

Police Use Only		Commonwealth of Massachusetts				RMV Document Number									
Date of Crash 08/08/2021	Time of Crash 0711 24HR	City/Town Wilmington		Motor Vehicle Crash Police Report		Number Vehicles 1	Number Injured 0	Speed Limit <u>25</u>	Latitude _____	Longitude _____	State Police <input checked="" 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:
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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 _____	2	26 NORTH ST Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ _____ Feet N S E W of _____ • _____ or _____ Mile Marker _____ Exit Number _____ _____ Feet N S E W of _____ Route# _____ Intersecting Roadway/Street _____ _____ Feet N S E W of _____ Landmark _____	10
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Please Select One of the Following:	<input checked="" type="checkbox"/> Vehicle <u>1</u> #Occupants _____	<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped	Crash Report ID# 21-209-AC
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License # S30670042 St MA DOB/Age _____ Sex F Lic. Class D <u>19</u> <u>19</u> Lic. Restrictions 1 <u>20</u> CDL _____ Operator CALLAHAN, HANNAH PATRICIA Address 27 DADANT DR City WILMINGTON State MA Zip 01887-2112 Insurance Company USAA CASUALTY INSURANCE C 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 # 579MLE Reg Type PC Reg State MA Veh Year 2014 Veh Make TOYOTA Veh Config. 1 <u>21</u> Owner CALLAHAN, PATRICK FRANCIS Address 27 DADANT DR City WILMINGTON State MA Zip 01887-2112 Vehicle Action Prior to Crash 1 <u>22</u> Damaged Area Code: 1 <u>27</u> 2 <u>27</u> 8 <u>27</u> Event Sequence 31 <u>23</u> 35 <u>23</u> 23 <u>23</u> Test Status: 1 <u>28</u> Most Harmful Event 35 <u>24</u> Type of Test: 29 Driver Contributing Code 21 <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? 2 <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	XXXX	XX	1	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 <u>15</u> Action <u>16</u> Location <u>17</u> Condition <u>18</u>	<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped
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License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> 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. <u>21</u> Owner _____ Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash <u>22</u> Damaged Area Code: <u>27</u> <u>27</u> <u>27</u> Event Sequence <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>28</u> Most Harmful Event <u>24</u> Type of Test: <u>29</u> Driver Contributing Code <u>25</u> <u>25</u> BAC Test Result: <u>30</u> Driver Distracted by <u>26</u> Susp. Alcohol: <u>31</u> Susp. Drug: <u>32</u> Towed from scene? <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
Operator/Non-Motorist	See Above	XXXX	XX	1							

Wilmington Police Department
Images Associated with 21-209-AC



Wilmington Police Department
Images Associated with 21-209-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

1 10
LOWELL ST
 Route# Direction Address # Name of Roadway/Street
 Feet N S E W of _____ Mile Marker _____ Exit Number _____
 1 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# 21-210-AC**

4 1
 License # **S63205575** St **MA** DOB/Age _____ Reg # **1NXZ98** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL _____ Veh Year **2019** Veh Make **HONDA** Veh Config. **1** 21
 Operator **CLARK, CONNOR JOSEPH** Owner **CLARK, ROSS A**
 Address **10307 INWOOD DR** Address **10104 INWOOD DR**
 City **WOBURN** State **MA** Zip **01801-5167** City **WOBURN** State **MA** Zip **01801-5165**
 Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **3** 27 **27** **27**
 Vehicle Travel Direction: **N S E** Responding to Emergency? **2** Event Sequence **8** 23 **23** **23** **23** Test Status: **1** 28
 Citation # (If Issued) _____ Most Harmful Event **8** 24 Type of Test: **29**
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **20** 25 **25** BAC Test Result: **1** 30
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **4** 26 Susp. Alcohol: **2** 31 Susp. Drug: **2** 32
 Towed from scene? **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			1	99	5	0	0	10	1	

7 4 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 # _____ St _____ DOB/Age _____ Reg # _____ Reg Type _____ Reg State _____
 Sex _____ Lic. Class **19** **19** Lic. Restrictions **20** CDL _____ Veh Year _____ Veh Make _____ Veh Config. **21**
 Operator _____ Owner _____
 Address _____ Address _____
 City _____ State _____ Zip _____ City _____ State _____ Zip _____
 Insurance Company _____ Vehicle Action Prior to Crash **22** Damaged Area Code: **27** **27** **27**
 Vehicle Travel Direction: **N S E W** Responding to Emergency? _____ Event Sequence **23** **23** **23** **23** Test Status: **28**
 Citation # (If Issued) _____ Most Harmful Event **24** Type of Test: **29**
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **25** **25** BAC Test Result: **30**
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **26** Susp. Alcohol: **31** Susp. Drug: **32**
 Towed from scene? **33**

