

**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  
 225 SHAW SHEEN AVE  
 Feet N S E W of \_\_\_\_\_ of \_\_\_\_\_ or \_\_\_\_\_ Mile Marker \_\_\_\_\_ Exit Number \_\_\_\_\_  
 Feet N S E W of \_\_\_\_\_ of \_\_\_\_\_ Route# \_\_\_\_\_ Intersecting Roadway/Street \_\_\_\_\_  
 Feet N S E W of \_\_\_\_\_ of \_\_\_\_\_ Landmark \_\_\_\_\_

Please Select One of the Following:  Vehicle 1 #Occupants  Hit/Run  Moped Crash Report ID# **21-78-AC**

License # **SA1460511** St **MA** DOB/Age \_\_\_\_\_ Reg # **1KCZ33** Reg Type **PC** Reg State **MA**  
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **99** 20 CDL \_\_\_\_\_ Veh Year **2008** Veh Make **ACURA** Veh Config. **1** 21  
 Operator **BRADLEY, ZACHARY W** Owner **BRADLEY, ZACHARY W**  
 Address **201 APACHE WAY** Address **201 APACHE WAY**  
 City **TEWKSBURY** State **MA** Zip **01876-4520** City **TEWKSBURY** State **MA** Zip **01876-4520**  
 Insurance Company **PROGRESSIVE DIRECT INSURA** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **11** 27 **27** 27  
 Vehicle Travel Direction:  N  E  W Responding to Emergency? **2** Event Sequence **42** 23 **1** 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 **20** 25 25 BAC Test Result: **30**  
 Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **5** 26 Susp. Alcohol: **2** 31 Susp. Drug: **2** 32  
 Towed from scene? **1** 33

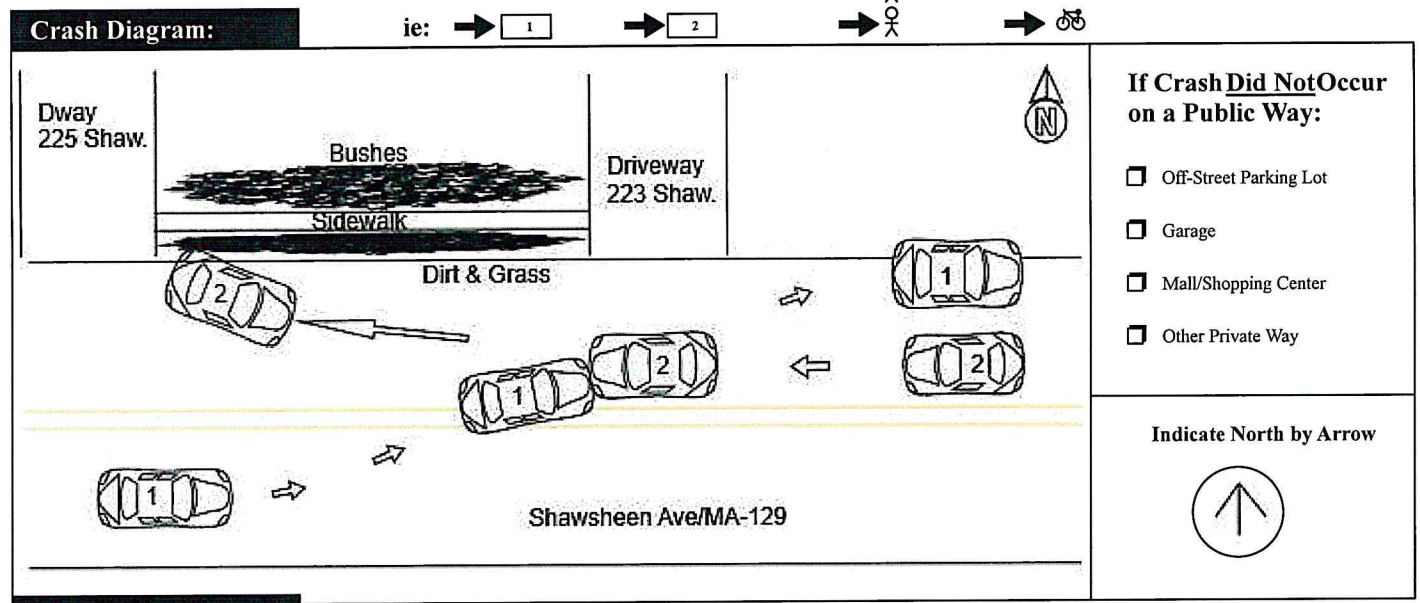
Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator</b>	See Above			<b>1</b>	<b>99</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

