

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1 **ADAMS ST**  
Route# Direction Name of Roadway/Street

1 **CHURCH ST**  
Route# Direction Name of Intersecting Roadway/Street

2 1  
Route# Direction Name of Intersecting Roadway/Street

Please Select One of the Following:  Vehicle 1 Occupants  Hit/Run  Moped | Crash Report ID# **21-236-AC**

License # **S73357980** St **MA** DOB/Age \_\_\_\_\_  
Sex **F** Lic. Class **B** 19 19 Lic. Restrictions **1** 20 CDL \_\_\_\_\_  
Operator **ARCE, MARIA DEL CARMEN**  
Address **11 COLUMBIA PARK APT 2**  
City **HAVERHILL** State **MA** Zip **01830-3303**  
Insurance Company **PILGRIM INSURANCE COMPANY**  
Vehicle Travel Direction:  N  S  E  W Responding to Emergency? **2**  
Citation # (If Issued) \_\_\_\_\_  
Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_  
Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_

Reg # **SB30838** Reg Type **SB** Reg State **MA**  
Veh Year **2014** Veh Make **Thomas** Veh Config. **4** 21  
Owner **NRT BUS INC**  
Address **55 HAMPSHIRE RD**  
City **METHUEN** State **MA** Zip **01844-1154**  
Vehicle Action Prior to Crash **1** 22  
Event Sequence **1** 23 23 23 23  
Most Harmful Event **1** 24  
Driver Contributing Code **1** 25 25  
Driver Distracted by **0** 26  
Damaged Area Code: **7** 27 27 27  
Test Status: **1** 28  
Type of Test: **29**  
BAC Test Result: **1** 30  
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
<b>Operator</b>	See Above			<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

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

License # \_\_\_\_\_ DOB/Age \_\_\_\_\_  
Sex \_\_\_\_\_ Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL \_\_\_\_\_  
Operator \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Insurance Company **ARBELLA MUTUAL INSURANCE**  
Vehicle Travel Direction:  S  E  W Responding to Emergency? **2**  
Citation # (If Issued) \_\_\_\_\_  
Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_  
Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_

Reg # **3DEP61** Reg Type **PC** Reg State **MA**  
Veh Year **2003** Veh Make **TOYOTA** Veh Config. **1** 21  
Owner \_\_\_\_\_  
Address **5 DRAPER DR**  
City **WILMINGTON** State **MA** Zip **01887-1515**  
Vehicle Action Prior to Crash **4** 22  
Event Sequence **1** 23 23 23 23  
Most Harmful Event **1** 24  
Driver Contributing Code **19** 25 25  
Driver Distracted by **0** 26  
Damaged Area Code: **1** 27 27 27  
Test Status: **1** 28  
Type of Test: **29**  
BAC Test Result: **1** 30  
Susp. Alcohol: **2** 31 Susp. Drug: **2** 32  
Towed from scene? **2** 33

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

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



**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 # **66** **CONCORD ST**  
 Name of Roadway/Street  
 Feet N S E W of \_\_\_\_\_ of \_\_\_\_\_ or \_\_\_\_\_  
 Mile Marker Exit Number  
 3 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 1 #Occupants  Hit/Run  Moped  
 Crash Report ID# **21-237-AC**

License # **S13660833** St **MA** DOB/Age \_\_\_\_\_  
 Sex **M** Lic. Class **A** 19 19 Lic. Restrictions **20** CDL \_\_\_\_\_  
 Operator **COPSON, GERALD F JR**  
 Address **42 BEECHING AVE**  
 City **WILMINGTON** State **MA** Zip **01887-1321**  
 Insurance Company **TRANSPORTATION INSURANCE**  
 Vehicle Travel Direction:  N  S  W Responding to Emergency? **2**  
 Citation # (If Issued) \_\_\_\_\_  
 Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_  
 Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_

