

<b>Police Use Only</b>		<b>Commonwealth of Massachusetts</b>				<b>RMV Document Number</b>							
Date of Crash 10/04/2021	Time of Crash 1109 24HR	City/Town <b>Wilmington</b>		<b>Motor Vehicle Crash Police Report</b>		Number Vehicles 2	Number Injured 0	Speed Limit <b>30</b>	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:**

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 \_\_\_\_\_

Route# **700** Direction \_\_\_\_\_ Address # **WOBURN 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 \_\_\_\_\_  
**ENTRANCE TO DEP**  
Landmark \_\_\_\_\_

2 10

2 11

2

3 97

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

Crash Report ID# **21-258-AC**

4 1

License # **000004299566** St **NC** DOB/Age \_\_\_\_\_  
Sex **M** Lic. Class **A** **19** **19** Lic. Restrictions **1** **20** CDL **T** Endorsement \_\_\_\_\_  
Operator **BEASLEY, MICHAEL JAMES**  
Last First Middle  
Address **9057 GREEN LOOP RD**  
City **LELAND** State **NC** Zip **25451**  
Insurance Company **SAFTEY #1352981**  
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 # **P1081511** Reg Type **AP** Reg State **IL**  
Veh Year **2015** Veh Make **VOLVO** Veh Config. **21**  
Owner **MDS TRUCKING V INC**  
Last First Middle  
Address **777 S ROHLOVING RD**  
City **ADDISON** State **IL** Zip **60101**  
Vehicle Action Prior to Crash **3** **22** Damaged Area Code: **0** **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 **25** **25** BAC Test Result: **30**  
Driver Distracted by **26** Susp. Alcohol: **31** Susp. Drug: **32**  
Towed from scene? **2** **33**

3 12

1 13

6 2

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>XX</del>	<b>1</b>	<b>1</b>	<b>5</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

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 # **S35916720** St **MA** DOB/Age \_\_\_\_\_  
Sex **F** Lic. Class **19** **19** Lic. Restrictions **20** CDL \_\_\_\_\_ Endorsement \_\_\_\_\_  
Operator **LUSSIER, JENNIFER LORI**  
Last First Middle  
Address **1710 SKYLINE DR APT 11**  
City **LOWELL** State **MA** Zip **01854-1462**  
Insurance Company **LM GENERAL INSURANCE COMP**  
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 # **7PS572** Reg Type **PC** Reg State **MA**  
Veh Year **2019** Veh Make **HONDA** Veh Config. **21**  
Owner **LUSSIER, JENNIFER LORI**  
Last First Middle  
Address **1710 SKYLINE DR APT 11**  
City **LOWELL** State **MA** Zip **01854-1462**  
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 **25** **25** BAC Test Result: **30**  
Driver Distracted by **26** Susp. Alcohol: **31** Susp. Drug: **32**  
Towed from scene? **33**

1 14

9 2

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>XX</del>	<b>1</b>	<b>1</b>	<b>5</b>	<b>3</b>	<b>0</b>	<b>10</b>	<b>1</b>	

→ = 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

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**Indicate North by Arrow**

**Crash Narrative:**

Vehicle 1 was on Woburn Street turning right into the parking lot of DEP. Vehicle 2 was driving on Woburn Street Veh 1 stated a vehicle was pulling out of the parking lot and then he would turn right into the parking lot. Veh 1 was an 18 wheeler. According to the Op of vehicle 2, she was behind the vehicle went into reverse and rolled backwards towards her vehicle causing the contact. The Op of vehicle 2 stated she "laid on horn" but the truck rolled into her vehicle. According to the Op of veh 1, his vehicle did not roll backwards and that vehicle 2 drove into his truck. Also, the 18 wheeler is an automatic transmission (confrimed) and according the operator that vehicle does not roll backwards unless it was put in reverse which he stated that he did not.

**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)     Bus Use

Carrier Name \_\_\_\_\_

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

**Detective Patrick B Nally**     **166**     **Wilmington Police Department**     **10/04/2021**  
 Police Officer Name (Please Print)     Signature     ID/Badge #     Department     Precinct/Barracks     Date

<b>Police Use Only</b>			<b>Commonwealth of Massachusetts</b>				<b>RMV Document Number</b>								
Date of Crash 10/05/2021	Time of Crash 1347 24HR	City/Town Wilmington	<b>Motor Vehicle Crash Police Report</b>			Number Vehicles 2	Number Injured 0	Speed Limit <u>25</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"/>

