

Date of Crash 05/16/2021 Time of Crash 1857 24HR City/Town **Wilmington** **Motor Vehicle Crash Police Report** Number Vehicles 1 Number Injured 0 Speed Limit 25 State Police Local Police MBTA Police Campus Police Other:

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

Route# Direction Name of Roadway/Street At Route# Direction Address # **SCHOOL ST** Name of Roadway/Street

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

Route# Direction Name of Intersecting 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# **21-113-AC**

License # **S86278266** St **MA** DOB/Age Reg # **8VPJ10** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** Lic. Restrictions **20** CDL Endorsement Veh Year **2007** Veh Make **HONDA** Veh Config. **1**

Operator **RAJABI, SAEED** Owner **RAJABI, SAEED**

Address **43 GLEN RD** Address **43 GLEN RD**

City **WILMINGTON** State **MA** Zip **01887-1942** City **WILMINGTON** State **MA** Zip **01887-1942**

Insurance Company **GOVERNMENT EMPLOYEES INSU** Vehicle Action Prior to Crash **3** Damaged Area Code: **2 27 3 27 27**

Vehicle Travel Direction: **N S X W** Responding to Emergency? **2** Event Sequence **31 23 23 23 23** Test Status: **28**

Citation # (If Issued) Most Harmful Event **31 24** Type of Test: **29**

Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Driver Contributing Code **9 25 19 25** BAC Test Result: **30**

Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by **1 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	XXXX	XX	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 # St DOB/Age 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 E W** Responding to Emergency? Event Sequence **23 23 23 23** Test Status: **28**

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

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

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

Towed from scene? **33**

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

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above	XXXX	XX	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 10 Route# Direction Address # Name of Roadway/Street
2 11 _____ 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

3 Please Select One of the Following: Vehicle 12 #Occupants Hit/Run Moped Crash Report ID# **21-115-AC**

4 1 License # **S43683887** St **MA** DOB/Age _____ Reg # **97XV36** Reg Type **PC** Reg State **MA**
Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL _____ Veh Year **2020** Veh Make **KIA** Veh Config. **1** 21
Operator **FINN, CATHERINE MARY** Owner **FINN, CATHERINE MARY**
Address **133 VILLAGE KING** Address **133 VILLAGE KING**
City **FITCHBURG** State **MA** Zip **01420-1354** City **FITCHBURG** State **MA** Zip **01420-1354**
Insurance Company **GOVERNMENT EMPLOYEES INSU** Vehicle Action Prior to Crash **2** 22 Damaged Area Code: 4 27 5 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

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	XXXXXX	X	1	1	4	0	0	10	1	
KELLY FINN	5 LEARY DR TEWKSBURY, MA 01876-3723		F	3	1	4	0	0	10	1	

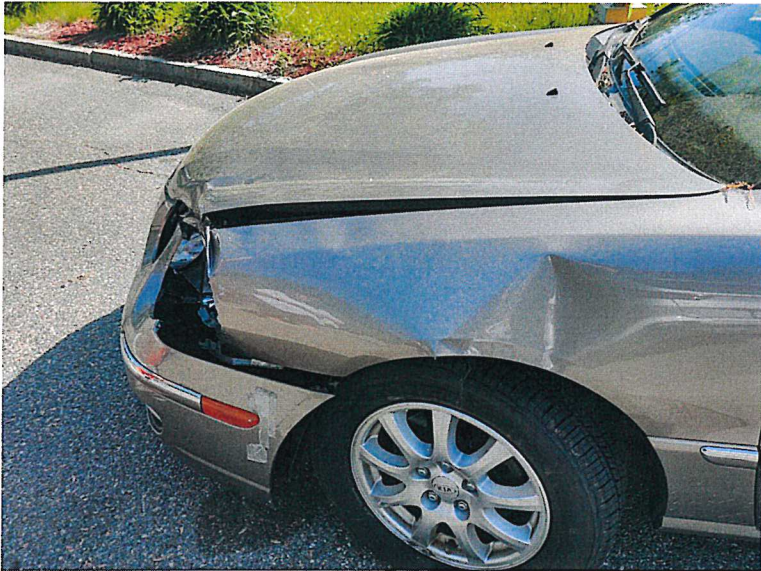
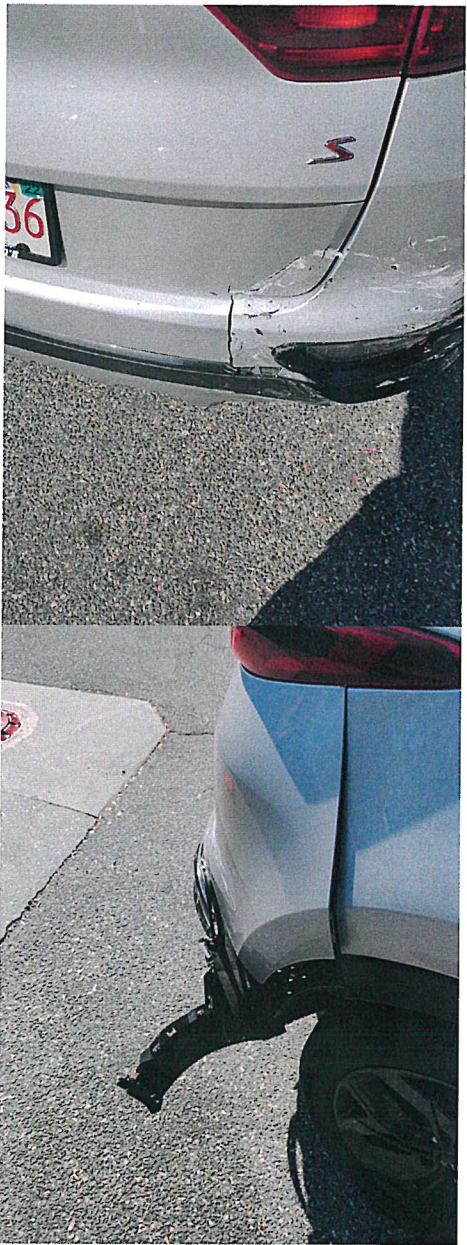
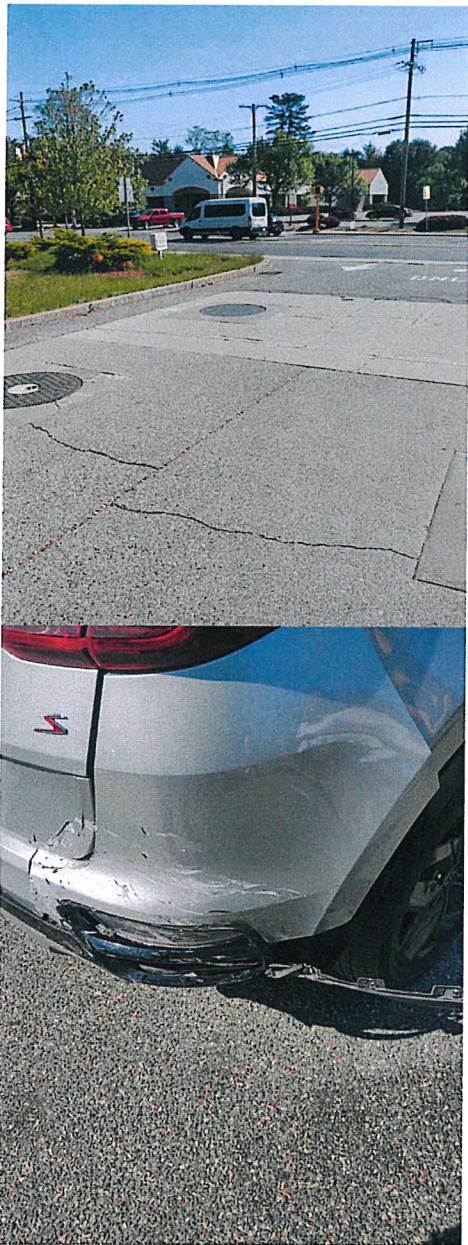
7 1 Please Select One of the Following: Vehicle 21 #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

