

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 Mile Marker Exit Number

Feet N S E W of Intersecting Roadway/Street

Feet N S E W of Landmark

Please Select One of the Following: Vehicle 14 #Occupants Hit/Run Moped | Crash Report ID# 21-59-AC

License # S51319502 St MA DOB/Age Reg # 9XB812 Reg Type PC Reg State MA

Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement

Operator CARROLL, ERIN M | Owner CARROLL, ERIN M

Address 2A PINE AVE | Address 2A PINE AVE

City WILMINGTON State MA Zip 01887-2058 | City WILMINGTON State MA Zip 01887-2058

Insurance Company GEICO GENERAL INSURANCE C | Vehicle Action Prior to Crash 1 22 Damaged Area Code: 7 27 8 27 0 27

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

Citation # (If Issued) T2446204 | Most Harmful Event 1 24 Type of Test: 29

Viol. 1: Ch/Sec/Sub 90 9 Viol. 2: Ch/Sec/Sub 90 11 | 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

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	3	0	0	10	1	
				3	1	3	0	0	10	1	
				6	1	3	0	0	10	1	
				4	1	3	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 Reg # Reg Type Reg State

Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement

Operator | Owner

Address | Address

City State Zip | City State Zip

Insurance Company | Vehicle Action Prior to Crash 22 Damaged Area Code: 27 27 27

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

Citation # (If Issued) | Most Harmful Event 24 Type of Test: 29

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

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

Towed from scene? 33

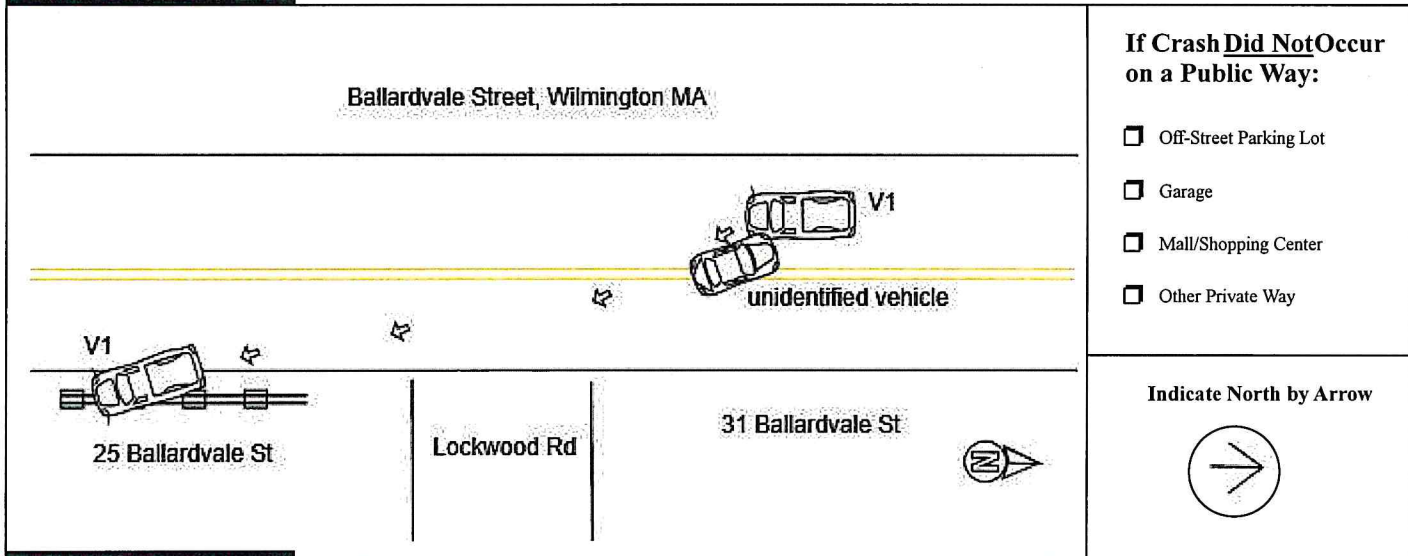
Please fill out for operator/non-motorist and all occupants involved

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

V1 was traveling southbound on Ballardvale St. V1 was reportedly struck by a vehicle traveling northbound and the other vehicle fled the scene. The unidentified vehicle struck V1 in the vicinity of #31. V1 traveled to the opposite side of the road and crashed into the rock wall in front of 25 Ballardvale St. Glass was scattered from #31 to #25. Full airbag deployment throughout the entire vehicle. No injuries were observed or reported by Op1 or the passengers. WFD received four refusals. Op1 stated she was hit then slammed on her breaks and could not see due to the dust from the airbag. Pas1 stated the vehicle "swerved" into their lane and then "everything got blurry and dusty." All the passengers agreed that the vehicle was a small, darker colored vehicle but they did not have a further description because they could not see due to the powder produced by the airbags. A bolo was put out for the vehicle with likely left sided damage. V1 towed by Forrest.