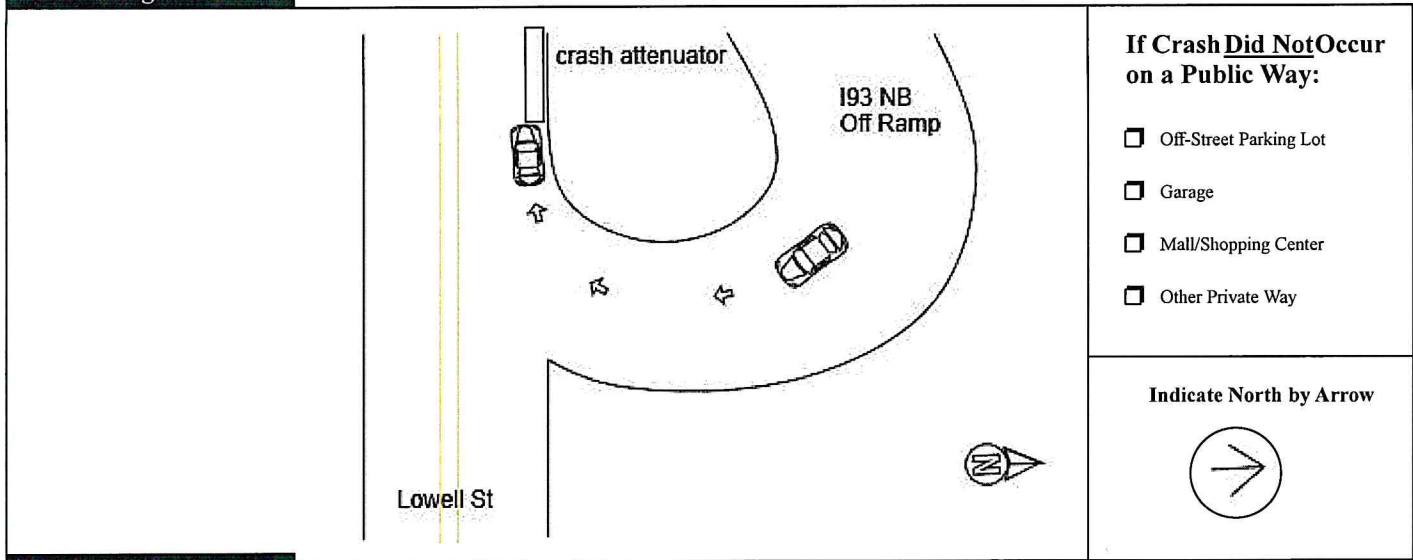
9 2 Please fill out for operator/non-motorist and all occupants involved

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

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

Crash Diagram:

ie: → [1] → [2] → [Pedestrian] → [Bicycle]



Crash Narrative:

V1 was traveling off of the I93 NB off ramp on to Lowell St in Wilmington. Opr1 stated to this officer that he was attempting to deactivate his cell phone because it was calling 911. While attempting to do this V1 swerved to the right and struck the crash attenuator in the construction area on the Lowell St overpass. V1 sustained damage to the front passengers side and damage to its tire. The vehicle was unable to drive away from the scene and was towed by A&S towing to their facility. The Operator of V1 refused medical treatment that was offered to him by WFD.

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 E Johnson 199 Wilmington Police Department 08/08/2021
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Police Use Only	City/Town Wilmington	Number Vehicles 2	Number Injured 0	Speed Limit <u>35</u>	<input type="checkbox"/> State Police <input type="checkbox"/> Local Police <input type="checkbox"/> MBTA Police <input type="checkbox"/> Campus Police <input type="checkbox"/> Other
Date of Crash 08/09/2021	Time of Crash 1517 24HR	LOCATION		NOT AT INTERSECTION:	
AT INTERSECTION:			206 BALLARDVALE ST		
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			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 _____ Mile Marker _____ or _____ Exit Number _____		
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____		
			____ 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 12 #Occupants Hit/Run Moped

Crash Report ID# **21-211-AC**

License # S66494410 St MA DOB/Age _____ Sex F Lic. Class D <input type="checkbox"/> 19 <input type="checkbox"/> 19 Lic. Restrictions <input type="checkbox"/> 20 CDL _____ Operator ROSSELLI, ANNE MARIE Address 6 PIPERS GLEN City ANDOVER State MA Zip 01810-2335 Insurance Company USAA CASUALTY INSURANCE C 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 # 8EC244 Reg Type PC Reg State MA Veh Year 2015 Veh Make _____ Veh Config. 2 <input type="checkbox"/> 21 Owner ROSSELLI, ANNE MARIE Address 6 PIPERS GLEN City ANDOVER State MA Zip 01810-2335 Vehicle Action Prior to Crash 5 <input type="checkbox"/> 22 Event Sequence 1 <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23 Most Harmful Event 1 <input type="checkbox"/> 24 Driver Contributing Code 99 <input type="checkbox"/> 25 <input type="checkbox"/> 25 Driver Distracted by 99 <input type="checkbox"/> 26 Damaged Area Code: 2 <input type="checkbox"/> 27 <input type="checkbox"/> 27 <input type="checkbox"/> 27 Test Status: 28 Type of Test: 29 BAC Test Result: 30 Susp. Alcohol: 31 Susp. Drug: 32 Towed from scene? 2 <input type="checkbox"/> 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	
				3	1	4	0	0	10	1	