Reg # **T18937** Reg Type **CO** Reg State **MA**  
 Veh Year **2013** Veh Make **Mack Truck** Veh Config. **8** 21  
 Owner **MASS PIPELINE SERVICES INC**  
 Address **17 WING RD**  
 City **LYNNFIELD** State **MA** Zip **01940**  
 Vehicle Action Prior to Crash **3** 22 Damaged Area Code: **8** 27 27 27  
 Event Sequence **2** 23 23 23 23 Test Status: **28**  
 Most Harmful Event **2** 24 Type of Test: **29**  
 Driver Contributing Code **99** 25 25 BAC Test Result: **30**  
 Driver Distracted by **99** 26 Susp. Alcohol: **2** 31 Susp. Drug: **2** 32  
 Towed from scene? **2** 33

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
<b>Operator</b>	See Above			<b>1</b>	<b>99</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

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

License # \_\_\_\_\_ St \_\_\_\_\_ DOB/Age \_\_\_\_\_  
 Sex \_\_\_\_\_ Lic. Class **19** 19 Lic. Restrictions **20** CDL \_\_\_\_\_  
 Operator **Driverless M.V.**  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Insurance Company **GOVERNMENT EMPLOYEES INSU**  
 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 # **783SS6** Reg Type **PC** Reg State **MA**  
 Veh Year **2017** Veh Make **TOYOTA** Veh Config. **1** 21  
 Owner **VACCARO, LYNSI A**  
 Address **7 1/2 EDWARDS ST**  
 City **BEVERLY** State **MA** Zip **01915-4968**  
 Vehicle Action Prior to Crash **11** 22 Damaged Area Code: **6** 27 **5** 27 27  
 Event Sequence **2** 23 23 23 23 Test Status: **28**  
 Most Harmful Event **2** 24 Type of Test: **29**  
 Driver Contributing Code **1** 25 25 BAC Test Result: **30**  
 Driver Distracted by **0** 26 Susp. Alcohol: **2** 31 Susp. Drug: **2** 32  
 Towed from scene? **2** 33

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
<b>Operator/Non-Motorist</b>	See Above			<b>1</b>	<b>0</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	



AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1 4 WEST ST  
Route# Direction Name of Roadway/Street

At  
1 11 HORSESHOE LN  
Route# Direction Name of Intersecting Roadway/Street

Also at Intersection with  
2 1  
Route# Direction Name of Intersecting 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# 21-238-AC

License # S55304285 St MA DOB/Ag \_\_\_\_\_ Reg # 2CHP69 Reg Type PC Reg State MA

Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL \_\_\_\_\_ Veh Year 2004 Veh Make Jeep Veh Config. 1 21

Operator ANDERSON, KEVIN | Owner ANDERSON, KEVIN

Address 7 CONGRESS ST | Address 7 CONGRESS ST

City WILMINGTON State MA Zip 01887-2807 | City WILMINGTON State MA Zip 01887-2807

Insurance Company SAFETY INSURANCE COMPANY | Vehicle Action Prior to Crash 1 22 Damaged Area Code: 1 27 2 27 8 27

Vehicle Travel Direction: N X E W Responding to Emergency? 2 | Event Sequence 30 23 23 23 23 Test Status: 1 28

Citation # (If Issued) 136462AB | Most Harmful Event 30 24 Type of Test: 29

Viol. 1: Ch/Sec/Sub 89 4A Viol. 2: Ch/Sec/Sub \_\_\_\_\_ | Driver Contributing Code 21 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	

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

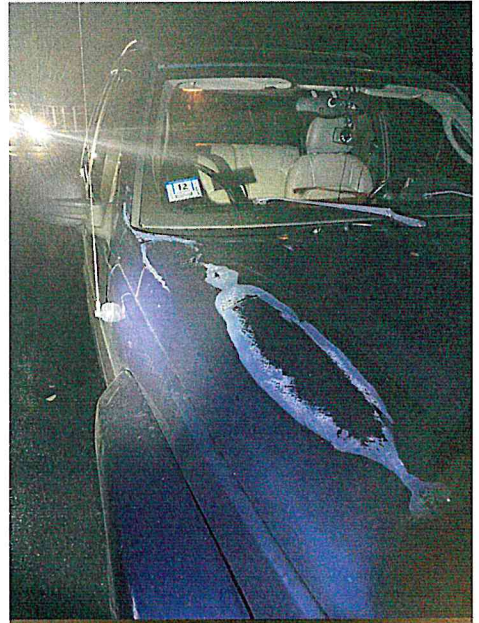
Towed from scene? 33

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			1							



Wilmington Police Department  
Images Associated with 21-238-AC



Wilmington Police Department  
Images Associated with 21-238-AC





Police Use Only

# Commonwealth of Massachusetts

RMV Document Number

Date of Crash: 09/16/2021  
 Time of Crash: 0814  
 City/Town: **Wilmington**  
 24HR