Witnesses:

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

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
CASTALINE CARMEL M	25 BALLARDVALE ST WILMINGTON MA 01		97	STONE WALL

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 Kathryn C Goodwin 216 Wilmington Police Department 03/21/2021
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

SUPPLEMENTAL NARRATIVE FOR PATROL OFFICER KATHRYN C GOODWIN

Ref: 21-59-AC

Entered: 03/27/2021 @ 1709 Entry ID: 216
Modified: 03/27/2021 @ 1721 Modified ID: 216

On Saturday, March 27th, 2021 at approximately 1700 hours, I (Officer Goodwin) attempted to contact Erin Carroll at This is the number she provided to me on scene.

I also attempted to contact her on the night of the incident regarding information with her vehicle and she did not answer. The vehicle she was operating was bearing MA registration 9XB812. This plate was registered to a Ford Explorer. On scene, Ms. Carroll stated this vehicle was a recent purchase, but failed to provide me with the registration for the vehicle. With two failed attempts to contact her, Ms. Carroll was issued MA Uniform Citation T2446204 for Unregistered Motor Vehicle 90/9 and No Registration in Possession 90/11. The citation was mailed to violator.

Respectfully submitted,

Officer Kathryn Goodwin, Badge #216
Wilmington Police Department

Wilmington Police Department
Images Associated with 21-59-AC



Wilmington Police Department
Images Associated with 21-59-AC



Wilmington Police Department
Images Associated with 21-59-AC



AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1 1 Route# Direction Name of Roadway/Street At

2 1 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 # Name of Roadway/Street

1 11 Feet N S E W of Mile Marker Exit Number

1 11 Feet N S E W of Route# Intersecting Roadway/Street

1 11 Feet N S E W of Landmark

Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped | Crash Report ID# 21-60-AC

License # 129125625 St CT DOB/Age 19 19 | Reg # 68836A Reg Type AP Reg State CT

Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement | Veh Year 2004 Veh Make Other-not listed Veh Config. 10 21

Operator PINA-AQUINO, UILOQUIN | Owner A & R ROLON TRANSPORTATION LLC

Address 51 KING ST APT FL3 | Address 833 PARK ST APT D4

City HARTFORD State CT Zip 06114 | City HARTFORD State CT Zip 06106

Insurance Company Progressive Casualty Insu | Vehicle Action Prior to Crash 1 22 Damaged Area Code: 2 27 27 27

Vehicle Travel Direction: N S X W Responding to Emergency? 2 | Event Sequence 35 23 23 23 23 Test Status: 1 28 29

Citation # (If Issued) | Most Harmful Event 35 24 Type of Test: 1 30

Viol. 1: Ch/Sec/Sub | Driver Contributing Code 19 25 25 BAC Test Result: 1 30

Viol. 3: Ch/Sec/Sub | Driver Distracted by 99 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32

Towed from scene? 2 33

Please fill out for operator 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 | Reg # Reg Type Reg State

Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement | Veh Year Veh Make Veh Config. 21

Operator | Owner

Address | Address

City State Zip | City State Zip

Insurance Company | Vehicle Action Prior to Crash 22 Damaged Area Code: 27 27 27

Vehicle Travel Direction: N S E W Responding to Emergency? | Event Sequence 23 23 23 23 Test Status: 28 29