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

License # S19872807 St MA DOB/Age _____ Sex M Lic. Class D <input type="checkbox"/> 19 <input type="checkbox"/> 19 Lic. Restrictions <input type="checkbox"/> 20 CDL _____ Operator RODRIGUEZ, JAIME HUMBERTO Address 412 SARATOGA ST APT 1 City EAST BOSTON State MA Zip 02128-4762 Insurance Company LIBERTY MUTUAL PERSONAL I 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 # 2LZL57 Reg Type PC Reg State MA Veh Year 2007 Veh Make TOYOTA Veh Config. 1 <input type="checkbox"/> 21 Owner REYES VILLANUEVA, ANA G Address 412 SARATOGA ST APT 1 City EAST BOSTON State MA Zip 02128-4762 Vehicle Action Prior to Crash 5 <input type="checkbox"/> 22 Event Sequence 1 <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23 Most Harmful Event 1 <input type="checkbox"/> 24 Driver Contributing Code 99 <input type="checkbox"/> 25 <input type="checkbox"/> 25 Driver Distracted by 99 <input type="checkbox"/> 26 Damaged Area Code: 7 <input type="checkbox"/> 27 <input type="checkbox"/> 27 <input type="checkbox"/> 27 Test Status: 28 Type of Test: 29 BAC Test Result: 30 Susp. Alcohol: 31 Susp. Drug: 32 Towed from scene? 2 <input type="checkbox"/> 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	XXXX	XX	1	1	4	0	0	10	1	

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

1 **1** Route# _____ Direction _____ Name of Roadway/Street _____ At _____

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

2 **2** Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

2 **2** Route# 34 Direction _____ Address # _____ Name of Roadway/Street ROUTE 62 HWY

_____ 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 _____

3 Please Select One of the Following: Vehicle **1** #Occupants _____ Hit/Run Moped | Crash Report ID# **21-212-AC**

4 **1** License # S52471614 St MA DOB/Ag: _____ Reg # 57A580 Reg Type PC Reg State MA

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

Operator TERNULLO, JAMES SEBASTIAN Owner CCAP AUTO LEASE LTD

Address 84 PRINGLE ST Address BX 961272

City TEWKSBURY State MA Zip 01876-2442 City FT WORTH State TX Zip 76161-0000

Insurance Company SAFETY INSURANCE COMPANY Vehicle Action Prior to Crash 1 22 Damaged Area Code: 1 27 2 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 20 25 25 BAC Test Result: 30

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by 99 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32

Towed from scene? 2 33

6 **1** Please fill out for operator and all occupants involved

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

7 **3** 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 # S47919844 St MA DOB/Ag: _____ Reg # 848XB8 Reg Type PC Reg State MA

Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL _____ Veh Year 2011 Veh Make NISSAN Veh Config. 1 21

Operator MCCOY, JOCELYN MARIE Owner MCCOY, JOCELYN MARIE

Address 11 TREASUREHILL RD Address 11 TREASUREHILL RD

City WILMINGTON State MA Zip 01887-1232 City WILMINGTON State MA Zip 01887-1232

Insurance Company PLYMOUTH ROCK ASSURANCE C Vehicle Action Prior to Crash 2 22 Damaged Area Code: 5 27 4 27 6 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: 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

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

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above	XXXXXX	X	<u>1</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	
CHRISTOPHER MCCOY	<u>11 TREASUREHILL RD WILMINGTON, MA 01887-1232</u>		<u>M</u>	<u>3</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	

Wilmington Police Department
Images Associated with 21-212-AC



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

1 1 Route# Direction Name of Roadway/Street At
 2 1 Route# Direction Name of Intersecting Roadway/Street
 3 1 Route# Direction Name of Intersecting Roadway/Street

2 1 Route# Direction Name of Intersecting Roadway/Street

3 1 Route# Direction Name of Intersecting Roadway/Street

2 1 Route# Direction Name of Intersecting Roadway/Street

3 1 Route# Direction Name of Intersecting Roadway/Street

2 1 Route# Direction Name of Intersecting Roadway/Street

3 1 Route# Direction Name of Intersecting Roadway/Street

Please Select One of the Following: Vehicle 1 Occupants Hit/Run Moped | Crash Report ID# **21-213-AC**

