

Date of Crash 07/21/2021	Time of Crash 0852 24HR	City/Town <b>Wilmington</b>	<b>Motor Vehicle Crash Police Report</b>	Number Vehicles <b>1</b>	Number Injured <b>0</b>	Speed Limit <b>35</b>	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# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____ Route# _____ Direction _____ Name of Intersecting Roadway/Street _____	Route# _____ Direction _____ Address # <b>362</b> Name of Roadway/Street <b>MIDDLESEX AVE</b> _____ Feet <b>N S E W</b> of _____ or _____ Mile Marker _____ Exit Number _____ _____ Feet <b>N S E W</b> of _____ Route# _____ Intersecting Roadway/Street _____ _____ Feet <b>N S E W</b> of _____ Landmark _____
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Please Select One of the Following:  Vehicle **1** #Occupants  Hit/Run  Moped Crash Report ID# **21-189-AC**

License # <b>2703176</b> St <b>ME</b> DOB/Age <b>1</b> Sex <b>M</b> Lic. Class <b>D</b> <b>19</b> <b>19</b> Lic. Restrictions <b>1</b> <b>20</b> CDL <b>T</b> Endorsement Operator <b>MANN, ROBERT A</b> Address <b>212 BELL HILL RD</b> City <b>OTISFIELD</b> State <b>ME</b> Zip <b>04270-6612</b> Insurance Company <b>DIRIGO COMMERCIAL INS</b> Vehicle Travel Direction: <b>N S E W</b> Responding to Emergency? <b>2</b> Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # <b>929516</b> Reg Type <b>AP</b> Reg State <b>ME</b> Veh Year <b>2021</b> Veh Make _____ Veh Config. <b>10</b> <b>21</b> Owner <b>MANN, ROBERT A</b> Address <b>212 BELL HILL RD</b> City <b>OTISFIELD</b> State <b>ME</b> Zip <b>04270-6612</b> Vehicle Action Prior to Crash <b>1</b> <b>22</b> Damaged Area Code: <b>0</b> <b>27</b> <b>27</b> <b>27</b> Event Sequence <b>11</b> <b>23</b> <b>23</b> <b>23</b> <b>23</b> Test Status: <b>1</b> <b>28</b> Most Harmful Event <b>10</b> <b>24</b> Type of Test: <b>29</b> Driver Contributing Code <b>1</b> <b>25</b> <b>25</b> BAC Test Result: <b>1</b> <b>30</b> Driver Distracted by <b>0</b> <b>26</b> Susp. Alcohol: <b>2</b> <b>31</b> Susp. Drug: <b>2</b> <b>32</b> Towed from scene? <b>2</b> <b>33</b>
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Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator</b>	See Above	<del>XXXX</del>	<del>XX</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

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

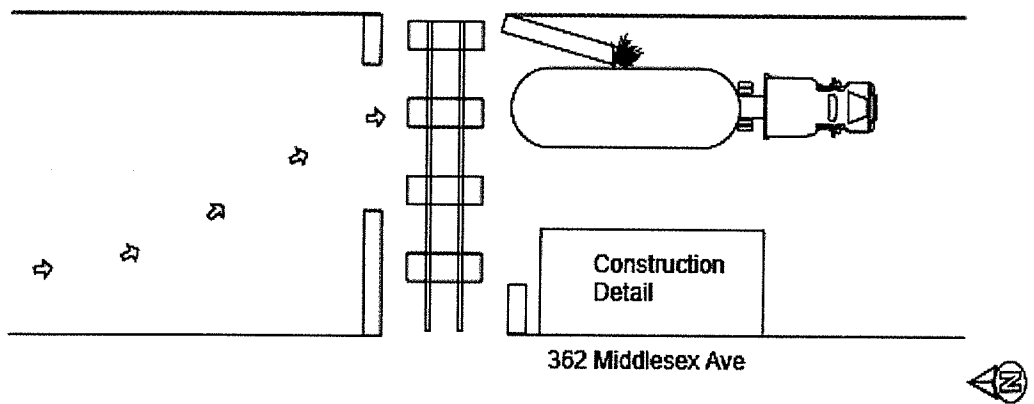
License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class <b>19</b> <b>19</b> Lic. Restrictions <b>20</b> CDL _____ Endorsement Operator _____ Address _____ City _____ State _____ Zip _____ Insurance Company _____ Vehicle Travel Direction: <b>N S E W</b> Responding to Emergency? _____ Citation # (If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

→ = 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:**

Tractor trailer was traveling on Rt 62 (Middlesex Ave) through the road construction area. As he was guided over the railroad tracks, the railroad tracks starting sounding. Without delay, one of the arms began to come down immediately. Unbeknownst to the operator, one of the rail road track arms hooked on to the side of the trailer, subsequently breaking it off. No visible damage to the tracker trailer. The railroad track arm was put aside. Keolis was notified.

