

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 # **484 SHAWSHOEN AVE** Name of Roadway/Street
Feet N S E W of _____ or _____
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# **21-123-AC**

4 1 License # **S75688940** St **MA** DOB/Ag. _____
Sex **F** Lic. Class 19 19 Lic. Restrictions 1 20 CDL _____
Operator **TRIMBLE, JENNIFER J**
Last First Middle
Address **45 GILBERT ST**
City **MALDEN** State **MA** Zip **02148-1718**
Insurance Company **GEICO GENERAL INSURANCE C**
Vehicle Travel Direction: N S W Responding to Emergency? **2**
Citation # (If Issued) _____
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____

1 12 Reg # **4CB722** Reg Type **PC** Reg State **MA**
Veh Year **2018** Veh Make **CHEVROLET** Veh Config. 1 21
Owner **TRIMBLE, JENNIFER J**
Last First Middle
Address **45 GILBERT ST**
City **MALDEN** State **MA** Zip **02148-1718**
Vehicle Action Prior to Crash 1 22 Damaged Area Code: 5 27 27 27
Event Sequence 1 23 23 23 23 Test Status: 1 28
Most Harmful Event 1 24 Type of Test: 29
Driver Contributing Code 1 25 25 BAC Test Result: 1 30
Driver Distracted by 0 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32
Towed from scene? 1 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	XXXX	1	1	4	0	0	8	2	Lahey Clinic

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

8 1 License # **S71767607** St **MA** DOB/Ag. _____
Sex **F** Lic. Class 19 19 Lic. Restrictions 1 20 CDL _____
Operator **GERO, HANNAH F**
Last First Middle
Address **22 GLAD VALLEY DR**
City **BILLERICA** State **MA** Zip **01821-2610**
Insurance Company **THE COMMERCE INSURANCE CO**
Vehicle Travel Direction: N S W Responding to Emergency? **2**
Citation # (If Issued) _____
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____

1 14 Reg # **272TC9** Reg Type **PC** Reg State **MA**
Veh Year **2018** Veh Make **HYUNDAI** Veh Config. 1 21
Owner **GERO, LAWRENCE RICHARD**
Last First Middle
Address **22 GLAD VALLEY DR**
City **BILLERICA** State **MA** Zip **01821-2610**
Vehicle Action Prior to Crash 1 22 Damaged Area Code: 1 27 27 27
Event Sequence 1 23 23 23 23 Test Status: 1 28
Most Harmful Event 1 24 Type of Test: 29
Driver Contributing Code 1 19 25 25 BAC Test Result: 1 30
Driver Distracted by 0 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32
Towed from scene? 2 33

9 2 Please fill out for operator/non-motorist and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above	XXXXXX	XXXX	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 10
 Route# Direction Address # Name of Roadway/Street
 245 **LOWELL ST**
 Feet N S E W of _____ or _____
 Mile Marker Exit Number
 10 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 12 #Occupants Hit/Run Moped Crash Report ID# **21-124-AC**

4 1 License # **S73676993** St **MA** DOB/Age _____
 Sex **F** Lic. Class 19 19 Lic. Restrictions 20 CDL _____
 Operator **GILLIS, KATHERINE CECELIA**
 Address **1 CHESTNUT AVE**
 City **BURLINGTON** State **MA** Zip **01803-1707**
 Insurance Company **SAFETY INSURANCE COMPANY**
 Vehicle Travel Direction: N S W Responding to Emergency? **2**
 Citation # (If Issued) _____
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____

1 12 Reg # **994JR8** Reg Type **PC** Reg State **MA**
 Veh Year **2016** Veh Make **Jeep** Veh Config. 1 21
 Owner **GILLIS, EDWARD LAWRENCE**
 Address **1 CHESTNUT AVE**
 City **BURLINGTON** State **MA** Zip **01803-1707**
 Vehicle Action Prior to Crash 2 22 Damaged Area Code: 5 27 27 27
 Event Sequence 1 23 23 23 23 Test Status: 1 28
 Most Harmful Event 1 24 Type of Test: 29
 Driver Contributing Code 1 25 25 BAC Test Result: 30
 Driver Distracted by 0 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32
 Towed from scene? 2 33
 1 13