8 1 License # **S25759428** St **MA** DOB/Age _____ Reg # **155JN2** Reg Type **PC** Reg State **MA**
Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL _____ Veh Year **2008** Veh Make **KIA** Veh Config. **1** 21
Operator **YUREK, ANN LOUISE** Owner **YUREK, ANN LOUISE**
Address **448 SHAWSHEEN AVE** Address **448 SHAWSHEEN AVE**
City **WILMINGTON** State **MA** Zip **01887-1639** City **WILMINGTON** State **MA** Zip **01887-1639**
Insurance Company **SAFETY INSURANCE COMPANY** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: 1 27 8 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 **19** 25 **20** 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
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	XXXXXX	X	1	1	4	0	0	10	1	

Wilmington Police Department
Images Associated with 21-115-AC



Wilmington Police Department
Images Associated with 21-115-AC



Date of Crash **05/19/2021** Time of Crash **1148** 24HR City/Town **Wilmington** **Motor Vehicle Crash Police Report** Number Vehicles **1** Number Injured **0** Speed Limit **30** State Police Local Police MBTA Police Campus Police Other

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

<p>Route# _____ Direction _____ Name of Roadway/Street _____</p> <p>At _____</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p> <p>Also at Intersection with _____</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p>	<p>Route# _____ Direction _____ Address # 300 Name of Roadway/Street BALLARDVALE ST</p> <p>_____ Feet N S E W of _____ or _____</p> <p>_____ Feet N S E W of _____ Mile Marker _____ Exit Number _____</p> <p>_____ Feet N S E W of _____ Route# _____ Intersecting Roadway/Street _____</p> <p>_____ Feet N S E W of _____</p> <p>_____ Landmark _____</p>
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Please Select One of the Following: Vehicle **10** #Occupants Hit/Run Moped Crash Report ID# **21-116-AC**

<p>License # _____ St _____ DOB/Age _____</p> <p>Sex _____ Lic. Class 19 19 Lic. Restrictions 20 CDL _____ Endorsement _____</p> <p>Operator Driverless M.V.</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Insurance Company OLD REPUBLIC GENERAL INSU</p> <p>Vehicle Travel Direction: N X E W Responding to Emergency? 2</p> <p>Citation # (If Issued) _____</p> <p>Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____</p> <p>Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____</p>	<p>Reg # UNREGISTERED Reg Type CO Reg State MA</p> <p>Veh Year _____ Veh Make Other-not listed Veh Config. 97 21</p> <p>Owner LYNCH CONSTRUCTION</p> <p>Address 77 LOWELL JUNCTION RD</p> <p>City ANDOVER State MA Zip 01810</p> <p>Vehicle Action Prior to Crash 97 22 Damaged Area Code: 9 27 27 27</p> <p>Event Sequence 43 23 23 23 23 Test Status: 1 28</p> <p>Most Harmful Event 43 24 Type of Test: 29</p> <p>Driver Contributing Code 22 25 25 BAC Test Result: 1 30</p> <p>Driver Distracted by 0 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32</p> <p>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	See Above	XXXX	XX	1							

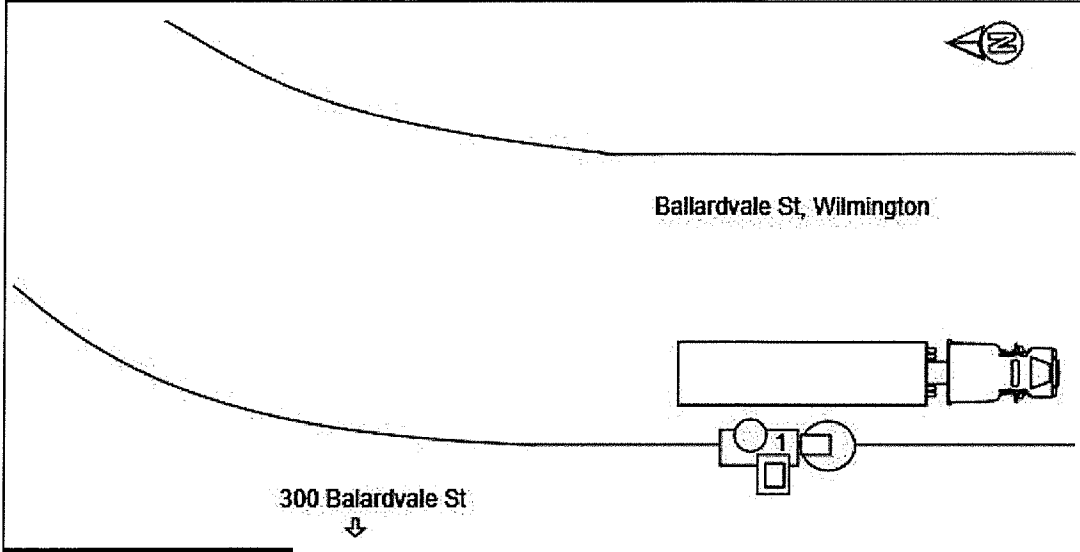
Please Select One of the Following: Vehicle **2** #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

