

**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  
 16 **CONCORD ST**  
 Route# Direction Address # Name of Roadway/Street  
 Feet N S E W of \_\_\_\_\_ or \_\_\_\_\_  
 Mile Marker Exit Number  
 3  
 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# **21-85-AC**

4  
 1  
 License # **S99342796** St **MA** DOB/Age \_\_\_\_\_  
 Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL \_\_\_\_\_  
 Endorsement  
 Operator **NELSON, PATRICIA J**  
 Last First Middle  
 Address **7 RANDOLPH RD**  
 City **WILMINGTON** State **MA** Zip **01887-2814**  
 Insurance Company **LIBERTY MUTUAL INSURANCE**  
 Vehicle Travel Direction: **N S X W** Responding to Emergency? **2**  
 Citation # (If Issued) \_\_\_\_\_  
 Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_  
 Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_

12  
 1  
 Reg # **32FA65** Reg Type **PC** Reg State **MA**  
 Veh Year **2016** Veh Make **HONDA** Veh Config. **1** 21  
 Owner **NELSON, ALAN C**  
 Last First Middle  
 Address **7 RANDOLPH RD**  
 City **WILMINGTON** State **MA** Zip **01887-2814**  
 Vehicle Action Prior to Crash **1** 22 Damaged Area Code: 6 27 27 27  
 Event Sequence **1** 23 23 23 23 Test Status: 1 28  
 Type of Test: 29  
 Most Harmful Event **1** 24 BAC Test Result: 1 30  
 Driver Contributing Code **1** 25 25 Susp. Alcohol: 2 31 Susp. Drug: 2 32  
 Driver Distracted by **0** 26 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
<b>Operator</b>	See Above	<del>XXXXXX</del>	<del>X</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

7  
 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 # **S59710602** St **MA** DOB/Age \_\_\_\_\_  
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL \_\_\_\_\_  
 Endorsement  
 Operator **ANASTASIA, STEVEN D**  
 Last First Middle  
 Address **23 DOUGLAS AVE**  
 City **WILMINGTON** State **MA** Zip **01887-1976**  
 Insurance Company **THE COMMERCE INSURANCE CO**  
 Vehicle Travel Direction: **N S X W** Responding to Emergency? **2**  
 Citation # (If Issued) \_\_\_\_\_  
 Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_  
 Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_

14  
 7  
 Reg # **3325SL** Reg Type **PC** Reg State **MA**  
 Veh Year **2019** Veh Make \_\_\_\_\_ Veh Config. **1** 21  
 Owner **ANASTASIA, STEVEN D**  
 Last First Middle  
 Address **23 DOUGLAS AVE**  
 City **WILMINGTON** State **MA** Zip **01887-1976**  
 Vehicle Action Prior to Crash **1** 22 Damaged Area Code: 2 27 27 27  
 Event Sequence **1** 23 23 23 23 Test Status: 1 28  
 Type of Test: 29  
 Most Harmful Event **1** 24 BAC Test Result: 1 30  
 Driver Contributing Code **1** 25 25 Susp. Alcohol: 2 31 Susp. Drug: 2 32  
 Driver Distracted by **0** 26 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
<b>Operator/Non-Motorist</b>	See Above	<del>XXXXXX</del>	<del>X</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<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 \_\_\_\_\_

3  
Route# \_\_\_\_\_ Direction \_\_\_\_\_ Name of Roadway/Street \_\_\_\_\_  
Address # \_\_\_\_\_  
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# 21-86-AC

License # S74643398 St MA DOB/Age \_\_\_\_\_ Reg # 861MS6 Reg Type PC Reg State MA  
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL \_\_\_\_\_ Veh Year 2013 Veh Make FORD Veh Config. 1 21  
Operator TIVNAN, SEAN THOMAS Owner TIVNAN, PAUL F  
Address 20 ALLEN PARK DR Address 20 ALLEN PARK DR  
City WILMINGTON State MA Zip 01887-2939 City WILMINGTON State MA Zip 01887-2939  
Insurance Company THE COMMERCE INSURANCE CO Vehicle Action Prior to Crash 3 22 Damaged Area Code: 8 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 \_\_\_\_\_ 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? 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

