

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 09/07/2021	Time of Crash 0133 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 1	Number Injured 1	Speed Limit <u>25</u>	Latitude _____	Longitude _____	<input type="checkbox"/> State Police <input type="checkbox"/> Local Police <input type="checkbox"/> MBTA Police <input type="checkbox"/> Campus Police <input type="checkbox"/> Other: _____

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

Route# _____ Direction _____ Name of Roadway/Street _____ At _____ Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____ Route# _____ Direction _____ Name of Intersecting Roadway/Street _____	33 ALDRICH RD 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 _____ • _____ 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 _____
--	--

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped
 Crash Report ID# **21-234-AC**

License # S62543701 St MA DOB/Age _____	Reg # 1SHH65 Reg Type PC Reg State MA
Sex M Lic. Class D Lic. Restrictions 1 CDL Endorsement _____	Veh Year 2015 Veh Make LEXUS Veh Config. 1
Operator GEORGE, JILS Last First Middle	Owner GEORGE, JILS Last First Middle
Address 10 BOND ST	Address 10 BOND ST
City WILMINGTON State MA Zip 01887-3763	City WILMINGTON State MA Zip 01887-3763
Insurance Company GOVERNMENT EMPLOYEES INSU	Vehicle Action Prior to Crash 1 Damaged Area Code: 2 27 4 27 3 27
Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? 2	Event Sequence 20 23 22 23 23 23 Test Status: 1 28
Citation # (If Issued) 126426AB	Most Harmful Event 22 24 Type of Test: 29
Viol. 1: Ch/Sec/Sub 89 4A Viol. 2: Ch/Sec/Sub 90 17	BAC Test Result: 30
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Contributing Code 16 25 25 Susp. Alcohol: 2 31 Susp. Drug: 2 32
	Driver Distracted by 5 26 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	2	0	0	9	2	Lahey Clinic

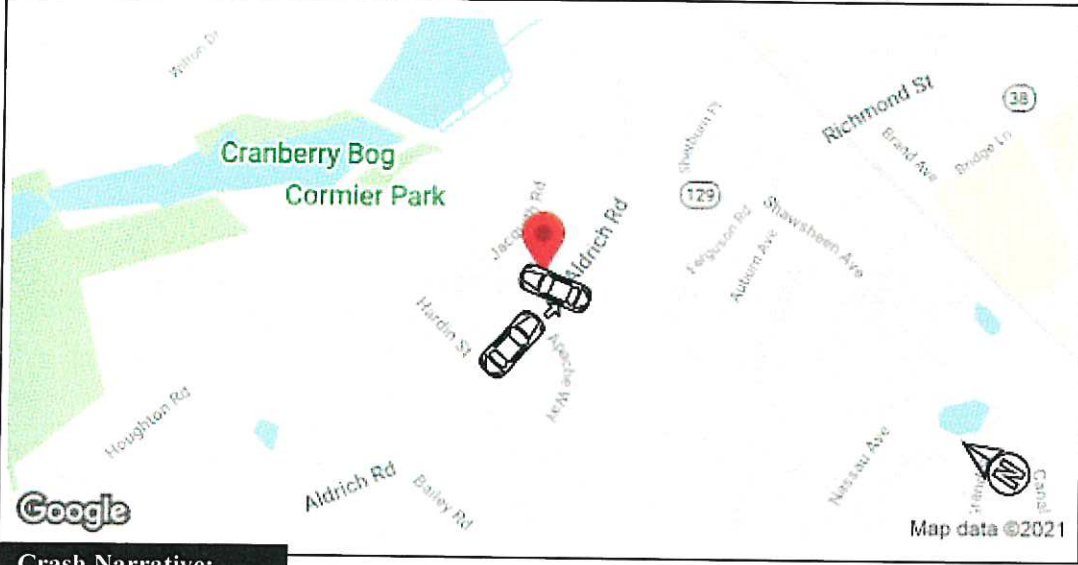
Please Select One of the Following: Vehicle **2** #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

License # _____ St _____ DOB/Age _____	Reg # _____ Reg Type _____ Reg State _____
Sex _____ Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement _____	Veh Year _____ Veh Make _____ Veh Config. 21
Operator _____ Last First Middle	Owner _____ Last First Middle
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: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> 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 _____	BAC Test Result: 30
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Contributing Code 25 25 Susp. Alcohol: 31 Susp. Drug: 32
	Driver Distracted by 26 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							