## Motor Vehicle Crash Police Report

Number Vehicles: 2  
 Number Injured: 0  
 Speed Limit: 30  
 Latitude: \_\_\_\_\_  
 Longitude: \_\_\_\_\_  
 State Police  
 Local Police  
 MBTA Police  
 Campus Police  
 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 \_\_\_\_\_

Route# **33** Direction \_\_\_\_\_ Address # **CONCORD ST** 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 \_\_\_\_\_

Please Select One of the Following:  Vehicle **1** #Occupants  Hit/Run  Moped

Crash Report ID# **21-239-AC**

License # **S18757084** St **MA** DOB/Age \_\_\_\_\_  
 Sex **F** Lic. Class  19  19 Lic. Restrictions  1  20 CDL \_\_\_\_\_  
 Operator **KEENAN, ELAINE C**  
 Address **27 WILDWOOD RD**  
 City **ANDOVER** State **MA** Zip **01810-5721**  
 Insurance Company **THE COMMERCE INSURANCE CO**  
 Vehicle Travel Direction:  N  S  E  W Responding to Emergency? **2**  
 Citation # (If Issued) \_\_\_\_\_  
 Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_  
 Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_

Reg # **1CSC10** Reg Type **PC** Reg State **MA**  
 Veh Year **2015** Veh Make **Jeep** Veh Config.  1  21  
 Owner **KEENAN, JOHN FRANCIS**  
 Address **27 WILDWOOD RD**  
 City **ANDOVER** State **MA** Zip **01810-5721**  
 Vehicle Action Prior to Crash  4  22  
 Event Sequence  1  23  23  23  23  
 Most Harmful Event  1  24  
 Driver Contributing Code  99  25  25  
 Driver Distracted by  99  26  
 Damaged Area Code:  4  27  27  27  
 Test Status:  28  
 Type of Test:  29  
 BAC Test Result:  30  
 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
<b>Operator</b>	See Above	<del>XXXXXX</del>	<del>XXXX</del>	1	1	4	0	0	10	1	

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

Reg # **396WZ9** Reg Type **PC** Reg State **MA**

License # **S09884503** St **MA** DOB/Age \_\_\_\_\_  
 Sex **M** Lic. Class  19  19 Lic. Restrictions  1  20 CDL \_\_\_\_\_  
 Operator **AUFIERO, NICHOLAS JOHN**  
 Address **4 WINTER ST**  
 City **BILLERICA** State **MA** Zip **01821-4264**  
 Insurance Company **THE STANDARD FIRE INSURAN**  
 Vehicle Travel Direction:  N  S  W Responding to Emergency? **2**  
 Citation # (If Issued) \_\_\_\_\_  
 Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_  
 Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_

Veh Year **2014** Veh Make **NISSAN** Veh Config.  1  21  
 Owner **O'CONNOR, CHRISTINE MARIE**  
 Address **4 WINTER ST**  
 City **BILLERICA** State **MA** Zip **01821-4264**  
 Vehicle Action Prior to Crash  1  22  
 Event Sequence  1  23  23  23  23  
 Most Harmful Event  1  24  
 Driver Contributing Code  99  25  25  
 Driver Distracted by  99  26  
 Damaged Area Code:  1  27  27  27  
 Test Status:  28  
 Type of Test:  29  
 BAC Test Result:  30  
 Susp. Alcohol:  31 Susp. Drug:  32  
 Towed from scene?  2  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
<b>Operator/Non-Motorist</b>	See Above	<del>XXXXXX</del>	<del>XXXX</del>	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