<p>License # _____ St _____ DOB/Age _____</p> <p>Sex _____ Lic. Class 19 19 Lic. Restrictions 20 CDL _____ Endorsement _____</p> <p>Operator _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Insurance Company _____</p> <p>Vehicle Travel Direction: N S E W Responding to Emergency? _____</p> <p>Citation # (If Issued) _____</p> <p>Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____</p> <p>Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____</p>	<p>Reg # _____ Reg Type _____ Reg State _____</p> <p>Veh Year _____ Veh Make _____ Veh Config. 21</p> <p>Owner _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Vehicle Action Prior to Crash 22 Damaged Area Code: 27 27 27</p> <p>Event Sequence 23 23 23 23 Test Status: 28</p> <p>Most Harmful Event 24 Type of Test: 29</p> <p>Driver Contributing Code 25 25 BAC Test Result: 30</p> <p>Driver Distracted by 26 Susp. Alcohol: 31 Susp. Drug: 32</p> <p>Towed from scene? 33</p>
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Please fill out for operator/non-motorist and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above	XXXX	XX	1							

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

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 05/19/21, I responded a single vehicle crash in front of 300 Ballardvale St. It was reported that a large construction roller fell off the transport trailer and was laying on the side of the road. The roller owner, Lynch Construction, brought up a front end loader and was able to flip the overturned roller and pull it off the road. The roller suffered substantial damage. There was also damage to the grass on the side of the road, the curbing and a large section of roadway (see photos) Massachusetts State Police truck Team was dispatched. Wilmington DPW notified. Lynch Construction employees cleaned the fluid spills. The operator reported the chains failed and the roller fell off the trailer. See 21-610-OF. This vehicle is an off-road construction vehicle and is currently not registered in Massachusetts

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
PAYNE ROBERT WILLIAM	29 HIGGINS ST MANCHESTER NH 03102		

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
TOWN OF WILMINGTON	121 GLEN RD WILMINGTON MA 01887		3	ROAD, CURB AND LAWN

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 Daniel P Furbush **196** **Wilmington Police Department** **05/19/2021**
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Images Associated with 21-116-AC



Wilmington Police Department
Images Associated with 21-116-AC



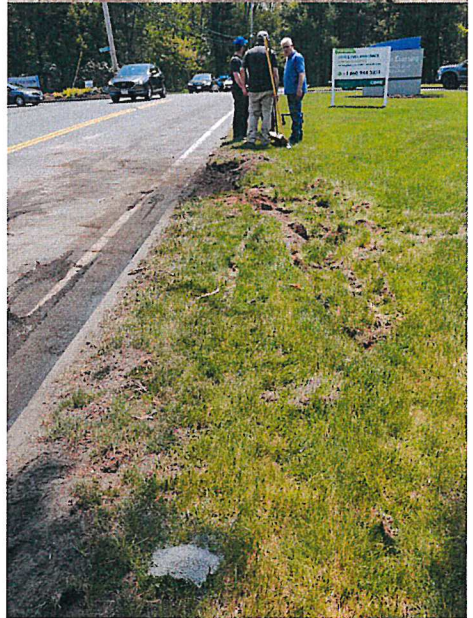
Wilmington Police Department
Images Associated with 21-116-AC



Wilmington Police Department
Images Associated with 21-116-AC



Wilmington Police Department
Images Associated with 21-116-AC



Wilmington Police Department
Images Associated with 21-116-AC



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

Route# **1** 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 # **175** **MIDDLESEX AVE** 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# 21-117-AC**

License # **S34794241** St **MA** DOB/Age _____ Reg # **K87697** Reg Type **CO** Reg State **MA**

Sex **M** Lic. Class **D** Lic. Restrictions **1** CDL Endorsement _____ Veh Year **2004** Veh Make **CHEVROLET** Veh Config. **1**

Operator **SULLIVAN, KEVIN ROBERT** Owner **HARRINGTON, EDWARD J**

Address **104 TREBLE COVE RD** Address **21 MATTHEW RD**

City **N BILLERICA** State **MA** Zip **01862-2210** City **BILLERICA** State **MA** Zip **01821-4429**

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 **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? **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	XXXXXX	M	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 # **S85403566** St **MA** DOB/Age _____ Reg # **VTBK79** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** Lic. Restrictions **B** CDL Endorsement _____ Veh Year **2021** Veh Make **DODGE** Veh Config. **1**

Operator **GRAY, PHILLIP MICHAEL JR** Owner **GRAY, PHILLIP MICHAEL JR**

Address **25 MYSTIC AVE** Address **25 MYSTIC AVE**

City **WILMINGTON** State **MA** Zip **01887-2116** City **WILMINGTON** State **MA** Zip **01887-2116**

Insurance Company **USAA GENERAL INDEMNITY CO** Vehicle Action Prior to Crash **2** Damaged Area Code: **6 27 5 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**

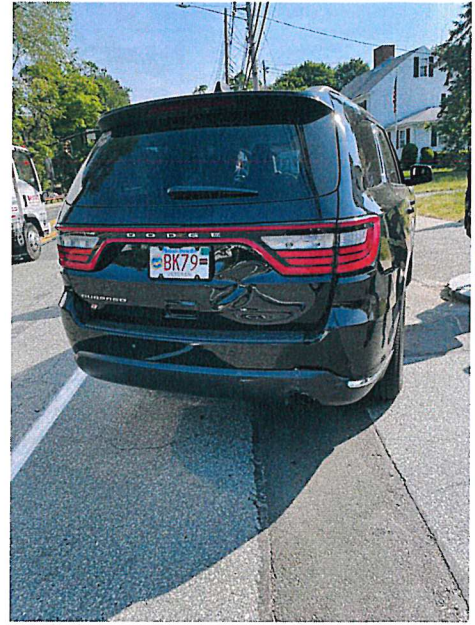
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**