Citation # (If Issued) | Most Harmful Event 24 Type of Test: 30

Viol. 1: Ch/Sec/Sub | Driver Contributing Code 25 25 BAC Test Result: 30

Viol. 3: Ch/Sec/Sub | Driver Distracted by 26 Susp. Alcohol: 31 Susp. Drug: 32

Towed from scene? 33

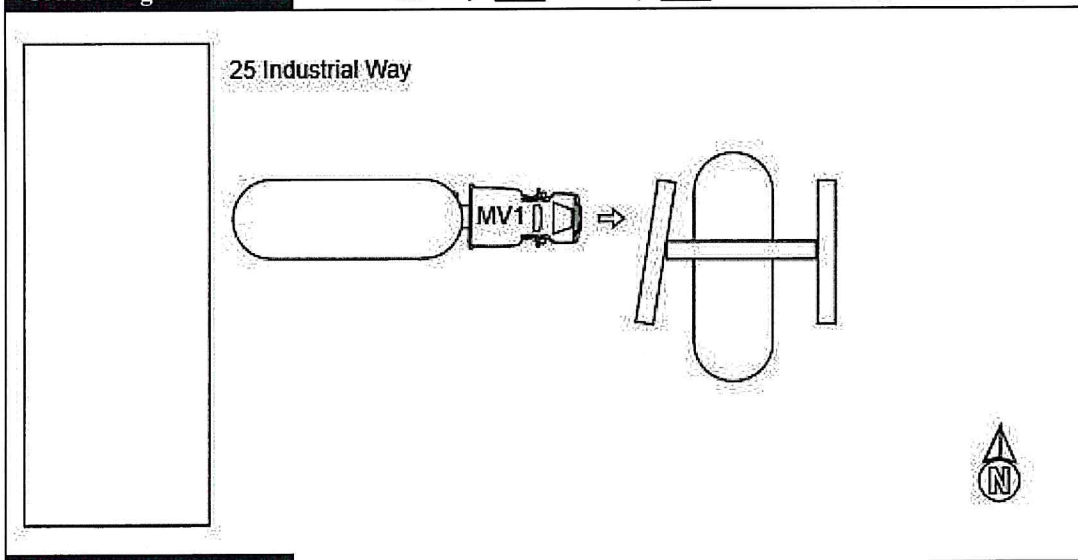
Please fill out for operator/non-motorist and all occupants involved

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

Crash Diagram:

ie: → 1 → 2 → →



If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow

Crash Narrative:

MV1 was pulling forward to line up his trailer to the docking bay of 25 Industrial Way when he struck the metal base of the scrapper system for the trailers. The operator of MV1 stated he saw the trailer parked but did not see the scrapper system. The impact of the tractor caused the base of the unit to bend.

Witnesses:

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

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
CRYSTAL WAREHOUSE	25 INDUSTRIAL WAY WILMINGOTN MA 01			snow removal equipment

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

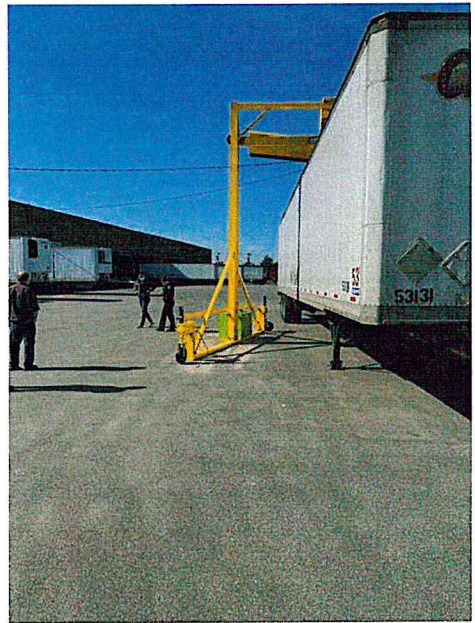
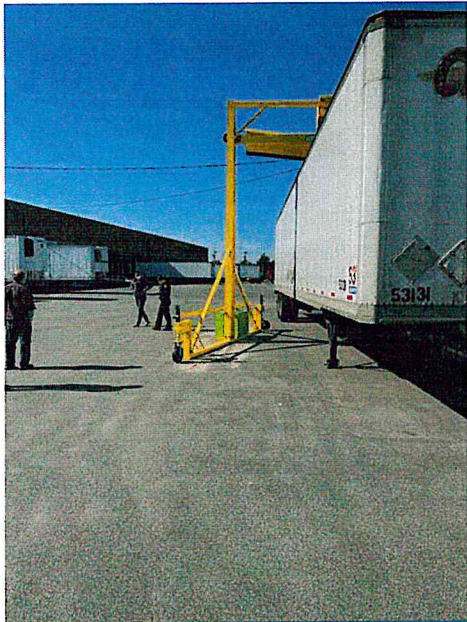
Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 46