6 1 Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above	_____	_____	1	1	4	0	0	10	1	
EDWARD GILLIS	1 CHESTNUT ST BURLINGTON, MA 01803		M	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 # **S31123595** St **MA** DOB/Age _____
 Sex **F** Lic. Class 19 19 Lic. Restrictions 20 CDL _____
 Operator **BOND, MARIANNE**
 Address **10 FELSPA RD**
 City **STONEHAM** State **MA** Zip **02180-1314**
 Insurance Company **ARBELLA MUTUAL INSURANCE**
 Vehicle Travel Direction: N S W Responding to Emergency? **2**
 Citation # (If Issued) _____
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____

1 14 Reg # **775SY6** Reg Type **PC** Reg State **MA**
 Veh Year **2013** Veh Make **BUICKS** Veh Config. 1 21
 Owner **BOND, MARIANNE**
 Address **10 FELSPA RD**
 City **STONEHAM** State **MA** Zip **02180-1314**
 Vehicle Action Prior to Crash 1 22 Damaged Area Code: 1 27 27 27
 Event Sequence 1 23 23 23 23 Test Status: 1 28
 Most Harmful Event 1 24 Type of Test: 29
 Driver Contributing Code 19 25 5 25 BAC Test Result: 30
 Driver Distracted by 99 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32
 Towed from scene? 1 33

9 2 Please fill out for operator/non-motorist and all occupants involved

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

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

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

Route# Direction Address # Name of Roadway/Street
 Feet N S E W of . or Exit Number
 Feet N S E W of Route# Intersecting Roadway/Street
 Feet N S E W of Landmark

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Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped **Crash Report ID# 21-125-AC**

License # **S98274153** St **MA** DOB/Ag **19 19** Reg # **W28747** Reg Type **CO** Reg State **MA**
 Sex **M** Lic. Class **A M** Lic. Restrictions **99 20** CDL **T** Veh Year **2008** Veh Make **Mack Truck** Veh Config. **11 21**
 Operator **HOLAHAN, FRANCIS J III** Owner **HOLAHAN, FRANCIS J III**
 Address **94 SALEM ST** Address **94 SALEM ST**
 City **WOBURN** State **MA** Zip **01801-0000** City **WOBURN** State **MA** Zip **01801-0000**
 Insurance Company **SAFETY INSURANCE COMPANY** Vehicle Action Prior to Crash **6 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**

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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			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 # **S62308080** St **MA** DOB/Ag **19 19** Reg # **FF8270** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D M** Lic. Restrictions **99 20** CDL _____ Veh Year **2017** Veh Make **GMC** Veh Config. **1 21**
 Operator **CRITCH, CLIFFORD ARNOLD** Owner **CRITCH, CLIFFORD ARNOLD**
 Address **6 GARNET RD** Address **6 GARNET RD**
 City **BILLERICA** State **MA** Zip **01821-2108** City **BILLERICA** State **MA** Zip **01821-2108**
 Insurance Company **GEICO GENERAL INSURANCE C** Vehicle Action Prior to Crash **1 22** Damaged Area Code: **2 27 3 27 27**
 Vehicle Travel Direction: **X 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: **1 30**
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**
 Towed from scene? **1 33**

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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			1	0	4	0	0	10	1	

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

<p>Route# _____ Direction _____ Name of Roadway/Street _____ At _____ Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____ Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p>	<p>Route# _____ Direction _____ Address # 355 Name of Roadway/Street MIDDLESEX AVE _____ 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 _____</p>
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Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped **Crash Report ID# 21-126-AC**

License # S99086610 St MA DOB/Age _____ Sex M Lic. Class D Lic. Restrictions 1 CDL Endorsement _____ Operator WOODS, MATTHEW F Address 8 ALLENHURST WAY City WILMINGTON State MA Zip 01887 Insurance Company SAFETY INSURANCE COMPANY Vehicle Travel Direction: <input checked="" type="checkbox"/> 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 # 2GPA19 Reg Type PC Reg State MA Veh Year 2006 Veh Make CHEVROLET Veh Config. 1 Owner WOODS, MATTHEW F Address 8 ALLENHURST WAY City WILMINGTON State MA Zip 01887 Vehicle Action Prior to Crash 4 Event Sequence 1 23 23 23 Most Harmful Event 1 Driver Contributing Code 99 Driver Distracted by 99
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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		<input checked="" type="checkbox"/>	1	1	4	0	0	10	1	