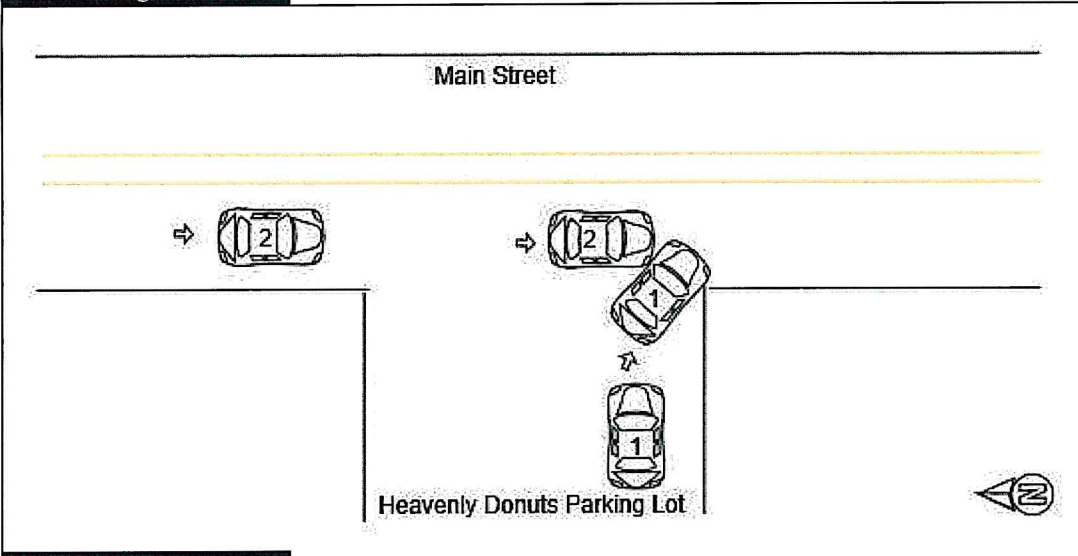
License # S15431705 St MA DOB/Age \_\_\_\_\_ Reg # 3DS669 Reg Type PC Reg State MA  
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL \_\_\_\_\_ Veh Year 2021 Veh Make GMC Veh Config. 1 21  
Operator MANNING, MARK ANDREW Owner MANNING, JESSICA LYNNE  
Address 13 PINES RD Address 13 PINES RD  
City BILLERICA State MA Zip 01821-5178 City BILLERICA State MA Zip 01821-5178  
Insurance Company USAA CASUALTY INSURANCE C Vehicle Action Prior to Crash 1 22 Damaged Area Code: 1 27 27 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) \_\_\_\_\_ 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? 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	

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

**Crash Diagram:**



**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 attempting to turn right onto Main St. MV 2 was driving straight on Main St when the crash occurred. No injuries. No tow.

**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                                  04/26/2021  
 Police Officer Name (Please Print)                                  Signature                                  ID/Badge #                                  Department                                  Precinct/Barracks                                  Date

<b>Police Use Only</b>			<b>Commonwealth of Massachusetts</b>				<b>RMV Document Number</b>			
Date of Crash 04/28/2021	Time of Crash 0804 24HR	City/Town Wilmington	<b>Motor Vehicle Crash Police Report</b>		Number Vehicles 2	Number Injured 0	Speed Limit <u>35</u>	Latitude _____	Longitude _____	<input type="checkbox"/> State Police <input type="checkbox"/> Local Police <input type="checkbox"/> MBTA Police <input type="checkbox"/> Campus Police <input type="checkbox"/> Other: _____

<b>AT INTERSECTION:</b>	<b>&lt; LOCATION &gt;</b>	<b>NOT AT INTERSECTION:</b>
Route# _____ Direction _____ Name of Roadway/Street _____ At _____	Route# <u>439</u> Direction _____ Address # <u>SALEM ST</u> Name of Roadway/Street _____	Route# _____ Direction _____ Name of Roadway/Street _____ Mile Marker _____ Exit Number _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____	Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Landmark _____	Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Landmark _____

Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle <u>1</u> #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped	Crash Report ID# <b>21-87-AC</b>
---	----------------------------------