Hazmat Information:

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

Patrol Officer Meghan Sousa **214** **Wilmington Police Department** **03/22/2021**
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Images Associated with 21-60-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 # Name of Roadway/Street
 400 LOWELL ST
 Feet N S E W of _____ of _____ or _____
 Mile Marker _____ Exit Number _____
 4 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# 21-61-AC

License # NHL14345802 St NH DOB/Agc _____ Reg # 4003P Reg Type PC Reg State NH
 Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL _____ Veh Year 2009 Veh Make TOYOTA Veh Config. 1 21
 Operator MCLEOD, ROBERT SIDNEY Owner MCLEOD, ROBERT SIDNEY
 Address 8 PATRIOT DR APT 15 Address 8 PATRIOT DR APT 15
 City E HAMPSTEAD State NH Zip 038268208 City E HAMPSTEAD State NH Zip 038268208
 Insurance Company AMICA Vehicle Action Prior to Crash 1 22 Damaged Area Code: 8 27 27 27
 Vehicle Travel Direction: N S W Responding to Emergency? 2 Event Sequence 1 23 23 23 23 Test Status: 1 28
 Citation # (If Issued) _____ Most Harmful Event 1 24 Type of Test: 29
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code 1 25 25 BAC Test Result: 1 30
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by 0 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32
 Towed from scene? 1 33

Please fill out for operator 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	

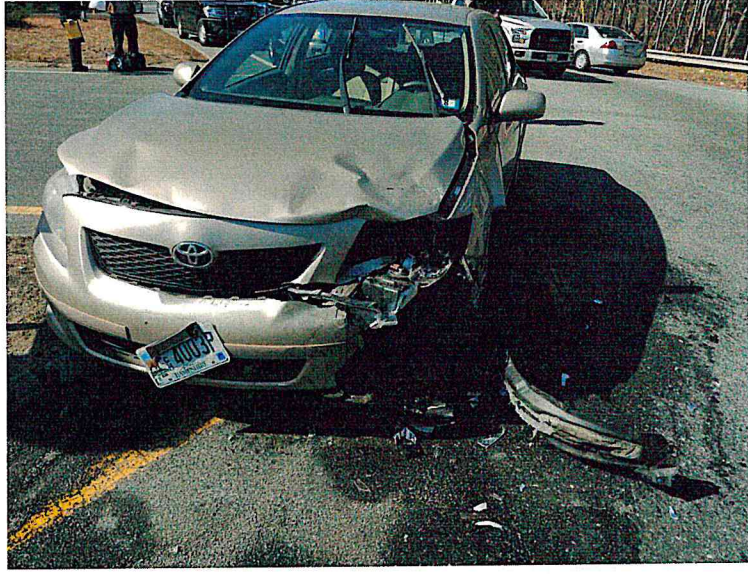
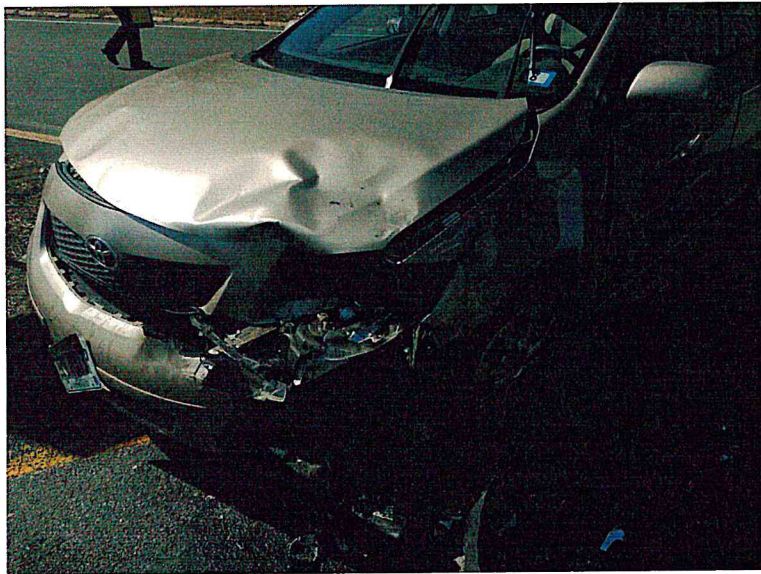
Please Select One of the Following: Vehicle 2 #Occupants Non-Motorist A Type 15 Action 16 Location 17 Condition 18 Hit/Run Moped