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

License # **S51500671** St **MA** DOB/Age \_\_\_\_\_ Reg # **2HWG31** Reg Type **PC** Reg State **MA**  
 Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **99** 20 CDL \_\_\_\_\_ Veh Year **2019** Veh Make **Jeep** Veh Config. **1** 21  
 Operator **BICCHIERI, ALYSSA LEE** Owner **BICCHIERI, ALYSSA LEE**  
 Address **16 DUNTON RD** Address **16 DUNTON RD**  
 City **WILMINGTON** State **MA** Zip **01887-2616** City **WILMINGTON** State **MA** Zip **01887-2616**  
 Insurance Company **CITIZENS INSURANCE COMPAN** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **11** 27 **27** 27  
 Vehicle Travel Direction:  N  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? **1** 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
<b>Operator/Non-Motorist</b>	See Above			<b>1</b>	<b>99</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>8</b>	<b>2</b>	<b>Lahey Clinic</b>

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



**Crash Narrative:**

Opp. MV1 stated traveling SB on Shawsheen Ave/MA129, a public way, and stated looking down for dropped item. Heard horn, looked up and was over double yellow center line. MV2 was traveling NB in NB lane and was struck at an angel head on in NB lane. MV1 continued forward and stopped on left shoulder of RW. MV2 continued forward, and spun around almost 180 degs, resting in NB lane. Opp. of MV1 stated no injury. Opp. of MV2 stated head and arm injury. Opp. MV2 transported to LHMC by WFD. Airbag deployment both MVs. Both MVs totaled and towed (A&S).

**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

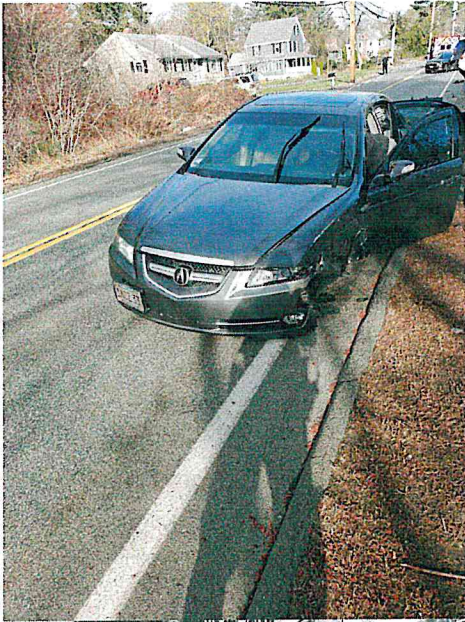
Trailer Reg #: \_\_\_\_\_ Reg Type \_\_\_\_\_ Reg State \_\_\_\_\_ Reg Year \_\_\_\_\_ Trailer Length  46

**Hazmat Information:**

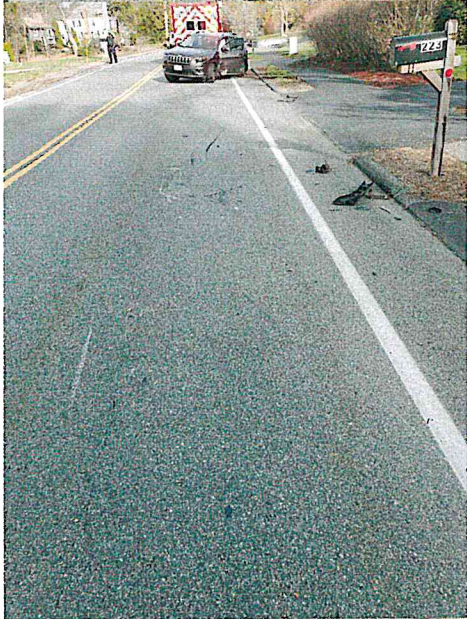
Placard  47      Material 1 digit #  48      Material Name \_\_\_\_\_      Material 4 digit # \_\_\_\_\_      Release code  49

