

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 2 Route# Direction Name of Intersecting Roadway/Street

2 2 223 LOWELL 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

Please Select One of the Following: Vehicle 14 #Occupants Hit/Run Moped | Crash Report ID# 21-102-AC

License # S58065178 St MA DOB/Ag. _____ Reg # RS86XY Reg Type PC Reg State MA
 Sex M Lic. Class D 19 19 Lic. Restrictions B 20 CDL _____ Veh Year 2017 Veh Make NISSAN Veh Config. 1 21
 Operator PIMENTEL, THOMAS A Owner PIMENTEL, MEGAN GREW
 Address 46 BROMFIELD Address 46 BROMFIELD RD
 City SOMERVILLE State MA Zip 02144-1312 City SOMERVILLE State MA Zip 02144-1312
 Insurance Company THE COMMERCE INSURANCE CO Vehicle Action Prior to Crash 2 22 Damaged Area Code: 6 27 5 27 4 27
 Vehicle Travel Direction: N S E X Responding to Emergency? 2 Event Sequence 1 23 23 23 23 Test Status: 28
 Citation # (If Issued) _____ Most Harmful Event 1 24 Type of Test: 29
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code 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
Operator	See Above	X	X	1	1	4	0	0	10	1	
MEGAN PIMENTEL	46 BROMFIELD RD SOMERVILLE, MA 02144-1312		F	3	1	4	0	0	10	1	
				4	4	4	0	0	10	1	
				6	4	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 # S49986543 St MA DOB/Ag. _____ Reg # 1HFW25 Reg Type PC Reg State MA
 Sex M Lic. Class D 19 19 Lic. Restrictions B 20 CDL _____ Veh Year 2004 Veh Make Jeep Veh Config. 1 21
 Operator SCHISSLER, DYLAN BRIAN Owner SCHISSLER, DYLAN BRIAN
 Address 29 WOODBURY RD Address 29 WOODBURY RD
 City BILLERICA State MA Zip 01821-1928 City BILLERICA State MA Zip 01821-1928
 Insurance Company SAFETY INSURANCE COMPANY Vehicle Action Prior to Crash 1 22 Damaged Area Code: 8 27 1 27 2 27
 Vehicle Travel Direction: N S E X Responding to Emergency? 2 Event Sequence 1 23 23 23 23 Test Status: 28
 Citation # (If Issued) _____ Most Harmful Event 1 24 Type of Test: 29
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code 20 25 5 25 BAC Test Result: 30
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by 4 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32
 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	X	X	1	1	4	0	0	10	1	

Police Use Only			Commonwealth of Massachusetts				RMV Document Number								
Date of Crash 05/10/2021	Time of Crash 1629 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 1	Speed Limit <u>35</u>	Latitude _____	Longitude _____	State Police <input type="checkbox"/>	Local Police <input type="checkbox"/>	MBTA Police <input type="checkbox"/>	Campus Police <input type="checkbox"/>	Other: _____ <input type="checkbox"/>

AT INTERSECTION:			< LOCATION >	NOT AT INTERSECTION:		
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			Route# <u>212</u> Direction _____ Address # <u>MAIN ST</u> 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 _____ or _____ Mile Marker _____ Exit Number _____			
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 _____			
			Landmark _____			

Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped Crash Report ID# **21-103-AC**

License # <u>S95430287</u> St <u>MA</u> DOB/Age _____	Reg # <u>831F</u> Reg Type <u>PC</u> Reg State <u>MA</u>
Sex <u>F</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____ Endorsement _____	Veh Year <u>2004</u> Veh Make <u>SAAB</u> Veh Config. <u>1</u> <u>21</u>
Operator <u>HOUGH, AMANDA A</u> Last First Middle	Owner <u>CAMERON, JONATHAN GOULD</u> Last First Middle
Address <u>14 AUBURN AVE</u>	Address <u>14 AUBURN AVE</u>
City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-2611</u>	City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-2611</u>
Insurance Company <u>LIBERTY MUTUAL INSURANCE</u>	Vehicle Action Prior to Crash <u>4</u> <u>22</u> Damaged Area Code: <u>1</u> <u>27</u> <u>27</u> <u>27</u>
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? <u>2</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>
Citation # (If Issued) _____	Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	BAC Test Result: <u>1</u> <u>30</u>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Contributing Code <u>4</u> <u>25</u> <u>25</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u>
	Driver Distracted by <u>0</u> <u>26</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
Operator	See Above	XXXXXX	XXXX	<u>1</u>	<u>99</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	