Towed from scene? **2 33**

Please fill out for operator/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	XXXXXX	M	1	1	4	0	0	9	1	

Wilmington Police Department
Images Associated with 21-117-AC



Date of Crash 05/21/2021 Time of Crash 0739 24HR City/Town WILMINGTON

Motor Vehicle Crash Police Report

Number Vehicles 2 Number Injured 1 Speed Limit 35 State Police Local Police MBTA Police Campus Police Other

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1

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

Route# Direction Address # WILDWOOD ST Route# Direction Name of Roadway/Street Feet N S E W of Mile Marker Exit Number

2 10

3 11

2 1

3

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

Crash Report ID# 21-118-AC

4 1

License # S44997284 St MA DOB/Age Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement Operator KOCZERGA, JAYME M Address 54 MAPLE RD City TEWKSBURY State MA Zip 01876-4020 Insurance Company THE COMMERCE INSURANCE CO Vehicle Travel Direction: [X] 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 # 1AHZ54 Reg Type PC Reg State MA Veh Year 2015 Veh Make HONDA Veh Config. 1 21 Owner KOCZERGA, JOHN MICHAEL Address 54 MAPLE RD City TEWKSBURY State MA Zip 01876-4020 Vehicle Action Prior to Crash 1 22 Damaged Area Code: 8 27 27 27 Event Sequence 1 23 23 23 23 Test Status: 28 Type of Test: 29 BAC Test Result: 30 Most Harmful Event 1 24 Driver Contributing Code 1 25 25 Susp. Alcohol: 31 Susp. Drug: 32 Driver Distracted by 0 26 Towed from scene? 2 33

1 12

1 13

6 1

Table with columns: 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 row: See Above, X, X, 1, 1, 4, 0, 0, 10, 1.

7 1

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

Crash Report ID# 21-118-AC

8 1

License # S58410143 St MA DOB/Age Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement Operator CAPOZZI, ISABELLA MARIA Address 10 WOODLAND RD City WILMINGTON State MA Zip 01887-3429 Insurance Company METROPOLITAN PROPERTY AND Vehicle Travel Direction: [X] S E W Responding to Emergency? 2 Citation # (If Issued) T2446385 Viol. 1: Ch/Sec/Sub 89 4 Viol. 2: Ch/Sec/Sub 89 4A Viol. 3: Ch/Sec/Sub 90 24 Viol. 4: Ch/Sec/Sub

Reg # 2CTH54 Reg Type PC Reg State MA Veh Year 2020 Veh Make KIA Veh Config. 1 21 Owner CAPOZZI, ROCHELLE M Address 10 WOODLAND RD City WILMINGTON State MA Zip 01887-3429 Vehicle Action Prior to Crash 9 22 Damaged Area Code: 11 27 27 27 Event Sequence 1 23 30 23 23 23 Test Status: 28 Type of Test: 29 BAC Test Result: 30 Most Harmful Event 1 24 Driver Contributing Code 10 25 97 25 Susp. Alcohol: 31 Susp. Drug: 32 Driver Distracted by 0 26 Towed from scene? 1 33

1 14

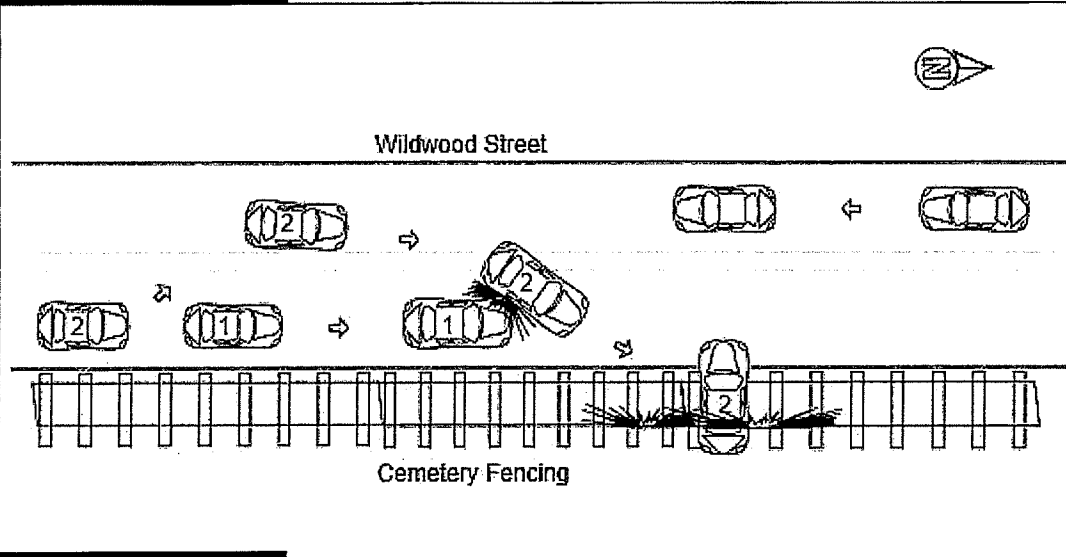
9 2

Table with columns: 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 row: See Above, X, X, 1, 1, 3, 0, 0, 8, 2, Lahey Clinic.

→ = 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 05/21/21 I (Ofc. Halliday) observed the following crash while travelling 100 yards behind the MV's involved in the crash. Car 2 while travelling northbound behind car 1 attempted to pass car 1 over the double yellow line. I observed car 2 cross the yellow lines fully into the opposite lane when an oncoming car drove into car 2's direction. Car 2 then attempted to pass car 1 to avoid hitting the oncoming MV and crashed into the front left portion of car 1. There was almost a roll over and car 2 crashed into the Town of Wilmington Cemetery Fence. Citation issued (T2446385) to the operator of Car 2 for Negligent Operation of a MV, Marked Lanes, Passing where prohibited. Forrest towed car 2. Operator of Car 2 sustained minor injuries and was transported by ambulance to Lahey Hospital.