License # SA1110853 St MA DOB/Agc _____ Reg # 2NLL25 Reg Type PC Reg State MA
 Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL _____ Veh Year 2014 Veh Make TOYOTA Veh Config. 1 21
 Operator NANTABA, VIVIAN Owner NANTABA, VIVIAN
 Address 32 NILE ST Address 32 NILE ST
 City BILLERICA State MA Zip 01821-5507 City BILLERICA State MA Zip 01821-5507
 Insurance Company NGM INSURANCE COMPANY Vehicle Action Prior to Crash 3 22 Damaged Area Code: 1 27 27 27
 Vehicle Travel Direction: N S W Responding to Emergency? 2 Event Sequence 1 23 23 23 23 Test Status: 1 28
 Citation # (If Issued) _____ Most Harmful Event 1 24 Type of Test: 29
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code 4 25 25 BAC Test Result: 1 30
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by 0 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32
 Towed from scene? 1 33

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

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	
EDWAR MUKAS	80 DOUGLAS ST WALTHAM, MA 01821		M	3	1	4	0	0	10	1	
				4	1	4	0	0	10	1	
				6	1	4	0	0	10	1	

Wilmington Police Department
Images Associated with 21-61-AC



Wilmington Police Department
Images Associated with 21-61-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
 Route# Direction Name of Intersecting Roadway/Street

2 10
 Route# Direction Address # Name of Roadway/Street
615 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

3
 Please Select One of the Following: Vehicle **11** #Occupants Hit/Run Moped
 Crash Report ID# **21-62-AC**

4 1
 License # **S29429883** St **MA** DOB/Age _____
 Sex **M** Lic. Class **D** **19** **19** Lic. Restrictions **1** **20** CDL _____
 Operator **KELLEY, KEVIN MICHAEL SR**
 Address **8 LESLIE ST**
 City **WILMINGTON** State **MA** Zip **01887-2996**
 Insurance Company **THE HANOVER INSURANCE COM**
 Vehicle Travel Direction: **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 _____

5
 Reg # **219FY9** Reg Type **PC** Reg State **MA**
 Veh Year **2017** Veh Make **TOYOTA** Veh Config. **1** **21**
 Owner **KELLEY, KEVIN MICHAEL SR**
 Address **8 LESLIE ST**
 City **WILMINGTON** State **MA** Zip **01887-2996**
 Vehicle Action Prior to Crash **2** **22** Damaged Area Code: **5** **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? **2** **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
Operator	See Above			1	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

8 1
 License # **S49704588** St **MA** DOB/Age _____
 Sex **F** Lic. Class **D** **19** **19** Lic. Restrictions **1** **20** CDL _____
 Operator **BAILEY, CAROLE S**
 Address **1 GLENVIEW RD**
 City **WILMINGTON** State **MA** Zip **01887-3404**
 Insurance Company **GEICO GENERAL INSURANCE C**
 Vehicle Travel Direction: **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 _____

9 2
 Reg # **994LL2** Reg Type **PC** Reg State **MA**
 Veh Year **2012** Veh Make **HONDA** Veh Config. **1** **21**
 Owner **BAILEY, CAROLE S**
 Address **1 GLENVIEW RD**
 City **WILMINGTON** State **MA** Zip **01887-3404**
 Vehicle Action Prior to Crash **1** **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 **0** **26** Susp. Alcohol: **2** **31** Susp. Drug: **2** **32**
 Towed from scene? **2** **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
Operator/Non-Motorist	See Above			1	1	4	0	0	10	1	