License # <u>S42963652</u> St <u>MA</u> DOB/Age _____ Sex <u>F</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL _____ Operator <u>DELUCIA, NANCY ANN</u> Address <u>270 MAIN ST APT 25</u> City <u>N READING</u> State <u>MA</u> Zip <u>01864-1359</u> Insurance Company <u>GEICO GENERAL INSURANCE C</u> Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> S <input checked="" type="checkbox"/> E <input checked="" type="checkbox"/> W Responding to Emergency? <u>2</u> Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # <u>5216JB</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>1998</u> Veh Make <u>FORD</u> Veh Config. <u>1</u> <u>21</u> Owner <u>DELUCIA, EDWARD P</u> Address <u>270 MAIN ST APT 25</u> City <u>N READING</u> State <u>MA</u> Zip <u>01864-1359</u> Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>8</u> <u>27</u> <u>27</u> <u>27</u> Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u> Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u> Driver Contributing Code <u>1</u> <u>25</u> <u>25</u> BAC Test Result: <u>1</u> <u>30</u> Driver Distracted by <u>0</u> <u>26</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u> Towed from scene? <u>1</u> <u>33</u>
---	---

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			<u>1</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	

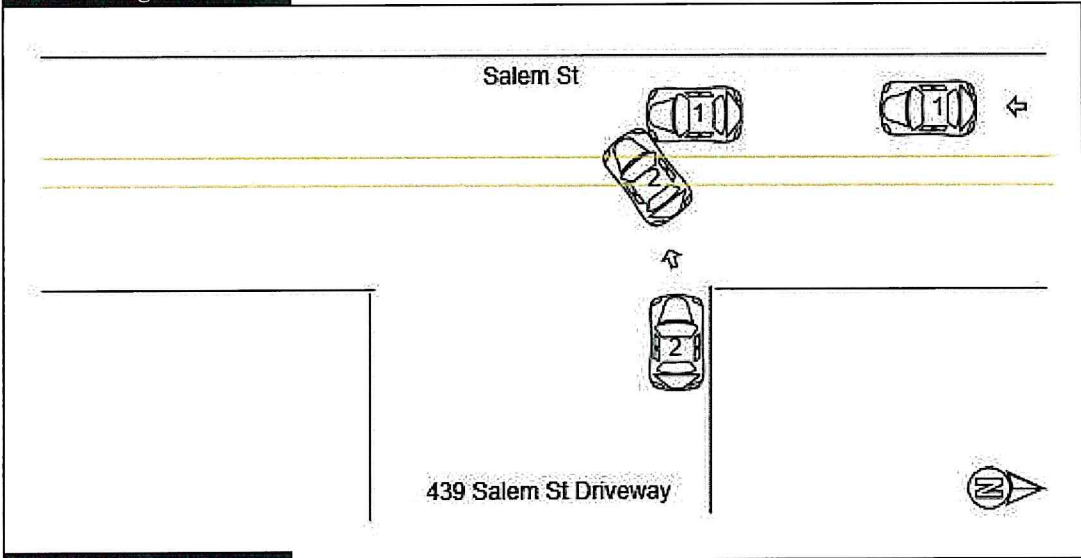
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle <u>2</u> #Occupants <input type="checkbox"/> Non-Motorist A Type <u>15</u> Action <u>16</u> Location <u>17</u> Condition <u>18</u> <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped
--

License # <u>S82052441</u> St <u>MA</u> DOB/Age _____ Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL _____ Operator <u>AICHER, WILLIAM CHAD</u> Address <u>439 SALEM ST</u> City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-1210</u> Insurance Company <u>THE STANDARD FIRE INSURAN</u> Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> S <input checked="" type="checkbox"/> E <input checked="" type="checkbox"/> W Responding to Emergency? <u>2</u> Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # <u>22NC85</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2015</u> Veh Make <u>SUBARU</u> Veh Config. <u>1</u> <u>21</u> Owner <u>AICHER, MICHELLE M</u> Address <u>439 SALEM ST</u> City <u>N WILMINGTON</u> State <u>MA</u> Zip <u>01887-1210</u> Vehicle Action Prior to Crash <u>4</u> <u>22</u> Damaged Area Code: <u>2</u> <u>27</u> <u>27</u> <u>27</u> Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u> Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u> Driver Contributing Code <u>1</u> <u>25</u> <u>25</u> BAC Test Result: <u>1</u> <u>30</u> Driver Distracted by <u>0</u> <u>26</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u> Towed from scene? <u>2</u> <u>33</u>
--	---

Please fill out for operator/non-motorist and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator/Non-Motorist</b>	See Above			<u>1</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	

→ = Direction    [ 1 ] = Vehicle 1    [ 2 ] = Vehicle 2    ♂ = Pedestrian    ☺ = Bicycle  
 ie: → [ 1 ]    → [ 2 ]    → ♂    → ☺

**Crash Diagram:**



**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 straight on Salem St. MV 2 was attempting to turn left onto Salem St from his driveway. MV 1 sustained a flat tire. MV 1 was towed by A + S Towing. No injuries.

