

Police Use Only		Commonwealth of Massachusetts				RMV Document Number									
Date of Crash 07/25/2021	Time of Crash 0959 24HR	City/Town Wilmington		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 40	Latitude _____	Longitude _____	State Police <input type="checkbox"/>	Local Police <input type="checkbox"/>	MBTA Police <input type="checkbox"/>	Campus Police <input type="checkbox"/>	Other: _____ <input type="checkbox"/>

AT INTERSECTION:	< LOCATION >	NOT AT INTERSECTION:
Route# _____ Direction _____ Name of Roadway/Street _____ At _____	129 W 76 LOWELL ST	Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____	_____ Feet N S E W of _____ Mile Marker _____ or _____ Exit Number _____	Route# _____ Intersecting Roadway/Street _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____	_____ Feet N S E W of _____	_____ Feet N S E W of _____
		Landmark _____

Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 1 #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped	Crash Report ID# 21-193-AC
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License # S23184903 St MA DOB/Age _____ Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL _____ Endorsement _____ Operator DAIGLE, FLORENCE MAE Last First Middle Address 33R CENTRAL AVE City REVERE State MA Zip 02151-3019 Insurance Company GOVERNMENT EMPLOYEES INSU Vehicle Travel Direction: N S E <input checked="" type="checkbox"/> 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 # 1ETK65 Reg Type PC Reg State MA Veh Year 2010 Veh Make FORD Veh Config. 1 21 Owner DAIGLE, WILLIAM DEXTER JR Last First Middle Address 33R CENTRAL AVE City REVERE State MA Zip 02151-3019 Vehicle Action Prior to Crash 2 22 Damaged Area Code: 5 27 27 27 Event Sequence 1 23 23 23 23 Test Status: 28 Most Harmful Event 1 24 Type of Test: 29 Driver Contributing Code 1 25 25 BAC Test Result: 30 Driver Distracted by 0 26 Susp. Alcohol: 31 Susp. Drug: 32 Towed from scene? 2 33
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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	1	4	0	0	10	1	

Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 #Occupants <input type="checkbox"/> Non-Motorist A Type 15 Action 16 Location 17 Condition 18 <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped	Crash Report ID# _____
License # 3097343 St ME DOB/Age _____ Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL _____ Endorsement _____ Operator JENNINGS, MACEY E Last First Middle Address 466 SOUTH RD City HOLDEN State ME Zip 04429 Insurance Company Travelers Insurance Vehicle Travel Direction: N S E <input checked="" type="checkbox"/> 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 # 6314VG Reg Type PC Reg State ME Veh Year 2005 Veh Make TOYOTA Veh Config. 1 21 Owner JENNINGS, MICHAEL P Last First Middle Address 14 NEWCASTLE LN City HOLDEN State ME Zip 04429 Vehicle Action Prior to Crash 1 22 Damaged Area Code: 1 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: 31 Susp. Drug: 32 Towed from scene? 1 33

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	

Police Use Only		Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 07/25/2021	Time of Crash 1212 24HR	City/Town Wilmington		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 1	Speed Limit 30	State Police Local Police MBTA Police Campus Police Other: _____

AT INTERSECTION:		< LOCATION >	NOT AT INTERSECTION:	
Route# _____ Direction _____ Name of Roadway/Street _____ At _____		Route# 287 Direction _____ Address # _____ Name of Roadway/Street MIDDLESEX AVE		
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____		_____ Feet N S E W of _____ Mile Marker _____ Exit Number _____		
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____		_____ Feet N S E W of _____ Route# _____ Intersecting Roadway/Street _____ Landmark _____		

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped Crash Report ID# **21-194-AC**

License # S00249220 St MA DOB/Age _____	Reg # 1BSD56 Reg Type PC Reg State MA
Sex F Lic. Class D ¹⁹ ¹⁹ Lic. Restrictions 99 ²⁰ CDL _____ Endorsement _____	Veh Year 2019 Veh Make TOYOTA Veh Config. 1 ²¹
Operator GLENN, DIANE M Last First Middle	Owner GLENN, BRADLEY PRESTON Last First Middle
Address 11 CHESTNUT ST	Address 11 CHESTNUT ST
City N READING State MA Zip 01864-0000	City NORTH READING State MA Zip 01864-2814
Insurance Company GOVERNMENT EMPLOYEES INSU	Vehicle Action Prior to Crash 2 ²² Damaged Area Code: 5 ²⁷ 27 ²⁷
Vehicle Travel Direction: N S <input checked="" type="checkbox"/> W Responding to Emergency? 2	Event Sequence 1 ²³ 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

Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator				1	1	4	0	0	8	2	Lahey Clinic
Name (Last First Middle)		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