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

License # <u>S59809428</u> St <u>MA</u> DOB/Age _____	Reg # <u>3DN490</u> Reg Type <u>PC</u> Reg State <u>MA</u>
Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL _____ Endorsement _____	Veh Year <u>2008</u> Veh Make <u>TOYOTA</u> Veh Config. <u>1</u> <u>21</u>
Operator <u>DALEY, EDWARD</u> Last First Middle	Owner <u>DALEY, EDWARD</u> Last First Middle
Address <u>4 KING ST</u>	Address <u>4 KING ST</u>
City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-1825</u>	City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-1825</u>
Insurance Company <u>LIBERTY MUTUAL INSURANCE</u>	Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>3</u> <u>27</u> <u>27</u> <u>27</u>
Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</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>
Citation # (If Issued) _____	Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	BAC Test Result: <u>1</u> <u>30</u>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Contributing Code <u>1</u> <u>25</u> <u>25</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u>
	Driver Distracted by <u>0</u> <u>26</u> Towed from scene? <u>1</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
Operator/Non-Motorist	See Above	XXXXXX	XXXX	<u>1</u>	<u>0</u>	<u>1</u>	<u>0</u>	<u>0</u>	<u>8</u>	<u>2</u>	Lahey Clinic

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

1 1 Route# Direction Name of Roadway/Street At

2 2 Route# Direction Name of Intersecting Roadway/Street Also at Intersection with

2 2 Route# Direction Name of Intersecting Roadway/Street

2 2 Route# Direction Name of Roadway/Street

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

99 11 Feet N S E W of _____ or _____ Mile Marker Exit Number

99 11 Feet N S E W of _____ Route# Intersecting Roadway/Street

99 11 Feet N S E W of _____ Landmark

Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped | Crash Report ID# **21-104-AC**

License # _____ St _____ DOB/Age _____ Reg # _____ Reg Type _____ Reg State _____

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

Operator **unknown** | Owner _____

Address _____ | Address _____

City _____ State _____ Zip _____ | City _____ State _____ Zip _____

Insurance Company _____ | Vehicle Action Prior to Crash 99 22 Damaged Area Code: 99 27 27 27

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

Citation # (If Issued) _____ | Most Harmful Event 2 24 Type of Test: 29

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ | Driver Contributing Code 99 25 25 BAC Test Result: 1 30

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ | Driver Distracted by 99 26 Susp. Alcohol: 99 31 Susp. Drug: 99 32

2 13 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	99	99	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 # **65D480** Reg Type **PC** Reg State **MA**

Sex _____ Lic. Class 19 19 Lic. Restrictions 20 CDL _____ Veh Year **2019** Veh Make **HONDA** Veh Config. 1 21

Operator **Driverless M.V.** | Owner **GANDHI, DIPA RAMANLAL**

Address _____ | Address **53 ASHWOOD AVE**

City _____ State _____ Zip _____ | City **WILMINGTON** State **MA** Zip **01887-4403**

Insurance Company **GEICO GENERAL INSURANCE C** | Vehicle Action Prior to Crash 11 22 Damaged Area Code: 6 27 27 27

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

Citation # (If Issued) _____ | Most Harmful Event 2 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

9 2 Towed from scene? 2 33

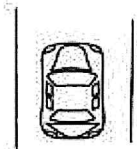
Please fill out for operator/non-motorist and all occupants involved

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	99	99	1	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#2 was parked. Unknow Vehicle #1 Scraped the drivers side rear of vehicle #2 and left

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

05/10/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

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

<p>Route# _____ Direction _____ Name of Roadway/Street _____ At _____</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p>	<p>Route# _____ Direction _____ Address # 437 Name of Roadway/Street SALEM ST</p> <p>_____ Feet N S E W of _____ or _____ Mile Marker _____ Exit Number _____</p> <p>_____ Feet N S E W of _____ Route# _____ Intersecting Roadway/Street _____</p> <p>_____ Feet N S E W of _____ Landmark _____</p>
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Please Select One of the Following: Vehicle **12** #Occupants Hit/Run Moped **Crash Report ID# 21-105-AC**