Witnesses:

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

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
TOWN OF WILMINGTON	121 GLEN RD WILMINGTON MA 01887			CEMETERY FENCE

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

05/21/2021

Police Officer Name (Please Print)

Signature

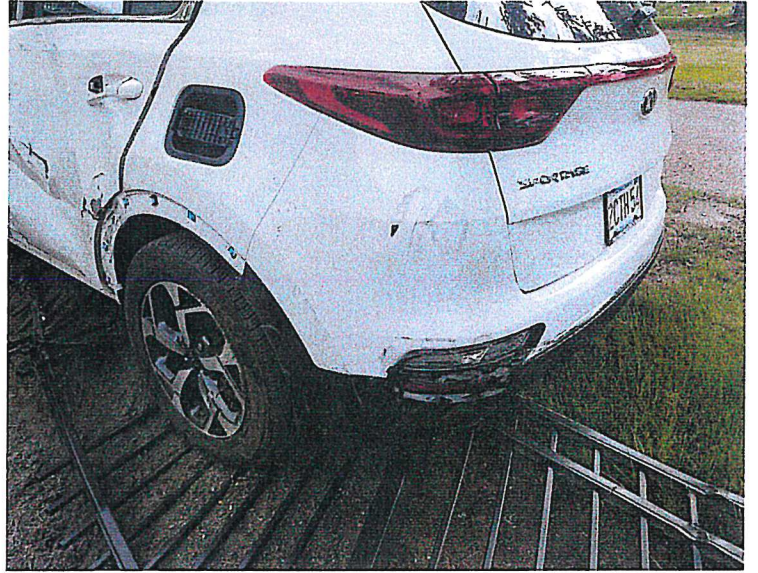
ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department
Images Associated with 21-118-AC



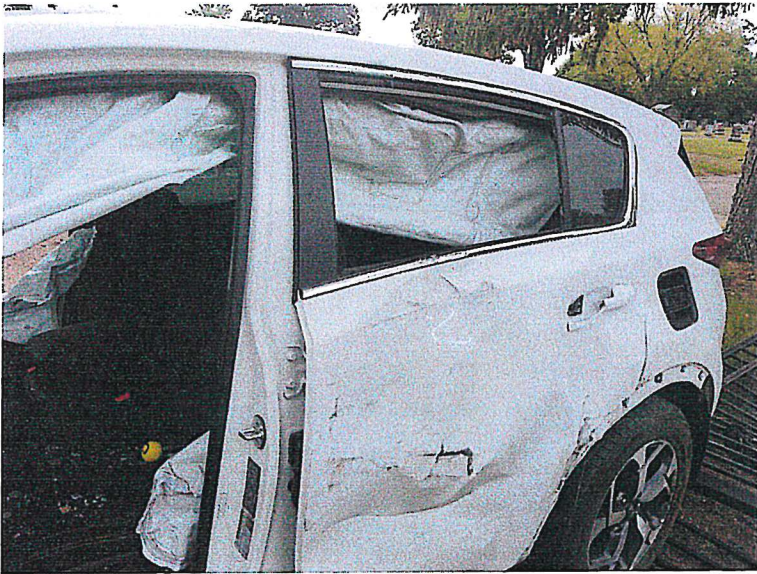
Wilmington Police Department
Images Associated with 21-118-AC



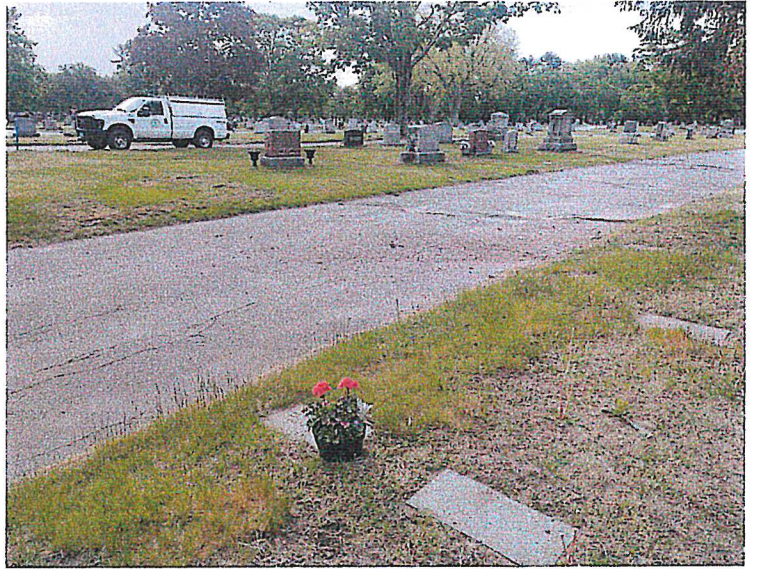
Wilmington Police Department
Images Associated with 21-118-AC



Wilmington Police Department
Images Associated with 21-118-AC



Wilmington Police Department
Images Associated with 21-118-AC



Wilmington Police Department
Images Associated with 21-118-AC



Police Use Only	Date of Crash 05/21/2021	Time of Crash 1748 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report	Number Vehicles 2	Number Injured 0	Speed Limit <u>30</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
AT INTERSECTION:				< LOCATION >	NOT AT INTERSECTION:					
Route# <u>CLARK ST</u> Direction _____ Name of Roadway/Street _____ At _____				Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ _____ 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 _____ Also at Intersection with _____				_____ 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: Vehicle 1 #Occupants Hit/Run Moped