License # SA1890788 St MA DOB/Age _____	Reg # 827CTY Reg Type PC Reg State MA
Sex M Lic. Class D ¹⁹ ¹⁹ Lic. Restrictions 99 ²⁰ CDL _____ Endorsement _____	Veh Year 2009 Veh Make HONDA Veh Config. 1 ²¹
Operator SAVAGE, ANTHONY MATTHEW Last First Middle	Owner SAVAGE, SANDRA HELEN Last First Middle
Address 55 GARDEN AVE	Address 55 GARDEN AVE
City WILMINGTON State MA Zip 01887-1844	City WILMINGTON State MA Zip 01887-1844
Insurance Company NORFOLK & DEDHAM MUTUAL F	Vehicle Action Prior to Crash 1 ²² Damaged Area Code: 1 ²⁷ 27 ²⁷
Vehicle Travel Direction: N S <input checked="" type="checkbox"/> W Responding to Emergency? 2	Event Sequence 1 ²³ 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 99 ²⁶ Susp. Alcohol: 2 ³¹ Susp. Drug: 2 ³²

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

Police Use Only		Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 07/26/2021	Time of Crash 1008 24HR	City/Town Wilmington		Motor Vehicle Crash Police Report		Number Vehicles 1	Number Injured 0	Speed Limit <u>5</u> Latitude _____ Longitude _____	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:
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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 _____	<	LOCATION	>	Route# <u>100</u> Direction _____ Address # _____ Name of Roadway/Street FORDHAM RD _____ 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 _____
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Please Select One of the Following:	<input checked="" type="checkbox"/> Vehicle <u>12</u> #Occupants	<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped	Crash Report ID# 21-195-AC
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License # S69871463 St MA DOB/Agc _____ Sex F Lic. Class D <u>19</u> <u>19</u> Lic. Restrictions 1 <u>20</u> CDL _____ Operator HECTOR PAUL, MARGARETH Address 6 PRINCETON PL City HAVERHILL State MA Zip 01832-3714 Insurance Company PROGRESSIVE DIRECT INSURA Vehicle Travel Direction: N S E 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 # 3MEG41 Reg Type PC Reg State MA Veh Year 2012 Veh Make HONDA Veh Config. 1 <u>21</u> Owner HECTOR PAUL, MARGARETH Address 6 PRINCETON PL City HAVERHILL State MA Zip 01832-3714 Vehicle Action Prior to Crash 10 <u>22</u> Damaged Area Code: 10 <u>27</u> 5 <u>27</u> 3 <u>27</u> Event Sequence 26 <u>23</u> 21 <u>23</u> 23 <u>23</u> Test Status: 1 <u>28</u> Most Harmful Event 26 <u>24</u> Type of Test: 29 Driver Contributing Code 97 <u>25</u> 25 BAC Test Result: 30 Driver Distracted by 0 <u>26</u> Susp. Alcohol: 2 <u>31</u> Susp. Drug: 2 <u>32</u> Towed from scene? 1 <u>33</u>
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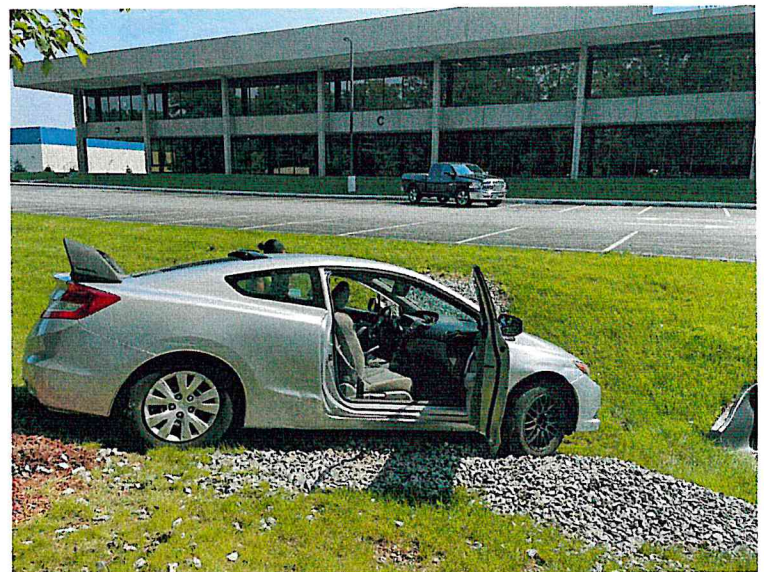
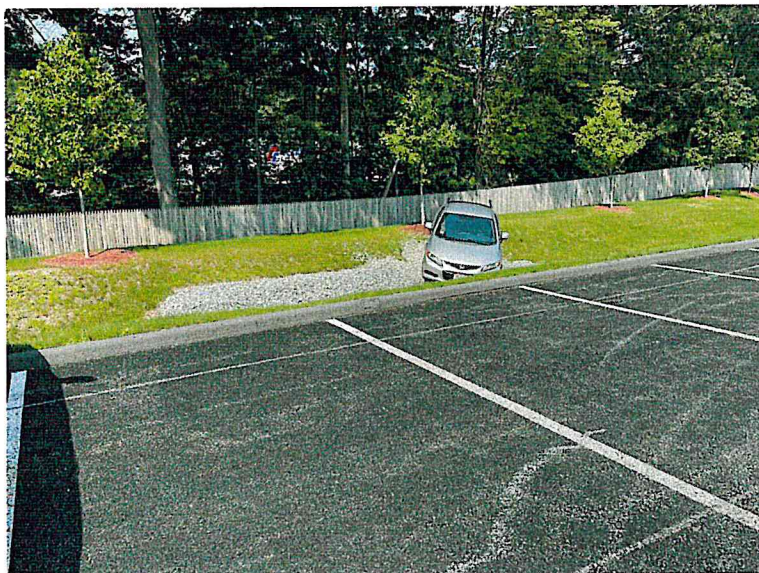
Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above	XXXXXX	XXXX	1	1	4	0	0	10	1	
LOUIS SAINTELIA	6 PRINCETON PL HAVERHILL, MA 01832		F	3	1	4	0	0	10	1	

