

Police Use Only			<b>Commonwealth of Massachusetts</b>				RMV Document Number								
Date of Crash 10/17/2021	Time of Crash 1327 24HR	City/Town <b>Wilmington</b>	<b>Motor Vehicle Crash Police Report</b>			Number Vehicles 2	Number Injured 0	Speed Limit <u>35</u>	Latitude _____	Longitude _____	State Police <input type="checkbox"/>	Local Police <input checked="" type="checkbox"/>	MBTA Police <input type="checkbox"/>	Campus Police <input type="checkbox"/>	Other _____ <input type="checkbox"/>

AT INTERSECTION:			< LOCATION >			NOT AT INTERSECTION:		
<b>38 N MAIN ST</b> Route# Direction Name of Roadway/Street At <b>62 CHURCH ST</b> Route# Direction Name of Intersecting Roadway/Street Also at Intersection with <b>35</b> Route# Direction Name of Intersecting Roadway/Street			Route# Direction Address # Name of Roadway/Street Feet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of _____ or _____ Mile Marker Exit Number Feet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of _____ Route# Intersecting Roadway/Street Feet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of _____ Landmark			10 2 11 2		

Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle <u>1</u> #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped			Crash Report ID# <b>21-277-AC</b>		
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License # <b>S17433892</b> St <b>MA</b> DOB/Age _____ Sex <b>F</b> Lic. Class <input type="checkbox"/> 19 <input type="checkbox"/> 19 Lic. Restrictions <input type="checkbox"/> 20 CDL _____ Operator <b>GILHOOLY, JANET MARY</b> Last First Middle Address <b>25 LAKE ST</b> City <b>WILMINGTON</b> State <b>MA</b> Zip <b>01887-3727</b> Insurance Company <b>GEICO GENERAL INSURANCE C</b> Vehicle Travel Direction: <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 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 # <b>717GRA</b> Reg Type <b>PC</b> Reg State <b>MA</b> Veh Year <b>2014</b> Veh Make <b>TOYOTA</b> Veh Config. <input type="checkbox"/> 1 <input type="checkbox"/> 21 Owner <b>GILHOOLY, JANET MARY</b> Last First Middle Address <b>25 LAKE ST</b> City <b>WILMINGTON</b> State <b>MA</b> Zip <b>01887-3727</b> Vehicle Action Prior to Crash <input type="checkbox"/> 2 <input type="checkbox"/> 22 Damaged Area Code: <input type="checkbox"/> 5 <input type="checkbox"/> 27 <input type="checkbox"/> 27 Event Sequence <input type="checkbox"/> 1 <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23 Test Status: <input type="checkbox"/> 28 Most Harmful Event <input type="checkbox"/> 1 <input type="checkbox"/> 24 Type of Test: <input type="checkbox"/> 29 Driver Contributing Code <input type="checkbox"/> 1 <input type="checkbox"/> 25 <input type="checkbox"/> 25 BAC Test Result: <input type="checkbox"/> 30 Driver Distracted by <input type="checkbox"/> 0 <input type="checkbox"/> 26 Susp. Alcohol: <input type="checkbox"/> 31 Susp. Drug: <input type="checkbox"/> 32 Towed from scene? <input type="checkbox"/> 2 <input type="checkbox"/> 33			12 1 13		
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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	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	1	1	4	0	0	10	1

Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle <u>2</u> #Occupants <input type="checkbox"/> Non-Motorist A			Type <input type="checkbox"/> 15	Action <input type="checkbox"/> 16	Location <input type="checkbox"/> 17	Condition <input type="checkbox"/> 18	<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped
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License # <b>S49163718</b> St <b>MA</b> DOB/Age _____ Sex <b>M</b> Lic. Class <input type="checkbox"/> 19 <input type="checkbox"/> 19 Lic. Restrictions <input type="checkbox"/> 20 CDL _____ Operator <b>DOHERTY, DENNIS JAMES</b> Last First Middle Address <b>3 LITTLES BROOK CT APT 75</b> City <b>BURLINGTON</b> State <b>MA</b> Zip <b>01803-6510</b> Insurance Company <b>THE COMMERCE INSURANCE CO</b> Vehicle Travel Direction: <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 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 # <b>6KGH10</b> Reg Type <b>PC</b> Reg State <b>MA</b> Veh Year <b>1999</b> Veh Make <b>FORD</b> Veh Config. <input type="checkbox"/> 1 <input type="checkbox"/> 21 Owner <b>DOHERTY, DENNIS JAMES</b> Last First Middle Address <b>3 LITTLES BROOK CT APT 75</b> City <b>BURLINGTON</b> State <b>MA</b> Zip <b>01803-6510</b> Vehicle Action Prior to Crash <input type="checkbox"/> 2 <input type="checkbox"/> 22 Damaged Area Code: <input type="checkbox"/> 1 <input type="checkbox"/> 27 <input type="checkbox"/> 27 Event Sequence <input type="checkbox"/> 1 <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23 Test Status: <input type="checkbox"/> 28 Most Harmful Event <input type="checkbox"/> 1 <input type="checkbox"/> 24 Type of Test: <input type="checkbox"/> 29 Driver Contributing Code <input type="checkbox"/> 99 <input type="checkbox"/> 25 <input type="checkbox"/> 25 BAC Test Result: <input type="checkbox"/> 30 Driver Distracted by <input type="checkbox"/> 99 <input type="checkbox"/> 26 Susp. Alcohol: <input type="checkbox"/> 31 Susp. Drug: <input type="checkbox"/> 32 Towed from scene? <input type="checkbox"/> 2 <input type="checkbox"/> 33			14 1		
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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	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	1	1	4	0	0	10	1
<b>LINDA DOHERTY</b>		3 LITTLES BROOK COUR BURLINGTON, MA 01803-0000	F	3	1	4	0	0	10	1	