**Witnesses:**

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

**Property Damage:**

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
KEOLIS	411 MAIN ST WILMINGTON MA 01887			<b>RAILROAD TRACKS GATE/ARM</b>

**Truck and Bus Information:**

Registration # 929516 (From Vehicle Section)

Carrier Name Pugleyville Transport Bus Use 42

Address 212 BELL HILL RD City OTISFIELD St ME Zip 04270

US DOT #: \_\_\_\_\_ State Number \_\_\_\_\_ Issuing State \_\_\_\_\_ MC/MX/ICC #: \_\_\_\_\_

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

Trailer Reg #: 231086E Reg Type TR Reg State ME Reg Year 2019 Trailer Length 4<sup>46</sup>

**Hazmat Information:**

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

**Patrol Officer Scott Dunnnett**

Police Officer Name (Please Print)

Signature

**202**  
ID/Badge #

**Wilmington Police Department**  
Department

Precinct/Barracks

**07/21/2021**  
Date

Date of Crash 07/21/2021	Time of Crash 1152 24HR	City/Town <b>Wilmington</b>	<b>Motor Vehicle Crash Police Report</b>	Number Vehicles 1	Number Injured 0	Speed Limit <u>35</u>	State Police <input type="checkbox"/>
						Latitude _____	Local Police <input type="checkbox"/>
						Longitude _____	MBTA Police <input type="checkbox"/>
							Other: _____ <input type="checkbox"/>

**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>362</u> Name of Roadway/Street <u>MIDDLESEX AVE</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>_____ 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 style="text-align: center;">Landmark _____</p>
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Please Select One of the Following:  Vehicle 1 #Occupants  Hit/Run  Moped Crash Report ID# **21-190-AC**

<p>License # <u>S80004546</u> St <u>MA</u> DOB/Age _____</p> <p>Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>99</u> <u>20</u> CDL _____</p> <p>Operator <u>URBAEZ-PUELLO, ODANYS ESTEBAN</u></p> <p>Address <u>14 HOLLAND AVE APT 3</u></p> <p>City <u>LYNN</u> State <u>MA</u> Zip <u>01902-0000</u></p> <p>Insurance Company <u>PROTECTIVE INSURANCE COMP</u></p> <p>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></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>S34381</u> Reg Type <u>CO</u> Reg State <u>MA</u></p> <p>Veh Year <u>2015</u> Veh Make _____ Veh Config. <u>2</u> <u>21</u></p> <p>Owner <u>J W A EXPRESS INC</u></p> <p>Address <u>12 BAY ST APT 106</u></p> <p>City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-2945</u></p> <p>Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>0</u> <u>27</u> <u>27</u> <u>27</u></p> <p>Event Sequence <u>10</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u></p> <p>Most Harmful Event <u>10</u> <u>24</u> Type of Test: <u>1</u> <u>29</u></p> <p>Driver Contributing Code <u>1</u> <u>25</u> <u>25</u> BAC Test Result: <u>1</u> <u>30</u></p> <p>Driver Distracted by <u>0</u> <u>26</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u></p> <p>Towed from scene? <u>2</u> <u>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
<b>Operator</b>	See Above	<del>XXXXXX</del>	<del>XXXX</del>	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