Please Select One of the Following:	<input type="checkbox"/> Vehicle <u>2</u> #Occupants	<input type="checkbox"/> Non-Motorist A	Type 15	Action 16	Location 17	Condition 18	<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped
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License # _____ St _____ DOB/Agc _____ Sex _____ Lic. Class D <u>19</u> <u>19</u> Lic. Restrictions 20 CDL _____ Operator _____ Address _____ City _____ State _____ Zip _____ Insurance Company _____ Vehicle Travel Direction: N S E W Responding to Emergency? _____ Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # _____ Reg Type _____ Reg State _____ Veh Year _____ Veh Make _____ Veh Config. 21 Owner _____ Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 22 Damaged Area Code: 27 <u>27</u> 27 Event Sequence 23 <u>23</u> 23 <u>23</u> Test Status: 28 Most Harmful Event 24 Type of Test: 29 Driver Contributing Code 25 <u>25</u> BAC Test Result: 30 Driver Distracted by 26 Susp. Alcohol: 31 <u>31</u> Susp. Drug: 32 <u>32</u> Towed from scene? 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	XXXXXX	XXXX	1							

Wilmington Police Department
Images Associated with 21-195-AC



Wilmington Police Department
Images Associated with 21-195-AC



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 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# 21-196-AC

License # S34477820 St MA DOB/Age Reg # 684AP5 Reg Type PC Reg State MA

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

Operator SANDBERG, ERNEST E | Owner SANDBERG, ERNEST E

Address 51 FAULKNER AVE | Address 51 FAULKNER AVE

City WILMINGTON State MA Zip 01887-1359 | City WILMINGTON State MA Zip 01887-1359

Insurance Company ALLSTATE INSURANCE COMPAN

Vehicle Action Prior to Crash 3 22 | Damaged Area Code: 6 27 7 27 27

Event Sequence 26 23 23 23 23 | Test Status: 28

Most Harmful Event 26 24 | Type of Test: 29

Driver Contributing Code 97 25 25 | BAC Test Result: 30

Driver Distracted by 0 26 | Susp. Alcohol: 31 Susp. Drug: 32

Towed from scene? 1 33

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	<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 # St DOB/Age Reg # Reg Type Reg State

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

Operator | Owner

Address | Address

City State Zip | City State Zip

Insurance Company

Vehicle Action Prior to Crash 22 | Damaged Area Code: 27 27 27

Event Sequence 23 23 23 23 | Test Status: 28

Most Harmful Event 24 | Type of Test: 29

Driver Contributing Code 25 25 | BAC Test Result: 30

Driver Distracted by 26 | Susp. Alcohol: 31 Susp. Drug: 32

Towed from scene? 33

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	<input checked="" type="checkbox"/>	1							

Wilmington Police Department
Images Associated with 21-196-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number								
Date of Crash 07/28/2021	Time of Crash 1446 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit <u>35</u>	Latitude _____	Longitude _____	State Police <input type="checkbox"/>	Local Police <input type="checkbox"/>	MBTA Police <input type="checkbox"/>	Campus Police <input type="checkbox"/>	Other: <input type="checkbox"/>

AT INTERSECTION:			< LOCATION >	NOT AT INTERSECTION:		
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			Route# <u>53</u> Direction _____ Address # _____ Name of Roadway/Street <u>CHURCH ST</u>			
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____			_____ Feet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of _____ Mile Marker _____ or _____ Exit Number _____			
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			_____ Feet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of _____ Route# _____ Intersecting Roadway/Street _____			
			Landmark _____			

Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped Crash Report ID# **21-197-AC**

License # <u>S64583488</u> St <u>MA</u> DOB/Age _____	Reg # <u>S97851</u> Reg Type <u>CO</u> Reg State <u>MA</u>
Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>99</u> Lic. Restrictions <u>20</u> CDL Endorsement _____	Veh Year <u>2017</u> Veh Make <u>CHEVROLET</u> Veh Config. <u>2</u> <u>21</u>
Operator <u>IOZZO, GLENN V</u> Last First Middle	Owner <u>LYNCO FIRE PROTECTION INC</u> Last First Middle
Address <u>12 CASTLEWOOD DR</u>	Address <u>19 GRANT AVE</u>
City <u>BILLERICA</u> State <u>MA</u> Zip <u>01821-3234</u>	City <u>BURLINGTON</u> State <u>MA</u> Zip <u>01803-2123</u>
Insurance Company <u>ARBELLA INDEMNITY INSURAN</u>	Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>1</u> <u>27</u> <u>27</u> <u>27</u>
Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input checked="" type="checkbox"/> W Responding to Emergency? <u>2</u>	Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u>
Citation # (If Issued) _____	Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code <u>19</u> <u>25</u> <u>25</u> BAC Test Result: <u>30</u>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by <u>7</u> <u>26</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u>
	Towed from scene? <u>2</u> <u>33</u>

Please fill out for operator 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	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

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>S78255230</u> St <u>MA</u> DOB/Age _____	Reg # <u>1CZE51</u> Reg Type <u>PC</u> Reg State <u>MA</u>
Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>99</u> Lic. Restrictions <u>20</u> CDL Endorsement _____	Veh Year <u>2018</u> Veh Make <u>DODGE</u> Veh Config. <u>2</u> <u>21</u>
Operator <u>DEGEL, CHRISTOPHER A</u> Last First Middle	Owner <u>DEGEL, CHRISTOPHER A</u> Last First Middle
Address <u>162 WALNUT ST</u>	Address <u>162 WALNUT ST</u>
City <u>READING</u> State <u>MA</u> Zip <u>01867-3949</u>	City <u>READING</u> State <u>MA</u> Zip <u>01867-3949</u>
Insurance Company <u>SAFETY INSURANCE COMPANY</u>	Vehicle Action Prior to Crash <u>2</u> <u>22</u> Damaged Area Code: <u>5</u> <u>27</u> <u>27</u> <u>27</u>
Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input checked="" type="checkbox"/> W Responding to Emergency? <u>2</u>	Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u>
Citation # (If Issued) _____	Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code <u>1</u> <u>25</u> <u>25</u> BAC Test Result: <u>30</u>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by <u>0</u> <u>26</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u>
	Towed from scene? <u>2</u> <u>33</u>

Please fill out for operator/non-motorist and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist		See Above	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

Police Use Only			Commonwealth of Massachusetts				RMV Document Number		
Date of Crash 07/29/2021	Time of Crash 1440 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit <u>40</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"/>									

AT INTERSECTION:			< LOCATION >	NOT AT INTERSECTION:		
Route# _____	Direction _____	Name of Roadway/Street _____	Route# <u>129 E</u>	Direction _____	Address # <u>255</u>	Name of Roadway/Street <u>LOWELL ST</u>
At _____			_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____			
Route# _____	Direction _____	Name of Intersecting Roadway/Street _____	Mile Marker _____			Exit Number _____
Also at Intersection with _____			_____ Feet <input type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W of <u>129</u>	Route# <u>WOODLAND RD</u>		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# **21-199-AC**

License # <u>S24241904</u>	St <u>MA</u>	DOB/Age _____	Reg # <u>8VJ684</u>	Reg Type <u>PC</u>	Reg State <u>MA</u>
Sex <u>F</u>	Lic. Class <u>D</u> <u>19</u> <u>19</u>	Lic. Restrictions <u>20</u>	Veh Year <u>2015</u>	Veh Make <u>FORD</u>	Veh Config. <u>1</u> <u>21</u>
Operator <u>RINDONE, LINDA JEAN</u>			Owner <u>RINDONE, LINDA JEAN</u>		
Address <u>60 WILLOW ST</u>			Address <u>60 WILLOW ST</u>		
City <u>READING</u> State <u>MA</u> Zip <u>01867-1548</u>			City <u>READING</u> State <u>MA</u> Zip <u>01867-1548</u>		
Insurance Company <u>ARBELLA MUTUAL INSURANCE</u>			Vehicle Action Prior to Crash <u>1</u> <u>22</u>	Damaged Area Code: <u>2</u> <u>27</u> <u>3</u> <u>27</u> <u>97</u> <u>27</u>	
Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W			Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u>	Test Status: <u>28</u>	
Citation # (If Issued) _____			Most Harmful Event <u>1</u> <u>24</u>	Type of Test: <u>29</u>	
Viol. 1: Ch/Sec/Sub _____			Driver Contributing Code <u>1</u> <u>25</u> <u>25</u>	BAC Test Result: <u>30</u>	
Viol. 2: Ch/Sec/Sub _____			Driver Distracted by <u>0</u> <u>26</u>	Susp. Alcohol: <u>31</u> Susp. Drug: <u>32</u>	
Viol. 3: Ch/Sec/Sub _____			Towed from scene? <u>1</u> <u>33</u>		
Viol. 4: Ch/Sec/Sub _____					