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

Route# 1 Direction \_\_\_\_\_ Name of Roadway/Street \_\_\_\_\_ At \_\_\_\_\_

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

Route# 2 Direction \_\_\_\_\_ Name of Intersecting Roadway/Street \_\_\_\_\_

Route# 39 Direction \_\_\_\_\_ Address # \_\_\_\_\_ Name of Roadway/Street **HOPKINS ST**

\_\_\_\_\_ 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 1  Hit/Run  Moped | Crash Report ID# **21-278-AC**

License # \_\_\_\_\_ St. \_\_\_\_\_ DOB/Age \_\_\_\_\_ Reg # **3GJC34** Reg Type **PC** Reg State **MA**

Sex \_\_\_\_\_ Lic. Class **D** 19 19 Lic. Restrictions 1 20 CDL \_\_\_\_\_ Endorsement \_\_\_\_\_ Veh Year **2018** Veh Make **CHEVROLET** Veh Config. 1 21

Operator 1 Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Owner **JONES, CHRISTOPHER STEVEN** Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Address \_\_\_\_\_ Address **8 WILLIAM RD**

City \_\_\_\_\_ Stat \_\_\_\_\_ Zip \_\_\_\_\_ City **BILLERICA** State **MA** Zip **01821-6079**

Insurance Company **FARMERS PROPERTY & CASUAL** Vehicle Action Prior to Crash 1 22 Damaged Area Code: 2 27 27 27

Vehicle Travel Direction: **N S E W** Responding to Emergency? 2 Event Sequence 5 23 23 23 23 Test Status: 1 28

Citation # (If Issued) \_\_\_\_\_ Most Harmful Event 5 24 Type of Test: 29

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

Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by 0 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32

Towed from scene? 2 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>	<u>1</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	

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 **D** 19 19 Lic. Restrictions 20 CDL \_\_\_\_\_ Endorsement \_\_\_\_\_ Veh Year \_\_\_\_\_ Veh Make \_\_\_\_\_ Veh Config. 21

Operator 1 Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Owner \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Insurance Company \_\_\_\_\_ Vehicle Action Prior to Crash 22 Damaged Area Code: 27 27 27

Vehicle Travel Direction: **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		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>	<u>1</u>							





AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1 1 MAIN ST  
Route# Direction Name of Roadway/Street

At

1 1 RICHMOND ST  
Route# Direction Name of Intersecting Roadway/Street

Also at Intersection with

2 1  
Route# Direction Name of Intersecting Roadway/Street

2  
Route# Direction Address # Name of Roadway/Street

Feet N S E W of \_\_\_\_\_ or \_\_\_\_\_

Mile Marker Exit Number

2  
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# **21-279-AC**

License # **S37611647** St **MA** DOB/Age \_\_\_\_\_ Reg # **SP104538** Reg Type **SB** Reg State **MA**

Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL \_\_\_\_\_ Veh Year **2014** Veh Make **DODGE** Veh Config. **5** 21

Operator **BELL, MYKLE L** Owner **NRT BUS INC**

Address **181 BOSTON POST RD E LOT APT 78** Address **55 HAMPSHIRE RD**

City **MARLBOROUGH** State **MA** Zip **01752-3550** City **METHUEN** State **MA** Zip **01844-1154**

Insurance Company **PILGRIM INSURANCE COMPANY** Vehicle Action Prior to Crash **2** 22 Damaged Area Code: **5** 27 27 27

Vehicle Travel Direction:  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: **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 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>XXXX</del>	<del>XX</del>	<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 # **S17916156** St **MA** DOB/Age \_\_\_\_\_ Reg # **7FG238** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL \_\_\_\_\_ Veh Year **2017** Veh Make **CHEVROLET** Veh Config. **1** 21

Operator **SANTINI, JULIE ELIZABETH** Owner **SANTINI, DEREK H**

Address **28 KENWOOD AVE** Address **28 KENWOOD AVE**

City **WILMINGTON** State **MA** Zip **01887-3012** City **WILMINGTON** State **MA** Zip **01887-3012**

Insurance Company **SAFECO INSURANCE COMPANY** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **1** 27 27 27

Vehicle Travel Direction:  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: **29**

Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **5** 25 25 BAC Test Result: **1** 30

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

Towed from scene? **2** 33

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>XXXX</del>	<del>XX</del>	<b>1</b>	<b>99</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	





<b>Police Use Only</b>			<b>Commonwealth of Massachusetts</b>				<b>RMV Document Number</b>					
Date of Crash 10/19/2021	Time of Crash 0809 24HR	City/Town Wilmington	<b>Motor Vehicle Crash Police Report</b>		Number Vehicles 2	Number Injured 0	Speed Limit <u>25</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"/>

<b>AT INTERSECTION:</b>	<b>&lt; LOCATION &gt;</b>	<b>NOT AT INTERSECTION:</b>
Route# _____ Direction _____ Name of Roadway/Street _____ At _____	Route# <u>39</u> Direction _____ Address # _____ Name of Roadway/Street <u>ASHWOOD AVE</u>	
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____	_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Mile Marker _____ or _____ Exit Number _____	
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____	_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____	
	_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____	

Please Select One of the Following:  Vehicle 1 #Occupants  Hit/Run  Moped Crash Report ID# **21-280-AC**

