Police Use Only

Commonwealth of Massachusetts
Motor Vehicle Crash Police Report

RMV Document Number

Date of Crash	Time of Crash	City/Town	Number Vehicles	Number Injured	Speed Limit	Latitude	Longitude	Police
09/26/2021	1201 24HR	Wilmington	1	0	15			State Police ☐ Local Police ☒ MBTA Police ☐ Campus Police ☐ Other:

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 — Route# Direction Name of Intersecting Roadway/Street

2 1 — Route# Direction Address # Name of Roadway/Street: 1200 HORSESHOE LN

10 2 — Feet N S E W of Mile Marker — or Exit Number

11 1 — 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 1 #Occupants ☐ Hit/Run ☐ Moped — Crash Report ID# 21-252-AC

4 1 — License # S41980512 St MA DOB/Age
Sex M Lic. Class D 19 19 Lic. Restrictions 99 20 CDL Endorsement
Operator DEMARCO, STEPHEN P (Last First Middle)
Address 1214 HORSESHOE LN
City WILMINGTON State MA Zip 01887-6002
Insurance Company GREEN MOUNTAIN 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 # 555YD9 Reg Type PC Reg State MA
Veh Year 2007 Veh Make MITSUBISHI Veh Config. 1 21
Owner DEMARCO, STEPHEN P (Last First Middle)
Address 1214 HORSESHOE LN
City WILMINGTON State MA Zip 01887-6002
Vehicle Action Prior to Crash 1 22
Event Sequence 35 23 23 23 23
Most Harmful Event 35 24
Driver Contributing Code 19 25 20 25
Driver Distracted by 99 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

12 1 — 13 30

5 2 — 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	1	4	0	0	10	1	

7 1 — 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
Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement
Operator (Last First Middle)
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 (Last First Middle)
Address
City State Zip
Vehicle Action Prior to Crash 22
Event Sequence 23 23 23 23
Most Harmful Event 24
Driver Contributing Code 25 25
Driver Distracted by 26
Damaged Area Code: 27 27 27
Test Status: 28
Type of Test: 29
BAC Test Result: 30
Susp. Alcohol: 31 Susp. Drug: 32
Towed from scene? 33

14 1

9 2

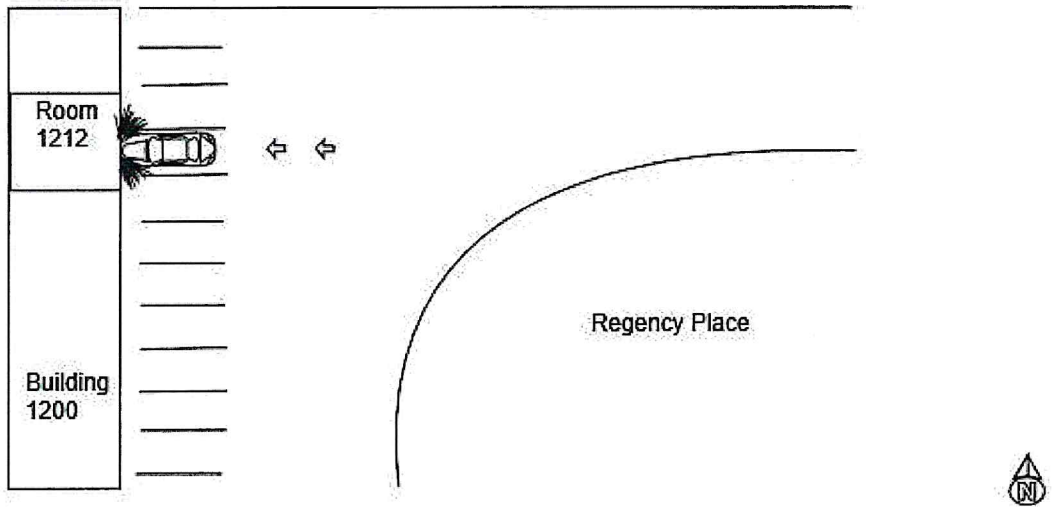
Please fill out for operator/non-motorist and all occupants involved

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 = 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:

On Sunday, September 26th, 2021, MV drove into building 1200 Horseshoe Lane (Apartment # 1212) while 2 tenants were inside watching television. Mr Demarco stated that he hit the gas instead of the brake while parking. No injuries were observed or reported by all parties. The wall was pushed in causing structural damage to the exterior, interior drywall, and window area. Fire Lieutenant Ryan viewed the damage and deem the apartment safe to live in until repairs are made. Mv sustained minor damage to the front end.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
RONAN TAYLOR ELIZABETH	7000 HORSESHOE LN Apt. #1212 WILMINGTON MA 0188		
BRADLEY TRACY ALAN	2823 OAK DR AMARILLO TX 79107		

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
REGENCY PLACE	1200 HORSESHOE LN Apt. #1212 WILMI			EXTERIOR & INTERIOR WALL DAMAGE

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]