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 Trp Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator		See Above	<input checked="" type="checkbox"/>	<u>1</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	
WILLIAM RINDONE		60 WILLOW ST READING, MA 01867-1548	M	<u>3</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	

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

License # <u>NHL16356679</u>	St <u>NH</u>	DOB/Age _____	Reg # <u>BBJM6</u>	Reg Type <u>CO</u>	Reg State <u>NH</u>
Sex <u>M</u>	Lic. Class <u>D</u> <u>19</u> <u>19</u>	Lic. Restrictions <u>20</u>	Veh Year <u>2005</u>	Veh Make <u>Other-not listed</u>	Veh Config. <u>6</u> <u>21</u>
Operator <u>BJORLIE, MATTHEW MJ</u>			Owner <u>BBJM MANAGEMENT INC</u>		
Address <u>50 TEMPLE ST</u>			Address <u>17 WALNUT ST</u>		
City <u>NASHUA</u> State <u>NH</u> Zip <u>03060</u>			City <u>HUDSON</u> State <u>NH</u> Zip <u>03051</u>		
Insurance Company <u>protective insurance co</u>			Vehicle Action Prior to Crash <u>6</u> <u>22</u>	Damaged Area Code: <u>8</u> <u>27</u> <u>97</u> <u>27</u> <u>27</u>	
Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W			Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u>	Test Status: <u>28</u>	
Citation # (If Issued) _____			Most Harmful Event <u>1</u> <u>24</u>	Type of Test: <u>29</u>	
Viol. 1: Ch/Sec/Sub _____			Driver Contributing Code <u>99</u> <u>25</u> <u>25</u>	BAC Test Result: <u>30</u>	
Viol. 2: Ch/Sec/Sub _____			Driver Distracted by <u>0</u> <u>26</u>	Susp. Alcohol: <u>31</u> Susp. Drug: <u>32</u>	
Viol. 3: Ch/Sec/Sub _____			Towed from scene? <u>2</u> <u>33</u>		
Viol. 4: Ch/Sec/Sub _____					

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 Trp Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist		See Above	<input checked="" type="checkbox"/>	<u>1</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 07/30/2021	Time of Crash 0651 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 4	Number Injured 0	Speed Limit 35	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# _____ Direction _____ Name of Roadway/Street _____ At _____ Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____ Route# _____ Direction _____ Name of Intersecting Roadway/Street _____	236 BURLINGTON AVE Route# _____ Direction _____ Address # _____ 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# **21-200-AC**

License # S13533351 St MA DOB/Age _____	Reg # 59MZ76 Reg Type PC Reg State MA
Sex F Lic. Class D 19 19 Lic. Restrictions B 20 CDL _____ Endorsement _____	Veh Year 2007 Veh Make TOYOTA Veh Config. 1 21
Operator CAMELI, JULIANA E Last First Middle	Owner CAMELI, MARK STACEY Last First Middle
Address 18 ALMA RD	Address 18 ALMA RD
City BURLINGTON State MA Zip 01803-1606	City BURLINGTON State MA Zip 01803-1606
Insurance Company ALLSTATE INSURANCE COMPAN	Vehicle Action Prior to Crash 1 22 Damaged Area Code: 6 27 7 27 1 27
Vehicle Travel Direction: N S E <input checked="" type="checkbox"/> 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

Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above	XXXXXX	X	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 # S84480126 St MA DOB/Age _____	Reg # 1CTC24 Reg Type PC Reg State MA
Sex F Lic. Class D 19 19 Lic. Restrictions I 20 CDL _____ Endorsement _____	Veh Year 2008 Veh Make NISSAN Veh Config. 1 21
Operator TREVISANI, AMANDA ROSE Last First Middle	Owner TREVISANI, JUSTIN THOMAS Last First Middle
Address 17 LEXINGTON ST	Address 17 LEXINGTON ST
City WILMINGTON State MA Zip 01887-1339	City WILMINGTON State MA Zip 01887-1339
Insurance Company THE COMMERCE INSURANCE CO	Vehicle Action Prior to Crash 1 22 Damaged Area Code: 2 27 3 27 27
Vehicle Travel Direction: N S E <input checked="" type="checkbox"/> 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