<b>AT INTERSECTION:</b>	<b>&lt; LOCATION &gt;</b>	<b>NOT AT INTERSECTION:</b>
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1	Route# _____ Direction _____ Name of Roadway/Street <u>CONCORD ST</u> At Route# _____ Direction _____ Name of Intersecting Roadway/Street <u>FORDHAM RD</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 _____	2	10
2				

Please Select One of the Following:	<input checked="" type="checkbox"/> Vehicle <u>12</u> #Occupants _____	<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped	Crash Report ID# <b>21-259-AC</b>
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3	License # <u>S50225022</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>20</u> CDL _____ Operator <u>STARBLE, MARIANNE THERESA</u> Address <u>10 BURLINGTON AVE APT 1207</u> City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-3938</u> Insurance Company <u>NATIONAL UNION FIRE INSUR</u> Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> S <input checked="" 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>SP32643</u> Reg Type <u>SB</u> Reg State <u>MA</u> Veh Year <u>2017</u> Veh Make <u>FORD</u> Veh Config. <u>1</u> <u>21</u> Owner <u>CHRISTIANSON BUS CO LLC</u> Address <u>6 BURNING TREE LN</u> City <u>CHELMSFORD</u> State <u>MA</u> Zip <u>01824-4502</u> Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>5</u> <u>27</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>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>2</u> <u>33</u>	1	12
5				
6				

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
<i>Operator</i>	See Above	<del>XXXXXX</del>	<del>XXXX</del>	1	1	4	0	0	10	1	
PATRICIA WALSH	6 HALLMARK GDNS BURLINGTON, MA 01803-3548		F	3	1	4	0	0	10	1	

Please Select One of the Following:	<input checked="" type="checkbox"/> Vehicle <u>22</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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8	License # <u>S48412342</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>20</u> CDL _____ Operator <u>LANDAVERDE AYALA, SUSANA ARELY</u> Address <u>126 WATERHILL ST APT #2</u> City <u>LYNN</u> State <u>MA</u> Zip <u>01905-2142</u> Insurance Company <u>FARMERS PROPERTY &amp; CASUAL</u> Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> S <input checked="" 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>7VC111</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2017</u> Veh Make <u>CHEVROLET</u> Veh Config. <u>1</u> <u>21</u> Owner <u>CASTRO, OSCAR A</u> Address <u>2 GORDON RD</u> City <u>NORTH READING</u> State <u>MA</u> Zip <u>01864</u> Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>1</u> <u>27</u> <u>27</u> <u>27</u> 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>19</u> <u>25</u> <u>5</u> <u>25</u> BAC Test Result: <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>2</u> <u>33</u>	1	14
9				

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
<i>Operator/Non-Motorist</i>	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 1 Route# Direction Name of Intersecting Roadway/Street Also at Intersection with

2 1 Route# Direction Name of Intersecting Roadway/Street

3 10 Route# Direction Address # Name of Roadway/Street

3 11 Feet N S E W of Mile Marker Exit Number

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

3 11 Feet N S E W of Landmark

Please Select One of the Following:  Vehicle 1 #Occupants  Hit/Run  Moped | Crash Report ID# 21-260-AC

License # S65118497 St MA DOB/Age Reg # 572WJ2 Reg Type PC Reg State MA

Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement Veh Year 2014 Veh Make ACURA Veh Config. 1 21

Operator MURPHY, ANNETTE JANINE Owner MURPHY, ANNETTE JANINE

Address 5 GELDING RD Address 5 GELDING RD

City CHELMSFORD State MA Zip 01824-1917 City CHELMSFORD State MA Zip 01824-1917

Insurance Company MAPFRE INSURANCE Vehicle Action Prior to Crash 4 22 Damaged Area Code: 7 27 27 27

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

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

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

Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by 0 26 Susp. Alcohol: 2 31 Susp. Drug: 2 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	2	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 # U3000109703008 St WI DOB/Age Reg # 1XGK88 Reg Type PC Reg State MA

Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement Veh Year 2020 Veh Make SUBARU Veh Config. 1 21

Operator UTA, ALLEN Owner UTA, ALLEN

Address 101 LOWELL RD APT 213 Address 101 LOWELL RD APT 213

City NORTH READING State MA Zip 01864 City NORTH READING State MA Zip 01864

Insurance Company PROGRESSIVE CASUALTY INSU Vehicle Action Prior to Crash 4 22 Damaged Area Code: 1 27 27 27