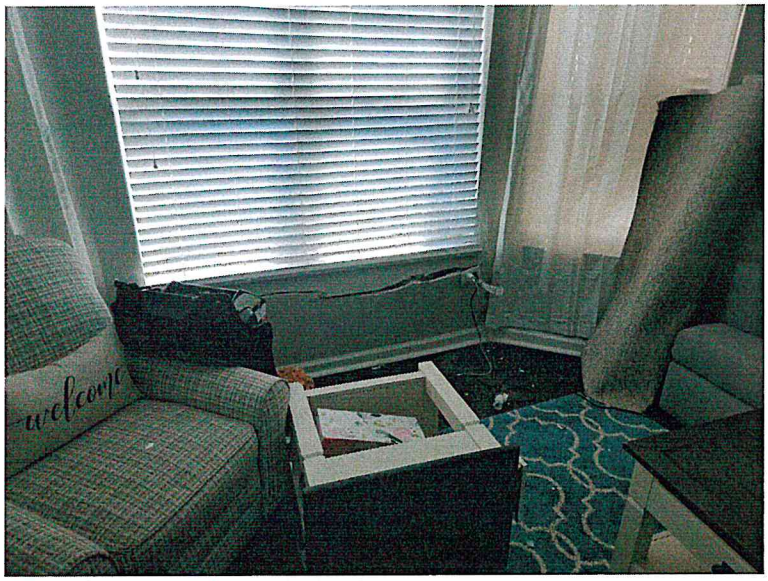
Hazmat Information:

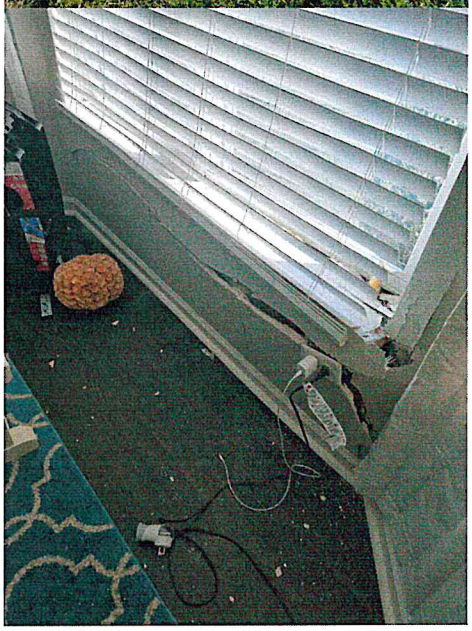
Placard [47] Material 1 digit # [48] Material Name _____ Material 4 digit # _____ Release code [49]

Patrol Officer Scott Dunnett		202	Wilmington Police Department		09/26/2021
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

CDP1 11-24-00

Wilmington Police Department
Images Associated with 21-252-AC





Police Use Only

Commonwealth of Massachusetts
Motor Vehicle Crash Police Report

RMV Document Number

Date of Crash	Time of Crash	City/Town	Number Vehicles	Number Injured	Speed Limit	Latitude	Longitude	State Police	Local Police	MBTA Police	Campus Police	Other
09/28/2021	0641 24HR	Wilmington	2	1	40			☐	☒	☐	☐	☐

LOCATION

AT INTERSECTION:

93 (Route#) — (Direction) — I93NBR31 RAMP (Name of Roadway/Street) — 1

At

129 (Route#) — (Direction) — LOWELL ST (Name of Intersecting Roadway/Street)

Also at Intersection with

(Route#) — (Direction) — (Name of Intersecting Roadway/Street) — 2

NOT AT INTERSECTION:

(Route#) — (Direction) — (Address #) — (Name of Roadway/Street) — 10

____ Feet N S E W of ___ ___ ___ • ___ (Mile Marker) or ____ (Exit Number) — 11

____ Feet N S E W of ____ (Route#) ____ (Intersecting Roadway/Street)

____ Feet N S E W of ____ (Landmark)

Vehicle 1 — Please Select One of the Following: ☒ Vehicle 1 #Occupants 1 ☐ Hit/Run ☐ Moped — Crash Report ID# 21-253-AC — 3

License # S74950690 St MA DOB/Age

Sex F Lic. Class D 19 D 19 Lic. Restrictions B 20 CDL Endorsement

Operator RYLE, PAMELA SUE (Last First Middle) — 4

Address 40 PILGRIM RD

City READING State MA Zip 01867-1543

Insurance Company GEICO GENERAL INSURANCE C

Vehicle Travel Direction: N S E ☒ Responding to Emergency? 2 — 5

Citation # (If Issued)

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

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

Reg # 23JH83 Reg Type PC Reg State MA

Veh Year 2015 Veh Make NISSAN Veh Config. 1 21 — 12

Owner RYLE, JOHN JOSEPH (Last First Middle)

Address 40 PILGRIM RD

City READING State MA Zip 01867-1543

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: 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 — 13