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

License # S13869434 St MA DOB/Age _____ Sex F Lic. Class D Lic. Restrictions 1 CDL Endorsement _____ Operator HENVEY, CATHERINE D Address 11 DAMON ST City NORTH READING State MA Zip 01864-2210 Insurance Company CITIZENS INSURANCE COMPAN Vehicle Travel Direction: <input checked="" type="checkbox"/> 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 _____	Reg # 1FDM71 Reg Type PC Reg State MA Veh Year 2019 Veh Make CHEVROLET Veh Config. 1 Owner HENVEY, CATHERINE D Address 11 DAMON ST City NORTH READING State MA Zip 01864-2210 Vehicle Action Prior to Crash 1 Event Sequence 1 23 23 23 Most Harmful Event 1 Driver Contributing Code 99 Driver Distracted by 99
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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		<input checked="" type="checkbox"/>	1	1	4	0	0	10	1	

Wilmington Police Department
Images Associated with 21-126-AC



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

<p>1 FAULKNER AVE Route# _____ Direction _____ Name of Roadway/Street _____ At _____</p> <p>GLEN RD Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____</p> <p>2 Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p>	<p>2 Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____</p> <p>3 _____ 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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3 Please Select One of the Following: Vehicle 1 Occupants Hit/Run Moped **Crash Report ID# 21-127-AC**

<p>4 License # S96096578 St MA DOB/Ag_y _____ Sex F Lic. Class D 19 19 Lic. Restrictions B 20 CDL _____ Operator PERRY, MADYLIN WALKER Last First Middle Address 102 BALSAM PL APT 111 City TEWKSBURY State MA Zip 01876-4573 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 _____</p>	<p>1 Reg # 8JG412 Reg Type PC Reg State MA Veh Year 2019 Veh Make MAZDA Veh Config. 1 21 Owner PERRY, ERNEST WALKER Last First Middle Address 102 BALSAM PL APT 111 City TEWKSBURY State MA Zip 01876-4573 Vehicle Action Prior to Crash 1 22 Damaged Area Code: 7 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 99 25 25 BAC Test Result: 30 Driver Distracted by 99 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Towed from scene? 2 33</p>
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6 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 Please Select One of the Following: Vehicle 2 Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