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

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

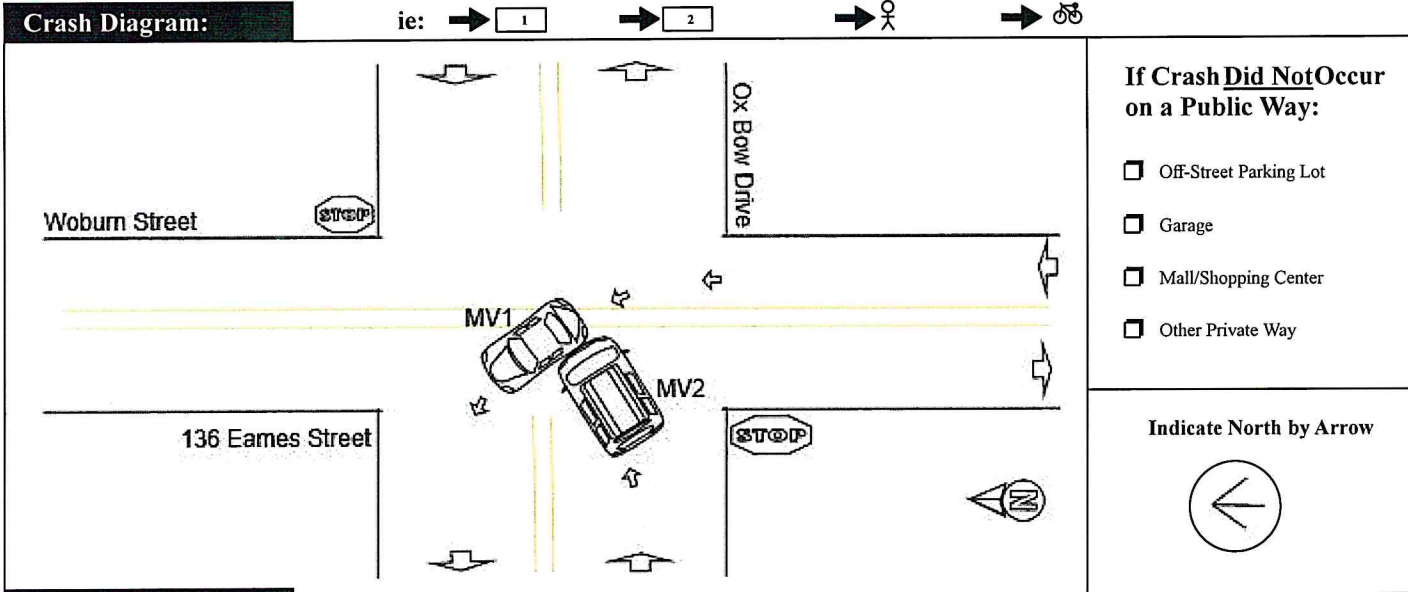
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Driver Contributing Code 1 25 25 BAC Test Result: 1 30

Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by 0 26 Susp. Alcohol: 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
Operator/Non-Motorist	See Above			1	1	4	0	0	10	1	



**Crash Narrative:**

Operator of motor vehicle 1, Annette Murphy stated that she was traveling north on Woburn Street and was turning left onto Eames Street when she was struck by MV2. Operator of motor vehicle 2, Allen Uta stated that he was on Eames Street stopped at the stop sign, looked both ways, and turned left onto Woburn Street when he collided with MV1. Wilmington Fire Department and Action Ambulance arrived on scene to assist. Mrs. Murphy and Mr. Uta stated no injuries and refused medical attention. Forrest Towing arrived on scene and towed MV1, due to airbag deployment (See images and attachments). I assisted with the documentation exchange and then sent both parties on their way.

**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

Wilmington Police Department  
Images Associated with 21-260-AC



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

Route# \_\_\_\_\_ Direction \_\_\_\_\_ Name of Roadway/Street \_\_\_\_\_ At \_\_\_\_\_  
 Route# \_\_\_\_\_ Direction \_\_\_\_\_ Name of Intersecting Roadway/Street \_\_\_\_\_  
 Also at Intersection with \_\_\_\_\_  
 Route# \_\_\_\_\_ Direction \_\_\_\_\_ Name of Intersecting Roadway/Street \_\_\_\_\_

Route# 136 Direction \_\_\_\_\_ Address # SALEM ST 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 Occupants  Hit/Run  Moped Crash Report ID# **21-261-AC**