1 1 License # **S29342833** St **MA** DOB/Age: **19** | Reg # **89F370** Reg Type **PC** Reg State **MA**
 Sex **F** Lic. Class **D** Lic. Restrictions **20** CDL Endorsement
 Operator **JONES, SHARON A** | Owner **JONES, SHARON A**
 Address **29 EVERETT AVE** | Address **29 EVERETT AVE**
 City **SOMERVILLE** State **MA** Zip **02145-3109** | City **SOMERVILLE** State **MA** Zip **02145-3109**
 Insurance Company **ARBELLA MUTUAL INSURANCE** | Vehicle Action Prior to Crash **4** 22 | Damaged Area Code: 2 27 27 27
 Vehicle Travel Direction: S E W Responding to Emergency? **2** | Event Sequence 1 23 23 23 23 | Test Status: 28
 Citation # (If Issued) _____ | Most Harmful Event **1** 24 | Type of Test: 29
 Viol. 1: Ch/Sec/Sub _____ | Driver Contributing Code **19** 25 25 | BAC Test Result: 30
 Viol. 3: Ch/Sec/Sub _____ | Driver Distracted by **7** 26 | Susp. Alcohol: **31** Susp. Drug: **32**
 Towed from scene? **1** 33

Please fill out for operator and all occupants involved

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

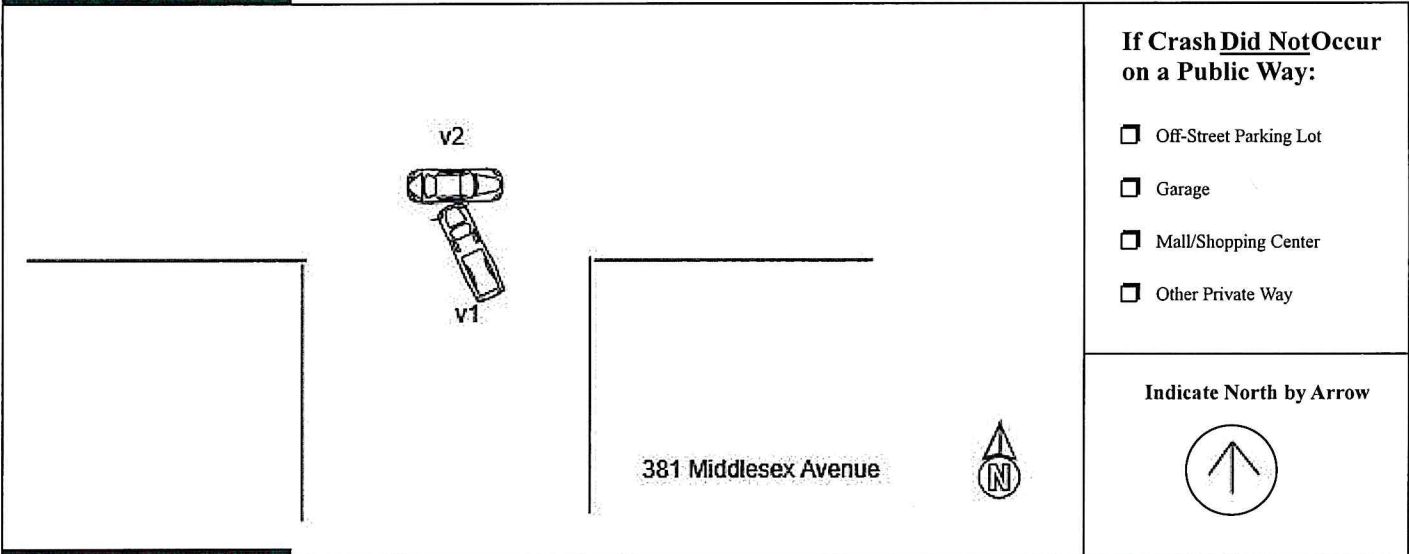
Please Select One of the Following: Vehicle 2 Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

7 3 License # **S43370633** St **MA** DOB/Age: **19** | Reg # **1VJA51** Reg Type **PC** Reg State **MA**
 Sex **F** Lic. Class **D** Lic. Restrictions **20** CDL Endorsement
 Operator **STONE, CARA A** | Owner **STONE, NORMAN GEORGE**
 Address **2 BALDWIN RD APT 109** | Address **2 BALDWIN RD**
 City **WILMINGTON** State **MA** Zip **01887** | City **WILMINGTON** State **MA** Zip **01887-2801**
 Insurance Company **GEICO GENERAL INSURANCE C** | Vehicle Action Prior to Crash **1** 22 | Damaged Area Code: 3 27 27 27
 Vehicle Travel Direction: N S W Responding to Emergency? **2** | Event Sequence 1 23 23 23 23 | Test Status: 28
 Citation # (If Issued) _____ | Most Harmful Event **1** 24 | Type of Test: 29
 Viol. 1: Ch/Sec/Sub _____ | Driver Contributing Code **1** 25 25 | BAC Test Result: 30
 Viol. 3: Ch/Sec/Sub _____ | Driver Distracted by **0** 26 | Susp. Alcohol: **31** Susp. Drug: **32**
 Towed from scene? **2** 33

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

Name (Last First Middle)	Address	DOB/Age	Sex	34 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	

Crash Diagram:



Crash Narrative:

The driver of V1 was exiting the parking lot of 381 Middlesex, attempting to take a left. She stated that she was watching the car across from her, pulled out and struck V2 because she did not see her coming.