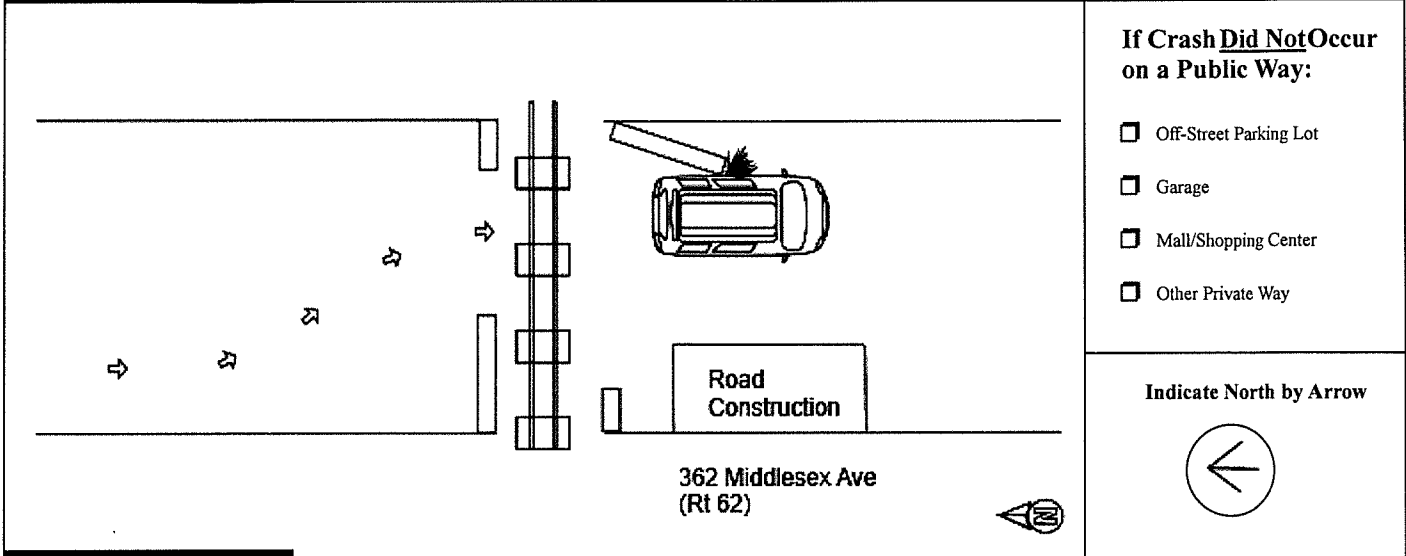
<p>License # _____ St _____ DOB/Age _____</p> <p>Sex _____ Lic. Class <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____</p> <p>Operator _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Insurance Company _____</p> <p>Vehicle Travel Direction: <input type="checkbox"/> N <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 # _____ Reg Type _____ Reg State _____</p> <p>Veh Year _____ Veh Make _____ Veh Config. <u>21</u></p> <p>Owner _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Vehicle Action Prior to Crash <u>22</u> Damaged Area Code: <u>27</u> <u>27</u> <u>27</u></p> <p>Event Sequence <u>23</u> <u>23</u> <u>23</u> <u>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</u> <u>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>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
<b>Operator/Non-Motorist</b>	See Above	<del>XXXXXX</del>	<del>XXXX</del>	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



362 Middlesex Ave  
(Rt 62)

**Crash Narrative:**

Fedex truck was traveling on Middlesex Ave (Rt 62) approaching the railroad tracks and the construction area. As the truck was guided through and crossing the tracks, the railroad tracks started sounding. Without delay, one of the arms came down immediately. The railroad track gate/arm got hooked onto the fedex truck subsequently breaking it off. No damage was visible on the fedex truck. The railroad gate/arm was placed aside. Keolis was notified.

**Witnesses:**

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

**Property Damage:**

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
KEOLIS	411 MAIN ST WILMINGTON MA 01887	617-222-8001		RAILROAD TRACKS GATE/ARM

**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 Scott Dunnett

Police Officer Name (Please Print)

Signature

202

ID/Badge #

Wilmington Police Department

Department

Precinct/Barracks

07/21/2021

Date

Date of Crash **07/23/2021** Time of Crash **1239** 24HR 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:**

<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 # <b>195</b> Name of Roadway/Street <b>MAIN ST</b></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 **1** #Occupants  Hit/Run  Moped Crash Report ID# **21-191-AC**