Towed from scene? 1 33

Please fill out for operator and all occupants involved — 6

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	1	0	0	10	1	

Vehicle 2 — Please Select One of the Following: ☒ Vehicle 2 #Occupants 1 ☐ Non-Motorist A Type 15 Action 16 Location 17 Condition 18 ☐ Hit/Run ☐ Moped — 3

License # NHL11144191 St NH DOB/Age

Sex F Lic. Class D 19 D 19 Lic. Restrictions B 20 CDL Endorsement

Operator VANN, AMANDA ROUMDOUL (Last First Middle) — 8

Address 134 LAWRENCE CORNER RD

City PELHAM State NH Zip 03076

Insurance Company Travellers Insurance

Vehicle Travel Direction: ☒ S E W Responding to Emergency? 2 — 9

Citation # (If Issued)

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

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

Reg # 4972002 Reg Type PC Reg State NH

Veh Year 2021 Veh Make HONDA Veh Config. 1 21

Owner VANN, AMANDA ROUMDOUL (Last First Middle)

Address 134 LAWRENCE CORNER RD

City PELHAM State NH Zip 03076 — 14

Vehicle Action Prior to Crash 4 22

Event Sequence 1 23 23 23 23

Most Harmful Event 1 24

Driver Contributing Code 4 25 9 25

Driver Distracted by 99 26

Damaged Area Code: 3 27 2 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? 1 33

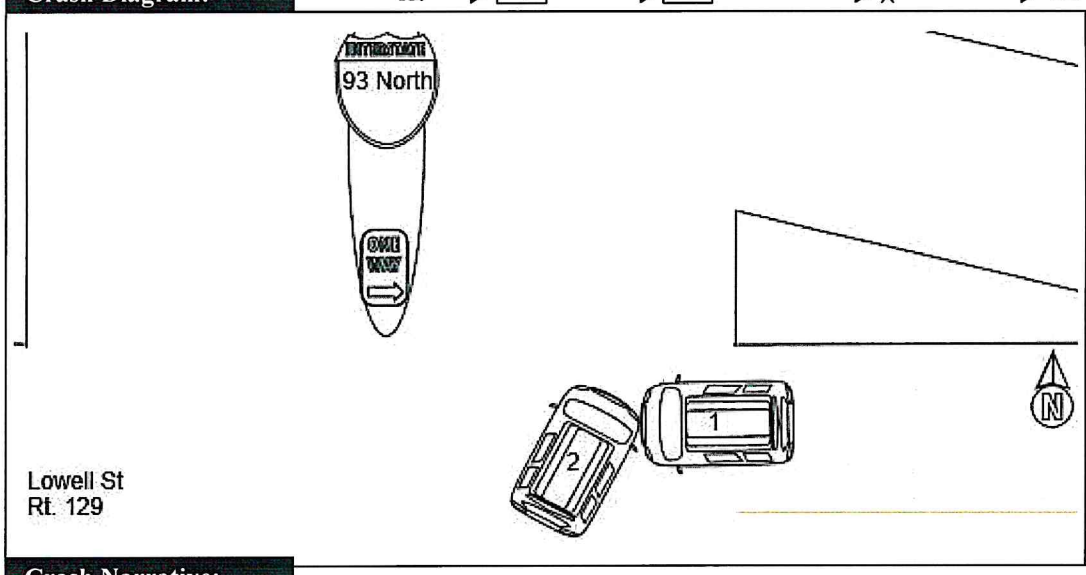
Please fill out for operator/non-motorist and all occupants involved

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			1	99	2	0	0	9	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:

M/V 1 was travelling westbound on Lowell St. M/V 2 was travelling Eastbound on Lowell St. and attempted to make a left turn onto the On-ramp to 93 North. M/V 2 did not yield to the right of way of M/V 1 and collided into M/V 1. M/V 2 ended up on the island between the on-ramp and off-ramp of 93 North. M/V 2 also crashed into a "Keep Right" sign before stopping.

Witnesses:

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

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
Massachusetts Department of Trans	519 APPLETON ST ARLINGTON MA		1	HIGHWAY SIGNAGE

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 Brian Tavares		206	Wilmington Police Department		09/28/2021
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

CDP1 11-24-00

Commonwealth of Massachusetts
Motor Vehicle Crash Police Report

Police Use Only

RMV Document Number

Date of Crash	Time of Crash	City/Town	Number Vehicles	Number Injured	Speed Limit	Latitude	Longitude	State Police / Local Police / MBTA Police / Campus Police / Other
09/30/2021	1423 24HR	Wilmington	1	0	30			Local Police ☒

LOCATION

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 ____

NOT AT INTERSECTION:

Route# ____ Direction ____ Address # 1 Name of Roadway/Street WING RD

____ 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

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

Crash Report ID# 21-254-AC

Vehicle 1

License # S19065665 St MA DOB/Age ____

Sex F Lic. Class D Lic. Restrictions ____ CDL Endorsement ____

Operator FRASCO, ALBA NINA (Last / First / Middle)