<p>License # S66839795 St MA DOB/Ag _____ Sex F Lic. Class D Lic. Restrictions 20 CDL _____ Operator SUMNER, LAUREN JACQUELINE Address 41 LETCHWORTH AVE City NORTH BILLERICA State MA Zip 01862-1150 Insurance Company GOVERNMENT EMPLOYEES INSU Vehicle Travel Direction: N S X W Responding to Emergency? 2 Citation # (If Issued) T2446382 Viol. 1: Ch/Sec/Sub 90 23 Viol. 2: Ch/Sec/Sub 90 24 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____</p>	<p>Reg # 1CHR32 Reg Type PC Reg State MA Veh Year 2017 Veh Make HONDA Veh Config. 1 Owner SUMNER, LAUREN JACQUELINE Address 41 LETCHWORTH AVE City NORTH BILLERICA State MA Zip 01862-1150 Vehicle Action Prior to Crash 1 Damaged Area Code: 1 27 2 27 27 Event Sequence 23 23 23 23 Test Status: 28 Most Harmful Event 23 24 Type of Test: 29 Driver Contributing Code 10 25 25 BAC Test Result: 30 Driver Distracted by 99 26 Susp. Alcohol: 31 Susp. Drug: 32 Towed from scene? 1 33</p>
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Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator				1	1	3	0	0	8	2	Winchester Hospital
DIEGO HERNANDEZ			M	3	1	3	0	0	7	2	Winchester Hospital

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

<p>License # _____ St _____ DOB/Ag _____ Sex _____ Lic. Class 19 19 Lic. Restrictions 20 CDL _____ 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 _____</p>	<p>Reg # _____ Reg Type _____ Reg State _____ Veh Year _____ Veh Make _____ Veh Config. 21 Owner _____ Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 22 Damaged Area Code: 27 27 27 Event Sequence 23 23 23 23 Test Status: 28 Most Harmful Event 24 Type of Test: 29 Driver Contributing Code 25 25 BAC Test Result: 30 Driver Distracted by 26 Susp. Alcohol: 31 Susp. Drug: 32 Towed from scene? 33</p>
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Please fill out for operator/non-motorist and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist				1							

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

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

2 Route# Direction Address # Name of Roadway/Street
 Feet N S E W of . . . or . . .
 Mile Marker Exit Number
 3 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# **21-106-AC**

License # **S76433860** St **MA** DOB/Ag Reg # **2KS985** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D** Lic. Restrictions **20** CDL Endorsement Veh Year **2019** Veh Make **VOLKSWAGEN** Veh Config. **1**
 Operator **WHITE, ERIK PETER** Owner **WHITE, ERIK PETER**
 Address **38 LAKE ST** Address **38 LAKE ST**
 City **WILMINGTON** State **MA** Zip **01887-3708** City **WILMINGTON** State **MA** Zip **01887-3708**
 Insurance Company **SAFETY INSURANCE COMPANY** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: 7 27 27 27
 Vehicle Travel Direction: S E W Responding to Emergency? **2** Event Sequence **4** 23 23 23 23 Test Status: 28
 Citation # (If Issued) Most Harmful Event **4** 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 Sa/Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above			1	99	4	0	0	10	1	

Please Select One of the Following: Vehicle 2 #Occupants Non-Motorist A Type **2** 15 Action **1** 16 Location **1** 17 Condition **1** 18 Hit/Run Moped

License # St DOB/Ag Reg # Reg Type Reg State
 Sex Lic. Class Lic. Restrictions 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 W Responding to Emergency? **2** 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 Sa/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	99				8	1	

Attachment to Wilmington Police Department
Report 21-106-AC
May be requested at publicrecords@wpd.org

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1 1 Route# Direction Name of Roadway/Street At

2 1 Route# Direction Name of Intersecting Roadway/Street

3 1 Route# Direction Name of Intersecting Roadway/Street

2 2 Route# Direction Name of Intersecting Roadway/Street

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

10 11 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

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

Crash Report ID# 21-107-AC

License # _____ St _____ DOB/Age _____ Reg # 1EZ566 Reg Type PC Reg State MA

Sex _____ Lic. Class 19 19 Lic. Restrictions 20 CDL _____ Veh Year 2020 Veh Make HONDA Veh Config. 1 21

Operator Driverless M.V. Owner SIMMS, FLEURETTE M

Address _____ Address 138 MIDDLETON RD

City _____ State MA Zip 01845-6340

Insurance Company GREEN MOUNTAIN INSURANCE

Vehicle Travel Direction: N S E 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 _____

Vehicle Action Prior to Crash 1 22 Damaged Area Code: 1 27 2 27 27

Event Sequence 2 23 23 23 23 Test Status: 28

Most Harmful Event 2 24 Type of Test: 29

Driver Contributing Code 19 25 25 BAC Test Result: 30

Driver Distracted by 7 26 Susp. Alcohol: 31 Susp. Drug: 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							