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

Date of Crash: 07/30/2021 | Time of Crash: 0651 24HR | City/Town: **Wilmington** | Number Vehicles: 4 | Number Injured: 0 | Speed Limit: 35 | State Police: | Local Police: | MBTA Police: | Campus Police: | Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

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

Please Select One of the Following: Vehicle 31 #Occupants Hit/Run Moped | Crash Report ID# **21-200-AC**

License # **S43865123** St **MA** DOB/Ag. Reg # **V97991** Reg Type **CO** Reg State **MA**
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL Endorsement
 Operator **GIOIOSA, JOHN BRIAN** Owner **JBG CONSTRUCTION INC**
 Address **15 BAYBERRY LN** Address **15 BAYBERRY LN**
 City **BILLERICA** State **MA** Zip **01821-1229** City **BILLERICA** State **MA** Zip **01821-1229**
 Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **11** 22 Damaged Area Code: 6 27 0 27 27
 Vehicle Travel Direction: **N S E X** Responding to Emergency? **2** Event Sequence **2** 23 23 23 23 Test Status: 1 28
 Citation # (If Issued) _____ Most Harmful Event **2** 24 Type of Test: 29
 Viol. 1: Ch/Sec/Sub _____ Driver Contributing Code **1** 25 25 BAC Test Result: 30
 Viol. 2: Ch/Sec/Sub _____ Driver Distracted by **0** 26 Susp. Alcohol: **2** 31 Susp. Drug: **2** 32
 Viol. 3: Ch/Sec/Sub _____ Towed from scene? **2** 33
 Viol. 4: Ch/Sec/Sub _____

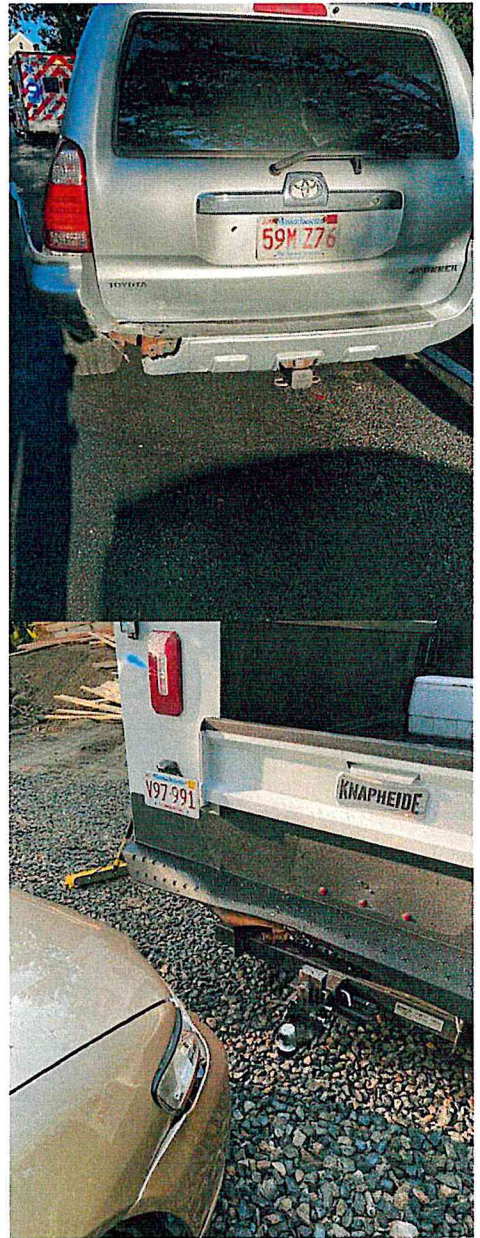
Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator		See Above	<input checked="" type="checkbox"/>	1	1	4	0	0	10	1	

Please Select One of the Following: Vehicle 41 #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

License # **S54231192** St **MA** DOB/Ag. Reg # **1FDL99** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL Endorsement
 Operator **RODRIGUEZ, ADOLFO I** Owner **MORALES LOPEZ, ELSA M**
 Address **20 CAMDEN ST APT 1** Address **16 ALMA ST APT 3**
 City **METHUEN** State **MA** Zip **01844-4328** City **LAWRENCE** State **MA** Zip **01841-3106**
 Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **4** 22 Damaged Area Code: 5 27 1 27 27
 Vehicle Travel Direction: **N S E X** Responding to Emergency? **2** Event Sequence **2** 23 23 23 23 Test Status: 1 28
 Citation # (If Issued) _____ Most Harmful Event **2** 24 Type of Test: 29
 Viol. 1: Ch/Sec/Sub _____ Driver Contributing Code **1** 25 25 BAC Test Result: 30
 Viol. 2: Ch/Sec/Sub _____ Driver Distracted by **0** 26 Susp. Alcohol: **2** 31 Susp. Drug: **2** 32
 Viol. 3: Ch/Sec/Sub _____ Towed from scene? **1** 33
 Viol. 4: Ch/Sec/Sub _____