V2 was traveling East on Middlesex Avenue. V1 pulled out of the parking lot and struck the side of her vehicle.

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

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

1 **5** Route# Direction Name of Roadway/Street At

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

2 **2** Route# Direction Name of Intersecting Roadway/Street

2 **500 SALEM ST** Route# Direction Address # Name of Roadway/Street

Feet **N S E W** of _____ of _____ or _____

Mile Marker _____ Exit Number _____

Feet **N S E W** of _____ of _____

Route# Intersecting Roadway/Street _____

Feet **N S E W** of _____ of _____

Landmark _____

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped | Crash Report ID# **21-214-AC**

License # **S36110430** St **MA** DOB/Ag _____ Reg # **4KRC30** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** Lic. Restrictions **20** CDL _____ Veh Year **2004** Veh Make **HONDA** Veh Config. **1** **21**

Operator **GAUDET, KURT MICHAEL** Owner **BAKER, BLAIR MEREDITH**

Address **90A BOWDOIN ST** Address **90A BOWDOIN ST**

City **MALDEN** State **MA** Zip **02148-5850** City **MALDEN** State **MA** Zip **02148-5850**

Insurance Company **PROGRESSIVE DIRECT INSURA** Vehicle Action Prior to Crash **6** **22** Damaged Area Code: **8** **27** **1** **27** **2** **27**

Vehicle Travel Direction: **N** **X** **E** **W** Responding to Emergency? **2** Event Sequence **40** **23** **24** **23** **23** **23** Test Status: **2** **28**

Citation # (If Issued) **T2446417** Most Harmful Event **24** **24** Type of Test: **2** **29**

Viol. 1: Ch/Sec/Sub **90** **24** Viol. 2: Ch/Sec/Sub **90** **24** Driver Contributing Code **20** **25** **9** **25** BAC Test Result: **1** **30**

Viol. 3: Ch/Sec/Sub **89** **4A** Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **1** **26** Susp. Alcohol: **1** **31** Susp. Drug: **32**

Towed from scene? **3** **33**

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above	XXXXXX	X	1	99	4	0	0	10	1	

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

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

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

Operator _____ Owner _____

Address _____ Address _____

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

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

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

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

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

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

Towed from scene? **33**

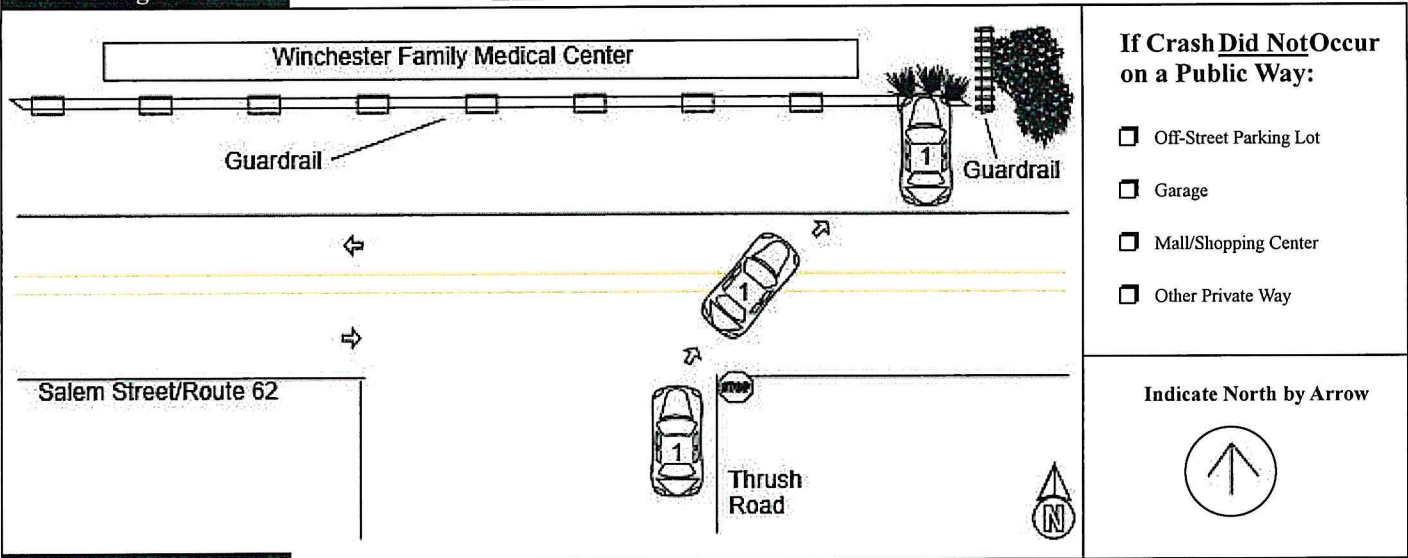
Please fill out for operator/non-motorist and all occupants involved