**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    04/28/2021  
 Police Officer Name (Please Print)    Signature    ID/Badge #    Department    Precinct/Barracks    Date

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

Route# Direction Name of Roadway/Street

Route# Direction Address # Name of Roadway/Street

Route# Direction Name of Intersecting Roadway/Street

Route# Direction Name of Intersecting Roadway/Street

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

Crash Report ID# 21-88-AC

License # S37607877 St MA DOB/Age

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

Operator MCCARTHY, RAQUEL V

Address 11 MILL RD

City WILMINGTON State MA Zip 01887-3347

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 # 849XP1 Reg Type PC Reg State MA

Veh Year 2013 Veh Make ACURA Veh Config. 1 21

Owner SHKOLNIK, LAUREN

Address 11 MILL RD

City WILMINGTON State MA Zip 01887

Vehicle Action Prior to Crash 1 22

Event Sequence 22 23 23 23 23

Most Harmful Event 22 24

Driver Contributing Code 12 25 25

Driver Distracted by 0 26

Damaged Area Code: 2 27 27 27

Test Status: 1 28

Type of Test: 29

BAC Test Result: 1 30

Susp. Alcohol: 2 31 Susp. Drug: 2 32

Towed from scene? 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 # St DOB/Age

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

Operator

Address

City State Zip

Insurance Company

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

Citation # (If Issued)

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

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

Reg # Reg Type Reg State

Veh Year Veh Make Veh Config. 21

Owner

Address

City State Zip

Vehicle Action Prior to Crash 22

Event Sequence 23 23 23 23

Most Harmful Event 24

Driver Contributing Code 25 25

Driver Distracted by 26

Damaged Area Code: 27 27 27

Test Status: 28

Type of Test: 29

BAC Test Result: 30

Susp. Alcohol: 31 Susp. Drug: 32

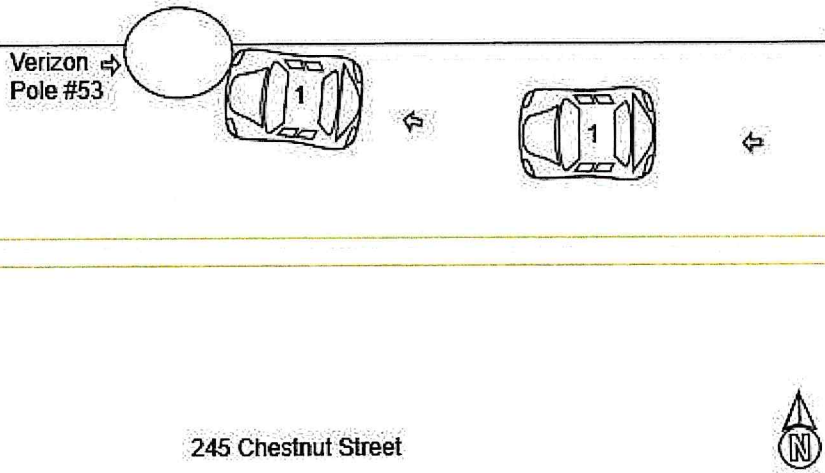
Towed from scene? 33

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:**



**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 straight on Chestnut St. MV 1 stated a car was in her travel lane and she swerved to avoid a crash. This resulted in MV 1 striking Verizon Utility Pole #53. The pole did not suffer major damage. No injuries. MV 1 was towed by A&S.

**Witnesses:**

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

**Property Damage:**

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
VERIZON	28 DIANA LN DRACUT MA 01826		4	UTILITY POLE

**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                                  04/29/2021  
 Police Officer Name (Please Print)                                  Signature                                  ID/Badge #                                  Department                                  Precinct/Barracks                                  Date



Date of Crash: 04/30/2021 | Time of Crash: 1827 | City/Town: **Wilmington** | Number Vehicles: 3 | Number Injured: 0 | Speed Limit: 30

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

Route# \_\_\_\_\_ Direction \_\_\_\_\_ Name of Roadway/Street \_\_\_\_\_

Route# \_\_\_\_\_ Direction \_\_\_\_\_ Name of Roadway/Street \_\_\_\_\_

Please Select One of the Following:  Vehicle 1 Occupants  Hit/Run  Moped | Crash Report ID# **21-89-AC**