<p>License # <b>S90170026</b> St <b>MA</b> DOB/Age _____</p> <p>Sex <b>F</b> Lic. Class <b>D</b> Lic. Restrictions <b>99</b> CDL _____</p> <p>Operator <b>WARD, LAUREN M</b></p> <p>Address <b>97 FLORIDA RD</b></p> <p>City <b>TEWKSBURY</b> State <b>MA</b> Zip <b>01876-0000</b></p> <p>Insurance Company <b>THE COMMERCE INSURANCE CO</b></p> <p>Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <b>2</b></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 # <b>3VXX41</b> Reg Type <b>PC</b> Reg State <b>MA</b></p> <p>Veh Year <b>2011</b> Veh Make <b>FORD</b> Veh Config. <b>1</b></p> <p>Owner <b>WARD, LAUREN M</b></p> <p>Address <b>97 FLORIDA RD</b></p> <p>City <b>TEWKSBURY</b> State <b>MA</b> Zip <b>01876-0000</b></p> <p>Vehicle Action Prior to Crash <b>1</b></p> <p>Event Sequence <b>1</b> <b>23</b> <b>23</b> <b>23</b> <b>23</b></p> <p>Most Harmful Event <b>1</b> <b>24</b></p> <p>Driver Contributing Code <b>1</b> <b>25</b> <b>25</b></p> <p>Driver Distracted by <b>0</b> <b>26</b></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
<b>Operator</b>		<del>XXXXXX</del>	<del>M</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	
Address: See Above											

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 # <b>S52834814</b> St <b>MA</b> DOB/Age _____</p> <p>Sex <b>M</b> Lic. Class <b>D</b> Lic. Restrictions <b>99</b> CDL _____</p> <p>Operator <b>RICETTI, MICHAEL R</b></p> <p>Address <b>15 BENEFIT ST</b></p> <p>City <b>METHUEN</b> State <b>MA</b> Zip <b>01844-1503</b></p> <p>Insurance Company <b>ARBELLA MUTUAL INSURANCE</b></p> <p>Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <b>2</b></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 # <b>391EZ3</b> Reg Type <b>PC</b> Reg State <b>MA</b></p> <p>Veh Year <b>2018</b> Veh Make <b>HYUNDAI</b> Veh Config. <b>1</b></p> <p>Owner <b>RICETTI, MICHAEL R</b></p> <p>Address <b>15 BENEFIT ST</b></p> <p>City <b>METHUEN</b> State <b>MA</b> Zip <b>01844-1503</b></p> <p>Vehicle Action Prior to Crash <b>6</b></p> <p>Event Sequence <b>1</b> <b>23</b> <b>23</b> <b>23</b> <b>23</b></p> <p>Most Harmful Event <b>1</b> <b>24</b></p> <p>Driver Contributing Code <b>4</b> <b>25</b> <b>18</b> <b>25</b></p> <p>Driver Distracted by <b>0</b> <b>26</b></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
<b>Operator/Non-Motorist</b>		<del>XXXXXX</del>	<del>M</del>	<b>1</b>	<b>1</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	
<b>ANTHONY GANGI</b>		<b>07/11/1993</b>	<b>M</b>	<b>3</b>	<b>1</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	
Address: <b>299 PELHAM RD DRACUT, MA 01826</b>											