Address 16 GOWING RD

City WILMINGTON State MA Zip 01887-1504

Insurance Company SELF INSURED

Vehicle Travel Direction: N S X 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 # SP105492 Reg Type SB Reg State MA

Veh Year 2017 Veh Make FORD Veh Config. 5

Owner WILMINGTON TOWN OF (Last / First / Middle)

Address 121 GLEN RD

City WILMINGTON State MA Zip 01887-3500

Vehicle Action Prior to Crash 10

Event Sequence 31

Most Harmful Event 31

Driver Contributing Code 19

Driver Distracted by 0

Damaged Area Code: 6

Test Status: 1

Type of Test: ____

BAC Test Result: 1

Susp. Alcohol: 2 Susp. Drug: 2

Towed from scene? 2

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 ____ Action ____ Location ____ Condition ____ ☐ Hit/Run ☐ Moped

Vehicle 2

License # ____ St ____ DOB/Age ____

Sex ____ Lic. Class ____ Lic. Restrictions ____ CDL Endorsement ____

Operator ____ (Last / First / Middle)

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. ____

Owner ____ (Last / First / Middle)

Address ____

City ____ State ____ Zip ____

Vehicle Action Prior to Crash ____

Event Sequence ____

Most Harmful Event ____

Driver Contributing Code ____

Driver Distracted by ____

Damaged Area Code: ____

Test Status: ____

Type of Test: ____

BAC Test Result: ____

Susp. Alcohol: ____ Susp. Drug: ____

Towed from scene? ____

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

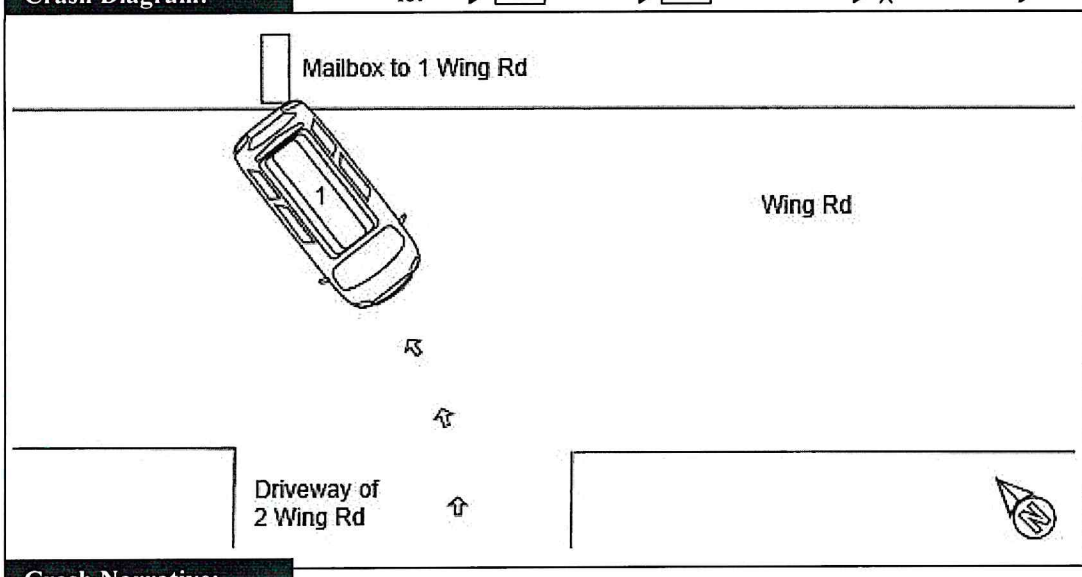
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above			1							

Form No. 10364 CRA-65 09/18

= 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:

On 10/1/21, I received a report from the School Department's Transportation Coordinator reporting that a Town owned van bus (Minibus #2) was involved in a minor accident. There were no injuries and no students were in the bus at the time of the crash. The bus driver (operator 1) had just dropped a student off at # 2 Wing Rd. After dropping the student off, she backed up onto Wing Rd and backed into the mailbox for #1 Wing Rd. The mailbox did sustain damage. Minibus 2 did sustain damage to the driver's side tail light. SEE 21-1141-OF

Witnesses:

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

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
MARSI JOHN J	1 WING RD WILMINGTON MA 01887-2530		97	MAILBOX

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 Daniel P Furbush		196	Wilmington Police Department		09/30/2021
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

CDP1 11-24-00

Wilmington Police Department
Images Associated with 21-254-AC

Police Use Only

Commonwealth of Massachusetts
Motor Vehicle Crash Police Report

RMV Document Number

Date of Crash	Time of Crash	City/Town	Number Vehicles	Number Injured	Speed Limit	Latitude	Longitude	Police
09/30/2021	1520 24HR	Wilmington	2	0	35			State Police ☐ Local Police ☒ MBTA Police ☐ Campus Police ☐ Other:

LOCATION

AT INTERSECTION:

Route# ____ Direction ____ Name of Roadway/Street: MAIN ST

At

Route# ____ Direction ____ Name of Intersecting Roadway/Street: BRIDGE LN

Also at Intersection with

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

NOT AT INTERSECTION:

Route# ____ Direction ____ Address # ____ Name of Roadway/Street: ____

____ 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

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

Crash Report ID# 21-255-AC

License # S91451023 St MA DOB/Age

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

Operator DWAN, RONALD SCOTT (Last First Middle)

Address 28 MAIN ST

City WILMINGTON State MA Zip 01887-1703

Insurance Company SAFETY INSURANCE COMPANY

Vehicle Travel Direction: N ☒ 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 # 1GFM15 Reg Type PC Reg State MA

Veh Year 2017 Veh Make NISSAN Veh Config. 1 21

Owner DWAN, RONALD SCOTT (Last First Middle)

Address 28 MAIN ST

City WILMINGTON State MA Zip 01887-1703

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: 3 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

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	1	0	0	10	1	

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

License # S58420268 St MA DOB/Age

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

Operator DELANEY, MILAGRO R (Last First Middle)

Address 75 GLEN RD

City WILMINGTON State MA Zip 01887-1882

Insurance Company THE COMMERCE INSURANCE CO

Vehicle Travel Direction: N ☒ 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 # 7JD988 Reg Type PC Reg State MA

Veh Year 2014 Veh Make TOYOTA Veh Config. 1 21

Owner DELANEY, JEANNINE (Last First Middle)

Address 75 GLEN RD

City WILMINGTON State MA Zip 01887-1882

Vehicle Action Prior to Crash 3 22

Event Sequence 1 23 23 23 23

Most Harmful Event 1 24

Driver Contributing Code 4 25 25

Driver Distracted by 0 26

Damaged Area Code: 7 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/non-motorist and all occupants involved

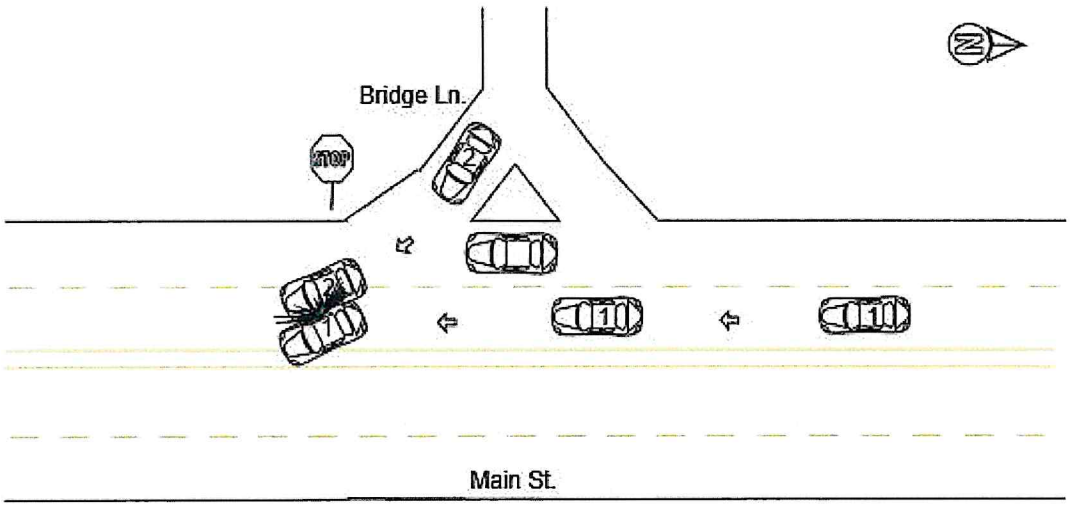
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above			1	1	1	0	0	10	1	

Form No. 10364 CRA-65 09/18

= 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:

On 09/30/21 Car 1 while travelling southbound on Main St. was crashed into by Car 2 taking a right hand turn from Bridge Ln. onto Main St. The operator of Car 2 stated a car on the closest lane on Main St. was letting her out, she proceeded to try and enter the second lane. During this Right hand turn she failed to yield to Car 1 resulting in the crash. All parties signed refusals to the Wilmington FD/EMS for medical treatment. Both MV were towed to Forest Towing.

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 Dillon Halliday		205	Wilmington Police Department		09/30/2021
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

CDP1 11-24-00

Police Use Only

Commonwealth of Massachusetts
Motor Vehicle Crash Police Report

RMV Document Number

Date of Crash	Time of Crash	City/Town	Number Vehicles	Number Injured	Speed Limit	Latitude	Longitude	Police
10/01/2021	1147 24HR	Wilmington	2	0	25			State Police ☐ Local Police ☒ MBTA Police ☐ Campus Police ☐ Other:

LOCATION

AT INTERSECTION:

Route# ____ Direction ____ Name of Roadway/Street: CONCORD ST

At

Route# ____ Direction ____ Name of Intersecting Roadway/Street: WOBURN ST

Also at Intersection with

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

NOT AT INTERSECTION:

Route# ____ Direction ____ Address # ____ Name of Roadway/Street: ____

____ 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

Please Select One of the Following: ☒ Vehicle 1 1 #Occupants ☐ Hit/Run ☐ Moped — Crash Report ID# 21-256-AC

License # NHL12309605 St NH DOB/Age ____

Sex M Lic. Class D Lic. Restrictions 1 CDL Endorsement ____

Operator GALLUCIO, ANDRE C (Last First Middle)

Address 6A HORSE SHOE LN

City KINGSTON State NH Zip 03848

Insurance Company SAFETY

Vehicle Travel Direction: N S E ☒ 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 # PAPA+AG Reg Type PC Reg State NH

Veh Year 2019 Veh Make HONDA Veh Config. 1

Owner GALLUCIO, ANDRE C (Last First Middle)

Address 6A HORSE SHOE LN

City KINGSTON State NH Zip 03848

Vehicle Action Prior to Crash 2

Event Sequence 1

Most Harmful Event 1

Driver Contributing Code 1

Driver Distracted by 0

Damaged Area Code: 6

Test Status: 1

Type of Test: ____

BAC Test Result: ____

Susp. Alcohol: 2 Susp. Drug: 2

Towed from scene? 2

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 1 #Occupants ☐ Non-Motorist A Type ____ Action ____ Location ____ Condition ____ ☐ Hit/Run ☐ Moped

License # S60147238 St MA DOB/Age ____

Sex M Lic. Class D Lic. Restrictions 1 CDL Endorsement ____

Operator MALTAIS, ROBERT G JR (Last First Middle)

Address 17 FAIRVIEW AVE

City WILMINGTON State MA Zip 01887-2444

Insurance Company SAFETY INSURANCE COMPANY

Vehicle Travel Direction: N S E ☒ 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 # 87ZM20 Reg Type PC Reg State MA

Veh Year 2014 Veh Make HYUNDAI Veh Config. 1

Owner MALTAIS, ROBERT G JR (Last First Middle)

Address 17 FAIRVIEW AVE

City WILMINGTON State MA Zip 01887-2444

Vehicle Action Prior to Crash 1

Event Sequence 1

Most Harmful Event 1

Driver Contributing Code 5

Driver Distracted by 0

Damaged Area Code: 2

Test Status: 1

Type of Test: ____

BAC Test Result: ____

Susp. Alcohol: 2 Susp. Drug: 2

Towed from scene? 2

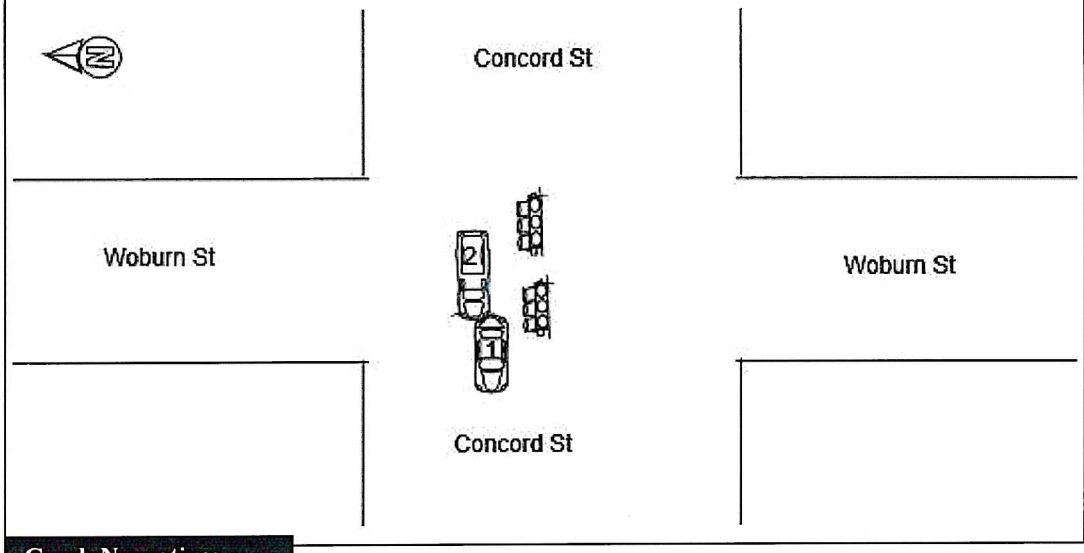
Please fill out for operator/non-motorist and all occupants involved

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	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:

Both vehicles were traveling straight, west on Concord St. A vehicle in front of vehicle 1 came to a sudden stop. Vehicle 1 was able to stop in time to avoid crashing into the vehicle in front of him. Vehicle 2 was not able to stop and crashed into the back of vehicle 1.