License # **S25236467** | St **MA** | DOB/Age \_\_\_\_\_ | Reg # **9XX171** | Reg Type **PC** | Reg State **MA**

Sex **M** | Lic. Class **D** | Lic. Restrictions **20** | Veh Year **2005** | Veh Make **TOYOTA** | Veh Config. **1**

Operator **MORRIS, DUNCAN PATRICK** | Owner **MORRIS, DUNCAN PATRICK**

Address **310R MIDDLESEX AVE** | City **WILMINGTON** | State **MA** | Zip **01887-2120**

Insurance Company **GOVERNMENT EMPLOYEES INSU** | Vehicle Action Prior to Crash **4**

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

Event Sequence: **1** | 23 | 23 | 23 | 23 | 23

Most Harmful Event: **1** | 24

Driver Contributing Code: **19** | 25 | 25

Driver Distracted by: **99** | 26

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		<input checked="" type="checkbox"/>	<b>1</b>	<b>1</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 # **S17178541** | St **MA** | DOB/Age \_\_\_\_\_ | Reg # **22M640** | Reg Type **PC** | Reg State **MA**

Sex **M** | Lic. Class **D** | Lic. Restrictions **20** | Veh Year **2009** | Veh Make **DODGE** | Veh Config. **2**

Operator **MCTAGGART, JAMES THOMAS** | Owner **MCTAGGART, CAROLE J**

Address **432 HAVERHILL ST** | City **READING** | State **MA** | Zip **01867-1324**

Address **30 BAY STATE RD** | City **READING** | State **MA** | Zip **01867-1907**

Insurance Company **SAFETY INSURANCE COMPANY** | Vehicle Action Prior to Crash **4**

Vehicle Travel Direction:  N  E  W | Responding to Emergency? **2**

Event Sequence: **1** | 23 | 23 | 23 | 23 | 23

Most Harmful Event: **1** | 24

Driver Contributing Code: **1** | 25 | 25

Driver Distracted by: **0** | 26

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		<input checked="" type="checkbox"/>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	
<b>CHARLES GIULIOTTI</b>	6 WENTWORTH RD READING, MA 01867-3763		<b>M</b>	<b>3</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

Police Use Only

# Commonwealth of Massachusetts

RMV Document Number

Date of Crash 04/30/2021 Time of Crash 1827 City/Town **Wilmington**

## Motor Vehicle Crash Police Report

Number Vehicles 3 Number Injured 0 Speed Limit 30 State Police  Local Police  MBTA Police  Campus Police  Other:

AT INTERSECTION:

LOCATION

NOT AT INTERSECTION:

1

Route# Direction Name of Roadway/Street

Route# Direction Address # **498 WOBURN ST**

Route# Direction Name of Intersecting Roadway/Street

Feet  N  S  E  W of Mile Marker Exit Number

Route# Direction Name of Intersecting Roadway/Street

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

2

Please Select One of the Following:  Vehicle 31 #Occupants  Hit/Run  Moped

Crash Report ID# **21-89-AC**

99

License # **S67627832** St **MA** DOB/Age Sex **M** Lic. Class **D** Lic. Restrictions **20** CDL Endorsement

Reg # **IV602** Reg Type **PC** Reg State **RI** Veh Year **2020** Veh Make **Jeep** Veh Config. **1**

2

Operator **MCKENNA, KEVIN P** Address **6 DANIELIAN WAY**

Owner **CURRENT CARRIER CORP** Address **333 GEORGE WASHINGTON HWY**

City **METHUEN** State **MA** Zip **01844-1624**

City **SMITHTFIELD** State **RI** Zip **02917**

5

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

Vehicle Action Prior to Crash **2** Damaged Area Code: **7** **27** **27** **27**

Citation # (If Issued)