Crash Report ID# **21-119-AC**

License # <u>S36206297</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>99</u> <u>20</u> CDL _____ Operator <u>WEATHERBEE, GAIL D</u> Address <u>128 HERITAGE DR</u> City <u>TEWKSBURY</u> State <u>MA</u> Zip <u>01876-2767</u> Insurance Company <u>VERMONT MUTUAL INSURANCE</u> Vehicle Travel Direction: <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 # <u>438GV1</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2011</u> Veh Make <u>SUBARU</u> Veh Config. <u>1</u> <u>21</u> Owner <u>WEATHERBEE, GAIL D</u> Address <u>128 HERITAGE DR</u> City <u>TEWKSBURY</u> State <u>MA</u> Zip <u>01876-2767</u> Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>1</u> <u>27</u> <u>2</u> <u>27</u> <u>0</u> <u>27</u> Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>28</u> Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u> Driver Contributing Code <u>99</u> <u>25</u> <u>25</u> BAC Test Result: <u>30</u> Driver Distracted by <u>99</u> <u>26</u> Susp. Alcohol: <u>1</u> <u>31</u> Susp. Drug: <u>32</u> Towed from scene? <u>2</u> <u>33</u>
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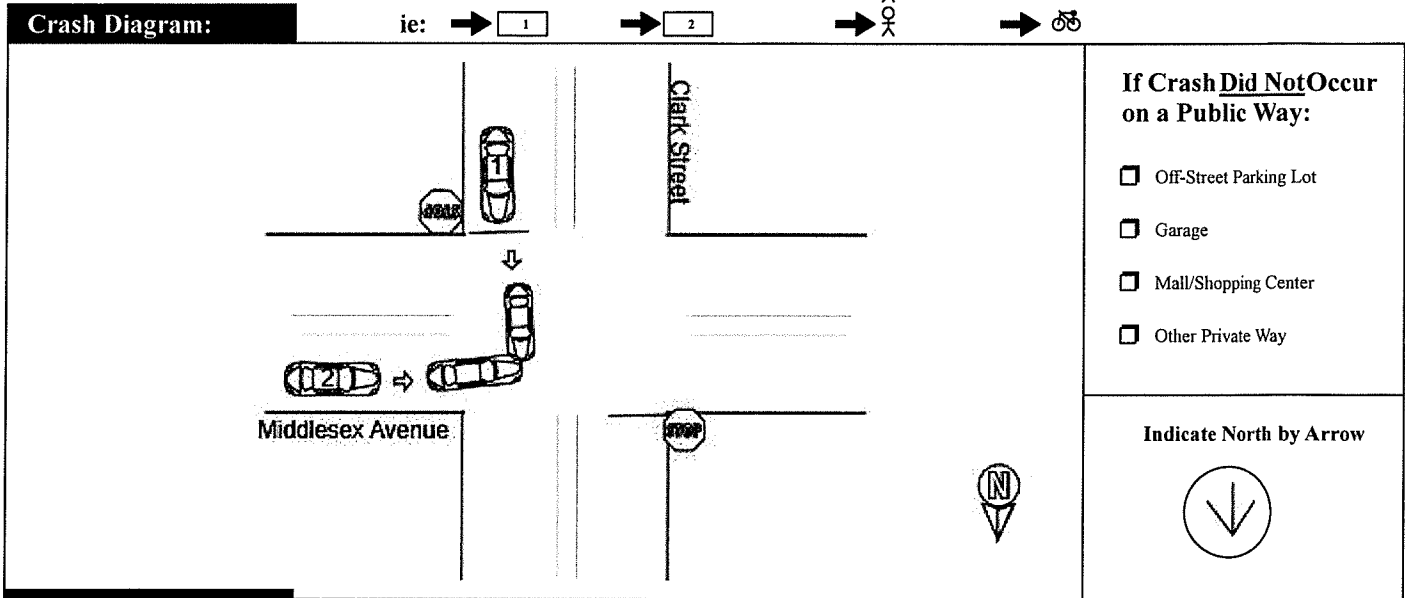
Please fill out for operator and all occupants involved											
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above			<u>1</u>	<u>99</u>	<u>4</u>	<u>0</u>	<u>0</u>	<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>S96573774</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>99</u> <u>20</u> CDL _____ Operator <u>LAROSEE, MARC EDWARD</u> Address <u>26 NATHAN RD</u> City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-2542</u> Insurance Company <u>LIBERTY MUTUAL INSURANCE</u> Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" 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 # <u>792RG7</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2010</u> Veh Make <u>TOYOTA</u> Veh Config. <u>1</u> <u>21</u> Owner <u>LAROSEE, MARC EDWARD</u> Address <u>26 NATHAN RD</u> City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-2542</u> Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>1</u> <u>27</u> <u>8</u> <u>27</u> <u>7</u> <u>27</u> Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <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>30</u> Driver Distracted by <u>0</u> <u>26</u> Susp. Alcohol: <u>31</u> Susp. Drug: <u>32</u> Towed from scene? <u>1</u> <u>33</u>
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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			<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 → →



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 travelling North on Clark Street when they approached the intersection of Middlesex Avenue and Clark Street. Vehicle 1 operator states, "She stopped at the stop sign and did not see the other vehicle coming when she entered the intersection." Vehicle 2 was travelling West on Middlesex Avenue when they approached the intersection of Middlesex Avenue and Clark Street. Vehicle 2 operator states, "He approached the intersection and saw the vehicle come out of Clark Street travelling straight and then the vehicle struck him in the intersection." Neither operator was injured. Vehicle 2 sustained damage on the front left fender, headlight and wheel well and was towed from the scene by Forrest. Vehicle 1 sustained damage on the right front fender and wheel well and was able to drive. ****(IT SHOULD BE NOTED THAT THE ABOVE INTERSECTION HAS TWO STOP SIGNS BOTH ON CLARK STREET. MIDDLESEX AVENUE TRAFFIC HAS THE RIGHT OF WAY)***

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 Michael R Cabral 207 Wilmington Police Department 05/21/2021
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Date of Crash 05/21/2021 Time of Crash 1929 City/Town **Wilmington** **Motor Vehicle Crash Police Report** Number Vehicles 2 Number Injured 0 Speed Limit 35 State Police Local Police MBTA Police Campus Police Other

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

Route# <u> </u> Direction <u> </u> Name of Roadway/Street <u> </u> At Route# <u> </u> Direction <u> </u> Name of Intersecting Roadway/Street <u> </u> Also at Intersection with Route# <u> </u> Direction <u> </u> Name of Intersecting Roadway/Street <u> </u>	Route# <u> </u> Direction <u> </u> Address # <u> </u> Name of Roadway/Street <u> </u> Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of <u> </u> • <u> </u> or <u> </u> Mile Marker <u> </u> Exit Number <u> </u> Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of <u> </u> Route# <u> </u> Intersecting Roadway/Street <u> </u> Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of <u> </u> Landmark <u> </u>
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Please Select One of the Following: Vehicle 1 Occupants Hit/Run Moped Crash Report ID# **21-120-AC**