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ○ = Pedestrian ○ = Bicycle
 ie: → 1 → 2 → ○ → ○

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:

Vehicle was traveling east on Aldrich Road toward Shawsheen Ave. Vehicle operator stated he became ill, vomiting on himself. Operator was traveling excess the speed limit, which I estimated to be 50 MPH in the posted 25 MPH zone. Operator became distracted by becoming sick that he looked away from the roadway. The vehicle drifted to thr right causing the vehicle to strike the curbing reulting in a popped tired and severly damaged rim. Vehicle then sideswipped the utility pole just past the curbing. Vehicle finall came to rest across both lanes of travel. Verizon Pole #9 sustained minor damage and a cable wire came loose. Reading Light arrived on scene moments later to repair the wire. Operator was transported to Lahey Clinic. Vehicle sustained heavy ride damage. Right side airbags deployed on the vehicle. Vehicle was towed by Forrest Towing.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
GENDALL JEFFREY STEPHEN	33 ALDRICH RD WILMINGTON MA 01887-2201		

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
READING LIGHT DEPT.	230 ASH ST READING MA		4	UTILITY POLE

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 #: _____

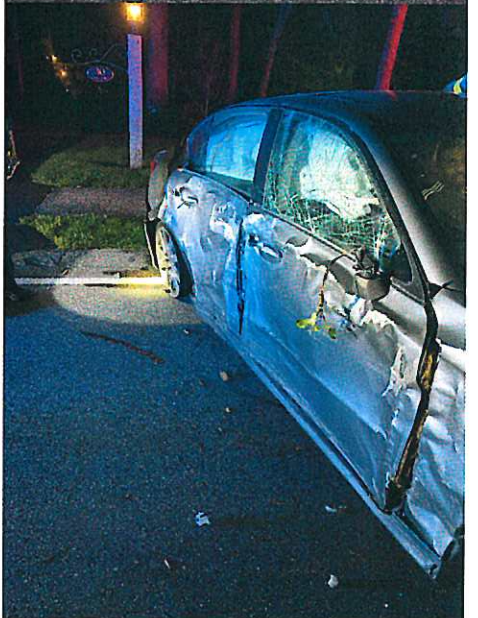
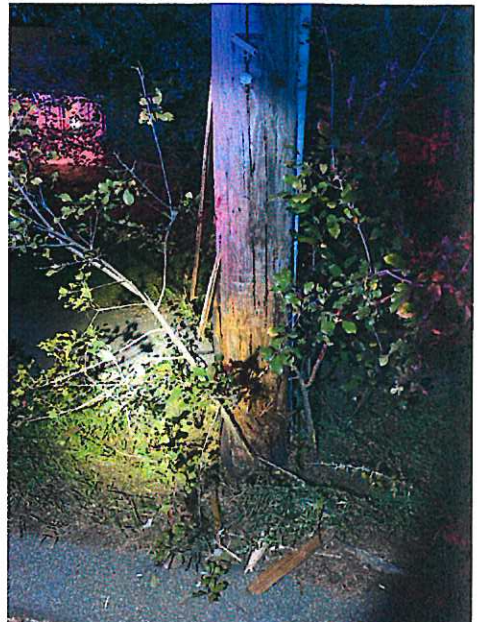
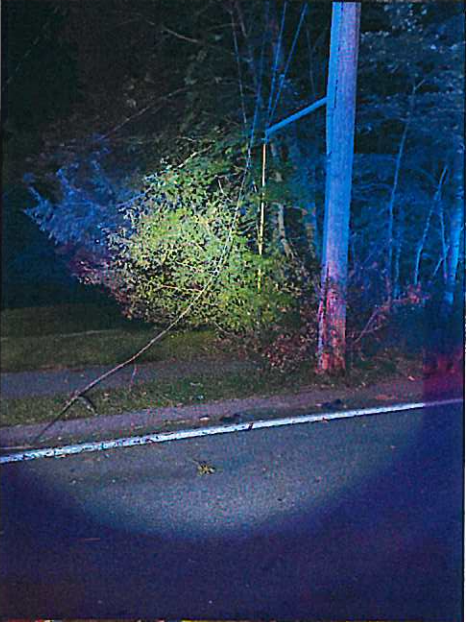
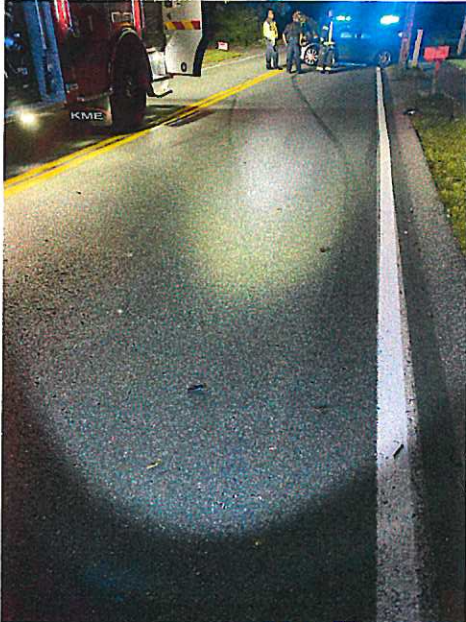
Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