3 3 Route# Direction Name of Intersecting Roadway/Street

38 N 892 MAIN 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

Please Select One of the Following:  Vehicle 1 #Occupants  Hit/Run  Moped | Crash Report ID# 21-240-AC

License # S29663706 St MA DOB/Age \_\_\_\_\_ Reg # 890HYE Reg Type PC Reg State MA

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

Operator TRACEY, JAMES R | Owner TRACEY, JAMES R

Address 4 KINNEY AVE | Address 4 KINNEY AVE

City BURLINGTON State MA Zip 01803-2112 | City BURLINGTON State MA Zip 01803-2112

Insurance Company THE COMMERCE INSURANCE CO

Vehicle Travel Direction:  S  E  W Responding to Emergency? 2

Citation # (If Issued) \_\_\_\_\_

Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_

Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_

Vehicle Action Prior to Crash 1 22 | Damaged Area Code: 2 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 0 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			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 # S12707135 St MA DOB/Age \_\_\_\_\_ Reg # 273WL9 Reg Type PC Reg State MA

Sex F Lic. Class D M Lic. Restrictions 20 CDL Endorsement

Operator LUBASHEV, LYUDMILA | Owner LUBASHEV, IGOR BORIS

Address 17 WRIGHT ST | Address 21 FRESH POND PL

City ARLINGTON State MA Zip 02474-2413 | City CAMBRIDGE State MA Zip 02138-4429

Insurance Company THE COMMERCE INSURANCE CO

Vehicle Travel Direction:  N  S  E  W Responding to Emergency? 2

Citation # (If Issued) \_\_\_\_\_

Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_

Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_

Vehicle Action Prior to Crash 1 22 | Damaged Area Code: 1 27 8 27 27

Event Sequence 1 23 23 23 23 | Test Status: 28

Most Harmful Event 1 24 | Type of Test: 29

Driver Contributing Code 4 25 25 | BAC Test Result: 30

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	
				6	1	4	0	0	10	1	
				4	1	4	0	0	10	1	
				5	1	4	0	0	10	1	



<b>Police Use Only</b>			<b>Commonwealth of Massachusetts</b>				<b>RMV Document Number</b>							
Date of Crash 09/17/2021	Time of Crash <b>2319</b> 24HR	City/Town <b>Wilmington</b>	<b>Motor Vehicle Crash Police Report</b>		Number Vehicles <b>1</b>	Number Injured <b>0</b>	Speed Limit <b>30</b>	Latitude _____	Longitude _____	State Police <input type="checkbox"/>	Local Police <input type="checkbox"/>	MBTA Police <input type="checkbox"/>	Campus Police <input type="checkbox"/>	Other: _____

<b>AT INTERSECTION:</b>	<b>LOCATION</b>	<b>NOT AT INTERSECTION:</b>
Route# _____ Direction _____ Name of Roadway/Street _____ At _____	<b>300 BALLARDVALE ST</b>	Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____	_____ Feet <b>N S E W</b> of _____ Mile Marker _____ or _____ Exit Number _____	Route# _____ Intersecting Roadway/Street _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____	_____ Feet <b>N S E W</b> of _____ _____ Feet <b>N S E W</b> of _____	Landmark _____

Please Select One of the Following:  Vehicle **1** #Occupants  Hit/Run  Moped Crash Report ID# **21-241-AC**