Event Sequence **1** **23** **23** **23** **23** Test Status: **1** **28**

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

Most Harmful Event **1** **24** Type of Test: **29**

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

Driver Contributing Code **1** **25** **25** BAC Test Result: **1** **30**

6

Please fill out for operator and all occupants involved

Driver Distracted by **0** **26** Towed from scene? **1** **33**

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

7

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

License # St DOB/Age Sex Lic. Class Lic. Restrictions CDL Endorsement

Reg # Reg Type Reg State Veh Year Veh Make Veh Config. **21**

Operator Last First Middle

Owner Last First Middle

Address City State Zip

Address 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

Susp. Alcohol: **31** Susp. Drug: **32**

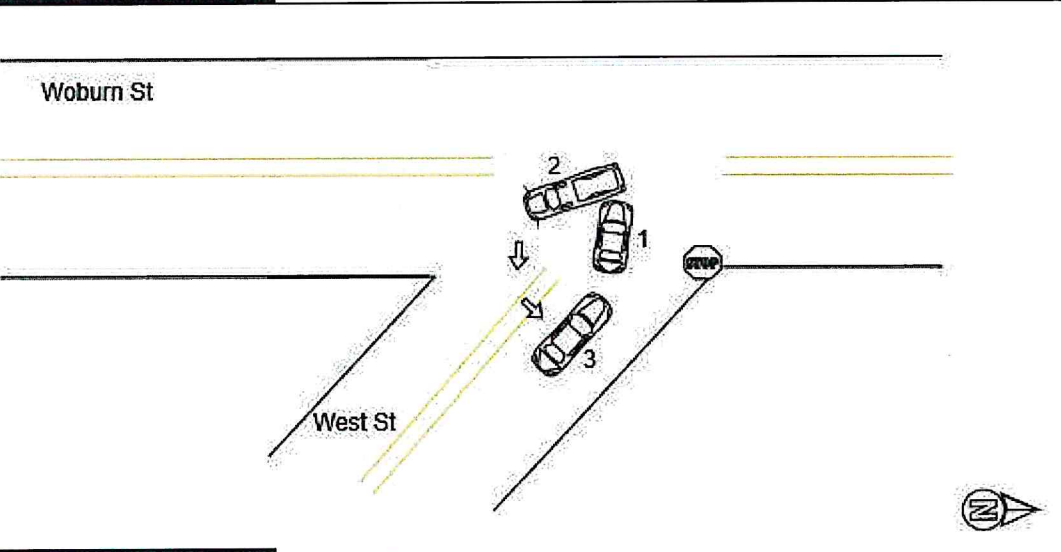
9

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

Driver Distracted by **26** Towed from scene? **33**

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

**Crash Diagram:**



**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:**

Three car motor vehicle crash at the intersection of Woburn Street at West Street. The operator of vehicle 1 was attempting a left turn on to Woburn St from West St. The operator of vehicle 2 was turning left from Woburn St onto West St. Vehicle 1 struck the left side of vehicle 2, causing vehicle two to spin out and strike vehicle 3, which was in line in traffic at the intersection. The operator of vehicle 1 stated that he didn't see the truck. Vehicle 1 had damage to the front of the vehicle. Vehicle 2 had damage to the front as well as the left side. Vehicle 3 had damage to the left side. Vehicle 1 and Vehicle 3 were towed from the scene by Cain's towing. All operators, and the passenger in vehicle 2 refused medical treatment at the scene and no injuries were reported.

**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

Wilmington Police Department  
Images Associated with 21-89-AC



AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

**1** WEST ST

Route# \_\_\_\_\_ Direction \_\_\_\_\_ Name of Roadway/Street \_\_\_\_\_

At \_\_\_\_\_

**1** INDUSTRIAL WAY

Route# \_\_\_\_\_ Direction \_\_\_\_\_ Name of Intersecting Roadway/Street \_\_\_\_\_

Also at Intersection with \_\_\_\_\_

**2** 1

Route# \_\_\_\_\_ Direction \_\_\_\_\_ Name of Intersecting Roadway/Street \_\_\_\_\_

\_\_\_\_\_ Feet  N  S  E  W of \_\_\_\_\_ Mile Marker \_\_\_\_\_ or \_\_\_\_\_ 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# **21-90-AC**

License # **S70012408** St **MA** DOB/Age \_\_\_\_\_ Reg # **3JFY21** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** Lic. Restrictions **99** CDL **H** Veh Year **2007** Veh Make **HONDA** Veh Config. **1**

Operator **LAY, RICHARD C** Owner **LAY, RICHARD C**

Address **457 STEVENS ST** Address **457 STEVENS ST**

City **LOWELL** State **MA** Zip **01851-4001** City **LOWELL** State **MA** Zip **01851-4001**

Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **2** 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** **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? **2** **33**