Patrol Officer Joseph A Fitzgerald      Signature      215      ID/Badge #      Wilmington Police Department      Department      04/18/2021      Precinct/Barracks      Date

Wilmington Police Department  
Images Associated with 21-78-AC



Wilmington Police Department  
Images Associated with 21-78-AC



<b>Police Use Only</b>			<b>Commonwealth of Massachusetts</b>				<b>RMV Document Number</b>							
Date of Crash 04/19/2021	Time of Crash 0152 24HR	City/Town <b>Wilmington</b>	<b>Motor Vehicle Crash Police Report</b>		Number Vehicles 1	Number Injured 0	Speed Limit <b>30</b>	Latitude _____	Longitude _____	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"/>

<b>AT INTERSECTION:</b>	<b>&lt; LOCATION &gt;</b>	<b>NOT AT INTERSECTION:</b>
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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 _____	Route# _____ Direction _____ Address # <b>280</b> Name of Roadway/Street <b>SALEM ST</b> _____ Feet <b>N S E W</b> of _____ or _____ Mile Marker _____ Exit Number _____ _____ Feet <b>N S E W</b> of _____ Route# _____ Intersecting Roadway/Street _____ _____ Feet <b>N S E W</b> of _____ Landmark _____
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Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle <b>1</b> #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped	Crash Report ID# <b>21-79-AC</b>
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License # <b>S15638116</b> St <b>MA</b> DOB/Age _____ Sex <b>F</b> Lic. Class <b>D</b> <b>19</b> <b>19</b> Lic. Restrictions <b>B</b> <b>20</b> CDL _____ Operator <b>MCCOLL-FORD, IRENE V</b> Last First Middle Address <b>416 SHAW SHEEN ST</b> City <b>TEWKSBURY</b> State <b>MA</b> Zip <b>01876-3216</b> Insurance Company <b>THE COMMERCE INSURANCE CO</b> Vehicle Travel Direction: <b>N S E W</b> Responding to Emergency? <b>2</b> 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>244VR3</b> Reg Type <b>PC</b> Reg State <b>MA</b> Veh Year <b>2015</b> Veh Make <b>GMC</b> Veh Config. <b>1</b> <b>21</b> Owner <b>MCCOLL-FORD, IRENE V</b> Last First Middle Address <b>416 SHAW SHEEN ST</b> City <b>TEWKSBURY</b> State <b>MA</b> Zip <b>01876-3216</b> Vehicle Action Prior to Crash <b>1</b> <b>22</b> Damaged Area Code: <b>2</b> <b>27</b> <b>27</b> <b>27</b> Event Sequence <b>22</b> <b>23</b> <b>23</b> <b>23</b> <b>23</b> Test Status: <b>1</b> <b>28</b> Most Harmful Event <b>22</b> <b>24</b> Type of Test: <b>29</b> Driver Contributing Code <b>20</b> <b>25</b> <b>25</b> BAC Test Result: <b>30</b> Driver Distracted by <b>4</b> <b>26</b> Susp. Alcohol: <b>2</b> <b>31</b> Susp. Drug: <b>2</b> <b>32</b> Towed from scene? <b>1</b> <b>33</b>
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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
<b>Operator</b>	See Above			<b>1</b>	<b>1</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