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

License # S29747153 St MA DOB/Age _____ Reg # BU44856 Reg Type BU Reg State MA

Sex F Lic. Class B 19 19 Lic. Restrictions E 20 CDL S Veh Year 2020 Veh Make Other-not listed Veh Config. 4 21

Operator STJOHN, KAREN A Owner TROMBLY MOTOR COACH SERVICE INC

Address 54 RIVERBANK TER Address BX 190

City BILLERICA State MA Zip 01821-6113 City DRACUT State MA Zip 01826-0000

Insurance Company NATIONAL UNION FIRE INSUR

Vehicle Travel Direction: N S E 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 _____

Vehicle Action Prior to Crash 11 22 Damaged Area Code: 0 27 27 27

Event Sequence 1 23 23 23 23 Test Status: 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: 31 Susp. Drug: 32

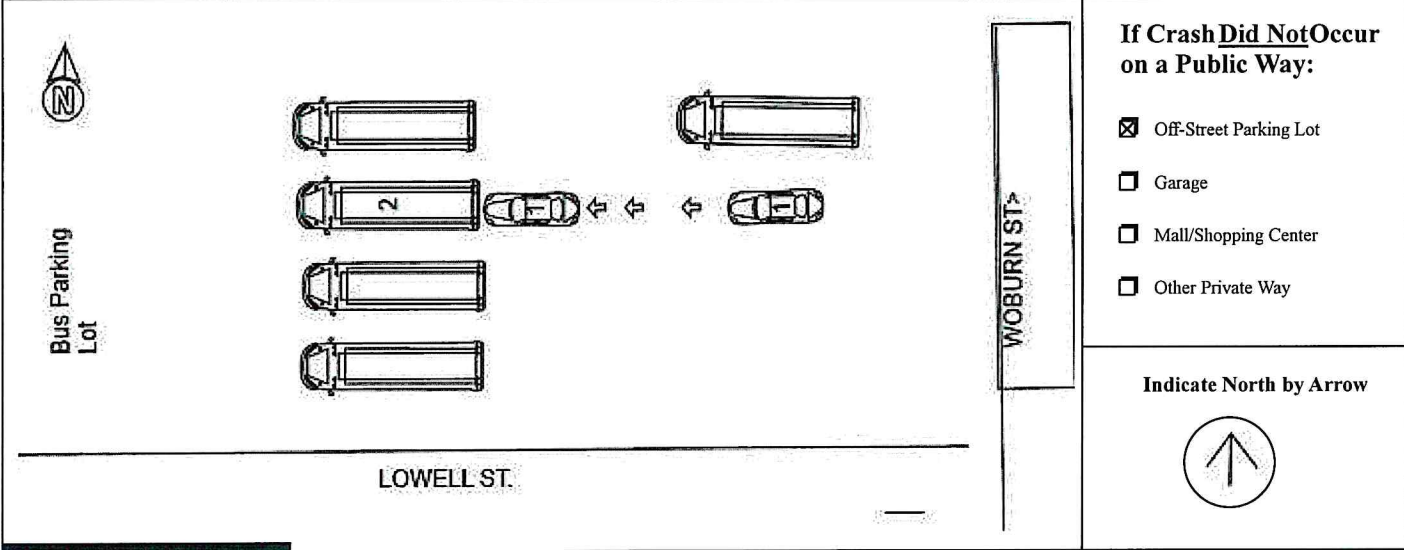
Towed from scene? 2 33

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	99	4	0	0	10	1	

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ♂ = Pedestrian ⚡ = Bicycle

Crash Diagram:



Crash Narrative:

Operator of Vehicle #1 pulled into parking space and was gathering her belongings to prepare for work. (Bus Driver) When she stepped out of the vehicle she failed to shift the vehicle into park and it rolled forward striking the rear of Vehicle #2 which was parked and not running. No visable damage to Vehicle 2 (school bus).