License # S54655544 St MA DOB/Age \_\_\_\_\_ Reg # 2KVV75 Reg Type PC Reg State MA  
 Sex F Lic. Class D Lic. Restrictions 1 CDL Endorsement \_\_\_\_\_ Veh Year 2017 Veh Make HYUNDAI Veh Config. 1  
 Operator WOLF, DEBRA A Owner ODIERNO, FRANK P  
 Address 18 VILLA ROMA DR Address 18 VILLA ROMA DR  
 City TEWKSBURY State MA Zip 01876 City TEWKSBURY State MA Zip 01876  
 Insurance Company LIBERTY MUTUAL Vehicle Action Prior to Crash 1 Damaged Area Code: 8 27 27 27  
 Vehicle Travel Direction: N S 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: 1 29  
 Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code 1 25 25 BAC Test Result: 1 30  
 Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by 0 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32  
 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
<b>Operator</b>	See Above			<u>1</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>8</u>	<u>2</u>	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 # S28743671 St MA DOB/Age \_\_\_\_\_ Reg # 9JA548 Reg Type PC Reg State MA  
 Sex M Lic. Class D Lic. Restrictions 1 CDL Endorsement \_\_\_\_\_ Veh Year 2019 Veh Make ACURA Veh Config. 1  
 Operator BOISVERT, DENNIS H Owner BOISVERT, DENNIS H  
 Address 158 SALEM ST Address 158 SALEM ST  
 City WILMINGTON State MA Zip 01887-4005 City WILMINGTON State MA Zip 01887-4005  
 Insurance Company ELECTRIC INSURANCE COMPAN Vehicle Action Prior to Crash 10 Damaged Area Code: 5 27 27 27  
 Vehicle Travel Direction: N S 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: 1 29  
 Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code 19 25 25 BAC Test Result: 1 30  
 Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by 0 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32  
 Towed from scene? 2 33

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

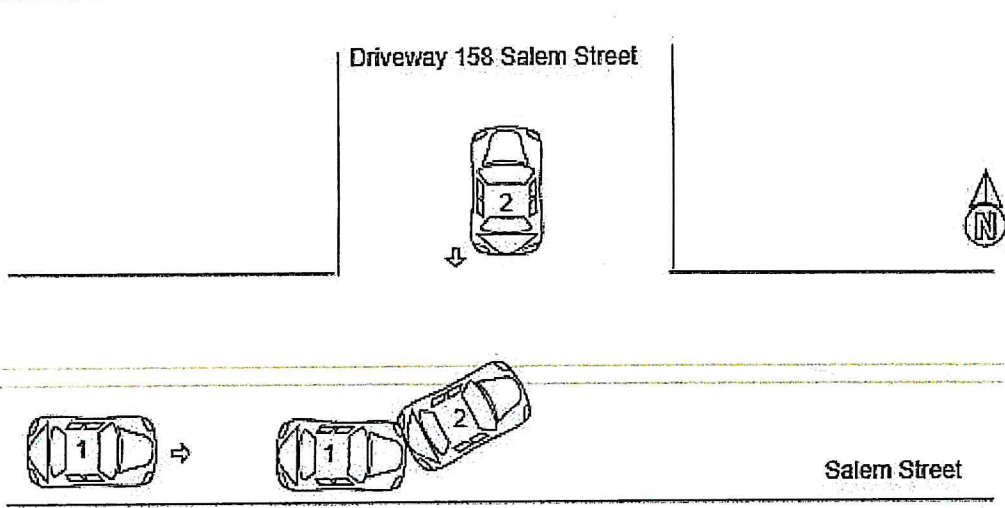
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator/Non-Motorist</b>	See Above			<u>1</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	



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

**Crash Diagram:**

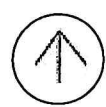
ie: → [ 1 ] → [ 2 ] → ↓ ⇨



**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:**

MV 1 was driving straight on Salem Street. MV 2 was backing out of his driveway. MV 2 stated he was mostly in the roadway when he was in the process of placing his motor vehicle from Reverse to Drive when the collision occurred. Operator of MV 1 suffered a head injury. MV 1 was transported to Winchester Hospital. MV 1 was 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 Kevin J Skinner**          200          **Wilmington Police Department**          10/07/2021  
 Police Officer Name (Please Print)          Signature          ID/Badge #          Department          Precinct/Barracks          Date

CDPI 11-24-00

<b>Police Use Only</b>			<b>Commonwealth of Massachusetts</b>				<b>RMV Document Number</b>					
Date of Crash 10/07/2021	Time of Crash 1521 24HR	City/Town Wilmington	<b>Motor Vehicle Crash Police Report</b>		Number Vehicles 3	Number Injured 2	Speed Limit <b>40</b>	State Police <input type="checkbox"/>	Local Police <input type="checkbox"/>	MBTA Police <input type="checkbox"/>	Campus Police <input type="checkbox"/>	Other: <input type="checkbox"/>

<b>AT INTERSECTION:</b>	<b>LOCATION</b>	<b>NOT AT INTERSECTION:</b>
Route# _____ Direction _____ Name of Roadway/Street _____ At _____	Route# <b>34</b> Direction _____ Address # <b>I93NBR34 RAMP</b> Name of Roadway/Street _____	Route# _____ Direction _____ Name of Roadway/Street _____ Mile Marker _____ Exit Number _____
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 _____ of _____ or _____ Mile Marker _____ Exit Number _____	Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Landmark _____
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 _____ of _____ Route# _____ Intersecting Roadway/Street _____	Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Landmark _____

Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle <b>1</b> #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped	Crash Report ID# <b>21-262-AC</b>
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License # <b>S75361280</b> St <b>MA</b> DOB/Age _____ Sex <b>M</b> Lic. Class <b>D</b> <input type="checkbox"/> 19 <input type="checkbox"/> 19 Lic. Restrictions <b>1</b> <input type="checkbox"/> 20 CDL _____ Operator <b>CABRERA PARRA, DAWRY</b> Last First Middle Address <b>37 LEWIS ST APT 4</b> City <b>HAVERHILL</b> State <b>MA</b> Zip <b>01830-4842</b> Insurance Company <b>GOVERNMENT EMPLOYEES INSU</b> Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? <b>2</b> Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # <b>375R20</b> Reg Type <b>PC</b> Reg State <b>MA</b> Veh Year <b>2010</b> Veh Make <b>TOYOTA</b> Veh Config. <b>1</b> <input type="checkbox"/> 21 Owner <b>CABRERA PARRA, DAWRY</b> Last First Middle Address <b>37 LEWIS ST APT 4</b> City <b>HAVERHILL</b> State <b>MA</b> Zip <b>01830-4842</b> Vehicle Action Prior to Crash <b>1</b> <input type="checkbox"/> 22 Event Sequence <b>1</b> <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23 Most Harmful Event <b>1</b> <input type="checkbox"/> 24 Driver Contributing Code <b>1</b> <input type="checkbox"/> 25 <input type="checkbox"/> 25 Driver Distracted by <b>0</b> <input type="checkbox"/> 26 Damaged Area Code: <b>1</b> <input type="checkbox"/> 27 <input type="checkbox"/> 27 <input type="checkbox"/> 27 Test Status: <b>1</b> <input type="checkbox"/> 28 Type of Test: <b>1</b> <input type="checkbox"/> 29 BAC Test Result: <b>1</b> <input type="checkbox"/> 30 Susp. Alcohol: <b>2</b> <input type="checkbox"/> 31 Susp. Drug: <b>2</b> <input type="checkbox"/> 32 Towed from scene? <b>1</b> <input type="checkbox"/> 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>1</b>	<b>0</b>	<b>0</b>	<b>8</b>	<b>1</b>	Winchester Hospital

Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle <b>2</b> #Occupants <input type="checkbox"/> Non-Motorist A	Type <b>15</b> Action <b>16</b> Location <b>17</b> Condition <b>18</b> <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped
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License # <b>S41961645</b> St <b>MA</b> DOB/Age _____ Sex <b>F</b> Lic. Class <b>D</b> <input type="checkbox"/> 19 <input type="checkbox"/> 19 Lic. Restrictions <b>1</b> <input type="checkbox"/> 20 CDL _____ Operator <b>DUMAIS, JOANNE R</b> Last First Middle Address <b>578 MARSH HILL RD</b> City <b>DRACUT</b> State <b>MA</b> Zip <b>01826-1420</b> Insurance Company <b>NATIONAL UNION FIRE INSUR</b> Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input checked="" type="checkbox"/> E <input checked="" type="checkbox"/> W Responding to Emergency? <b>2</b> Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # <b>SP102863</b> Reg Type <b>BU</b> Reg State <b>MA</b> Veh Year <b>2014</b> Veh Make <b>DODGE</b> Veh Config. <b>5</b> <input type="checkbox"/> 21 Owner <b>TROMBLY MOTOR COACH SERVICE INC</b> Last First Middle Address <b>BX 190</b> City <b>DRACUT</b> State <b>MA</b> Zip <b>01826-0000</b> Vehicle Action Prior to Crash <b>2</b> <input type="checkbox"/> 22 Event Sequence <b>1</b> <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23 Most Harmful Event <b>1</b> <input type="checkbox"/> 24 Driver Contributing Code <b>1</b> <input type="checkbox"/> 25 <input type="checkbox"/> 25 Driver Distracted by <b>0</b> <input type="checkbox"/> 26 Damaged Area Code: <b>8</b> <input type="checkbox"/> 27 <input type="checkbox"/> 27 <input type="checkbox"/> 27 Test Status: <b>1</b> <input type="checkbox"/> 28 Type of Test: <b>1</b> <input type="checkbox"/> 29 BAC Test Result: <b>1</b> <input type="checkbox"/> 30 Susp. Alcohol: <b>2</b> <input type="checkbox"/> 31 Susp. Drug: <b>2</b> <input type="checkbox"/> 32 Towed from scene? <b>2</b> <input type="checkbox"/> 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>	
			F	<b>4</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	
			M	<b>6</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 # Name of Roadway/Street  
**34 I93NBR34 RAMP**  
 Feet N S E W of 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 31 #Occupants  Hit/Run  Moped **Crash Report ID# 21-262-AC**