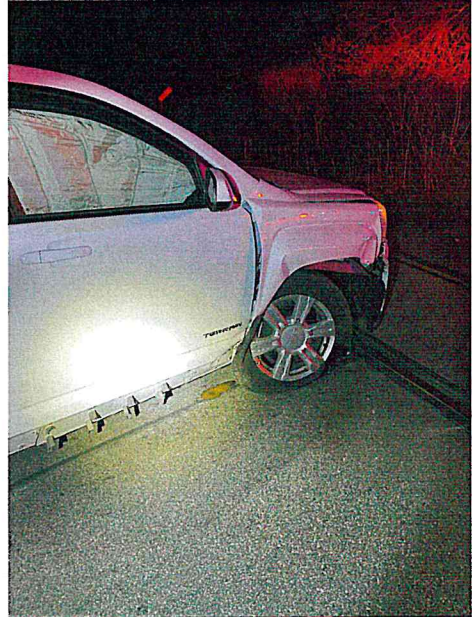
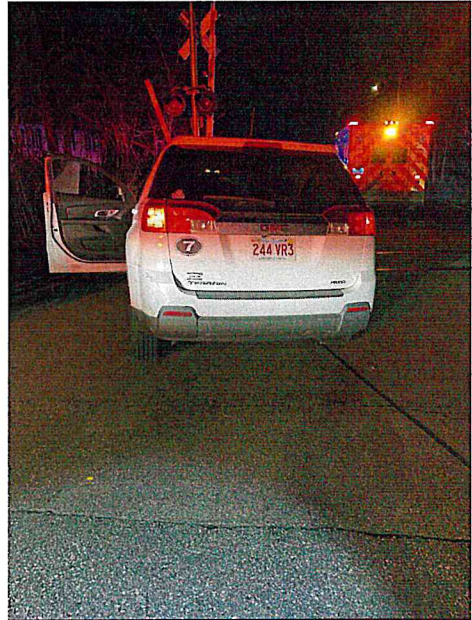
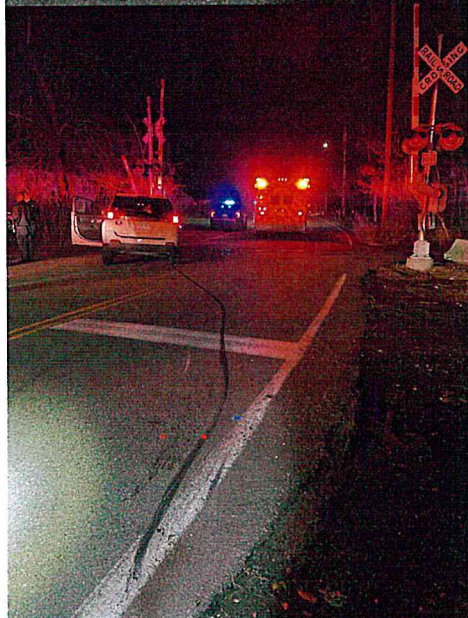
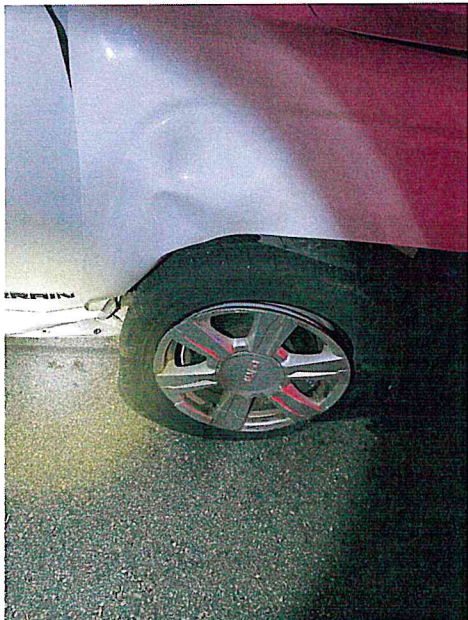
Please Select One of the Following: <input type="checkbox"/> Vehicle <b>2</b> #Occupants <input type="checkbox"/> Non-Motorist A	Type <b>15</b> Action <b>16</b> Location <b>17</b> Condition <b>18</b> <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped
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License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class <b>19</b> <b>19</b> Lic. Restrictions <b>20</b> CDL _____ Operator _____ Last First Middle Address _____ City _____ State _____ Zip _____ Insurance Company _____ Vehicle Travel Direction: <b>N S E W</b> 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. <b>21</b> Owner _____ Last First Middle Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash <b>22</b> Damaged Area Code: <b>27</b> <b>27</b> <b>27</b> Event Sequence <b>23</b> <b>23</b> <b>23</b> <b>23</b> Test Status: <b>28</b> Most Harmful Event <b>24</b> Type of Test: <b>29</b> Driver Contributing Code <b>25</b> <b>25</b> BAC Test Result: <b>30</b> Driver Distracted by <b>26</b> Susp. Alcohol: <b>31</b> Susp. Drug: <b>32</b> Towed from scene? <b>33</b>
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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
<b>Operator/Non-Motorist</b>	See Above			<b>1</b>							