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 # **BU44856** (From Vehicle Section)

Carrier Name Trombly Motor Coach Services Bus Use 42

Address _____ City DRACUT St MA Zip 01826

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 Thomas A McConologue 157 Wilmington Police Department 05/12/2021
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Images Associated with 21-107-AC



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

1 MIDDLESEX AVE
Route# Direction Name of Roadway/Street

1 SCHOOL ST
Route# Direction Name of Intersecting Roadway/Street

2 6 GOWING RD
Route# Direction Name of Intersecting Roadway/Street

2 6 GOWING RD
Route# Direction Address # Name of Roadway/Street

3 Feet N S E W of _____ • _____ or _____
Mile Marker Exit Number

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

3 Feet N S E W of _____
Landmark

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

Crash Report ID# **21-108-AC**

License # S76281782 St MA DOB/Age _____ Reg # 28KJ17 Reg Type PC Reg State MA

Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL _____ Veh Year 2017 Veh Make SUBARU Veh Config. 1 21

Operator LYNN, SUN CHA Owner LYNN, SUN CHA

Address 6 GOWING RD Address 6 GOWING RD

City WILMINGTON State MA Zip 01887-1504 City WILMINGTON State MA Zip 01887-1504

Insurance Company ARBELLA MUTUAL INSURANCE Vehicle Action Prior to Crash 1 22 Damaged Area Code: 2 27 27 27

Vehicle Travel Direction: N S E 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 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		<input checked="" type="checkbox"/>	<u>1</u>	<u>99</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	

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

License # S56734375 St MA DOB/Age _____ Reg # T52718 Reg Type CO Reg State MA

Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL _____ Veh Year 2018 Veh Make GMC Veh Config. 2 21

Operator GOMEZ, AMNER J Owner WOODLAND HOMEWORKS LLC

Address 60 LEXINGTON APT 2 Address 83 ALEXANDER RD ST APT 3

City LYNN State MA Zip 01902-0000 City BILLERICA State MA Zip 01821-5093

Insurance Company ARBELLA PROTECTION INSURA Vehicle Action Prior to Crash 4 22 Damaged Area Code: 8 27 27 27

Vehicle Travel Direction: N S E 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: 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

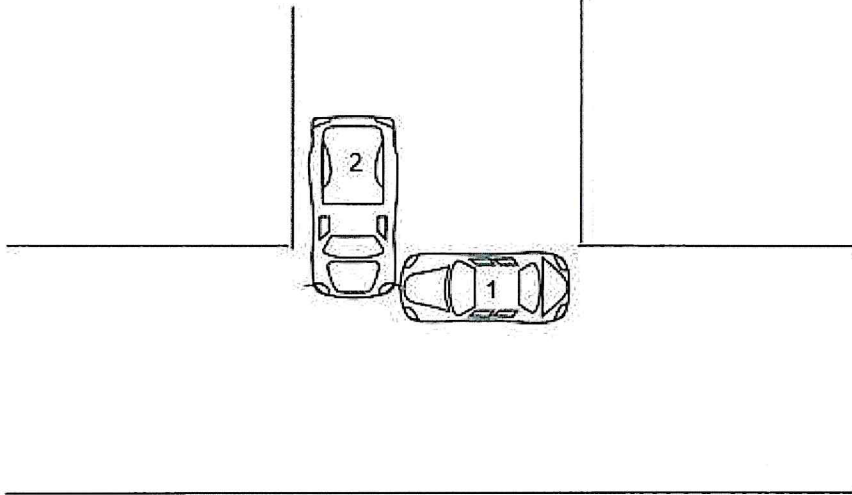
Towed from scene? 2 33

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		<input checked="" type="checkbox"/>	<u>1</u>	<u>99</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:

vehicle #1 was traveling straight ahead. Vehicle #2 thought vehicle # 1 was going to make
 a left hand turn as her signal was still on after coming onto Middlesex ave. Vehicle #2
 pulled out into the path 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 05/12/2021
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Date of Crash 05/12/2021 Time of Crash 1810 24HR City/Town **Wilmington** **Motor Vehicle Crash Police Report** Number Vehicles 2 Number Injured 0 Speed Limit 45 State Police Local Police MBTA Police Campus Police Other:

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
I93 NB40
Route# Direction Address # Name of Roadway/Street
Feet N S E W of Mile Marker Exit Number
2 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# **21-109-AC**

4 1 License # **S50076522** St **MA** DOB/Age _____
Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL Endorsement _____
Operator **CREHAN, MAEVE KATHLEEN**
Last First Middle
Address **163 GREEN ST**
City **READING** State **MA** Zip **01867-2739**
Insurance Company **PLYMOUTH ROCK ASSURANCE C**
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 _____