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	<input checked="" type="checkbox"/>	1	1	4	0	0	10	1	

Wilmington Police Department
Images Associated with 21-200-AC



Police Use Only		Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 07/31/2021	Time of Crash 0916 24HR	City/Town Wilmington		Motor Vehicle Crash Police Report		Number Vehicles 1	Number Injured 1	Speed Limit 35	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 _____	370 MAIN ST	Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____	Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____ Mile Marker _____ Exit Number _____	Route# _____ Direction _____ Name of Intersecting Roadway/Street _____
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 _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____	Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Landmark _____

Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped **Crash Report ID# 21-201-AC**

License # S29712313 St MA DOB/Age _____ Sex M Lic. Class D Lic. Restrictions 20 CDL _____ Operator YERMAKOV, IVAN VLADIMIR Address 5201 POULIOT PL City WILMINGTON State MA Zip 01887-6201 Insurance Company SAFETY INSURANCE Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> 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 # 5TR671 Reg Type PC Reg State MA Veh Year 2016 Veh Make TOYOTA Veh Config. 1 21 Owner YERMAKOV, TATYANA F Address 5201 POULIOT PL City WILMINGTON State MA Zip 01887-6201 Vehicle Action Prior to Crash 1 22 Damaged Area Code: 8 27 7 27 27 Event Sequence 3 23 23 23 23 Test Status: 1 28 Most Harmful Event 3 24 Type of Test: 29 Driver Contributing Code 99 25 25 BAC Test Result: 1 30 Driver Distracted by 0 26 Susp. Alcohol: 99 31 Susp. Drug: 99 32 Towed from scene? 2 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	XXXXXX	XXXX	1	1	4	0	0	10	1	

Please Select One of the Following: Vehicle 2 #Occupants Non-Motorist A Type **1 15** Action **1 16** Location **2 17** Condition **99 18** Hit/Run Moped

License # S45396974 St MA DOB/Age _____ Sex M Lic. Class D Lic. Restrictions 20 CDL _____ Operator BASNETT, DEREK BRIAN Address 27 PUPKIS RD City TEWKSBURY State MA Zip 01876-4023 Insurance Company _____ Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____ Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # _____ Reg Type _____ Reg State _____ Veh Year _____ Veh Make _____ Veh Config. 21 Owner _____ Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 22 Damaged Area Code: 27 27 27 Event Sequence 23 23 23 23 Test Status: 28 Most Harmful Event 24 Type of Test: 29 Driver Contributing Code 25 25 BAC Test Result: 30 Driver Distracted by 26 Susp. Alcohol: 31 Susp. Drug: 32 Towed from scene? 33
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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	XXXXXX	XXXX	1	99				8	1	

SUPPLEMENTAL NARRATIVE FOR PATROL OFFICER JULIO J QUILES

Ref: 21-201-AC

Entered: 07/31/2021 @ 1330 Entry ID: 197
Modified: 07/31/2021 @ 1541 Modified ID: 197
Approved: 08/03/2021 @ 2101 Approval ID: 185

On Saturday, July 31, 2021, I was working uniformed patrol assigned to station officer duty on the 8:00 AM - 4:00 PM shift. At approximately 9:16 AM, Derek Basnett called the station to that he was involved in a motor vehicle accident yesterday near 370 Main Street.

Mr. Basnett stated that on Friday, July 30, 2021, between 9:15 PM - 9:30 PM, he was attempting to cross the street and was hit by a motor vehicle. He stated that he was on Main Street, crossing the street from the train station lot over to the Eastern Bank area, when a black 2016 Toyota RAV4 bearing Massachusetts registration 5TR671 struck him. He stated that he was knocked to the ground, the vehicle stopped, and the operator got out to check on him. He stated that the operator identified himself as, Ivan Yermakov. Mr. Basnett stated that he didn't believe he sustained any injuries at that time, they just exchanged information, and went their separate ways. Mr. Basnett stated that he then contacted his wife to tell her what happened, she picked him up at the scene, and drove him to Lahey Hospital (Burlington, MA) for evaluation. He was informed at the hospital that he sustained two broken bones in his foot.

Mr. Basnett stated that while attempting to cross the street, he observed the vehicle traveling towards him, but he thought the vehicle was far enough away that he could make it across in time. I asked if the traffic control light was red or green and he said he doesn't recall. I asked if he utilized the crosswalk and he said yes. I asked to confirm exactly where he attempted to cross the street and he said the second cross walk from the train station directly across from Eastern Bank. I asked Mr. Basnett why he didn't call the police when the accident occurred to report it. He stated that he was in shock over what happened.