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1 4

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

3 11

Route# Direction Address # Name of Roadway/Street

770 WOBURN ST

Feet N S E W of . . . or . . . Exit Number

Feet N S E W of

Feet N S E W of

Route# Intersecting Roadway/Street

Landmark

3 99

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

Crash Report ID# 21-63-AC

4 1

License # S49220323 St MA DOB/Age

Sex M Lic. Class D 19 19 Lic. Restrictions B 20 CDL Endorsement

Operator ANDINO, ANTONIO JR

Address 43 CEDAR ST FL APT 3RD

City LOWELL State MA Zip 01852-3401

Insurance Company THE COMMERCE INSURANCE CO

Vehicle Travel Direction: S E W Responding to Emergency? 2

Citation # (If Issued) T2061739

Viol. 1: Ch/Sec/Sub 90 10 Viol. 2: Ch/Sec/Sub

Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub

1 12

Reg # 2WCR41 Reg Type PC Reg State MA

Veh Year 2003 Veh Make HONDA Veh Config. 1 21

Owner MERCADO, SHERIY

Address 133 HEMLOCK LN

City LOWELL State MA Zip 01851-2133

Vehicle Action Prior to Crash 9 22

Event Sequence 1 23 23 23 23

Most Harmful Event 1 24

Driver Contributing Code 9 25 25

Driver Distracted by 0 26

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

1 13

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			1	1	4	0	0	10	1	
MANNY KNIGHT	UNKNOWN UNKNOWN, MA 00000		M	3	99	4	0	0	10	1	

7 2

Please Select One of the Following: Vehicle 21 #Occupants Non-Motorist A

Type 15 Action 16 Location 17 Condition 18 Hit/Run Moped

8 2

License # S85089918 St MA DOB/Age

Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement

Operator MORO, RICHARD ALLEN JR

Address 58 ELM ST

City MELROSE State MA Zip 02176-2324

Insurance Company USAA CASUALTY INSURANCE C

Vehicle Travel Direction: 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

1 14

Reg # 2FNS74 Reg Type PC Reg State MA

Veh Year 2015 Veh Make HONDA Veh Config. 1 21

Owner MORO, RICHARD ALLEN JR

Address 58 ELM ST

City MELROSE State MA Zip 02176-2324

Vehicle Action Prior to Crash 4 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: 6 27 7 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? 1 33

9 2

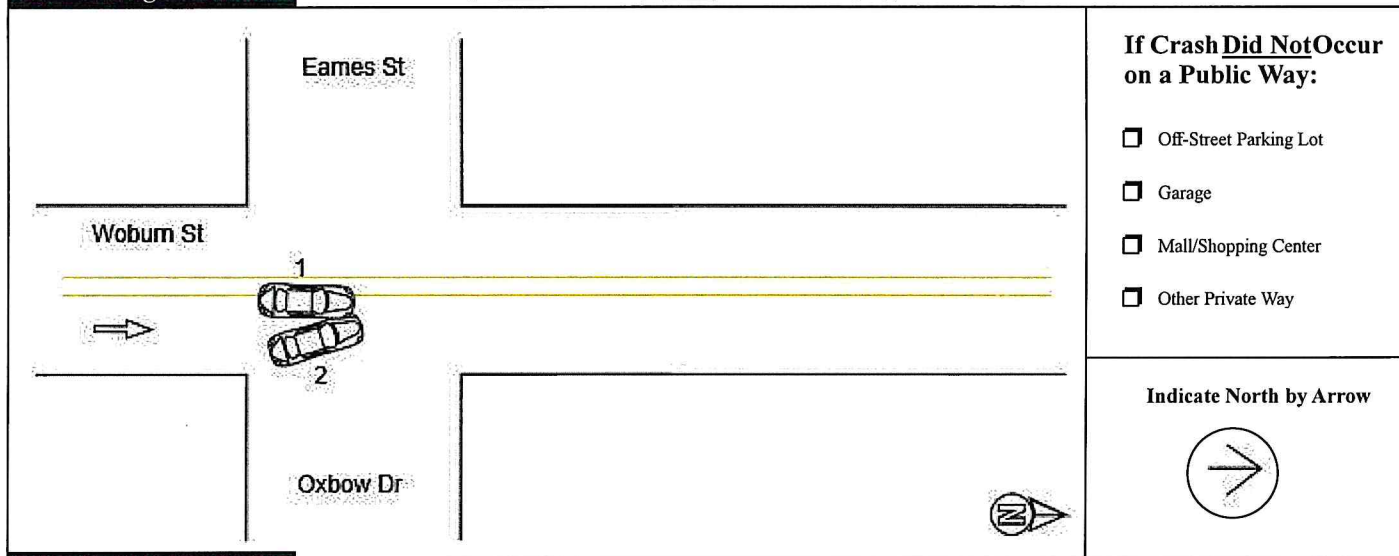
Please fill out for operator/non-motorist and all occupants involved