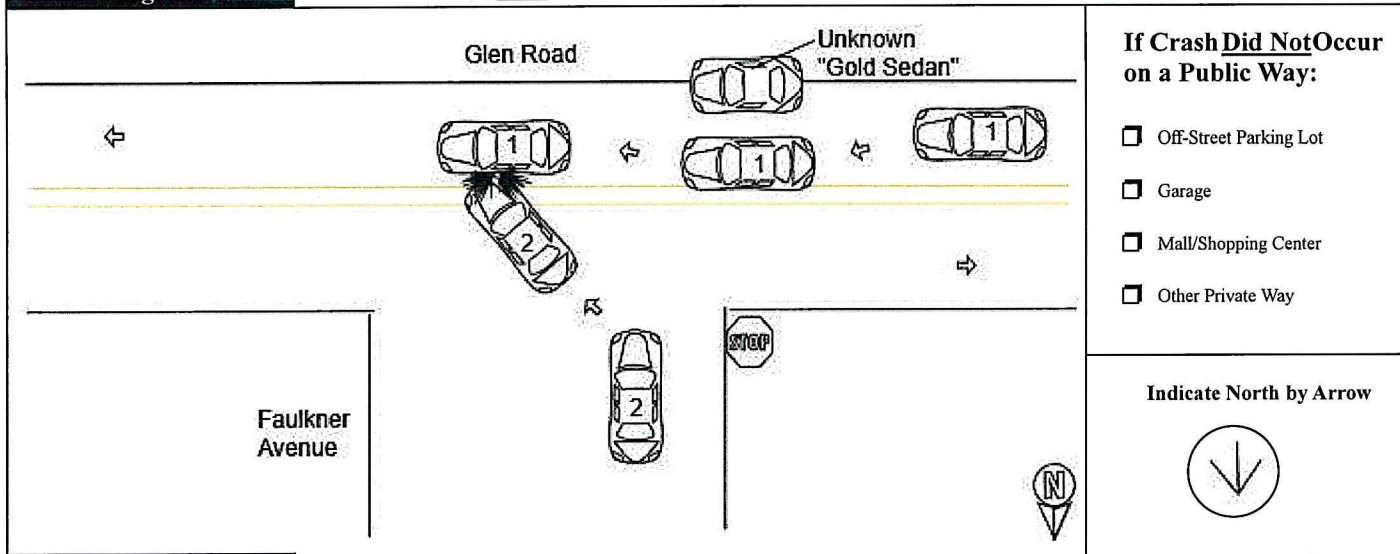
<p>8 License # S70635954 St MA DOB/Ag_y _____ Sex F Lic. Class D 19 19 Lic. Restrictions _____ CDL _____ Operator KIESINGER, MARY FRANCES Last First Middle Address 197 SALEM ST City WILMINGTON State MA Zip 01887-4022 Insurance Company METROPOLITAN PROPERTY AND Vehicle Travel Direction: N X E W Responding 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 _____</p>	<p>2 Reg # 72SJ15 Reg Type PC Reg State MA Veh Year 2012 Veh Make LINCOLN Veh Config. 1 21 Owner KIESINGER, MARY FRANCES Last First Middle Address 197 SALEM ST City WILMINGTON State MA Zip 01887-4022 Vehicle Action Prior to Crash 4 22 Damaged Area Code: 2 27 3 27 27 Event Sequence 1 23 23 23 23 Test Status: 28 Most Harmful Event 1 24 Type of Test: 29 Driver Contributing Code 99 25 25 BAC Test Result: 30 Driver Distracted by 99 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Towed from scene? 2 33</p>
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9 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:



Crash Narrative:

MV1 was traveling eastbound on Glen Road from Main Street towards the intersection with
 Faulkner Avenue. MV2 was traveling southbound on Faulkner Avenue and stopped at the stop
 sign at the intersection of Faulkner Avenue and Glen Road. The operator of MV stated that
 while traveling straight ahead on Glen Road when just prior to Faulkner Avenue that, "a
 small gold colored sedan pulled over to the right in front of her with its left
 directional activated." The operator of MV1 stated that she pulled to the left of the
 travel lane to go around the stopped vehicle. MV2 stopped at the stop sign at the
 intersection and then began turning left to merge onto Glen Road eastbound. MV2 collided
 with MV1. MV1 suffered left side damage due to the collision. MV2 suffered front right and
 right side damage. There were no injuries and both vehicles were able to be driven from
 the scene. Both operators responded to the Police Station to report the crash.

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 A Wilson **209** **Wilmington Police Department** **05/29/2021**
 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 2 Route# Direction Name of Roadway/Street

3 3 Route# Direction Name of Roadway/Street

4 4 Route# Direction Name of Roadway/Street

5 5 Route# Direction Name of Roadway/Street

6 6 Route# Direction Name of Roadway/Street

7 7 Route# Direction Name of Roadway/Street

8 8 Route# Direction Name of Roadway/Street

9 9 Route# Direction Name of Roadway/Street

10 10 Route# Direction Name of Roadway/Street

11 11 Route# Direction Name of Roadway/Street

12 12 Route# Direction Name of Roadway/Street

13 13 Route# Direction Name of Roadway/Street

14 14 Route# Direction Name of Roadway/Street

Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped | Crash Report ID# 21-128-AC

License # _____ St. _____ DOB/Age _____ Reg # 2KSX59 Reg Type PC Reg State MA

Sex _____ Lic. Class D 19 19 Lic. Restrictions 1 20 CDL _____ Veh Year 2010 Veh Make SUBARU Veh Config. 1 21