Wilmington Police Department  
Images Associated with 21-79-AC



<b>Police Use Only</b>			<b>Commonwealth of Massachusetts</b>				<b>RMV Document Number</b>							
Date of Crash 04/19/2021	Time of Crash 1605 24HR	City/Town <b>Wilmington</b>	<b>Motor Vehicle Crash Police Report</b>		Number Vehicles 1	Number Injured 0	Speed Limit <b>30</b>	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>
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<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>52 BUTTERSROW</b></p> <p>Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____</p> <p>_____ Feet <b>N S E W</b> of _____ or _____</p> <p style="text-align: center;">Mile Marker _____ Exit Number _____</p> <p>_____ Feet <b>N S E W</b> of _____</p> <p>_____ Feet <b>N S E W</b> 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: <input checked="" type="checkbox"/> Vehicle <b>1</b> #Occupants _____ <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped	<b>Crash Report ID# 21-80-AC</b>
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License # <b>S94502293</b> St <b>MA</b> DOB/Age _____ Sex <b>M</b> Lic. Class <b>D</b> Lic. Restrictions <b>1</b> CDL _____ Operator <b>RODRIGUESRAMIRES, DAIANE</b> Address <b>11822 1ST AVE S APT 101</b> City <b>SEATTLE</b> State <b>WA</b> Zip <b>98168</b> Insurance Company <b>GEICO GENERAL INSURANCE C</b> Vehicle Travel Direction: <b>N S E W</b> Responding to Emergency? <b>2</b> 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>2PR332</b> Reg Type <b>PC</b> Reg State <b>MA</b> Veh Year <b>2013</b> Veh Make <b>KIA</b> Veh Config. <b>1</b> Owner <b>RODRIGUESRAMIRES, DAIANE</b> Address <b>11822 1ST AVE S APT 101</b> City <b>SEATTLE</b> State <b>WA</b> Zip <b>98168</b> Vehicle Action Prior to Crash <b>1</b> Damaged Area Code: <b>1</b> <b>27</b> <b>27</b> <b>27</b> Event Sequence <b>5</b> <b>23</b> <b>23</b> <b>23</b> <b>23</b> Test Status: <b>1</b> <b>28</b> Most Harmful Event <b>1</b> <b>24</b> Type of Test: <b>1</b> <b>29</b> Driver Contributing Code <b>1</b> <b>25</b> <b>25</b> BAC Test Result: <b>1</b> <b>30</b> Driver Distracted by <b>0</b> <b>26</b> Susp. Alcohol: <b>2</b> <b>31</b> Susp. Drug: <b>2</b> <b>32</b> Towed from scene? <b>1</b> <b>33</b>
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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
<b>Operator</b>	See Above	<del>XXXX</del>	<del>XX</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: <input type="checkbox"/> Vehicle <b>2</b> #Occupants _____ <input type="checkbox"/> Non-Motorist A	Type <b>15</b> Action <b>16</b> Location <b>17</b> Condition <b>18</b> <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped
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License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class <b>19</b> <b>19</b> Lic. Restrictions <b>20</b> CDL _____ Operator _____ Address _____ City _____ State _____ Zip _____ Insurance Company _____ Vehicle Travel Direction: <b>N S E W</b> 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. <b>21</b> Owner _____ Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash <b>22</b> Damaged Area Code: <b>27</b> <b>27</b> <b>27</b> Event Sequence <b>23</b> <b>23</b> <b>23</b> <b>23</b> Test Status: <b>28</b> Most Harmful Event <b>24</b> Type of Test: <b>29</b> Driver Contributing Code <b>25</b> <b>25</b> BAC Test Result: <b>30</b> Driver Distracted by <b>26</b> Susp. Alcohol: <b>31</b> Susp. Drug: <b>32</b> Towed from scene? <b>33</b>
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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
<b>Operator/Non-Motorist</b>	See Above	<del>XXXX</del>	<del>XX</del>	<b>1</b>							