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

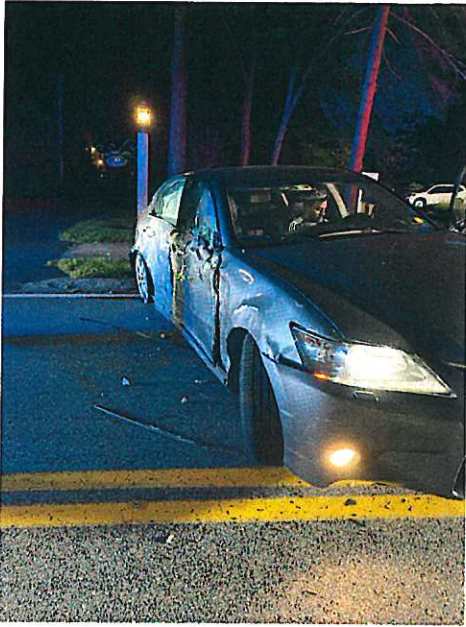
Hazmat Information:

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

Wilmington Police Department
Images Associated with 21-234-AC



Wilmington Police Department
Images Associated with 21-234-AC



Date of Crash 09/07/2021	Time of Crash 2148 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report	Number Vehicles 1	Number Injured 0	Speed Limit <u>30</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:

<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# <u>18</u> Direction _____ Name of Roadway/Street <u>VERMONT RD</u></p> <p>Address # _____</p> <p>Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____</p> <p>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>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>Landmark _____</p>
---	--

Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped Crash Report ID# **21-235-AC**

License # <u>S46050785</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>B</u> <u>20</u> CDL Endorsement _____ Operator <u>PINO, JOSEPH F JR</u> Address <u>6 BRADFORD RD</u> City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-1661</u> Insurance Company <u>LIBERTY MUTUAL INSURANCE</u> Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u> Citation # (If Issued) <u>T1683084</u> Viol. 1: Ch/Sec/Sub <u>90</u> <u>24</u> Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # <u>797HL6</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2012</u> Veh Make <u>TOYOTA</u> Veh Config. <u>1</u> <u>21</u> Owner <u>PINO, JOSEPH F JR</u> Address <u>6 BRADFORD RD</u> City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-1661</u> Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>2</u> <u>27</u> <u>27</u> <u>27</u> Event Sequence <u>35</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>3</u> <u>28</u> Most Harmful Event <u>35</u> <u>24</u> Type of Test: <u>2</u> <u>29</u> Driver Contributing Code <u>10</u> <u>25</u> <u>25</u> BAC Test Result: <u>5</u> <u>30</u> Driver Distracted by <u>0</u> <u>26</u> Susp. Alcohol: <u>1</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u> Towed from scene? <u>1</u> <u>33</u>
---	---