License # **S41137961** St **MA** DOB/Age \_\_\_\_\_ Reg # **1TW110** Reg Type **PC** Reg State **MA**  
 Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL Endorsement \_\_\_\_\_ Veh Year **2008** Veh Make **Jeep** Veh Config. **1** 21  
 Operator **MARSDEN, MARYLOU** Owner **MARSDEN, MARYLOU**  
 Address **19 HAMPSHIRE RD APT 207** Address **19 HAMPSHIRE RD APT 207**  
 City **METHUEN** State **MA** Zip **01844-1144** City **METHUEN** State **MA** Zip **01844-1144**  
 Insurance Company **GOVERNMENT EMPLOYEES INSU** Vehicle Action Prior to Crash **4** 22 Damaged Area Code: **11** 27 **27** 27  
 Vehicle Travel Direction: **N S E X** 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 **4** 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? **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
<b>Operator</b>	See Above			<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>9</b>	<b>2</b>	<b>Winchester Hospital</b>

Please Select One of the Following:  Vehicle 4 #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 \_\_\_\_\_ 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
<b>Operator/Non-Motorist</b>	See Above			<b>1</b>							



## Wilmington Police Department Report – 21-263-AC

Contact the Wilmington Police Department at:

[publicrecords@wpd.org](mailto:publicrecords@wpd.org)

**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 # **500 SALEM ST** Name of Roadway/Street  
Feet N S E W of \_\_\_\_\_ or \_\_\_\_\_  
Mile Marker \_\_\_\_\_ Exit Number \_\_\_\_\_  
7 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 12 #Occupants  Hit/Run  Moped **Crash Report ID# 21-264-AC**

4 1 License # **S25628755** St **MA** DOB/Age \_\_\_\_\_ Reg # **1MJA23** Reg Type **PC** Reg State **MA**  
Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL \_\_\_\_\_ Veh Year **2020** Veh Make **BMW** Veh Config. **2** 21  
Operator **PATEL, RUDRAXI M** Owner **PATEL, RUDRAXI M**  
Address **28 JILLS WAY** Address **28 JILLS WAY**  
City **TEWKSBURY** State **MA** Zip **01876-1968** City **TEWKSBURY** State **MA** Zip **01876-1968**  
Insurance Company **ARBELLA MUTUAL INSURANCE** Vehicle Action Prior to Crash **10** 22 Damaged Area Code: 6 27 27 27  
Vehicle Travel Direction:  N  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 **99** 25 25 BAC Test Result: 30  
Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **99** 26 Susp. Alcohol: 31 Susp. Drug: 32  
Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Towed from scene? 2 33  
Viol. 4: Ch/Sec/Sub \_\_\_\_\_

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
<b>Operator</b>	See Above	<del>XXXXXX</del>	<del>XXXX</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	
<b>VIAAN PATEL</b>	<b>28 JILLS WAY TEWKSBURY, MA 01876</b>	<b>07/20/2017</b>	<b>M</b>	<b>6</b>	<b>4</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