**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 1 1 **ROUTE 62 HWY**  
 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# 21-82-AC**

License # **S63874934** St **MA** DOB/Age \_\_\_\_\_ Reg # **1AHB91** Reg Type **PC** Reg State **MA**  
 Sex **F** Lic. Class **D** Lic. Restrictions **20** CDL \_\_\_\_\_ Veh Year **2018** Veh Make **AUDI** Veh Config. **1**  
 Operator **STEENBRUGGEN, MARTHA LYNN** Owner **STEENBRUGGEN, MARTHA LYNN**  
 Address **14 PILGRIM ST** Address **14 PILGRIM ST**  
 City **NORTH READING** State **MA** Zip **01864-1744** City **NORTH READING** State **MA** Zip **01864-1744**  
 Insurance Company **PLYMOUTH ROCK ASSURANCE C** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: 5 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) \_\_\_\_\_ Most Harmful Event **1** 24 Type of Test: 29  
 Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **1** 25 25 BAC Test Result: 1 30  
 Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **0** 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32  
 Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Towed from scene? 2 33  
 Viol. 4: Ch/Sec/Sub \_\_\_\_\_

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator</b>	See Above	<del>XXXX</del>	<del>XX</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 **15** Action **16** Location **17** Condition **18**  Hit/Run  Moped

License # **S47966573** St **MA** DOB/Age \_\_\_\_\_ Reg # **8VNR80** Reg Type **PC** Reg State **MA**  
 Sex **F** Lic. Class **D** Lic. Restrictions **1** 20 CDL \_\_\_\_\_ Veh Year **2011** Veh Make **MAZDA** Veh Config. **1**  
 Operator **CONROY, KELSIE JEAN** Owner **CONROY, KELSIE JEAN**  
 Address **525 PEARL ST** Address **525 PEARL ST**  
 City **READING** State **MA** Zip **01867-1142** City **READING** State **MA** Zip **01867-1142**  
 Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: 1 27 5 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) \_\_\_\_\_ Most Harmful Event **1** 24 Type of Test: 29  
 Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **19** 25 25 BAC Test Result: 1 30  
 Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **0** 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32  
 Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Towed from scene? 2 33  
 Viol. 4: Ch/Sec/Sub \_\_\_\_\_

Please fill out for operator/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>XXXX</del>	<del>XX</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	



<b>Police Use Only</b>			<b>Commonwealth of Massachusetts</b>				<b>RMV Document Number</b>					
Date of Crash 04/21/2021	Time of Crash 1217 24HR	City/Town <b>Wilmington</b>	<b>Motor Vehicle Crash Police Report</b>		Number Vehicles 3	Number Injured 0	Speed Limit <u>40</u>	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>&lt; LOCATION &gt;</b>	<b>NOT AT INTERSECTION:</b>
Route# _____ Direction _____ Name of Roadway/Street _____ At _____	Route# <u>1</u> Direction _____ Address # _____ Name of Roadway/Street <b>ROUTE 62 HWY</b>	Route# _____ Direction _____ Name of Roadway/Street _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____	_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Mile Marker _____ or _____ Exit Number _____	Route# _____ Direction _____ Name of Intersecting Roadway/Street _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____	_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____	Route# _____ Direction _____ Name of Intersecting Roadway/Street _____
	_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____	

Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle <u>3</u> #Occupants <u>1</u> <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped	Crash Report ID# <b>21-82-AC</b>
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License # <b>S77057625</b> St <b>MA</b> DOB/Age _____ Sex <b>M</b> Lic. Class <input type="checkbox"/> 19 <input type="checkbox"/> 19 Lic. Restrictions <input type="checkbox"/> 1 <input type="checkbox"/> 20 CDL Endorsement _____ Operator <b>LUISO, JAMES SANTINO</b> Last First Middle Address <b>126 PATRICK RD</b> City <b>TEWKSBURY</b> State <b>MA</b> Zip <b>01876-4704</b> Insurance Company <b>GOVERNMENT EMPLOYEES INSU</b> Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u> Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # <b>1KHM74</b> Reg Type <b>PC</b> Reg State <b>MA</b> Veh Year <b>2007</b> Veh Make <b>NISSAN</b> Veh Config. <input type="checkbox"/> 1 <input type="checkbox"/> 21 Owner <b>LUISO, JAMES SANTINO</b> Last First Middle Address <b>126 PATRICK RD</b> City <b>TEWKSBURY</b> State <b>MA</b> Zip <b>01876-4704</b> Vehicle Action Prior to Crash <input type="checkbox"/> 1 <input type="checkbox"/> 22 Damaged Area Code: <input type="checkbox"/> 1 <input type="checkbox"/> 27 <input type="checkbox"/> 27 <input type="checkbox"/> 27 Event Sequence <input type="checkbox"/> 1 <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23 Test Status: <input type="checkbox"/> 1 <input type="checkbox"/> 28 Most Harmful Event <input type="checkbox"/> 1 <input type="checkbox"/> 24 Type of Test: <input type="checkbox"/> 1 <input type="checkbox"/> 29 Driver Contributing Code <input type="checkbox"/> 1 <input type="checkbox"/> 19 <input type="checkbox"/> 25 <input type="checkbox"/> 25 BAC Test Result: <input type="checkbox"/> 1 <input type="checkbox"/> 30 Driver Distracted by <input type="checkbox"/> 0 <input type="checkbox"/> 26 Susp. Alcohol: <input type="checkbox"/> 2 <input type="checkbox"/> 31 Susp. Drug: <input type="checkbox"/> 2 <input type="checkbox"/> 32 Towed from scene? <input type="checkbox"/> 1 <input type="checkbox"/> 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
<b>Operator</b>	See Above	<del>XXXXXX</del>	<del>XXXX</del>	1	1	1	0	0	10	1	

Please Select One of the Following: <input type="checkbox"/> Vehicle <u>4</u> #Occupants _____ <input type="checkbox"/> Non-Motorist A	Type <input type="checkbox"/> 15 Action <input type="checkbox"/> 16 Location <input type="checkbox"/> 17 Condition <input type="checkbox"/> 18	<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped
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License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class <input type="checkbox"/> 19 <input type="checkbox"/> 19 Lic. Restrictions <input type="checkbox"/> 20 CDL Endorsement _____ Operator _____ Last First Middle Address _____ City _____ State _____ Zip _____ Insurance Company _____ Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____ Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # _____ Reg Type _____ Reg State _____ Veh Year _____ Veh Make _____ Veh Config. <input type="checkbox"/> 21 Owner _____ Last First Middle Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash <input type="checkbox"/> 22 Damaged Area Code: <input type="checkbox"/> 27 <input type="checkbox"/> 27 <input type="checkbox"/> 27 Event Sequence <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23 Test Status: <input type="checkbox"/> 28 Most Harmful Event <input type="checkbox"/> 24 Type of Test: <input type="checkbox"/> 29 Driver Contributing Code <input type="checkbox"/> 25 <input type="checkbox"/> 25 BAC Test Result: <input type="checkbox"/> 30 Driver Distracted by <input type="checkbox"/> 26 Susp. Alcohol: <input type="checkbox"/> 31 Susp. Drug: <input type="checkbox"/> 32 Towed from scene? <input type="checkbox"/> 33
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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
<b>Operator/Non-Motorist</b>	See Above	<del>XXXXXX</del>	<del>XXXX</del>	1							

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

490 MAIN ST

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# 21-83-AC

License # S91778476 St MA DOB/Age

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

Operator BARDIS, ELIZABETH J

Address 49 JOHNSON WOODS DR

City READING State MA Zip 01867

Insurance Company THE COMMERCE INSURANCE CO

Vehicle Travel Direction: N X 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 # 1VGJ43 Reg Type PC Reg State MA