License # <b>S86575707</b> St <b>MA</b> DOB/Age _____	Reg # <b>4HT999</b> Reg Type <b>PC</b> Reg State <b>MA</b>
Sex <b>M</b> Lic. Class <b>D</b> Lic. Restrictions <b>20</b> CDL Endorsement _____	Veh Year <b>2017</b> Veh Make <b>DODGE</b> Veh Config. <b>1</b>
Operator <b>OBRIEN, BRENDAN T</b>	Owner <b>OBRIEN, BRENDAN T</b>
Address <b>34 BLANCHARD RD</b>	Address <b>34 BLANCHARD RD</b>
City <b>WILMINGTON</b> State <b>MA</b> Zip <b>01887-2250</b>	City <b>WILMINGTON</b> State <b>MA</b> Zip <b>01887-2250</b>
Insurance Company <b>SAFETY INSURANCE COMPANY</b>	Vehicle Action Prior to Crash <b>1</b> 22
Vehicle Travel Direction: <input checked="" type="checkbox"/> <b>S E W</b> Responding to Emergency? <b>2</b>	Event Sequence <b>42</b> 23 41 23 21 23 23
Citation # (If Issued) _____	Most Harmful Event <b>21</b> 24
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code <b>12</b> 25 25
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by <b>0</b> 26
	Damaged Area Code: <b>7</b> 27 27 27
	Test Status: <b>28</b>
	Type of Test: <b>29</b>
	BAC Test Result: <b>30</b>
	Susp. Alcohol: <b>31</b> Susp. Drug: <b>32</b>
	Towed from scene? <b>1</b> 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
<b>Operator</b>	See Above	<del>XXXX</del>	<del>XX</del>	<b>1</b>	<b>1</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

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

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

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



<b>Police Use Only</b>			<b>Commonwealth of Massachusetts</b>				<b>RMV Document Number</b>						
Date of Crash 09/18/2021	Time of Crash 1810 24HR	City/Town Wilmington	<b>Motor Vehicle Crash Police Report</b>			Number Vehicles 1	Number Injured 1	Speed Limit <u>35</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:**

<p>Route# _____ Direction _____ Name of Roadway/Street _____</p> <p style="text-align: center;">At _____</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p> <p style="text-align: center;">Also at Intersection with _____</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p>	<p>Route# _____ Direction _____ Address # <u>106</u> Name of Roadway/Street <u>ANDOVER ST</u></p> <p>_____ Feet <u>N S E W</u> of _____ • _____ or _____</p> <p style="text-align: center;">Mile Marker _____ Exit Number _____</p> <p>_____ Feet <u>N S E W</u> of _____</p> <p>Route# _____ Intersecting Roadway/Street _____</p> <p>_____ Feet <u>N S E W</u> of _____</p> <p style="text-align: center;">Landmark _____</p>
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Please Select One of the Following:  Vehicle 1 1 #Occupants  Hit/Run  Moped Crash Report ID# **21-242-AC**

License # <u>S83380875</u> St <u>MA</u> DOB/Age _____ Sex <u>F</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL _____ Operator <u>WASHINGTON, NIKIA C</u> Last First Middle Address <u>220A NORTHAMPTON ST</u> City <u>BOSTON</u> State <u>MA</u> Zip <u>02118-1315</u> Insurance Company <u>FARMERS PROPERTY &amp; CASUAL</u>	Reg # <u>2WMC54</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2021</u> Veh Make <u>HONDA</u> Veh Config. <u>1</u> <u>21</u> Owner <u>WASHINGTON, NIKIA C</u> Last First Middle Address <u>220A NORTHAMPTON ST</u> City <u>BOSTON</u> State <u>MA</u> Zip <u>02118-1315</u> Vehicle Action Prior to Crash <u>99</u> <u>22</u> Damaged Area Code: <u>1</u> <u>27</u> <u>7</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>1</u> <u>28</u> Most Harmful Event <u>35</u> <u>24</u> Type of Test: <u>29</u> Driver Contributing Code <u>17</u> <u>25</u> <u>99</u> <u>25</u> BAC Test Result: <u>1</u> <u>30</u> Driver Distracted by <u>99</u> <u>26</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u> Towed from scene? <u>1</u> <u>33</u>
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Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator</b>	See Above	<del>XXXX</del>	<del>XX</del>	1	1	4	0	2	8	2	Winchester Hospital

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 _____ Operator _____ Last First Middle Address _____ City _____ State _____ Zip _____ Insurance Company _____	Reg # _____ Reg Type _____ Reg State _____ Veh Year _____ Veh Make _____ Veh Config. <u>21</u> Owner _____ Last First Middle 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
<b>Operator/Non-Motorist</b>	See Above	<del>XXXX</del>	<del>XX</del>	1							





Wilmington Police Department  
Images Associated with 21-242-AC