2 12 Reg # **NEEH52** Reg Type **PC** Reg State **MA**
Veh Year **2011** Veh Make **Jeep** Veh Config. **1** 21
Owner **CREHAN, NUALA FRANCES**
Last First Middle
Address **163 GREEN ST**
City **READING** State **MA** Zip **01867-2739**
Vehicle Action Prior to Crash **2** 22 Damaged Area Code: **2** 27 27 27
Event Sequence **1** 23 23 23 23 Test Status: **1** 28
Most Harmful Event **1** 24 Type of Test: **1** 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

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	XXXX	XX	1	1	4	0	0	10	1	

7 6 Please Select One of the Following: Vehicle 2 Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

8 1 License # **S33637928** St **MA** DOB/Age _____
Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL Endorsement _____
Operator **GREY, KEON D**
Last First Middle
Address **283 HAMILTON ST APT 1**
City **WORCESTER** State **MA** Zip **01604-2228**
Insurance Company **SAFECO INSURANCE COMPANY**
Vehicle Travel Direction: **N S X W** Responding to Emergency? **2**
Citation # (If Issued) **T2446361**
Viol. 1: Ch/Sec/Sub **90** **23** Viol. 2: Ch/Sec/Sub _____
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____

1 14 Reg # **5PSN70** Reg Type **PC** Reg State **MA**
Veh Year **2014** Veh Make **MERCEDES-BENZ** Veh Config. **1** 21
Owner **WRIGHT, ANNIE L**
Last First Middle
Address **9 BRADLEE CT**
City **HYDE PARK** State **MA** Zip **02136-3209**
Vehicle Action Prior to Crash **2** 22 Damaged Area Code: **6** 27 27 27
Event Sequence **1** 23 23 23 23 Test Status: **1** 28
Most Harmful Event **1** 24 Type of Test: **1** 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

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	XXXX	XX	1	1	4	0	0	10	1	

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 11
 Route# Direction Name of Roadway/Street
 Route# Direction Name of Intersecting Roadway/Street
 Landmark

3 Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped
 Crash Report ID# **21-110-AC**

4 1
 License # **S38425484** St **MA** DOB/Age _____ Reg # **2LAF29** Reg Type **PC** Reg State **MA**
 Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL _____ Veh Year **2021** Veh Make **Jeep** Veh Config. **1** 21
 Operator **RENUKA, SARITHA PRABHAKARAN** Owner **RENUKA, SARITHA PRABHAKARAN**
 Address **20 DELWOOD RD** Address **20 DELWOOD RD**
 City **CHELMSFORD** State **MA** Zip **01824-1837** City **CHELMSFORD** State **MA** Zip **01824-1837**
 Insurance Company **PROGRESSIVE DIRECT INSURA** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: 2 27 27 27
 Vehicle Travel Direction: **N S E X** Responding to Emergency? **2** Event Sequence 2 23 23 23 23 Test Status: 28
 Citation # (If Issued) _____ Most Harmful Event **2** 24 Type of Test: 29
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **11** 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? **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 20 #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

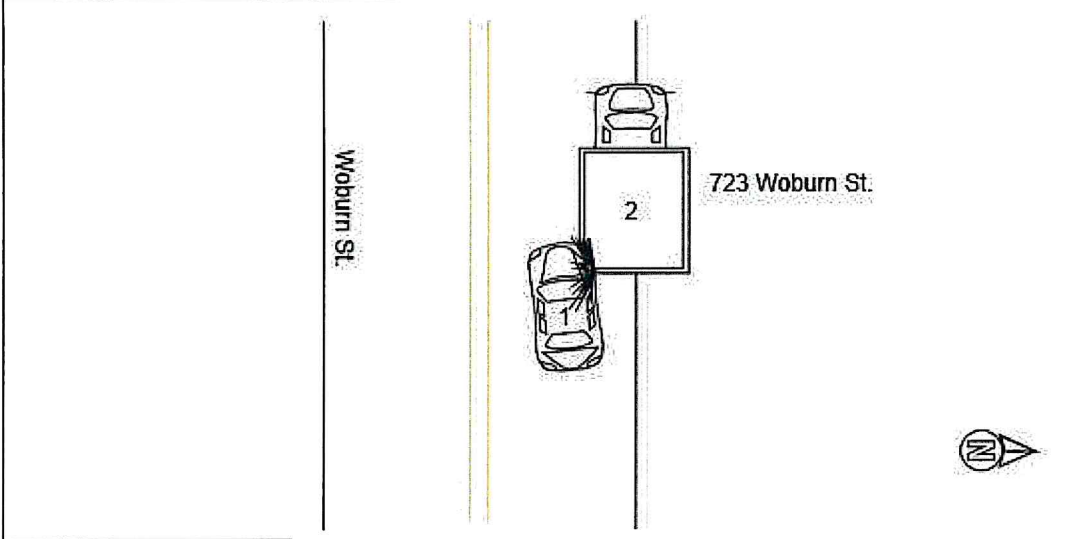
8 1
 License # _____ St _____ DOB/Age _____ Reg # **N82479** Reg Type **CO** Reg State **MA**
 Sex _____ Lic. Class **19** 19 Lic. Restrictions **20** CDL _____ Veh Year **2016** Veh Make **FORD** Veh Config. **6** 21
 Operator **Driverless M.V.** Owner **STEIN, M CHRISTOP**
 Address _____ Address **15 BLANCHARD RD**
 City _____ State _____ Zip _____ City **WILMINGTON** State **MA** Zip **01887-2248**
 Insurance Company **SAFETY INSURANCE COMPANY** Vehicle Action Prior to Crash **11** 22 Damaged Area Code: 6 27 27 27
 Vehicle Travel Direction: **N S E X** Responding to Emergency? **2** Event Sequence **1** 23 23 23 23 Test Status: 28
 Citation # (If Issued) _____ Most Harmful Event **1** 24 Type of Test: 29
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **1** 25 25 BAC Test Result: 30
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0** 26 Susp. Alcohol: **31** Susp. Drug: **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							