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator</b>	See Above	<del>XXXXXX</del>	<del>M</del>	<b>1</b>	<b>99</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 # **S44849233** St **MA** DOB/Age \_\_\_\_\_ Reg # **6BH725** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** Lic. Restrictions **99** CDL \_\_\_\_\_ Veh Year **2016** Veh Make \_\_\_\_\_ Veh Config. **1**

Operator **SHINDE, ABHIJEET D** Owner **SHINDE, ABHIJEET D**

Address **82 GREEN ST** Address **82 GREEN ST**

City **READING** State **MA** Zip **01867-3209** City **READING** State **MA** Zip **01867-3209**

Insurance Company **NORFOLK & DEDHAM MUTUAL F** Vehicle Action Prior to Crash **10** Damaged Area Code: **6** **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 **99** **25** **25** BAC Test Result: **30**

Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **99** **26** Susp. Alcohol: **2** **31** Susp. Drug: **2** **32**

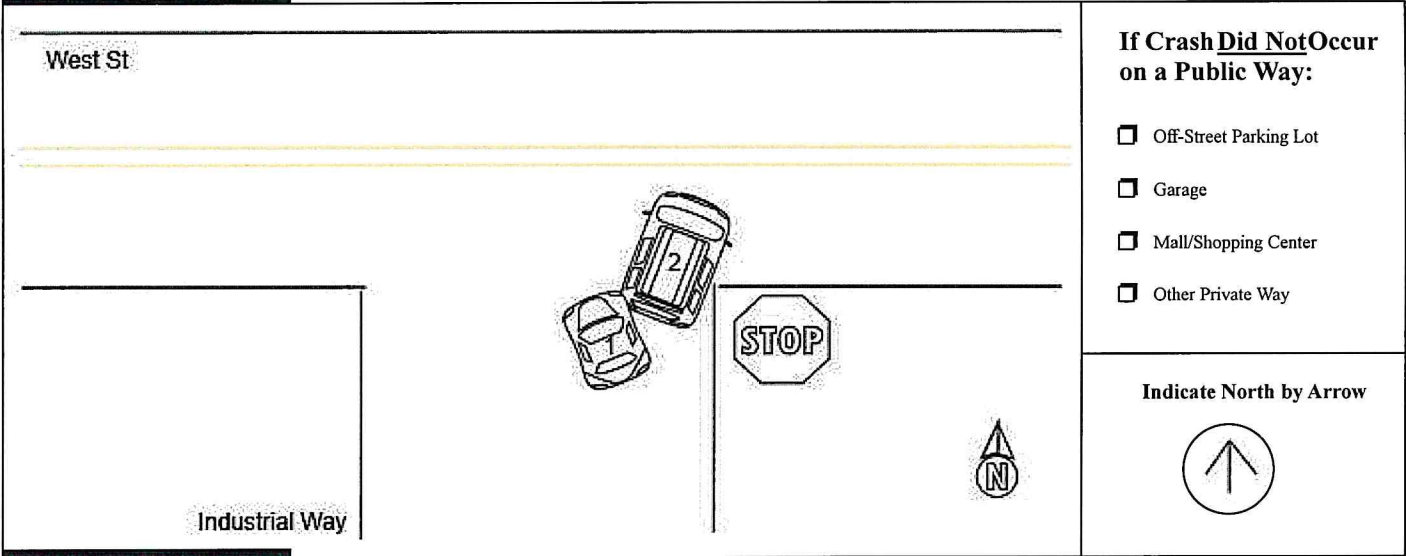
Towed from scene? **2** **33**

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

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator/Non-Motorist</b>	See Above	<del>XXXXXX</del>	<del>M</del>	<b>1</b>	<b>99</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	
<b>POONAM PATIL</b>	<b>GREEN ST READING, MA 01867</b>		<b>F</b>	<b>3</b>	<b>99</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	
			<b>U</b>	<b>6</b>	<b>4</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	
			<b>U</b>	<b>6</b>	<b>4</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

Crash Diagram:

ie: → 1 → 2 → ♂ → 🚲



Crash Narrative:

MV2 stopped at stop sign. MV2 attempted to turn R onto West St towards Reading. MV1 behind MV2 began to inch forward preparing to turn L onto West St towards MA-129. MV2 began to back up and backed into MV1. When asked, Opp of MV2 stated, "didn't think I could make the turn with cars coming so I backed up to make the turn." Minor damage to MV1 front right. Minor damage to MV2 back left. Both vehicles were able to leave under own power. No injuries reported, no airbag deployment.

---



---



---

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