Status: 1 28
Citation # (If Issued) _____	Most Harmful Event 3 24 Type of Test: 29
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code 13 25 25 BAC Test Result: 30
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by 7 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32

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 **40** #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

License # _____ St _____ DOB/Age _____	Reg # 63DY12 Reg Type PC Reg State MA
Sex _____ Lic. Class D Lic. Restrictions 20 CDL Endorsement _____	Veh Year 2002 Veh Make GMC Veh Config. 8
Operator Driverless M.V.	Owner MANGIAFICO, JOHN JOSEPH
Address _____	Address 4 HOBSON AVE
City _____ State _____ Zip _____	City WILMINGTON State MA Zip 01887-2018
Insurance Company THE COMMERCE INSURANCE CO	Vehicle Action Prior to Crash 11 Damaged Area Code: 7 27 27 27
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> 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 _____ 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

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	10	4	0	0	10	1	

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 # 3 Name of Roadway/Street WISSER 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 3 #Occupants Hit/Run Moped **Crash Report ID# 21-55-AC**

<p>License # _____ St _____ DOB/Age _____</p> <p>Sex _____ Lic. Class 19 19 Lic. Restrictions 20 CDL _____ Endorsement _____</p> <p>Operator _____ Last First Middle</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 _____ Last First Middle</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 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							

Please Select One of the Following: Vehicle 2 #Occupants Non-Motorist A Type **1** Action **2** Location **4** Condition **1** Hit/Run Moped

<p>License # _____ St _____ DOB/Age 05/13/2008</p> <p>Sex M Lic. Class 19 19 Lic. Restrictions 20 CDL _____ Endorsement _____</p> <p>Operator DERMODY, JAYDEN Last First Middle</p> <p>Address 58 BRAND AVE</p> <p>City WILMINGTON State MA Zip 01887</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 _____ Last First Middle</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	XXXXXX	XXXX	1	10				8	97	

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

<p>Route# _____ Direction _____ Name of Roadway/Street _____ At _____</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p>	<p>Route# _____ Direction _____ Address # 3 Name of Roadway/Street WISSER ST</p> <p>Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____ Mile Marker _____ Exit Number _____</p> <p>Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____</p> <p>Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____</p>
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Please Select One of the Following: Vehicle 5 #Occupants Hit/Run Moped **Crash Report ID# 21-55-AC**

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

Please Select One of the Following: Vehicle 3 #Occupants Non-Motorist A Type 1 Action 2 Location 4 Condition 1 Hit/Run Moped

<p>License # _____ St _____ DOB/Age 12/05/2012 Sex M Lic. Class <input type="checkbox"/> 19 <input type="checkbox"/> 19 Lic. Restrictions <input type="checkbox"/> 20 CDL _____ Endorsement _____</p> <p>Operator DERMODY, JOSHUA Last First Middle Address 58 BRAND AVE City WILMINGTON State MA Zip 01887 Insurance Company _____</p> <p>Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____</p> <p>Citation # (If Issued) _____</p> <p>Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____</p>	<p>Reg # _____ Reg Type _____ Reg State _____ Veh Year _____ Veh Make _____ Veh Config. <input type="checkbox"/> 21</p> <p>Owner _____ Last First Middle Address _____ City _____ State _____ Zip _____</p> <p>Vehicle Action Prior to Crash <input type="checkbox"/> 22 Event Sequence <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23 Most Harmful Event <input type="checkbox"/> 24 Driver Contributing Code <input type="checkbox"/> 25 <input type="checkbox"/> 25 Driver Distracted by <input type="checkbox"/> 26</p> <p>Damaged Area Code: <input type="checkbox"/> 27 <input type="checkbox"/> 27 <input type="checkbox"/> 27 Test Status: <input type="checkbox"/> 28 Type of Test: <input type="checkbox"/> 29 BAC Test Result: <input type="checkbox"/> 30 Susp. Alcohol: <input type="checkbox"/> 31 Susp. Drug: <input type="checkbox"/> 32 Towed from scene? <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	10				8	97	

SUPPLEMENTAL NARRATIVE FOR PATROL OFFICER KATHRYN C GOODWIN

Ref: 21-55-AC

Entered: 03/15/2021 @ 1728 Entry ID: 216
Modified: 03/27/2021 @ 1552 Modified ID: 216

On Monday, March 15th, 2021 I (Officer Goodwin) was assigned uniformed patrol in marked cruiser 33, sector 3, on the 1600 to 0000 hour shift. At approximately 1657 hours, I went to 58 Brand Ave for a follow up.

On the way to 58 Brand Ave, I stopped at 43 Brand Ave to drop off a Crash Report to James Koslowski.

At 58 Brand Ave, I was met at the door by Marion Ames. Ms. Ames stated she wanted her two children, the two involved parties, to have their statements included in my report.

I spoke first to Jayden. Jayden stated he and his brother Joshua were walking home from the vicinity of Rocco's Restaurant. Jayden stated he was walking in front of the parked truck (shown in diagram) when he was lifted off his feet and was on the hood of the car. He stated the front of the car hit him and then he believes he rolled off to his side. He stated Winchester Hospital staff stated he has a left leg/ankle injury and possibly a knee fracture. He also stated he has small scrapes on his opposite leg. He stated the operator of the vehicle kept driving after he hit them and then stopped further down the road after being yelled at to do so. It should be noted the operator was on scene when I arrived.

Joshua stated the vehicle hit his brother Jayden first and then him. Joshua stated he was hit and then fell to the ground where his left hand went under the wheel of the car.

Both brothers stated they were standing in front of the parked truck when they were hit. Neither brother knew how the side mirror was broken off the involved vehicle, the Mitsubishi.

I advised Ms. Ames how to obtain a copy of my full report if she needed it. I also provided her with an accident exchange form and a copy of the original crash report prior to this supplemental. I also advised her that the department completed our investigation and we did not observe any signs of impairment. It should be noted there was a noticeable solar glare when traveling down Wisser St at this time of day.

It should be noted that on 03/27/21, I edited the narrative to reflect a change in spelling to Jayden's name.

Respectfully submitted,

Officer Kathryn Goodwin, Badge #216
Wilmington Police Department

Wilmington Police Department
Images Associated with 21-55-AC