→ = 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:

On 05/14/21 car 1 while travelling westbound on Woburn St. rear ended Car 2 while parked at 723 Woburn St. Front end damage to Car 1 and rear end damage to Car 2.

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # **N82479** (From Vehicle Section)

Carrier Name **Suburban Yar Specialists** Bus Use 42

Address _____ City _____ St _____ Zip _____

US DOT #: **1861553** 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 Dillon Halliday 205 **Wilmington Police Department** 05/14/2021
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

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

2 11 Feet N S E W of Mile Marker Exit Number

2 11 Feet N S E W of Route# Intersecting Roadway/Street

2 11 Feet N S E W of Landmark

Please Select One of the Following: Vehicle 11 #Occupants Hit/Run Moped | Crash Report ID# **21-111-AC**

License # _____ St _____ DOB/Age _____ Reg # **2FNM69** Reg Type **PC** Reg State **MA**

Sex _____ Lic. Class **D** 19 19 Lic. Restrictions **20** CDL Endorsement _____ Veh Year **2015** Veh Make **DODGE** Veh Config. **1** 21

Operator _____ Owner **PAUDEL-KAFLE, THA KUMARI**

Address _____ Address **15 VERDUN RD**

City _____ State **MA** Zip **01887-3419**

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

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

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

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

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **5** 26 Susp. Alcohol: **31** Susp. Drug: **32**

Towed from scene? **2** 33

Please fill out for operator and all occupants involved

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

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

License # **S78889197** St **MA** DOB/Age _____ Reg # **58YL36** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL Endorsement _____ Veh Year **2016** Veh Make **HONDA** Veh Config. **1** 21

Operator **DECOLOGERO, DEBORAH A** Owner **DECOLOGERO, DEBORAH A**

Address **14 WILLIAM RD** Address **14 WILLIAM RD**

City **BILLERICA** State **MA** Zip **01821-6079** City **BILLERICA** State **MA** Zip **01821-6079**

Insurance Company **SAFETY INSURANCE COMPANY** Vehicle Action Prior to Crash **2** 22 Damaged Area Code: **5** 27 27 27