License # <u>NHL19792359</u> St <u>NH</u> DOB/Age <u>19</u> / <u>19</u>	Reg # <u>V68271</u> Reg Type <u>CO</u> Reg State <u>MA</u>
Sex <u>M</u> Lic. Class <u>D</u> Lic. Restrictions <u>20</u> CDL Endorsement _____	Veh Year <u>2001</u> Veh Make <u>FORD</u> Veh Config. <u>6</u> / <u>21</u>
Operator <u>DAVY, JAY THOMAS</u> Last First Middle	Owner <u>RUSSELL LANDSCAPING LLC</u> Last First Middle
Address <u>5 ALEXANDER AVE</u>	Address <u>154 ALDRICH RD</u>
City <u>SALEM</u> State <u>NH</u> Zip <u>03079</u>	City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-0000</u>
Insurance Company <u>ARBELLA PROTECTION INSURA</u>	Vehicle Action Prior to Crash <u>11</u> / <u>22</u> Damaged Area Code: <u>5</u> / <u>27</u> / <u>27</u> / <u>27</u>
Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> S <input type="checkbox"/> W Responding to Emergency? <u>2</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>
Citation # (If Issued) _____	Most Harmful Event <u>1</u> / <u>24</u> Type of Test: <u>29</u>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code <u>1</u> / <u>25</u> / <u>25</u> BAC Test Result: <u>1</u> / <u>30</u>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	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>

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			<u>1</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	

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

License # <u>S71257658</u> St <u>MA</u> DOB/Age _____	Reg # <u>4NHD60</u> Reg Type <u>PC</u> Reg State <u>MA</u>
Sex <u>F</u> Lic. Class <u>D</u> Lic. Restrictions <u>20</u> CDL Endorsement _____	Veh Year <u>2013</u> Veh Make <u>HONDA</u> Veh Config. <u>1</u> / <u>21</u>
Operator <u>TRIVEDI, RUJU VIVEK</u> Last First Middle	Owner <u>TRIVEDI, VIVEK ANANTVIJAY</u> Last First Middle
Address <u>48 ASHWOOD AVE</u>	Address <u>48 ASHWOOD AVE</u>
City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-4425</u>	City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-4425</u>
Insurance Company <u>THE COMMERCE INSURANCE CO</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>
Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> S <input type="checkbox"/> W Responding to Emergency? <u>2</u>	Event Sequence <u>2</u> / <u>23</u> / <u>23</u> / <u>23</u> / <u>23</u> Test Status: <u>1</u> / <u>28</u>
Citation # (If Issued) _____	Most Harmful Event <u>2</u> / <u>24</u> Type of Test: <u>29</u>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code <u>13</u> / <u>25</u> / <u>19</u> / <u>25</u> BAC Test Result: <u>1</u> / <u>30</u>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	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>2</u> / <u>33</u>

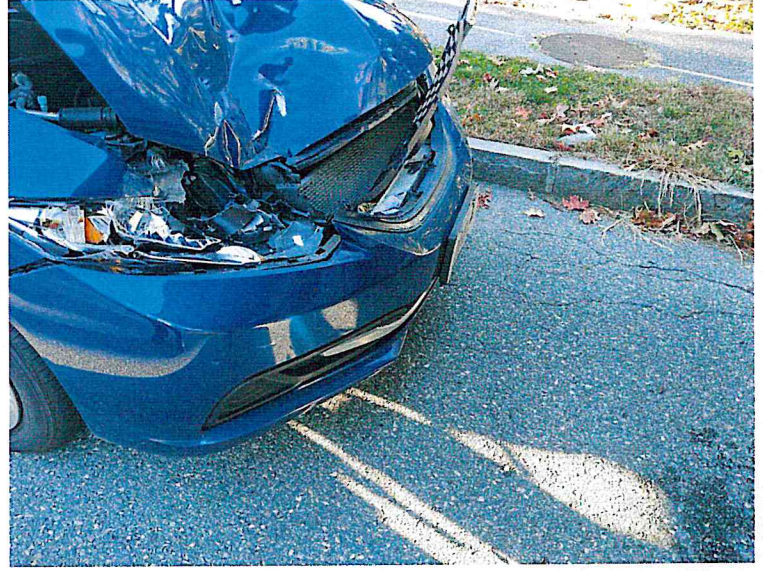
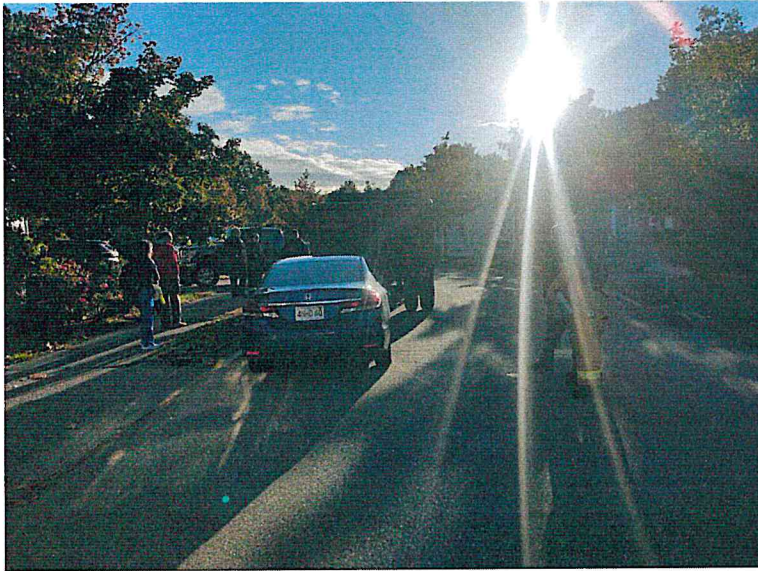
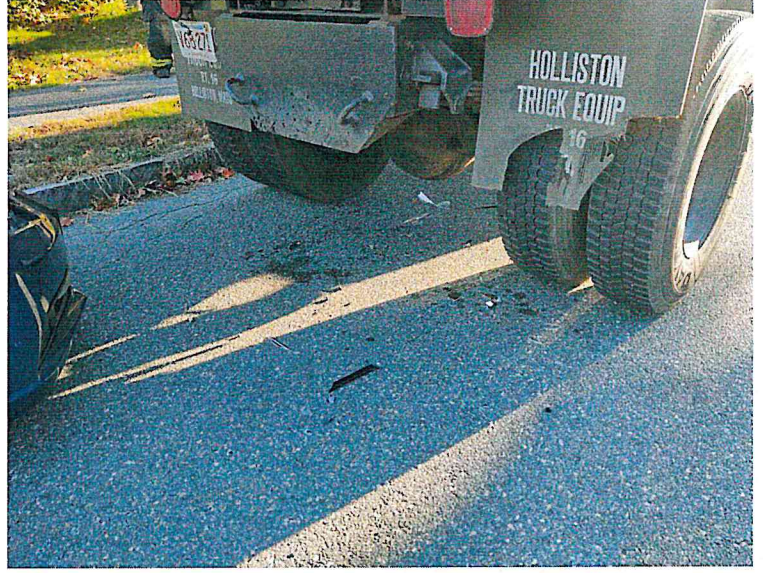
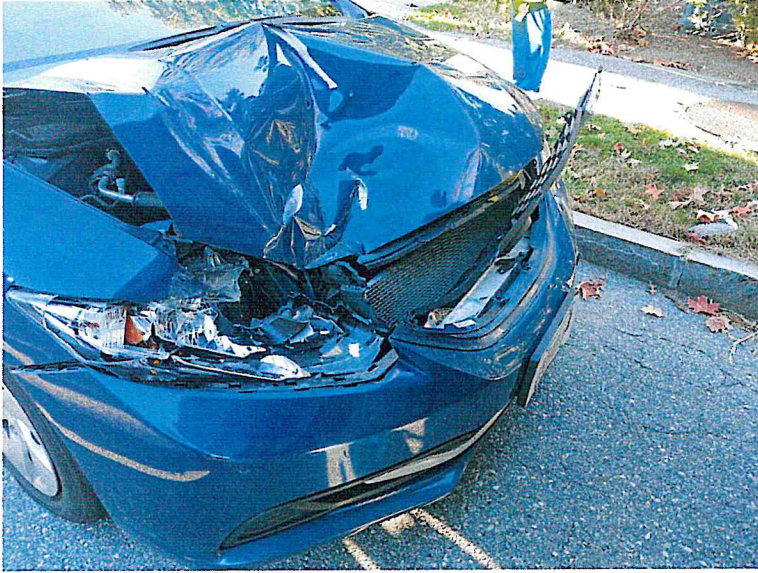
Please fill out for operator/non-motorist and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator/Non-Motorist</b>	See Above			<u>1</u>	<u>1</u>	<u>1</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	