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

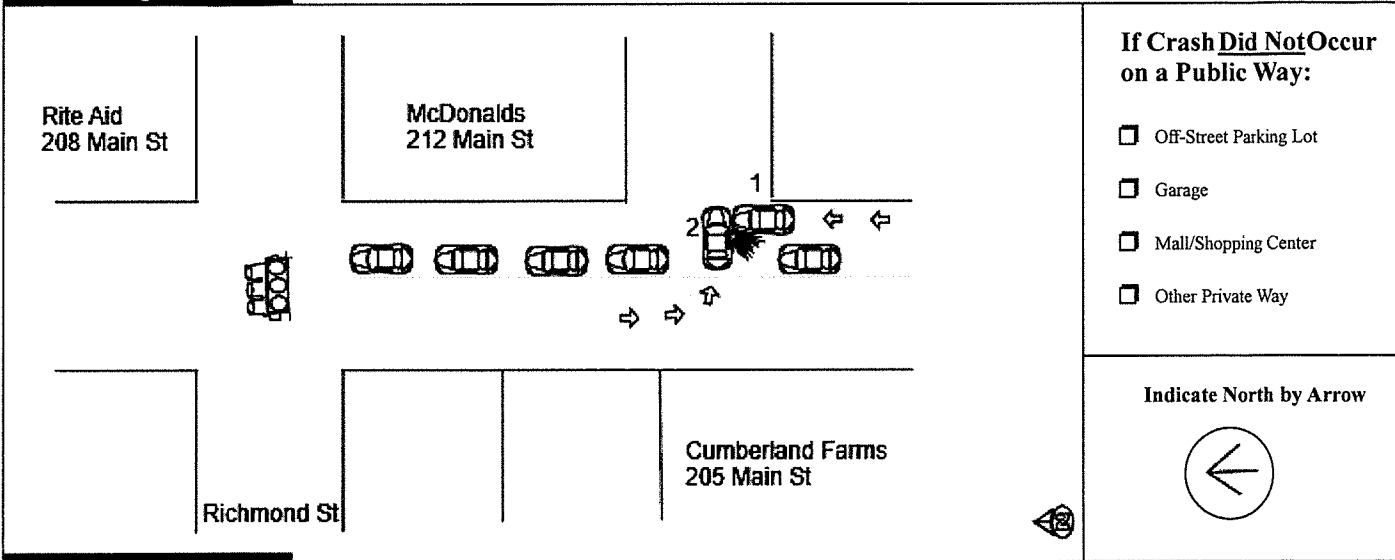
**Crash Diagram:**

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:**

MV1 reported that she was traveling North on Main Street approaching the Main st @ Richmond St intersection when MV2 pulled out in front of her. Operator tried to avoid collision as best she could but subsequently crashed in to the front fender and passenger door area causing both side air bags to deploy in MV2. Both vehicles were able to safely pull into the old Rite Aid/Mcdonalds parking lot to exchange information. MV2 reported that he was in the left lane (south bound) on Main Street waiting for an opportunity to pull in to Mcdonalds. Operator stated that a MV in the left lane (North bound) stopped leaving him enough room to go. MV2 proceeded do go but did not see MV1 coming north bound in the second lane. All occupants of both vehicles denied injuries or the need for medical attention. Due to the damage and air bag deployment, MV2 was towed by Cains.

**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 Scott Dunnett	202	Wilmington Police Department	07/23/2021
Police Officer Name (Please Print)	Signature	ID/Badge #	Department
		Precinct/Barracks	Date

Date of Crash 07/23/2021	Time of Crash 2311 24HR	City/Town <b>Wilmington</b>	<b>Motor Vehicle Crash Police Report</b>	Number Vehicles 2	Number Injured 0	Speed Limit <u>30</u>	State Police <input type="checkbox"/> Local Police <input type="checkbox"/> MBTA Police <input type="checkbox"/> Campus Police <input type="checkbox"/> Other: <input type="checkbox"/>
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**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 # <u>330</u> Name of Roadway/Street <u>BALLARDVALE ST</u> _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____ Mile Marker _____ Exit Number _____ _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____ _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____
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Please Select One of the Following:  Vehicle 1 #Occupants  Hit/Run  Moped Crash Report ID# **21-192-AC**

License # <u>S78412397</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>20</u> CDL _____ Operator <u>CRUZ, CRISTIAN A</u> Address <u>134 TYNGSBORO RD APT 6</u> City <u>NORTH CHELMSFORD</u> State <u>MA</u> Zip <u>01863-1325</u> Insurance Company <u>FOREMOST INSURANCE COMPAN</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>2NNT85</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2017</u> Veh Make <u>GMC</u> Veh Config. <u>1</u> <u>21</u> Owner <u>CRUZ, CRISTIAN A</u> Address <u>134 TYNGSBORO RD APT 6</u> City <u>NORTH CHELMSFORD</u> State <u>MA</u> Zip <u>01863-1325</u> Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>11</u> <u>27</u> <u>27</u> <u>27</u> Event Sequence <u>42</u> <u>23</u> <u>41</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u> Most Harmful Event <u>20</u> <u>24</u> Type of Test: <u>29</u> Driver Contributing Code <u>11</u> <u>25</u> <u>25</u> BAC Test Result: <u>1</u> <u>30</u> Driver Distracted by <u>0</u> <u>26</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u> Towed from scene? <u>1</u> <u>33</u>
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Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator</b>		See Above	<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