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

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

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

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

Towed from scene? **2** 33

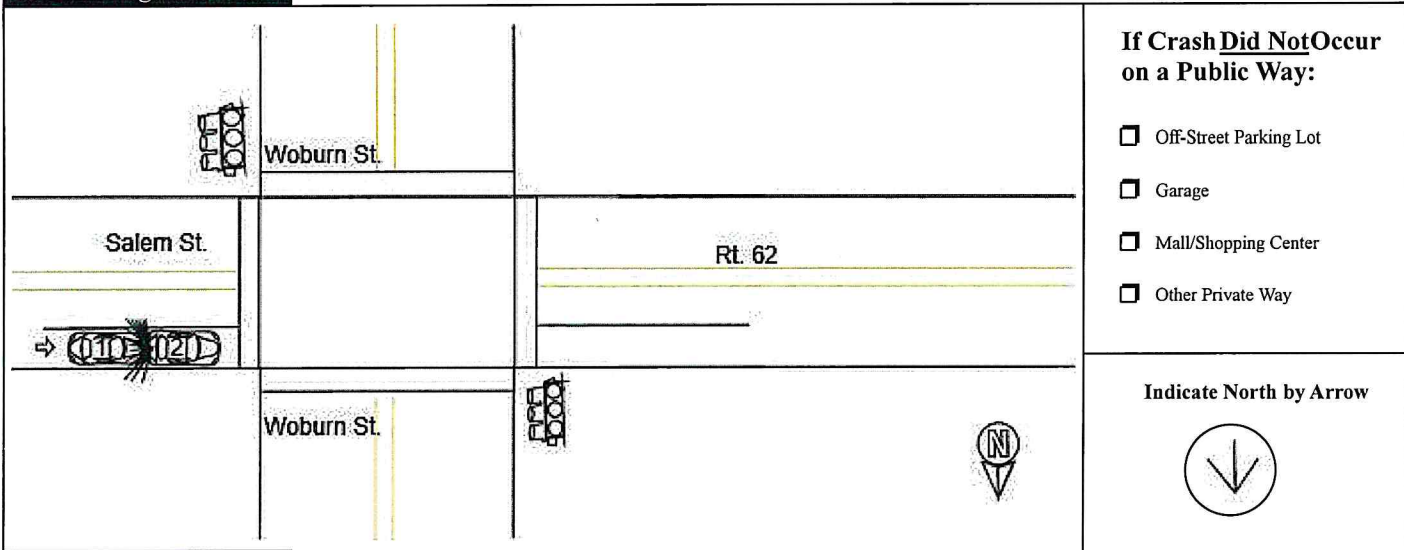
Please fill out for operator/non-motorist and all occupants involved

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

➔ = 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:

On 05/15/21 car 1 crashed in to the rear of car 2. Car 2 was stopped at a red light at the intersection on Salem St. and Woburn St. facing westbound. Wilmington FD responded and obtained refusals for medical care. The operator of car 1 stated he was taking a drink, let off the break resulting in the car moving forward and hitting car 2.

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

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

Hazmat Information:

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

Patrol Officer Dillon Halliday 205 Wilmington Police Department 05/15/2021
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

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 222 MAIN ST Address # Name of Roadway/Street

2 11 Feet N S E W of Mile Marker Exit Number

2 11 Feet N S E W of Route# Intersecting Roadway/Street

2 11 Feet N S E W of Landmark

3 Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped | Crash Report ID# 21-112-AC

4 3 License # S25998241 St MA DOB/Age Reg # 2N7669 Reg Type MC Reg State MA

Sex M Lic. Class B M 19 19 Lic. Restrictions 1 20 CDL Endorsement Veh Year 2001 Veh Make HARLEY-DAVIDSON Veh Config. 3 21

Operator REARDON, MARK E Owner REARDON, MARK E

Address 133 GROVE AVE Address 133 GROVE AVE

City WILMINGTON State MA Zip 01887-3720 City WILMINGTON State MA Zip 01887-3720

Insurance Company GEICO INDEMNITY COMPANY Vehicle Action Prior to Crash 4 22 Damaged Area Code: 5 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

5 1 Citation # (If Issued) Most Harmful Event 1 24 Type of Test: 29

6 1 Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Driver Contributing Code 1 25 25 BAC Test Result: 1 30

6 1 Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by 0 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32

6 1 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	5	5	1	0	8	1	

7 2 Please Select One of the Following: Vehicle 2 #Occupants Non-Motorist A Type 15 Action 16 Location 17 Condition 18 Hit/Run Moped

8 1 License # S29214115 St MA DOB/Age Reg # STRIDR Reg Type PC Reg State MA

Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement Veh Year 2011 Veh Make Veh Config. 1 21

Operator ROMANO, PHILIP L Owner ROMANO, PHILIP L

Address 11 PATRICK RD Address 11 PATRICK RD

City TEWKSBURY State MA Zip 01876-4701 City TEWKSBURY State MA Zip 01876-4701

Insurance Company THE STANDARD FIRE INSURAN 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

9 2 Citation # (If Issued) T2061979 Most Harmful Event 1 24 Type of Test: 29

Viol. 1: Ch/Sec/Sub 720CMR 9067 Viol. 2: Ch/Sec/Sub Driver Contributing Code 5 25 25 BAC Test Result: 1 30

Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by 7 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32

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

Wilmington Police Department
Images Associated with 21-112-AC