Operator _____ Owner MELANSON, FRANCIS J

Address _____ Address 412 WOBURN ST

City _____ State MA Zip 01887-2576

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

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

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

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ | Driver Contributing Code 19 25 18 25 | BAC Test Result: 1 30

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ | Driver Distracted by 5 26 | Susp. Alcohol: 2 31 Susp. Drug: 2 32

Towed from scene? 1 33

Please fill out for operator and all occupants involved

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			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 # S39341637 St. MA DOB/Age _____ Reg # JF7943 Reg Type PC Reg State MA

Sex M Lic. Class D 19 19 Lic. Restrictions _____ Veh Year 2016 Veh Make TOYOTA Veh Config. 2 21

Operator MEDINA, LEONARDO V | Owner MEDINA, LEONARDO V

Address 33 MYSTIC AVE | Address 33 MYSTIC AVE

City TEWKSBURY State MA Zip 01876-4368 | City TEWKSBURY State MA Zip 01876-4368

Insurance Company LM GENERAL INSURANCE COMP | Vehicle Action Prior to Crash 2 22 | Damaged Area Code: 5 27 27 27

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

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

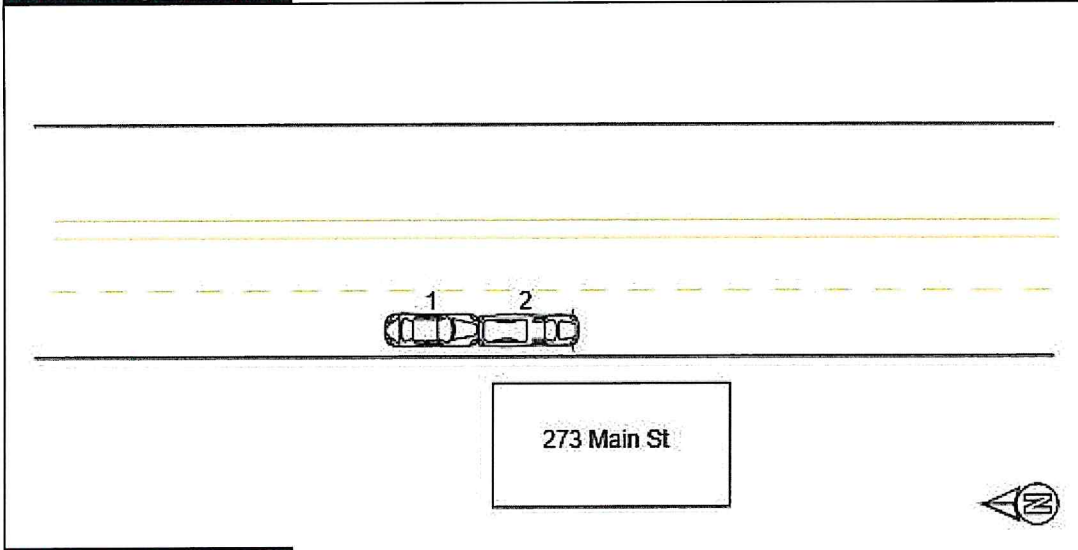
Please fill out for operator/non-motorist and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 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			1	1	4	0	0	10	1	

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

Crash Diagram:

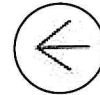
ie: → 1 → 2 →  → 



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:

Motor vehicle crash in front of 273 Main St, Wilmington. The operator of vehicle 1 stated that he had rain on his window (it was raining heavily at the time). He attempted to activate his windshield wipers, and struck the back of vehicle 2 in a rear end collision. The operators of vehicles 1 and 2 stated that they were uninjured. Vehicle 1 was towed from the scene by A&S Towing. Vehicle 2 was able to be driven from the scene. Vehicle 1 had damage to the center front. Vehicle 2 had damage to center rear and the trailer hitch.

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) Bus Use 42

Carrier Name _____

Address _____ City _____ St _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

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

Hazmat Information:

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

Patrol Officer Nicholas E Noftle

Signature

204

ID/Badge #

Wilmington Police Department

Department

Precinct/Barracks

05/29/2021

Date