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

➔ = Direction 1 = Vehicle 1 2 = Vehicle 2 ○ = Pedestrian ○ = Bicycle

Crash Diagram:

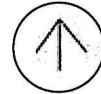
ie: ➔ 1 ➔ 2 ➔ ○ ➔ ○



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 on southbound on Thrush Road towards Salem Street. MV1 pulled out to merge onto Salem Street. MV1 crossed both travel lanes and the white fog line. MV1 continued straight ahead, left the roadway, and went down the grass embankment and struck a metal guardrail that separates the Winchester Family Medical Center parking lot from the landscaping that borders Salem Street. MV1 suffered minor damage to the front end. The metal guardrail suffered minor impact damage and the grass and landscaping was damaged due to the collision and removal of the vehicle. Forrest Towing responded and towed M1 from the scene. The operator of MV1 initially fled the scene, but was later located and arrested for OUI-Liquor-2nd Offense, Leaving the Scene of an Accident, and Marked Lanes Violation. Reference Arrest Report #21-271-AR

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
VELLUCCI ANDREW JAMES	1 HANSON RD WILMINGTON MA 01887-3405		

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
WINCHESTER FAMILY MEDICAL CENTER	500 SALEM ST WILMINGTON MA 01887		97	METAL GUARDRAIL
WINCHESTER FAMILY MEDICAL CENTER	500 SALEM ST WILMINGTON MA 01887		97	GRASS AND LANDSCAPING

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
 Police Officer Name (Please Print) Signature ID/Badge # 209 Department Wilmington Police Department Precinct/Barracks 08/13/2021 Date

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1 1 Route# Direction Name of Roadway/Street At 129 E 280 LOWELL ST Route# Direction Address # Name of Roadway/Street

2 2 Route# Direction Name of Intersecting Roadway/Street Also at Intersection with _____ Feet N S E W of _____ Mile Marker _____ Exit Number

2 2 Route# Direction Name of Intersecting Roadway/Street _____ 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# 21-215-AC

License # S74343398 St MA DOB/Age _____ Reg # 3KAX41 Reg Type PC Reg State MA

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

Operator JEAN-FRANCOIS, CURTIS Owner JEAN-FRANCOIS, CURTIS

Address 9 GEARTY ST Address 9 GEARTY ST

City WILMINGTON State MA Zip 01887-1346 City WILMINGTON State MA Zip 01887-1346

Insurance Company AMICA PROPERTY & CASUALTY 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: 28

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

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

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

Towed from scene? 2 33

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above	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 # NHL14941389 St NH DOB/Age _____ Reg # 4482393 Reg Type PC Reg State NH

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

Operator CRAIG, JOHN MARK Owner LEASE PLAN USA LT

Address 17 BLUEBERRY LN Address 1165 SANCTUARY PKWY

City NASHUA State NH Zip 03062 City ALPHARETTA State GA Zip 30009

Insurance Company NATIONAL UNION FIRE INS. C 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: 28

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

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

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

Towed from scene? 1 33

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

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above	XXXXXX	X	1	1	99	0	0	8	2	Lahey Clinic

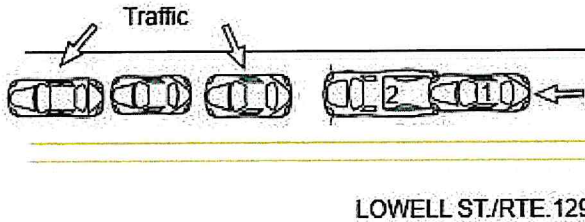
→ = Direction 1 = Vehicle 1 2 = Vehicle 2

○ = Pedestrian

○ = Bicycle

Crash Diagram:

ie: → 1 → 2 → ○ → ○



If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow



Crash Narrative:

Oper. #1 related he was traveling east on Lowell st./rte.129, as he looked at his GPS he noticed m/v#2 stop short and he crashed into the rear of m/v#2 that was ahead of him.

Oper. #2 I was unable to speak with the oper. as he was being evaluated by EMS. oper. #2 was transported to the hospital. All though there was no damage to his m/v#2, his m/v was towed. (PWJ/142)

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

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

1 1 Route# Direction Name of Roadway/Street At

2 1 Route# Direction Name of Intersecting Roadway/Street Also at Intersection with

2 1 Route# Direction Name of Intersecting Roadway/Street

1 10 Route# Direction Address # Name of Roadway/Street

1 11 Feet N S E W of Mile Marker Exit Number

1 11 Feet N S E W of Route# Intersecting Roadway/Street

1 11 Feet N S E W of Landmark

Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped **Crash Report ID# 21-216-AC**