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
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:

Motor vehicle crash on Woburn St by Eames St and Oxbow Dr. Vehicle 2 stopped or slowed to turn. Believing that the vehicle was turning right, the operator of vehicle 1 attempted to pass vehicle 2 on the left side. Vehicle 2 was attempting to turn left onto Eames St. Vehicle 1 colided with vehicle 2. No injuries were reported for either vehicle. Vehicle 2 was towed by Cain's towing. Vehicle 1 was moved by a licensed driver to the operator's place of business, and was able to be driven from the scene.

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

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

Hazmat Information:

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

Patrol Officer Nicholas E Noftle

204

Wilmington Police Department

03/25/2021

Police Officer Name (Please Print)

Signature

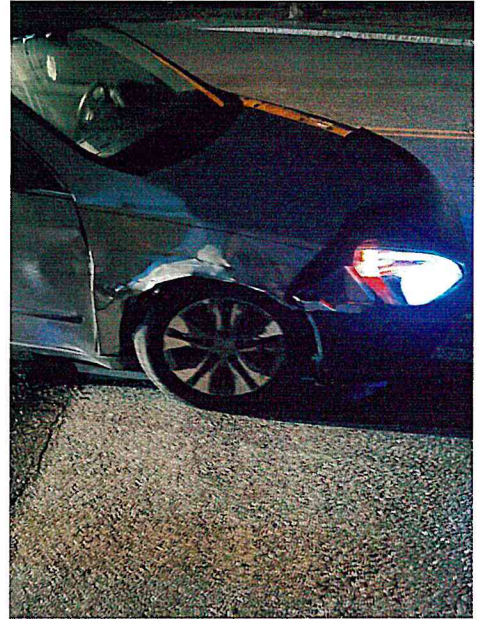
ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department
Images Associated with 21-63-AC



Date of Crash: 03/24/2021 | Time of Crash: 1517 24HR | City/Town: Wilmington | Number Vehicles: 2 | Number Injured: 0 | Speed Limit: 30 | 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 Roadway/Street

Route# Direction Name of Intersecting Roadway/Street

Route# Direction Name of Intersecting Roadway/Street

Feet N S E W of _____ of _____ or _____

Feet N S E W of _____ of _____

Feet N S E W of _____ of _____

Landmark

Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped | Crash Report ID# 21-64-AC

License # S34562640 St MA DOB/Age _____ Reg # 7HH226 Reg Type PC Reg State MA

Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL _____ Veh Year 2018 Veh Make Jeep Veh Config. 1 21

Operator DUPREY, GERALD A Owner DUPREY, GERALD A

Address 21 NICHOLS ST Address 21 NICHOLS ST

City MERRIMAC State MA Zip 01860-1410 City MERRIMAC State MA Zip 01860-1410

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

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

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

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

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

Towed from scene? 2 33

Please fill out for operator and all occupants involved

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

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

License # S57397176 St MA DOB/Age _____ Reg # 2AE766 Reg Type PC Reg State MA

Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL _____ Veh Year 2000 Veh Make MERCEDES-BENZ Veh Config. 1 21

Operator NGUYEN, MELISSA MY Owner NGUYEN, MELISSA MY

Address 104 GORHAM ST Address 104 GORHAM ST

City E CHELMSFORD State MA Zip 01824-3210 City E CHELMSFORD State MA Zip 01824-3210

Insurance Company THE COMMERCE INSURANCE CO Vehicle Action Prior to Crash 1 22 Damaged Area Code: 5 27 27 27

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

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

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

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

Towed from scene? 2 33

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

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

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1 1 **LOWELL ST**
Route# Direction Name of Roadway/Street

At

1 1 **MAIN ST**
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 # Name of Roadway/Street

3 11
Feet N S E W of . or Exit Number

3 11
Feet N S E W of Route# Intersecting Roadway/Street

3 11
Feet N S E W of Landmark

Please Select One of the Following: Vehicle 11 #Occupants Hit/Run Moped | Crash Report ID# **21-65-AC**

License # **S61568753** St **MA** DOB/Age _____ Reg # **6GE271** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL _____ Veh Year **2014** Veh Make **Jeep** Veh Config. **1** 21