License # S94291756 St MA DOB/Age <u> </u> Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL <u> </u> Endorsement <u> </u> Operator AURIGEMMA, JILLIAN MARIE Address 101 POULIOT PL City WILMINGTON State MA Zip 01887-0000 Insurance Company GOVERNMENT EMPLOYEES INSU Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? 2 Citation # (If Issued) <u> </u> Viol. 1: Ch/Sec/Sub <u> </u> Viol. 2: Ch/Sec/Sub <u> </u> Viol. 3: Ch/Sec/Sub <u> </u> Viol. 4: Ch/Sec/Sub <u> </u>	Reg # 44NG42 Reg Type PC Reg State MA Veh Year 2011 Veh Make SUBARU Veh Config. 1 21 Owner AURIGEMMA, JILLIAN MARIE Address 101 POULIOT PL City WILMINGTON State MA Zip 01887-0000 Vehicle Action Prior to Crash 4 22 Damaged Area Code: 3 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? 1 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
Operator	See Above	 	 	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

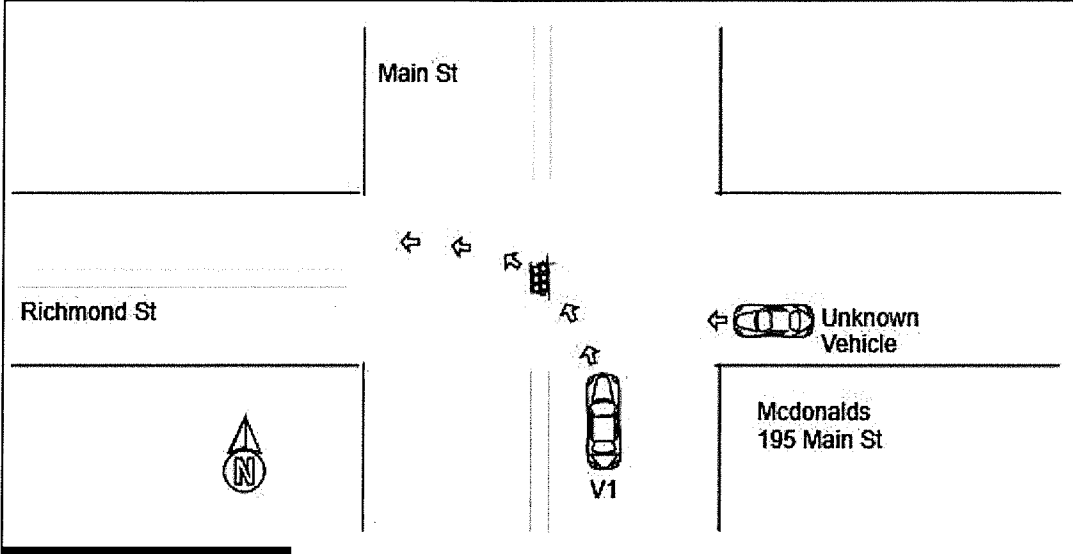
License # <u> </u> St <u> </u> DOB/Age <u> </u> Sex <u> </u> Lic. Class D 19 19 Lic. Restrictions 20 CDL <u> </u> Endorsement <u> </u> Operator unknown Address <u> </u> City <u> </u> State <u> </u> Zip <u> </u> Insurance Company <u> </u> Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input checked="" type="checkbox"/> W Responding to Emergency? 2 Citation # (If Issued) <u> </u> Viol. 1: Ch/Sec/Sub <u> </u> Viol. 2: Ch/Sec/Sub <u> </u> Viol. 3: Ch/Sec/Sub <u> </u> Viol. 4: Ch/Sec/Sub <u> </u>	Reg # <u> </u> Reg Type <u> </u> Reg State <u> </u> Veh Year <u> </u> Veh Make <u> </u> Veh Config. 21 Owner <u> </u> Address <u> </u> City <u> </u> State <u> </u> Zip <u> </u> Vehicle Action Prior to Crash 6 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 4 25 25 BAC Test Result: 1 30 Driver Distracted by 99 26 Susp. Alcohol: 99 31 Susp. Drug: 99 32 Towed from scene? 2 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
Operator/Non-Motorist	See Above	 	 	1	99	99	0	0	99	99	

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

Crash Diagram:

ie: → 1 → 2 → ○ X → ○



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:

The Opr of V1 was traveling NB on Main St approaching the intersection of Richmond St. Having the green turn arrow signal she proceeded to turn onto Richmond St when she was struck on her passenger side by a vehicle. Opr1 stated that the unknown vehicle, described as brown, tan, or possibly beige older model Cadillac CTS ran the light coming out of the Mcdonalds parking lot. Opr1 stated that the vehicle was operated by a male juvenile and that after hitting her they fled the scene. V1 sustained damage to its passenger side wheel well and a flat tire. The damage to the unknown vic is unknown, but would be on the drivers side front fender and grill area. V1 was towed from the scene by Forrest towing to the Oprs residence. Opr1 sustained no injuries as a result of this accident and refused medical treatment I offered to them.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
FREITAS XAVIER JOHN	8 BEVERLY RD BILLERICA MA 01821		2

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 Michael E Johnson 199 Wilmington Police Department 05/21/2021
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Date of Crash 05/21/2021 Time of Crash 1700 City/Town Wilmington **Motor Vehicle Crash Police Report** Number Vehicles 2 Number Injured 0 Speed Limit _____ Latitude _____ Longitude _____
 State Police Local Police MBTA Police Campus Police Other: _____

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

<p>Route# _____ Direction _____ Name of Roadway/Street _____</p> <p style="text-align: center;">At _____</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p> <p style="text-align: center;">Also at Intersection with _____</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p>	<p>Route# _____ Direction _____ Address # <u>5124</u> Name of Roadway/Street <u>HORSESHOE LN</u></p> <p>Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____</p> <p style="text-align: center;">Mile Marker _____ Exit Number _____</p> <p>Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____</p> <p style="text-align: center;">Route# _____ Intersecting Roadway/Street _____</p> <p>Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____</p> <p style="text-align: center;">Landmark _____</p>
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Please Select One of the Following: Vehicle 10 #Occupants Hit/Run Moped Crash Report ID# **21-121-AC**