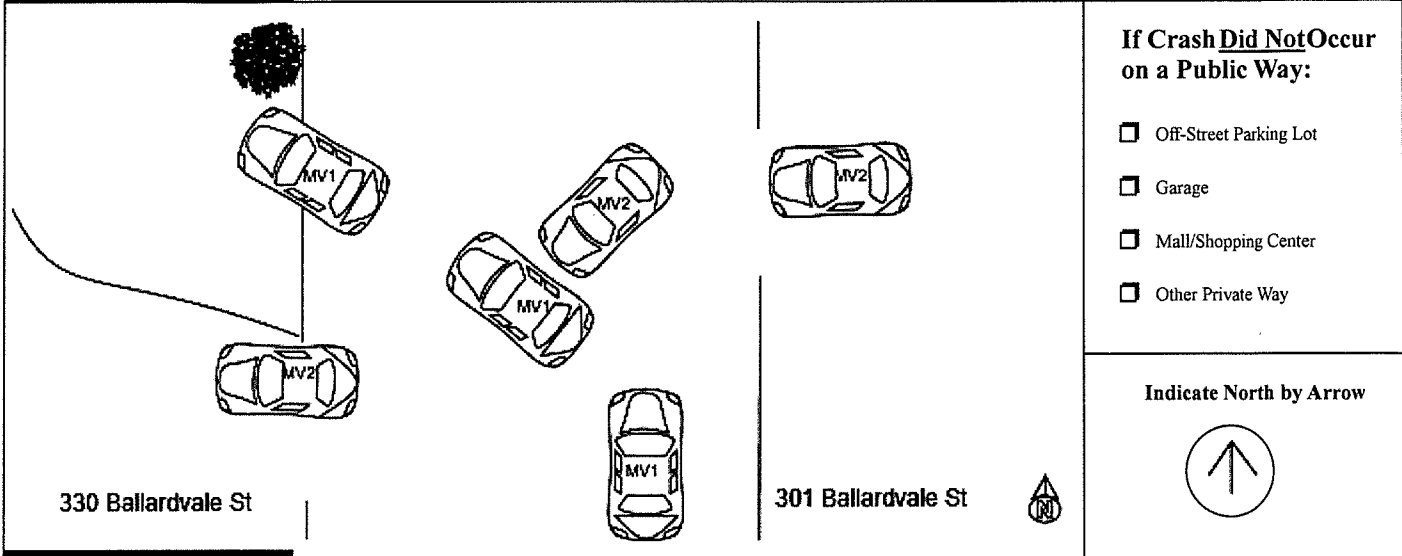
License # <u>S45585874</u> St <u>MA</u> DOB/Age _____ Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____ Operator <u>PEREZ, JULIO A</u> Address <u>11 BEDFORD ST</u> City <u>HAVERHILL</u> State <u>MA</u> Zip <u>01832-4708</u> Insurance Company <u>LM GENERAL INSURANCE COMP</u> Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input checked="" type="checkbox"/> W Responding to Emergency? <u>2</u> Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # <u>8WF523</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2013</u> Veh Make <u>NISSAN</u> Veh Config. <u>1</u> <u>21</u> Owner <u>PEREZ, JULIO A</u> Address <u>11 BEDFORD ST</u> City <u>HAVERHILL</u> State <u>MA</u> Zip <u>01832-4708</u> Vehicle Action Prior to Crash <u>6</u> <u>22</u> Damaged Area Code: <u>0</u> <u>27</u> <u>27</u> <u>27</u> Event Sequence <u>51</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u> Most Harmful Event <u>51</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>1</u> <u>30</u> Driver Distracted by <u>99</u> <u>26</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u> Towed from scene? <u>2</u> <u>33</u>
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Please fill out for operator/non-motorist and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator/Non-Motorist</b>		See Above	<input checked="" type="checkbox"/>	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:**

MV1 was traveling NB on Ballardvale St when MV2 exited the parking lot of 301 Ballardvale and entered into the NB travel lane to cross Ballardvale and enter the parking lot of 330 Ballardvale. MV1 stated he observed MV2 approach the NB travel lane from the parking lot and failed to completely stop before entering the roadway. In an attempt to avoid colliding with MV2 the operator of MV1 stated he turned left. As a result MV1 struck the curbing in front of 330 Ballardvale and left the roadway. The impact of the curb caused damage to the two front and rear driver's side tires as well as damage under the vehicle. There was no property damage to report. The operator of MV2 stated he was at 301 Ballardvale before driving across to 330 Ballardvale. The operator stated he stopped before entering the roadway. There was no damage to MV2. Both operators reported no injuries, Cain's towing responded and towed MV1.

**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 Meghan Sousa

214

Wilmington Police Department

07/23/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date



Wilmington Police Department  
Images Associated with 21-192-AC