License # **SA0710703** St **MA** DOB/Age _____ Reg # **3XYK49** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D 19 19** Lic. Restrictions **20** CDL _____ Veh Year **2021** Veh Make **HONDA** Veh Config. **1 21**

Operator **MCDUFFEE-WILLETT, ANNA KATHLEEN** Owner **MCDUFFEE-WILLETT, ANNA KATHLEEN**

Address **5 LAKESHORE CTR APT 1103** Address **5 LAKESHORE CTR APT 1103**

City **BRIDGEWATER** State **MA** Zip **02324-1057** City **BRIDGEWATER** State **MA** Zip **02324-1057**

Insurance Company **LIBERTY MUTUAL PERSONAL I** Vehicle Action Prior to Crash **1 22** Damaged Area Code: **8 27 1 27 2 27**

Vehicle Travel Direction: **N S X W** Responding to Emergency? **2** Event Sequence **40 23 31 23 23 23** Test Status: **28**

Citation # (If Issued) **T2446419** Most Harmful Event **31 24** Type of Test: **29**

Viol. 1: Ch/Sec/Sub **90 24** Viol. 2: Ch/Sec/Sub **89 4A** Driver Contributing Code **10 25 21 25** BAC Test Result: **30**

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **99 26** Susp. Alcohol: **2 31** Susp. Drug: **1 32**

Towed from scene? **1 33**

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above			1	99	4	0	0	10	1	

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

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

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

Operator _____ Owner _____

Address _____ Address _____

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

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

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

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

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

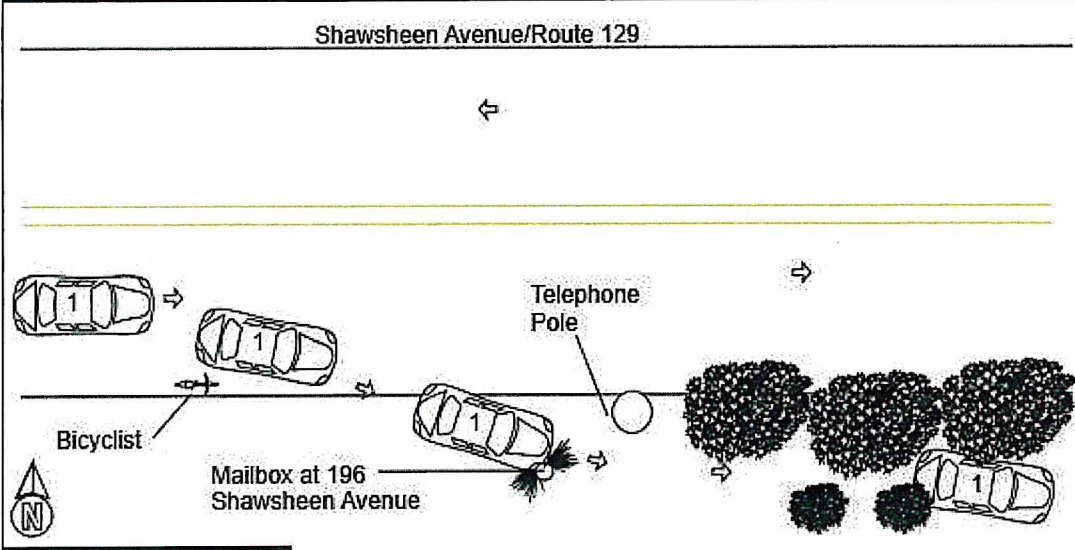
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **26** Susp. Alcohol: **31** Susp. Drug: **32**

Towed from scene? **33**

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

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

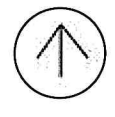
Crash Diagram:



If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow



Crash Narrative:

MV1 was traveling straight ahead and eastbound on Shawsheen Avenue/Route 129. As MV1 passed the bicyclist, MV1 began swerving to the right, cut the bicyclist off, and almost struck them. MV1 crossed the fog line and left the travel lane and roadway to the right. MV1 then struck the mailbox at 196 Shawsheen Avenue and nearly struck the telephone pole. MV1 continued off the roadway into the woods where it stopped and became disabled. The operator was not injured. A&S Towing arrived and took possession of the vehicle. Operator was arrested for Negligent Operation of MV, Marked Lanes, and Possession of Class A-Subsequent Offense. Reference Arrest Report #21-274-AR.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
O BRIEN ROBERT	37 CHAPMAN RD WAKEFIELD MA 01880		

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
MAGLIOZZI JOSEPH J	196 SHAW SHEEN AVE WILMINGTON MA 01		97	VINYL MAILBOX

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use

Address _____ City _____ St _____ Zip _____

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

Interstate Cargo Body Type Code GVWR/GCWR

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

Hazmat Information:
 Placard Material 1 digit # Material Name _____ Material 4 digit # _____ Release code