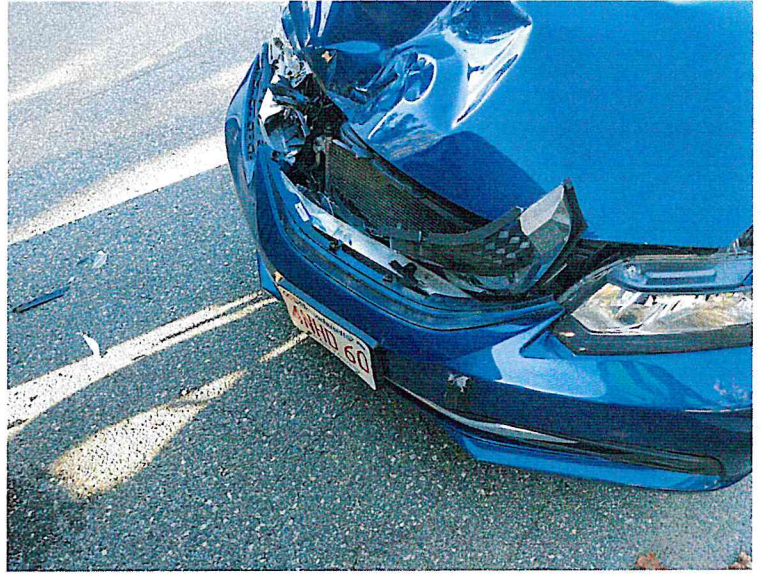


Wilmington Police Department  
Images Associated with 21-280-AC





Wilmington Police Department  
Images Associated with 21-280-AC





<b>Police Use Only</b>		<b>Commonwealth of Massachusetts</b>				<b>RMV Document Number</b>				
Date of Crash 10/21/2021	Time of Crash 1537 24HR	City/Town <b>Wilmington</b>		<b>Motor Vehicle Crash Police Report</b>		Number Vehicles 2	Number Injured 0	Speed Limit <u>25</u>	State Police <input type="checkbox"/>	Local Police <input type="checkbox"/>
								Latitude _____	MBTA Police <input type="checkbox"/>	Campus Police <input type="checkbox"/>
								Longitude _____	Other: <input type="checkbox"/>	

<b>AT INTERSECTION:</b>		<b>&lt; LOCATION &gt;</b>	<b>NOT AT INTERSECTION:</b>	
Route# _____ Direction _____ Name of Roadway/Street _____ At _____		Route# <u>357</u> Direction _____ Address # <u>MIDDLESEX AVE</u> Name of Roadway/Street _____		
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____		_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____ Mile Marker _____ Exit Number _____		
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____		_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____		
		Landmark _____		

Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle <u>1</u> #Occupants _____		<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped	Crash Report ID# <b>21-281-AC</b>	
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License # <u>SA3440446</u> St <u>MA</u> DOB/Age: _____		Reg # <u>3TMP91</u> Reg Type <u>PC</u> Reg State <u>MA</u>	
Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL _____ Endorsement _____	Veh Year <u>2020</u> Veh Make <u>CHEVROLET</u> Veh Config. <u>2</u> <u>21</u>		
Operator <u>SOUTO, DAVID PASSRUGGER</u> Last First Middle		Owner <u>SOUTO, BIRGIT MP</u> Last First Middle	
Address <u>18 PRESIDENTIAL DR</u>		Address <u>18 PRESIDENTIAL DR</u>	
City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-2867</u>		City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887</u>	
Insurance Company <u>ALLSTATE INSURANCE COMPAN</u>		Vehicle Action Prior to Crash <u>2</u> <u>22</u> Damaged Area Code: <u>5</u> <u>27</u> <u>27</u> <u>27</u>	
Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? <u>2</u>		Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>28</u>	
Citation # (If Issued) _____		Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u>	
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____		Driver Contributing Code <u>1</u> <u>25</u> <u>25</u> BAC Test Result: <u>30</u>	
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____		Driver Distracted by <u>0</u> <u>26</u> Susp. Alcohol: <u>31</u> Susp. Drug: <u>32</u>	
		Towed from scene? <u>2</u> <u>33</u>	

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	<input checked="" type="checkbox"/>	<u>1</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	

Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle <u>2</u> #Occupants _____		<input type="checkbox"/> Non-Motorist A	Type <u>15</u> Action <u>16</u> Location <u>17</u> Condition <u>18</u>	<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped
---	--	---	--	----------------------------------	--------------------------------

License # <u>S97029706</u> St <u>MA</u> DOB/Age: _____		Reg # <u>2LPG75</u> Reg Type <u>PC</u> Reg State <u>MA</u>	
Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL _____ Endorsement _____	Veh Year <u>2007</u> Veh Make <u>TOYOTA</u> Veh Config. <u>1</u> <u>21</u>		
Operator <u>DESROSIERS, RALPH ELLIOT</u> Last First Middle		Owner <u>DESROSIERS, RALPH ELLIOT</u> Last First Middle	
Address <u>25 FOREST ST</u>		Address <u>25 FOREST ST</u>	
City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-2857</u>		City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-2857</u>	
Insurance Company <u>ALLSTATE INSURANCE COMPAN</u>		Vehicle Action Prior to Crash <u>2</u> <u>22</u> Damaged Area Code: <u>1</u> <u>27</u> <u>27</u> <u>27</u>	
Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? <u>2</u>		Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>28</u>	
Citation # (If Issued) _____		Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u>	
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____		Driver Contributing Code <u>19</u> <u>25</u> <u>25</u> BAC Test Result: <u>30</u>	
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____		Driver Distracted by <u>99</u> <u>26</u> Susp. Alcohol: <u>31</u> Susp. Drug: <u>32</u>	
		Towed from scene? <u>1</u> <u>33</u>	

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	<input checked="" type="checkbox"/>	<u>1</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	





AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1 4 MAIN ST  
Route# Direction Name of Roadway/Street  
At  
GLEN RD  
Route# Direction Name of Intersecting Roadway/Street  
Also at Intersection with

2 1  
Route# Direction Name of Intersecting Roadway/Street

3  
Route# Direction Name of Intersecting Roadway/Street

2 10  
Route# Direction Address # Name of Roadway/Street  
Feet N S E W of 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# 21-282-AC

License # S93616656 St MA DOB/Ag: Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement  
Operator MARCIL, JOSEPH LOUIS  
Address 14 BROOK ST  
City TEWKSBURY State MA Zip 01876-2414  
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

Reg # 5283HH Reg Type PC Reg State MA  
Veh Year 2008 Veh Make HYUNDAI Veh Config. 1 21  
Owner MARCIL, CAROLLYNN J  
Address 14 BROOK ST  
City TEWKSBURY State MA Zip 01876-2414  
Vehicle Action Prior to Crash 1 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 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 and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator		See Above	<input checked="" type="checkbox"/>	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 # S DOB/Ag: Sex Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement  
Operator HAYDEN, MAUREEN  
Address 64 LAWRENCE ST  
City WILMINGTON State MA Zip 01887-1925  
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 # 2RYC87 Reg Type PC Reg State MA  
Veh Year 2018 Veh Make SUBARU Veh Config. 1 21  
Owner HAYDEN, MAUREEN  
Address 64 LAWRENCE ST  
City WILMINGTON State MA Zip 01887-1925  
Vehicle Action Prior to Crash 4 22 Damaged Area Code: 8 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 4 25 25 BAC Test Result: 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		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist		See Above	<input checked="" type="checkbox"/>	1	1	5	0	0	10	1	





AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1 WEST ST  
Route# Direction Name of Roadway/Street  
At  
HORSESHOE LN  
Route# Direction Name of Intersecting Roadway/Street  
Also at Intersection with  
2 1 Route# Direction Name of Intersecting Roadway/Street

9 11  
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# 21-283-AC

License # S18427040 St MA DOB/Age Reg # 1SZG84 Reg Type PC Reg State MA  
Sex F Lic. Class D D 19 19 Lic. Restrictions 1 20 CDL Endorsement  
Operator SMITH, DANIELLE ELIZABETH Owner SMITH, DANIELLE ELIZABETH  
Address 18 FAULKNER AVE Address 18 FAULKNER AVE  
City WILMINGTON State MA Zip 01887-3526 City WILMINGTON State MA Zip 01887-3526  
Insurance Company GOVERNMENT EMPLOYEES INSU  
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: 1 28  
Most Harmful Event 1 24 Type of Test: 29  
Driver Contributing Code 1 25 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 and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator		See Above	X	1	99	1	0	0	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 # 116880661 St TN DOB/Age Reg # 6C99S0 Reg Type PC Reg State TN  
Sex M Lic. Class D D 19 19 Lic. Restrictions B 20 CDL Endorsement  
Operator MCDONALD, JOSHUA Owner MCDONALD, JOSHUA  
Address 2221 HORSESHOE LN Address 2221 HORSESHOE LN  
City WILMINGTON State MA Zip 01887 City WILMINGTON State MA Zip 01887  
Insurance Company ALLSTATE PROP AND CASUALTY  
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 4 22 Damaged Area Code: 8 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 4 25 25 BAC Test Result: 1 30  
Driver Distracted by 99 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		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	X	1	99	99	0	0	10	1	