Veh Year 2020 Veh Make BMW Veh Config. 1 21

Owner BARDIS, JAMES MICHAEL

Address 49 JOHNSON WOODS DR

City READING State MA Zip 01867-4603

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

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	X	1	99	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 # S68511794 St MA DOB/Age

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

Operator MACINNIS, STEPHEN BLAINE

Address 859 MAIN ST

City WILMINGTON State MA Zip 01887-3345

Insurance Company GOVERNMENT EMPLOYEES INSU

Vehicle Travel Direction: N X 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 # 1MDV75 Reg Type PC Reg State MA

Veh Year 1985 Veh Make GMC Veh Config. 2 21

Owner MACINNIS, STEPHEN BLAINE

Address 859 MAIN ST

City WILMINGTON State MA Zip 01887-3345

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 1 25 25 BAC Test Result: 1 30

Driver Distracted by 0 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32

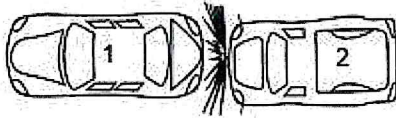
Towed from scene? 2 33

Please fill out for operator/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	X	1	1	99	0	0	10	1	

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

**Crash Diagram:**

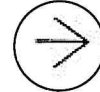
ie: → 1    → 2    → ○    → ○



**If Crash Did Not Occur on a Public Way:**

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

**Indicate North by Arrow**



**Crash Narrative:**

vehicle #1 was stopping in traffic. Vehicle #2 stopped and skidded into the rear of vehicle #1.

**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 Anthony Fiore**

**164**

**Wilmington Police Department**

**04/23/2021**

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1 1 CHURCH ST  
Route# Direction Name of Roadway/Street  
At  
BEACON ST  
Route# Direction Name of Intersecting Roadway/Street  
Also at Intersection with  
2 1 Route# Direction Name of Intersecting Roadway/Street

2 10  
3 11  
3 11

Please Select One of the Following:  Vehicle 1 Occupants  Hit/Run  Moped | Crash Report ID# 21-84-AC

License # S54189547 St MA DOB/Age  
Sex M Lic. Class D 19 19 Lic. Restrictions B 20 CDL Endorsement  
Operator SERRENTINO, ROSARIO  
Address 15 BELMONT AVE  
City WILMINGTON State MA Zip 01887-2470  
Insurance Company ARBELLA MUTUAL INSURANCE  
Vehicle Travel Direction:  S  E  W Responding to Emergency? 2  
Citation # (If Issued) 981159AA  
Viol. 1: Ch/Sec/Sub 89 9 Viol. 2: Ch/Sec/Sub  
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub

Reg # H7524 Reg Type PC Reg State MA  
Veh Year 2017 Veh Make FORD Veh Config. 1 21  
Owner SERRENTINO, ROSARIO  
Address 15 BELMONT AVE  
City WILMINGTON State MA Zip 01887-2470  
Vehicle Action Prior to Crash 6 22 Damaged Area Code: 8 27 1 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: 30  
Driver Distracted by 7 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32  
Towed from scene? 1 33

1 12  
1 13

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	<input checked="" type="checkbox"/>	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 # NHL17548387 St NH DOB/Age  
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement  
Operator LAFFERTY, JOHN C III  
Address 211 OAK RIDGE RD  
City PLAISTOW State NH Zip 03865-2925  
Insurance Company ARBELLA PROTECTION INSURA  
Vehicle Travel Direction:  N  S  E  W Responding to Emergency? 2  
Citation # (If Issued)  
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub  
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub

Reg # 6JE431 Reg Type PC Reg State MA  
Veh Year 2014 Veh Make LEXUS Veh Config. 1 21  
Owner TAKE JUNK CORP  
Address 100 TRADECENTERSUIT ST APT G700  
City WOBURN State MA Zip 01801-1019  
Vehicle Action Prior to Crash 1 22 Damaged Area Code: 7 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: 30  
Driver Distracted by 0 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32  
Towed from scene? 1 33

1 14

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	<input checked="" type="checkbox"/>	1	1	2	0	0	9	2	Lahey Clinic





Wilmington Police Department  
Images Associated with 21-84-AC