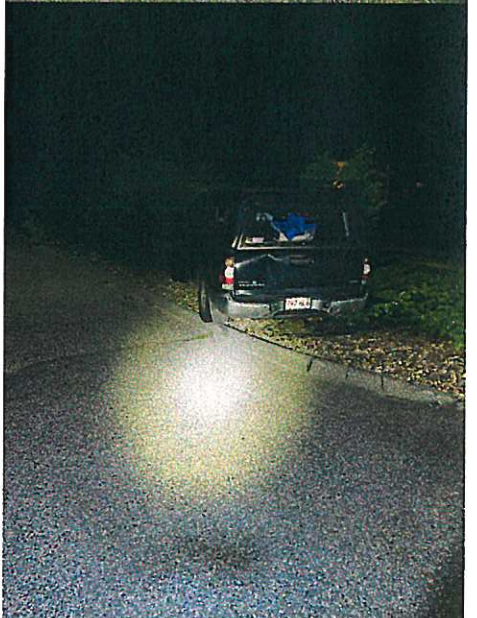
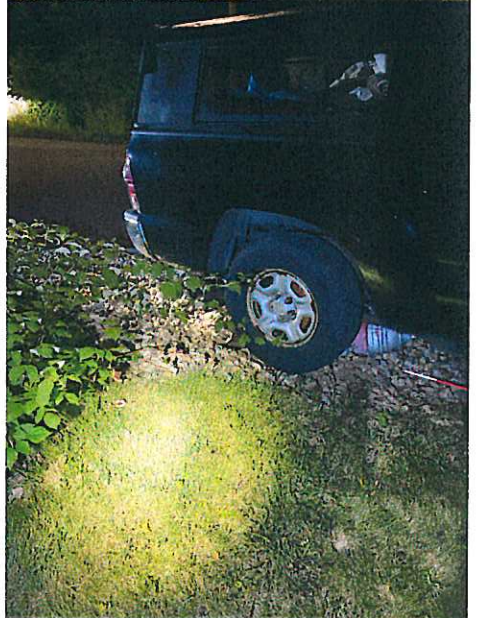
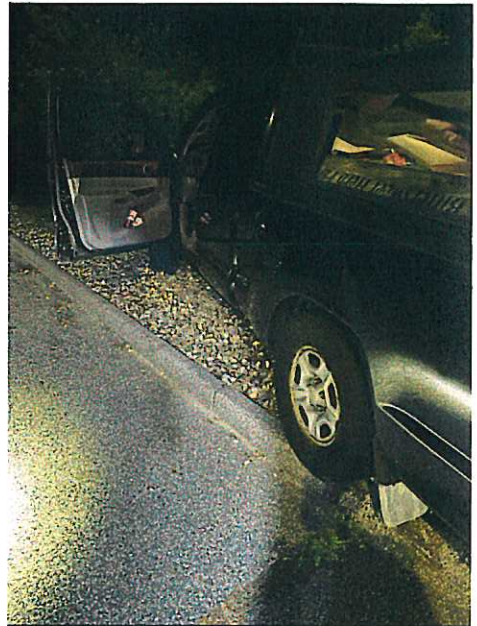
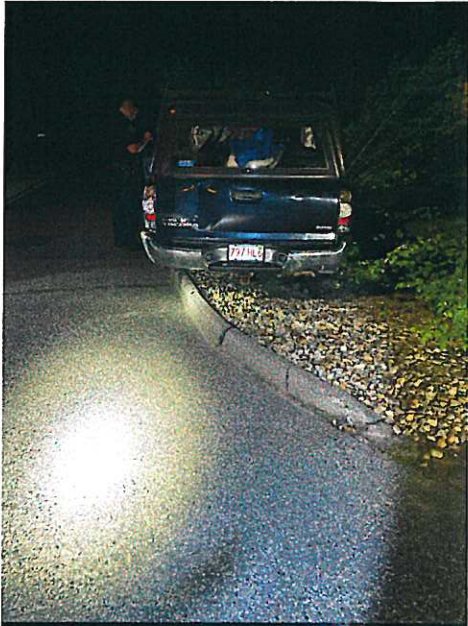
Please fill out for operator and all occupants involved											
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above	XXXXXX	X	1	1	4	0	0	10	1	

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

License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL Endorsement _____ Operator _____ Address _____ City _____ State _____ Zip _____ 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. <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>
--	---

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							

Wilmington Police Department
Images Associated with 21-235-AC



Wilmington Police Department
Images Associated with 21-235-AC