Date of Crash 10/22/2021 Time of Crash 1313 City/Town WILMINGTON 24HR

Motor Vehicle Crash Police Report

Number Vehicles 2 Number Injured 2 Speed Limit 40 State Police Local Police MBTA Police Campus Police Other

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# 34 Direction ROUTE 62 HWY Address # Name of Roadway/Street Feet N S E W of Mile Marker Exit Number

10

11

2

Please Select One of the Following: [X] Vehicle 1 #Occupants [ ] Hit/Run [ ] Moped

Crash Report ID# 21-284-AC

4

License # S87863402 St MA DOB/Age Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement Operator GONZALEZ SERRANO, JENNIFER Address 27 WEST 5TH ST City LOWELL State MA Zip 01850-2403 Insurance Company LM GENERAL INSURANCE COMP Vehicle Travel Direction: [X] 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 # 824WF9 Reg Type PC Reg State MA Veh Year 2008 Veh Make KIA Veh Config. 1 21 Owner SERRANOECHEVARRI, CARMEN I Address 27 5TH ST APT W City LOWELL State MA Zip 01850-2461 Vehicle Action Prior to Crash 1 22 Damaged Area Code: 1 27 27 27 Event Sequence 1 23 23 23 23 Test Status: 28 Type of Test: 29 Most Harmful Event 1 24 BAC Test Result: 30 Driver Contributing Code 1 25 25 Susp. Alcohol: 31 Susp. Drug: 32 Driver Distracted by 0 26 Towed from scene? 1 33

12

13

6

Table with columns: 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, Lahey Clinic.

7

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

License # S84988681 St MA DOB/Age Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement Operator COOK, MATTHEW A Address 8102 POULIOT PL City WILMINGTON State MA Zip 01887-6235 Insurance Company GOVERNMENT EMPLOYEES INSU Vehicle Travel Direction: [ ] N [X] 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 # 1CZB36 Reg Type PC Reg State MA Veh Year 2014 Veh Make CHEVROLET Veh Config. 2 21 Owner COOK, MATTHEW A Address 8102 POULIOT PL City WILMINGTON State MA Zip 01887-6235 Vehicle Action Prior to Crash 4 22 Damaged Area Code: 1 27 27 27 Event Sequence 1 23 23 23 23 Test Status: 28 Type of Test: 29 Most Harmful Event 1 24 BAC Test Result: 30 Driver Contributing Code 4 25 25 Susp. Alcohol: 31 Susp. Drug: 32 Driver Distracted by 0 26 Towed from scene? 1 33

14

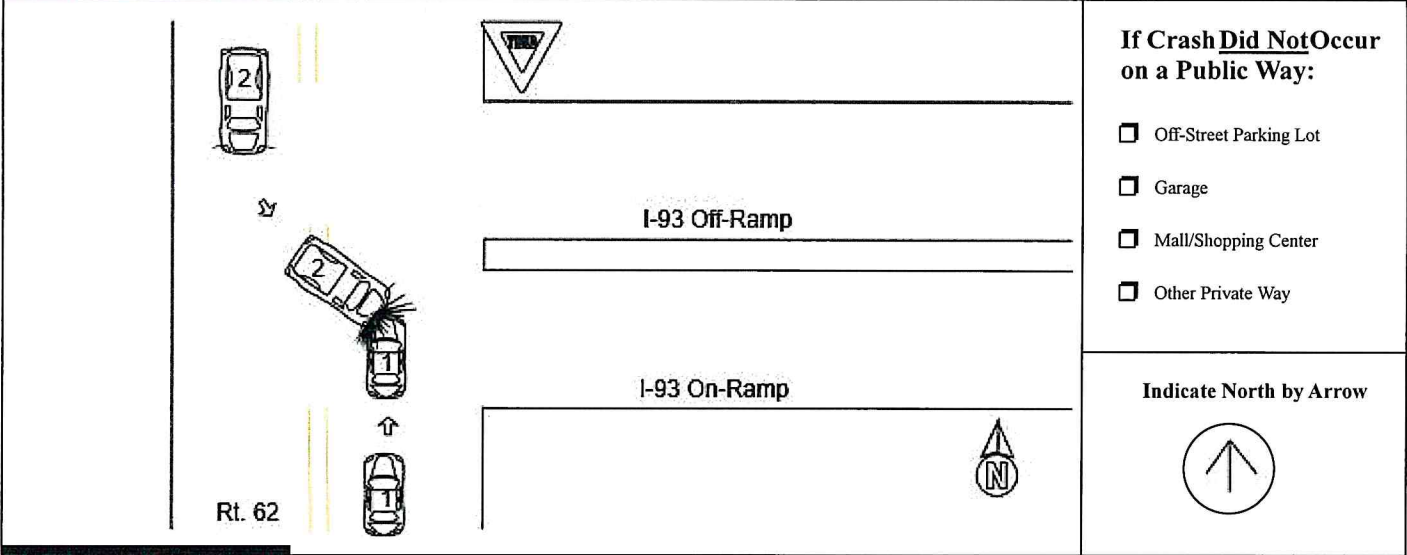
9

Table with columns: 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, Lahey Clinic.