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 W Wandell		174	Wilmington Police Department		10/01/2021
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

CDP1 11-24-00

Police Use Only

Commonwealth of Massachusetts
Motor Vehicle Crash Police Report

RMV Document Number

Date of Crash	Time of Crash	City/Town	Number Vehicles	Number Injured	Speed Limit	Latitude	Longitude	Police
10/01/2021	1737 24HR	Wilmington	2	3	35			State Police ☐ Local Police ☒ MBTA Police ☐ Campus Police ☐ Other:

LOCATION

AT INTERSECTION:

Route# Direction Name of Roadway/Street (1 3)

At

Route# Direction Name of Intersecting Roadway/Street

Also at Intersection with

Route# Direction Name of Intersecting Roadway/Street (2 1)

NOT AT INTERSECTION:

Route# Direction Address # Name of Roadway/Street: 212 MAIN ST (10 2)

_____ Feet N S E W of Mile Marker — — — • — or Exit Number

_____ Feet N S E W of Route# Intersecting Roadway/Street (11 3)

_____ Feet N S E W of Landmark

Vehicle 1 (3) — Please Select One of the Following: ☒ Vehicle 1 1 #Occupants ☐ Hit/Run ☐ Moped — Crash Report ID# 21-257-AC

License # S94703450 St MA DOB/Age

Sex F Lic. Class D (19) (19) Lic. Restrictions (20) CDL Endorsement

Operator FERRELLI, SHANNON E (Last First Middle) (4 1)

Address 50 HARVEST LN

City TEWKSBURY State MA Zip 01876

Insurance Company SAFECO INSURANCE COMPANY

Vehicle Travel Direction: ☒ S E W Responding to Emergency? 2 (5)

Citation # (If Issued)

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

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

Reg # 957ZA6 Reg Type PC Reg State MA

Veh Year 2013 Veh Make HONDA Veh Config. 1 (21) (12 1)

Owner FERRELLI, SHANNON E (Last First Middle)

Address 50 HARVEST LN

City TEWKSBURY State MA Zip 01876

Vehicle Action Prior to Crash 1 (22) Damaged Area Code: 1 (27) (27) (27)

Event Sequence 1 (23) (23) (23) (23) Test Status: 1 (28)

Most Harmful Event 1 (24) Type of Test: (29)

Driver Contributing Code 1 (25) 18 (25) BAC Test Result: 1 (30)

Driver Distracted by 0 (26) Susp. Alcohol: 2 (31) Susp. Drug: 2 (32) (13 1)

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			1	1	4	0	0	8	2	Winchester Hospital

Vehicle 2 (7 1) — Please Select One of the Following: ☒ Vehicle 2 2 #Occupants ☐ Non-Motorist A Type (15) Action (16) Location (17) Condition (18) ☐ Hit/Run ☐ Moped

License # S38886063 St MA DOB/Age

Sex F Lic. Class D (19) (19) Lic. Restrictions (20) CDL Endorsement

Operator GRIECO, RACHEL DAWN (Last First Middle) (8 1)

Address 16 KENWOOD AVE

City WILMINGTON State MA Zip 01887

Insurance Company PREFERRED MUTUAL INSURANC

Vehicle Travel Direction: N ☒ 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 (9 2)

Reg # 2XL492 Reg Type PC Reg State MA

Veh Year 2015 Veh Make FORD Veh Config. 1 (21)

Owner GRIECO, RACHEL DAWN (Last First Middle)

Address 16 KENWOOD AVE

City WILMINGTON State MA Zip 01887 (14 2)

Vehicle Action Prior to Crash 4 (22) Damaged Area Code: 2 (27) (27) (27)

Event Sequence 1 (23) (23) (23) (23) Test Status: 1 (28)

Most Harmful Event 1 (24) Type of Test: (29)

Driver Contributing Code 19 (25) 18 (25) BAC Test Result: 1 (30)

Driver Distracted by 0 (26) Susp. Alcohol: 2 (31) Susp. Drug: 2 (32)

Towed from scene? 1 (33)

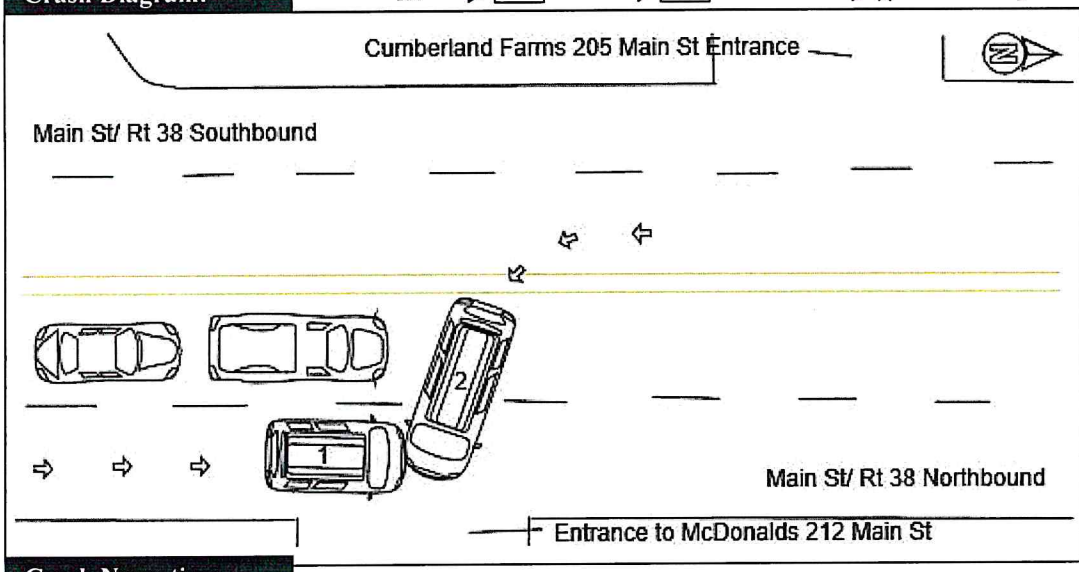
Please fill out for operator/non-motorist and all occupants involved