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 08/14/2021	Time of Crash 1056 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 30	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:
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Route# _____ Direction _____ Name of Roadway/Street <u>BRIDGE LN</u> At Route# _____ Direction _____ Name of Intersecting Roadway/Street <u>MAIN ST</u> Also at Intersection with Route# _____ Direction _____ Name of Intersecting Roadway/Street	Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Mile Marker _____ or _____ Exit Number _____ 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:	<input checked="" type="checkbox"/> Vehicle 1 Occupants	<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped	Crash Report ID# 21-217-AC
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License # <u>S81322767</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>Z</u> <u>20</u> CDL _____ Operator <u>GUGLIELMI, STEVEN M</u> Address <u>45 HOUGHTON RD</u> City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-2245</u> Insurance Company <u>THE COMMERCE INSURANCE CO</u> Vehicle Travel Direction: <input type="checkbox"/> N <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>8PF277</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2011</u> Veh Make <u>Infinity</u> Veh Config. <u>1</u> <u>21</u> Owner <u>GUGLIELMI, STEVEN M</u> Address <u>45 HOUGHTON RD</u> City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-2245</u> Vehicle Action Prior to Crash <u>6</u> <u>22</u> Damaged Area Code: <u>1</u> <u>27</u> <u>2</u> <u>27</u> <u>8</u> <u>27</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> Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u> Driver Contributing Code <u>1</u> <u>25</u> <u>25</u> BAC Test Result: <u>1</u> <u>30</u> 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>1</u> <u>33</u>
--	--

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"/>	<input checked="" type="checkbox"/>	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 <u>15</u> Action <u>16</u> Location <u>17</u> Condition <u>18</u>	<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped
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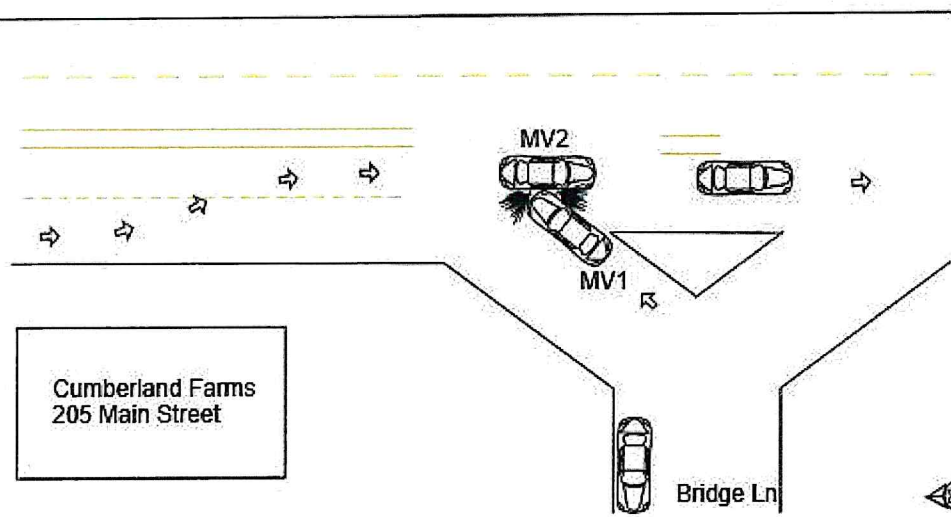
License # <u>S43924521</u> St <u>MA</u> DOB/Age _____ Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>99</u> <u>20</u> CDL _____ Operator <u>MURPHY, CHRISTOPHER S</u> Address <u>25 MCGINNESS WAY</u> City <u>BILLERICA</u> State <u>MA</u> Zip <u>01821-6420</u> Insurance Company <u>THE CINCINNATI INSURANCE</u> Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u> Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # <u>RS990D</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2014</u> Veh Make <u>Jeep</u> Veh Config. <u>1</u> <u>21</u> Owner <u>MURPHY, SHAUN R</u> Address <u>25 MCGINNESS WAY</u> City <u>BILLERICA</u> State <u>MA</u> Zip <u>01821-6420</u> Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>4</u> <u>27</u> <u>3</u> <u>27</u> <u>27</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> Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u> Driver Contributing Code <u>1</u> <u>25</u> <u>25</u> BAC Test Result: <u>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>
--	--

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"/>	<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:

Upon arrival, I observed a MV in the middle of Main Street with substantial front end damage. A second MV was parked on Bridge lane. No air bags and no injuries were observed or reported. MV1 stated that he attempted to take a left out of Bridge lane on to Main Street when he collided with the passenger side/rear end of MV2. MV1 stated that he thought MV2 was letting him go. MV2 reported that when he turned right on to Main Street from RT129 he could see ahead that MV1 was already taking up the first lane to the right. MV2 stated that the vehicles in front of him all moved over to the middle lane in order to pass MV1 so he did the same. MV2 stated he moved over to the middle lane Then as he got to Bridge Ln, MV1 crashed into the side of his vehicle. Both vehicles were towed by A&S.

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 08/14/2021
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date