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

**Crash Diagram:**

ie: ➔ [1]   ➔ [2]   ➔ ○   ➔ 🚲



**Crash Narrative:**

On 10/22/21 car 1 while travelling northbound on Rt. 62 was crashed into by Car 2. Car 2, while driving southbound on Rt. 62, failed to yield the right of way to car 1 while attempting to enter the I-93 On-ramp across the opposite lane. The operator of car 1 suffered a broken leg among other injuries. All parties were transported to Lahey Hospital in Burlington by ambulance. Both MV were towed to Cain's towing. Operator infomration sheets were left at the station officer's desk.

**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**

Police Officer Name (Please Print)

Signature

**205**

ID/Badge #

**Wilmington Police Department**

Department

Precinct/Barracks

**10/22/2021**

Date



<b>Police Use Only</b>			<b>Commonwealth of Massachusetts</b>				<b>RMV Document Number</b>								
Date of Crash 10/23/2021	Time of Crash 1140 24HR	City/Town <b>Wilmington</b>	<b>Motor Vehicle Crash Police Report</b>			Number Vehicles 2	Number Injured 0	Speed Limit <u>35</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>
Route# _____ Direction _____ Name of Roadway/Street _____ At _____	Route# <u>334</u> Direction _____ Address # <u>MAIN ST</u> Name of Roadway/Street _____	Route# _____ Direction _____ Name of Roadway/Street _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____	_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Mile Marker _____ Exit Number _____	Route# _____ Intersecting Roadway/Street _____
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 _____	_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____
		Landmark _____

Please Select One of the Following:  Vehicle 1 #Occupants  Hit/Run  Moped  Crash Report ID# **21-285-AC**

License # <u>S21055670</u> St <u>MA</u> DOB/Agr _____	Reg # <u>3XZJ11</u> Reg Type <u>PC</u> Reg State <u>MA</u>
Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL Endorsement _____	Veh Year <u>2021</u> Veh Make <u>Jeep</u> Veh Config. <u>1</u> <u>21</u>
Operator <u>BABINE, CAMERON D</u> Last First Middle	Owner <u>BABINE, CAMERON D</u> Last First Middle
Address <u>6 STATE ST</u>	Address <u>6 STATE ST</u>
City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-2429</u>	City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-2429</u>
Insurance Company <u>THE COMMERCE INSURANCE CO</u>	Vehicle Action Prior to Crash <u>4</u> <u>22</u> Damaged Area Code: <u>1</u> <u>27</u> <u>27</u> <u>27</u>
Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input checked="" type="checkbox"/> W Responding to Emergency? <u>2</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>
Citation # (If Issued) _____	Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code <u>1</u> <u>25</u> <u>25</u> BAC Test Result: <u>1</u> <u>30</u>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by <u>0</u> <u>26</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u>
	Towed from scene? <u>1</u> <u>33</u>

Please fill out for operator 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>	<u>1</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	

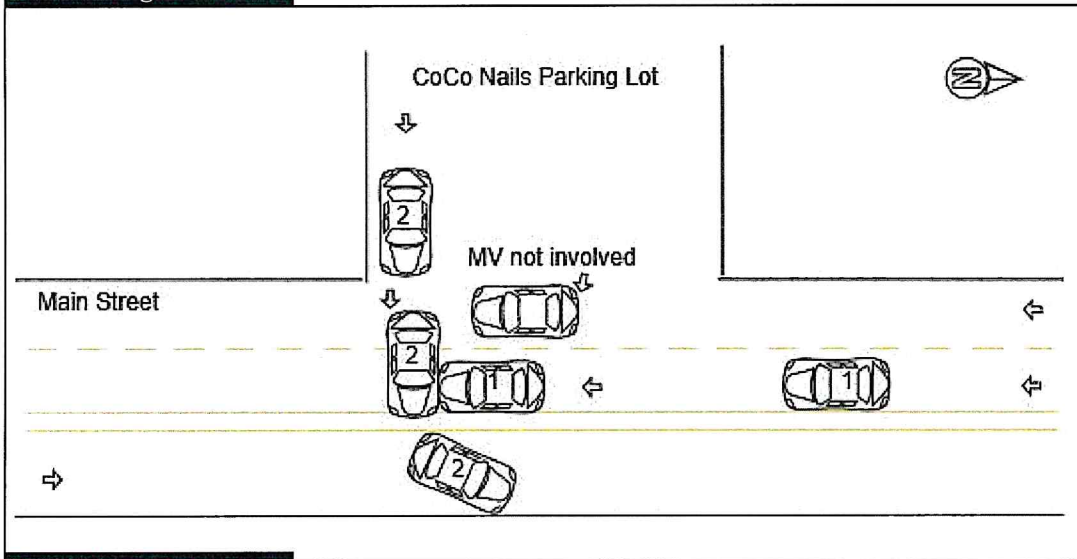
Please Select One of the Following:  Vehicle 2 #Occupants  Non-Motorist A Type 15 Action 16 Location 17 Condition 18  Hit/Run  Moped

License # <u>S42401710</u> St <u>MA</u> DOB/Agr _____	Reg # <u>2WGC39</u> Reg Type <u>PC</u> Reg State <u>MA</u>
Sex <u>F</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL Endorsement _____	Veh Year <u>2019</u> Veh Make <u>HONDA</u> Veh Config. <u>1</u> <u>21</u>
Operator <u>PACKER, LISETTE ANTOINETTE</u> Last First Middle	Owner <u>PACKER, LISETTE ANTOINETTE</u> Last First Middle
Address <u>34 BURLINGTON AVE</u>	Address <u>34 BURLINGTON AVE</u>
City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-3903</u>	City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-3903</u>
Insurance Company <u>ARBELLA MUTUAL INSURANCE</u>	Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>3</u> <u>27</u> <u>27</u> <u>27</u>
Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</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>
Citation # (If Issued) _____	Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code <u>18</u> <u>25</u> <u>4</u> <u>25</u> BAC Test Result: <u>1</u> <u>30</u>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	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>