Operator **FERGUSON, MARGARET A** Owner **FERGUSON, MARGARET A**

Address **1 RIDGEWOOD RD** Address **1 RIDGEWOOD RD**

City **BILLERICA** State **MA** Zip **01821-1625** City **BILLERICA** State **MA** Zip **01821-1625**

Insurance Company **GEICO GENERAL INSURANCE C** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **1** 27 27 27

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

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

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

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

Towed from scene? **2** 33

Please fill out for operator and all occupants involved

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

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

License # **NHL12922364** St **NH** DOB/Age _____ Reg # **4869559** Reg Type **PC** Reg State **NH**

Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL _____ Veh Year **2020** Veh Make **CHEVROLET** Veh Config. **1** 21

Operator **HIGGS, BRYAN EDWARD** Owner **DENT WIZARD**

Address **6 NAYLOR DR** Address **140 MARCH AVE**

City **EPSOM** State **NH** Zip **03234** City **MANCHESTER** State **NH** Zip **03103**

Insurance Company **LIBERTY MUTUAL** Vehicle Action Prior to Crash **4** 22 Damaged Area Code: **3** 27 27 27

Vehicle Travel Direction: N S 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: **1** 29

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

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

Towed from scene? **1** 33

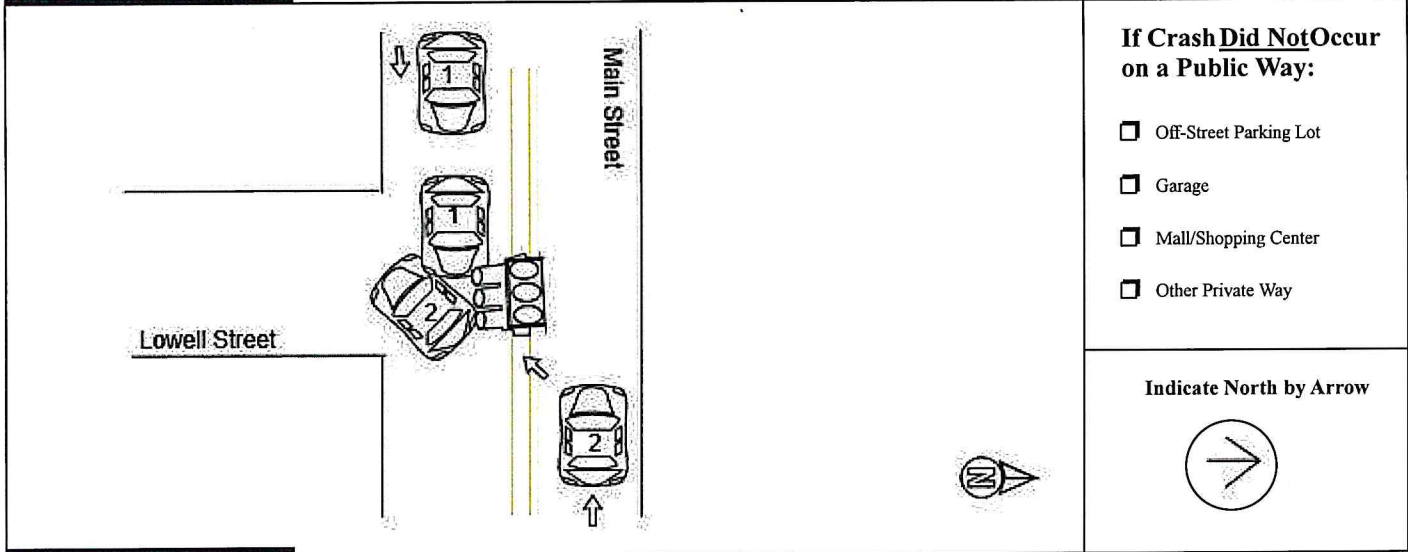
Please fill out for operator/non-motorist and all occupants involved

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	

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 O = Pedestrian B = Bicycle

Crash Diagram:

ie: → 1 → 2 → O → B



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 driving north on Main Street. MV 2 was attempting to turn left onto Lowell St. MV 1 stated her light turned green and proceeded through the intersection. MV 2 stated his light turned green as well and proceeded through the intersection. No injuries. MV 2 was towed by Forrest Towing.

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 Kevin J Skinner 200 Wilmington Police Department 03/27/2021
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date