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			1	1	4	0	0	9	1	
				3	1	4	0	0	9	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:

On 10/1/21, I responded to a 2 car crash in front of 212 Main St the McDonalds. Upon arrival, both vehicles entered McDonalds parking lot. Veh1 oper reported she was traveling straight on Main St(NB) and a large SUV(Veh 2) pulled out in front of her. She was unable to stop in time due to the distance she was from where Veh2 pulled out.There was a line of cars in the left NB lane that blocked both operators view. Veh2 operator reported she was trying to turn left into McDonalds. A truck in the left NB lane stopped and let her make the turn. Veh2 pulled in front of Veh1.Veh2 oper believed Veh1 was going too fast but traffic was heavy and there is no evidence damage wise to prove excessive speed was a cause. Veh1 oper reported chest pain from seatbelt. Veh2 Oper reported minor pain in head. Passenger of Veh2 report minor right leg pain. Veh2 towed by A&S. Veh1 oper transported to Winchester Hospital. No signs of impairment with either driver.

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 #: _____

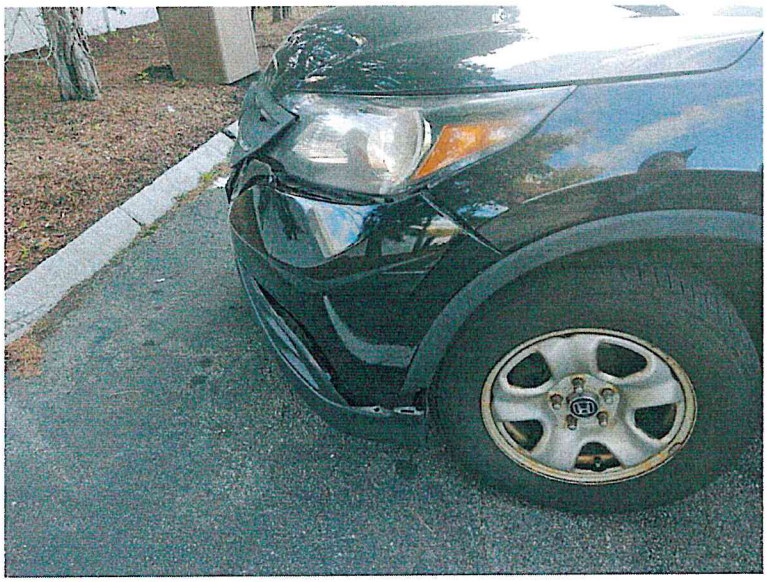
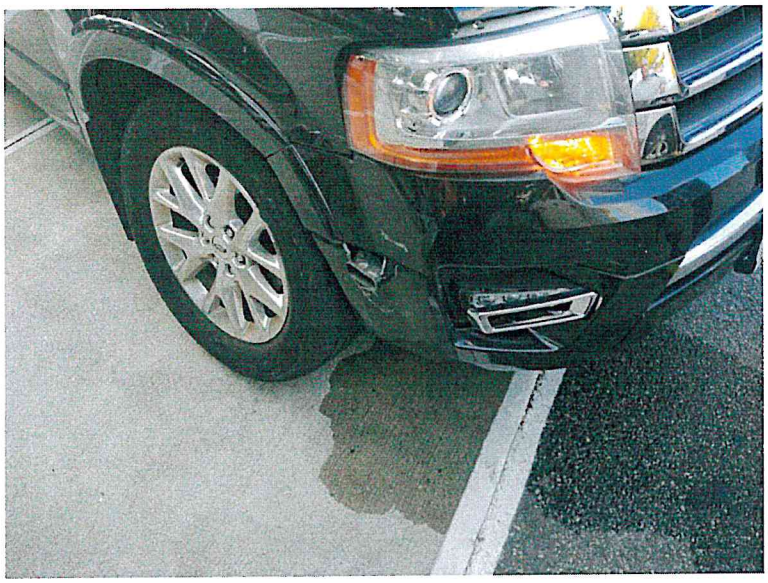
Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

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 Daniel P Furbush		196	Wilmington Police Department		10/01/2021
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

CDP1 11-24-00

Wilmington Police Department
Images Associated with 21-257-AC