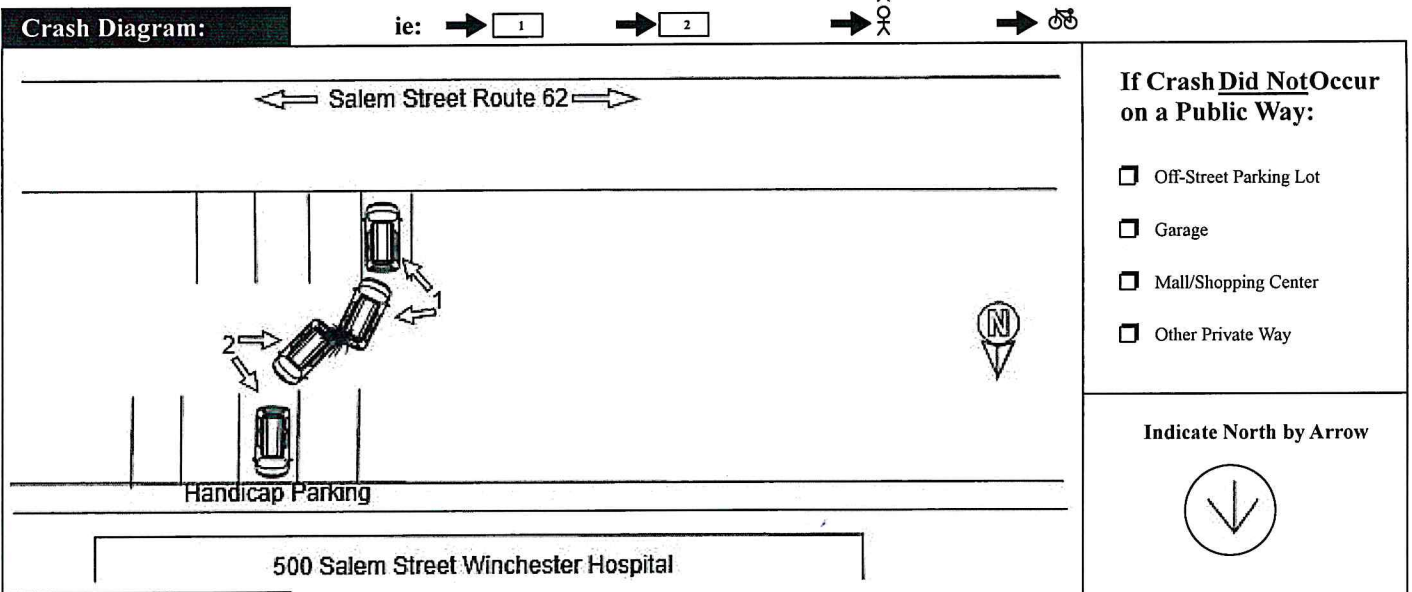
7 1 Please Select One of the Following:  Vehicle 21 #Occupants  Non-Motorist A Type **15** Action **16** Location **17** Condition **18**  Hit/Run  Moped

8 99 License # **S76702734** St **MA** DOB/Age \_\_\_\_\_ Reg # **1TXP48** Reg Type **PC** Reg State **MA**  
Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL \_\_\_\_\_ Veh Year **2005** Veh Make **HYUNDAI** Veh Config. **2** 21  
Operator **MAHONEY, KAREN D** Owner **MAHONEY, KAREN D**  
Address **82 DUNCKLEE AVE APT 3** Address **82 DUNCKLEE AVE APT 3**  
City **STONEHAM** State **MA** Zip **02180-4523** City **STONEHAM** State **MA** Zip **02180-4523**  
Insurance Company **ARBELLA MUTUAL INSURANCE** Vehicle Action Prior to Crash **10** 22 Damaged Area Code: 99 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 **99** 25 25 BAC Test Result: 30  
Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **99** 26 Susp. Alcohol: 31 Susp. Drug: 32  
Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Towed from scene? 2 33  
Viol. 4: Ch/Sec/Sub \_\_\_\_\_

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
<b>Operator/Non-Motorist</b>	See Above	<del>XXXXXX</del>	<del>XXXX</del>	<b>1</b>	<b>99</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

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



**Crash Narrative:**

Oper. of MV#1 and MV#2 were both parked in parking spots on opposite sides. Oper. of MV#1 states that she was first to start backing out of her spot and MV#2 then backed out of her spot which was behind MV#1 a few spots over. MV#1 states that MV#2 struck her.

Oper. of MV#2 left the scene of the crash. I contacted Oper. of MV#2 and asked her to return to the station. She returned to the station on 10/13/21 and I view the damage to her rear. Oper. of MV#2 states that she wanted to exchanged paperwork but the other involved party didnt want to give her paperwork and just wanted Oper. of MV#2 paperwork. Oper. of MV#2 states that she was backing out of her spot and Oper. of MV#1 backed into her.

**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 C Cadigan                      178                      Wilmington Police Department                      10/08/2021  
 Police Officer Name (Please Print)                      Signature                      ID/Badge #                      Department                      Precinct/Barracks                      Date

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1 1 SHAWSHEEN AVE  
Route# Direction Name of Roadway/Street

1 2 LAKE ST  
Route# Direction Name of Intersecting Roadway/Street

2 1  
Route# Direction Name of Intersecting Roadway/Street

Please Select One of the Following:  Vehicle 11 #Occupants  Hit/Run  Moped | Crash Report ID# 21-265-AC

License # S53525960 St MA DOB/Age... Reg # 249TZ1 Reg Type PC Reg State MA

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

Operator DUNPHY, BRIAN JAMES | Owner DUNPHY, BRIAN JAMES

Address 37 WHEATLAND ST | Address 37 WHEATLAND ST

City BURLINGTON State MA Zip 01803-1117 | City BURLINGTON State MA Zip 01803-1117