<p>License # _____ St _____ DOB/Age _____</p> <p>Sex _____ Lic. Class <u>19 19</u> Lic. Restrictions <u>20</u> CDL _____</p> <p>Operator <u>Driverless M.V.</u></p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Insurance Company <u>GEICO GENERAL INSURANCE C</u></p> <p>Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____</p> <p>Citation # (If Issued) _____</p> <p>Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____</p> <p>Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____</p>	<p>Reg # <u>30TK01</u> Reg Type <u>PC</u> Reg State <u>MA</u></p> <p>Veh Year <u>2017</u> Veh Make <u>MITSUBISHI</u> Veh Config. <u>2 21</u></p> <p>Owner <u>OKEEFFE, MARTINA M</u></p> <p>Address <u>5121 HORSESHOE LN</u></p> <p>City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-6001</u></p> <p>Vehicle Action Prior to Crash <u>22</u> Damaged Area Code: <u>4 27 27 27</u></p> <p>Event Sequence <u>23 23 23 23</u> Test Status: <u>28</u></p> <p>Most Harmful Event <u>24</u> Type of Test: <u>29</u></p> <p>Driver Contributing Code <u>25 25</u> BAC Test Result: <u>30</u></p> <p>Driver Distracted by <u>26</u> Susp. Alcohol: <u>31</u> Susp. Drug: <u>32</u></p> <p>Towed from scene? <u>2 33</u></p>
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Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above	XXXX	XX	1							

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

<p>License # <u>S27303988</u> St <u>MA</u> DOB/Age _____</p> <p>Sex <u>M</u> Lic. Class <u>D 19 19</u> Lic. Restrictions <u>1 20</u> CDL _____</p> <p>Operator <u>PELLETIER, ERIC W</u></p> <p>Address <u>5124 HORSESHOE LN APT 5124</u></p> <p>City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-6001</u></p> <p>Insurance Company <u>THE COMMERCE INSURANCE CO</u></p> <p>Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u></p> <p>Citation # (If Issued) <u>T1683951</u></p> <p>Viol. 1: Ch/Sec/Sub <u>90 24</u> Viol. 2: Ch/Sec/Sub _____</p> <p>Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____</p>	<p>Reg # <u>4VZ279</u> Reg Type <u>PC</u> Reg State <u>MA</u></p> <p>Veh Year <u>2015</u> Veh Make <u>MITSUBISHI</u> Veh Config. <u>2 21</u></p> <p>Owner <u>PELLETIER, ERIC W</u></p> <p>Address <u>5124 HORSESHOE LN APT 5124</u></p> <p>City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-6001</u></p> <p>Vehicle Action Prior to Crash <u>10 22</u> Damaged Area Code: <u>4 27 27 27</u></p> <p>Event Sequence <u>10 23 23 23</u> Test Status: <u>28</u></p> <p>Most Harmful Event <u>1 24</u> Type of Test: <u>29</u></p> <p>Driver Contributing Code <u>19 25 25</u> BAC Test Result: <u>30</u></p> <p>Driver Distracted by <u>99 26</u> Susp. Alcohol: <u>31</u> Susp. Drug: <u>32</u></p> <p>Towed from scene? <u>2 33</u></p>
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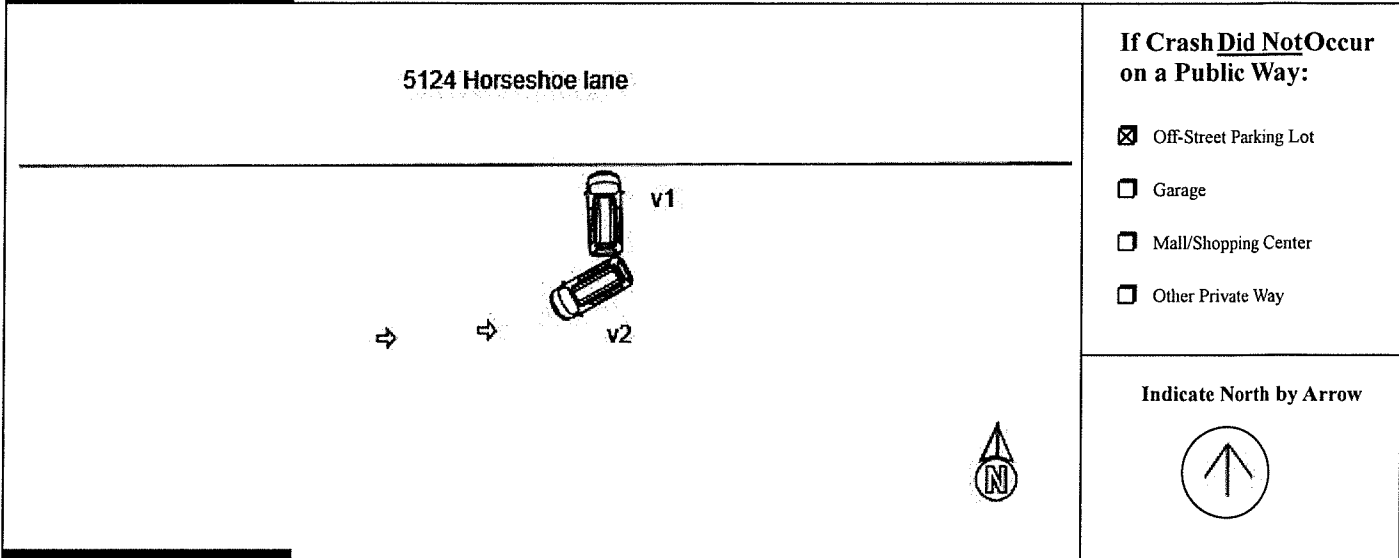
Please fill out for operator/non-motorist and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above	XXXX	XX	1	1	4	0	0	10	1	

➔ = Direction [1] = Vehicle 1 [2] = Vehicle 2 ♂ = Pedestrian ⚓ = Bicycle

Crash Diagram:

ie: ➔ [1] ➔ [2] ➔ ♂ ➔ ⚓


5124 Horseshoe lane



If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow



Crash Narrative:

V1 was parked , V2 was attempting to back into the spot next to v1, and struck bumper to bumper. He then left the scene

operator of V2 being cited leaving the scene property damage

90:24 2

T1683951

21-162-ar

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 Brian D Thornton

190

Wilmington Police Department

05/23/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date