I contacted Mr. Yermakov and spoke with him. He stated that he was the operator of the vehicle and corroborated Mr. Basnett's statements. However, he stated that Mr. Basnett wasn't utilizing a crosswalk. He confirmed the location provided, stated it was accurate, but that there was no crosswalk where the accident occurred. He stated that he was traveling approximately 35 MPH heading north on Main Street (Route 38) towards Middlesex Ave. He stated that he had a green traffic control light, drove through the intersection, and was approaching the area in front of Eastern Bank. He stated that he only had a few seconds to react after seeing Mr. Basnett in the middle of the street. He stated that he had maybe 5 - 10 feet of response time, quickly turned the vehicle to the right in an attempt to avoid hitting Mr. Basnett. He stated that he struck Mr. Basnett with the left side of his front bumper and left side view mirror. He stated that the vehicle sustained minor damage to the bumper and left side view mirror. He stated that he stopped to check on Mr. Basnett and offered to call for medical assistance. He stated that Mr. Basnett said he was ok and refused medical aid. He stated that Mr. Basnetts was wearing a black hat, dark navy t-shirt, dark jeans, and black shoes.

I advised both parties to contact 911 if anything like this occurs again, in order to document the incident, and check for injuries. I advised Mr. Yermakov on how to conduct an accident report. I advised Mr. Basnett how to obtain a copy of the accident report. It should be noted that after further investigation, I confirmed that there isn't a crosswalk at the location stated by both Mr. Basnett and Mr. Yermakov. There is a crosswalk on the other side of that intersection, but not where they stated the accident occurred.

Mr. Yermakov later came into the station to pickup an accident report form. I then took pictures of the damage to his vehicle (See images).

Respectfully submitted,

SUPPLEMENTAL NARRATIVE FOR PATROL OFFICER JULIO J QUILES

Ref: 21-201-AC

Entered: 07/31/2021 @ 1330 Entry ID: 197
Modified: 07/31/2021 @ 1541 Modified ID: 197
Approved: 08/03/2021 @ 2101 Approval ID: 185

Julio J. Quiles

Patrolman - 197

Wilmington Police Department

Wilmington Police Department
Images Associated with 21-201-AC



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
196 BALLARDVALE ST
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 _____

Please Select One of the Following: Vehicle 12 #Occupants Hit/Run Moped | Crash Report ID# 21-202-AC

License # S62440778 St MA DOB/Ag. _____ Reg # 6WB817 Reg Type PC Reg State MA
Sex F Lic. Class B 19 19 Lic. Restrictions 20 CDL _____ Veh Year 2019 Veh Make DODGE Veh Config. 1 21
Operator HUSSEY, VIRGINIA F Owner HUSSEY, VIRGINIA F
Address 15 RUSH ST APT #2 Address 15 RUSH ST APT #2
City SOMERVILLE State MA Zip 02145-3214 City SOMERVILLE State MA Zip 02145-3214
Insurance Company GOVERNMENT EMPLOYEES INSU Vehicle Action Prior to Crash 1 22 Damaged Area Code: 1 27 27 27
Vehicle Travel Direction: N S W Responding to Emergency? 2 Event Sequence 1 23 23 23 23 Test Status: 1 28
Citation # (If Issued) _____ Most Harmful Event 1 24 Type of Test: 29
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code 19 25 25 BAC Test Result: 1 30
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by 0 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32
Towed from scene? 2 33

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above	_____	_____	1	1	4	0	0	10	1	
COLIN MCCARTHY	15 RUSH ST SOMERVILLE, MA 02145	06/23/2011	M	4	1	4	0	0	10	1	

Please Select One of the Following: Vehicle 23 #Occupants Non-Motorist A Type 15 Action 16 Location 17 Condition 18 Hit/Run Moped

License # SA1410148 St MA DOB/Ag. _____ Reg # T37390 Reg Type CO Reg State MA
Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL _____ Veh Year 2006 Veh Make FORD Veh Config. 1 21
Operator MEONO, ALLAN EMILIO Owner GMP LANDSCAPING AND CONSTRUCTION INC
Address 100 MILLARD AVE Address 30 32 BAYVIEW AVE APT 3
City LYNN State MA Zip 01904-1732 City LYNN State MA Zip 01902-0000
Insurance Company ARBELLA PROTECTION INSURA Vehicle Action Prior to Crash 2 22 Damaged Area Code: 5 27 27 27
Vehicle Travel Direction: N S 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: 99 31 Susp. Drug: 99 32
Towed from scene? 2 33

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

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above	_____	_____	1	1	4	0	0	10	1	
CALEB MATUL POJOY	30 BAY VIEW AVE LYNN, MA 01902-3733		M	2	1	4	0	0	10	1	

Wilmington Police Department
Images Associated with 21-202-AC