Insurance Company THE COMMERCE INSURANCE CO | Vehicle Action Prior to Crash 1 22

Vehicle Travel Direction: N S E X Responding to Emergency? 2 | Event Sequence 1 23 23 23 23

Citation # (If Issued) | Most Harmful Event 1 24

Viol. 1: Ch/Sec/Sub | Driver Contributing Code 1 25 25

Viol. 3: Ch/Sec/Sub | Driver Distracted by 0 26

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 21 #Occupants  Non-Motorist A Type 15 Action 16 Location 17 Condition 18  Hit/Run  Moped

License # S61238293 St MA DOB/Age... Reg # 6SG837 Reg Type PC Reg State MA

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

Operator BRIGGS, MELISSA A | Owner BRIGGS, MARGARET M

Address 52 FIORENZA DR | Address 6 STONEWAY

City WILMINGTON State MA Zip 01887-4427 | City LYNNFIELD State MA Zip 01940-2118

Insurance Company LIBERTY MUTUAL INSURANCE | Vehicle Action Prior to Crash 4 22

Vehicle Travel Direction: N S X W Responding to Emergency? 2 | Event Sequence 1 23 23 23 23

Citation # (If Issued) | Most Harmful Event 1 24

Viol. 1: Ch/Sec/Sub | Driver Contributing Code 4 25 25

Viol. 3: Ch/Sec/Sub | Driver Distracted by 99 26

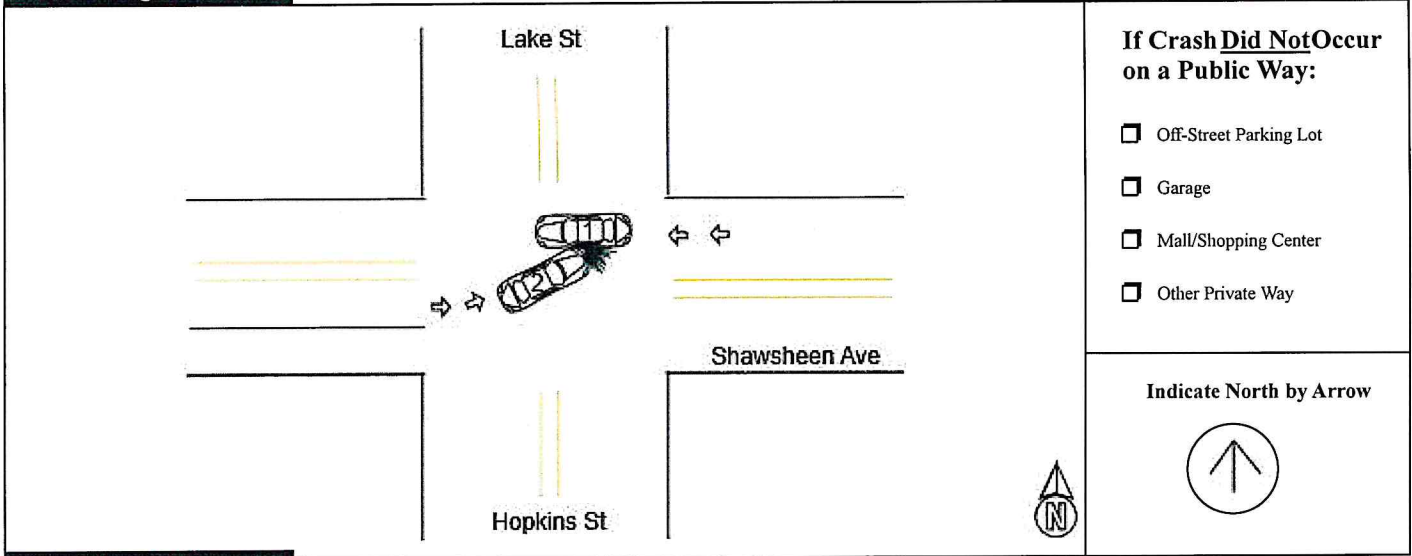
Please fill out for operator/non-motorist and all occupants involved											
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above			1	1	4	0	0	10	1	



→ = 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:**

Op of MV1 reported that he got a green light and proceeded straight through the intersection heading west on Shawsheen Ave when suddenly MV2, who was traveling east on Shawsheen Ave, turned left into the drivers side of his vehicle. Op of MV2 reported that when the light turned green, she thought she had seen a green arrow, so she proceeded to turn left onto Lake Street but collided with MV1. I explained to her that there are no arrows at this intersection. It should be noted, the light turns green for the west bound travelers on Shawsheen Ave a few seconds before the light turns green for the east bound travelers. Both vehicles remained operational. No injuries were observed or reported. Information was exchanged between both operators without issue.

**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 10/09/2021  
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date