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>	<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  
 ie: → 1     → 2     → ○

**Crash Diagram:**



**If Crash Did Not Occur on a Public Way:**

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

Indicate North by Arrow



**Crash Narrative:**

MV 1 was driving straight in the left hand lane on Main Street. MV 2 was attempting to turn left onto Main Street. There was a motor vehicle stopped in the right hand lane allowing MV 2 to turn left onto Main Street. MV 1 and 2 did not see each other until it was too late. Visibility was obstructed due to the motor vehicle stopping in the right lane. No injuries. No tow.

**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     10/23/2021  
 Police Officer Name (Please Print)     Signature     ID/Badge #     Department     Precinct/Barracks     Date



Police Use Only

# Commonwealth of Massachusetts

RMV Document Number

Date of Crash 10/23/2021 Time of Crash 2012 24HR City/Town **Wilmington**

## Motor Vehicle Crash Police Report

Number Vehicles 2 Number Injured 0 Speed Limit 10 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# Direction Address # **211 LOWELL 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 10 #Occupants  Hit/Run  Moped

Crash Report ID# **21-286-AC**

License # \_\_\_\_\_ St \_\_\_\_\_ DOB/Age \_\_\_\_\_  
Sex \_\_\_\_\_ Lic. Class  19  19 Lic. Restrictions  20 CDL \_\_\_\_\_ Endorsement \_\_\_\_\_  
Operator **Driverless M.V.**  
Last First Middle  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Insurance Company **PROGRESSIVE CASUALTY 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 # **7LV766** Reg Type **PC** Reg State **MA**  
Veh Year **2015** Veh Make **DODGE** Veh Config.  1  21  
Owner **MURPHY, JOSHUA LEE**  
Last First Middle  
Address **24 CLARK ST**  
City **WILMINGTON** State **MA** Zip **01887-2706**  
Vehicle Action Prior to Crash  11  22 Damaged Area Code:  7  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  25  25 BAC Test Result:  30  
Driver Distracted by  26 Susp. Alcohol:  31 Susp. Drug:  32  
Towed from scene?  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			<input checked="" type="checkbox"/> 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 # \_\_\_\_\_ St \_\_\_\_\_ DOB/Age \_\_\_\_\_  
Sex \_\_\_\_\_ Lic. Class  19  19 Lic. Restrictions  20 CDL \_\_\_\_\_ Endorsement \_\_\_\_\_  
Operator **unknown**  
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 \_\_\_\_\_

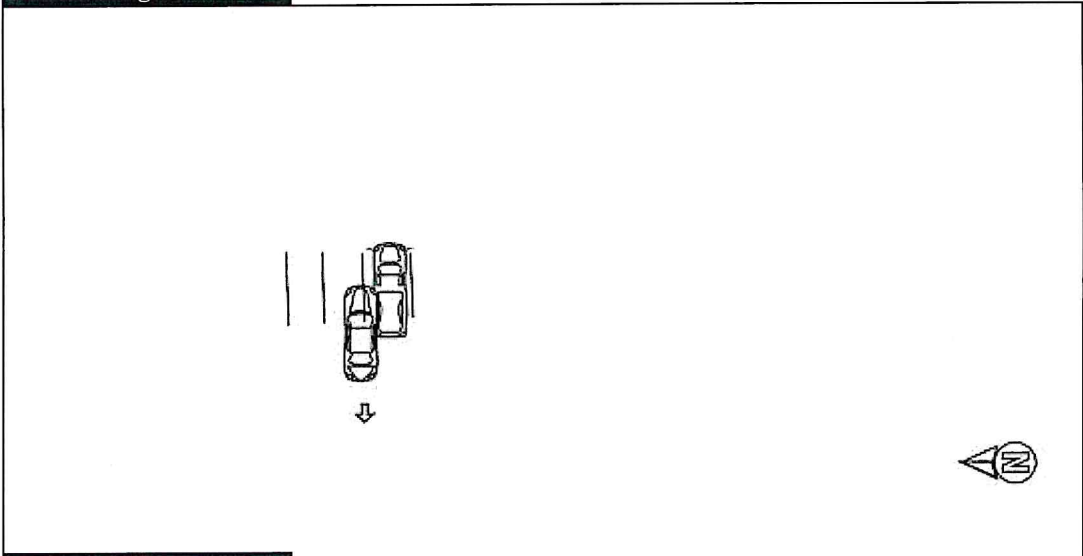
Reg # \_\_\_\_\_ Reg Type \_\_\_\_\_ Reg State \_\_\_\_\_  
Veh Year \_\_\_\_\_ Veh Make \_\_\_\_\_ Veh Config.  21  
Owner \_\_\_\_\_  
Last First Middle  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Vehicle Action Prior to Crash  22 Damaged Area Code:  27  27  27  
Event Sequence  23  23  23  23 Test Status:  28  
Most Harmful Event  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

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			<input checked="" type="checkbox"/> 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:**

The victims vehicle was parked and unattended in the parking lot of 211 Lowell Street (Pacific Grove Restaurant). Victim was made aware that a vehicle backing out of the spot next to him had scrapped the side of his vehicle and then left the area. The vehicle that left the area was described as a black Ford Explorer with NH license plates. The victims vehicle sustained a scrape to the left side of the vehicle. Vehicle is still in driveable condition.

**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:**

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Wilmington Police Department  
Images Associated with 21-286-AC

