

**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 # Name of Roadway/Street  
 298 MAIN ST  
 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# **21-287-AC**

License # **S98076203** St **MA** DOB/Ag. \_\_\_\_\_ Reg # **5YT446** Reg Type **PC** Reg State **MA**  
 Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL Endorsement \_\_\_\_\_ Veh Year **2020** Veh Make **HONDA** Veh Config. **1** 21  
 Operator **POTTS, TAMERA N** Owner **CATALDO, ROBERT J**  
 Address **10 FILLMORE DR** Address **10 FILLMORE DR**  
 City **BILLERICA** State **MA** Zip **01821-2107** City **BILLERICA** State **MA** Zip **01821-2107**  
 Insurance Company **ALLSTATE INSURANCE COMPAN** Vehicle Action Prior to Crash **2** 22 Damaged Area Code: **4** 27 27 27  
 Vehicle Travel Direction: **N X 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 \_\_\_\_\_ Driver Contributing Code **1** 25 25 BAC Test Result: **1** 30  
 Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **0** 26 Susp. Alcohol: **2** 31 Susp. Drug: **2** 32  
 Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Towed from scene? **2** 33  
 Viol. 4: Ch/Sec/Sub \_\_\_\_\_

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			<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>9</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 # **S63141516** St **MA** DOB/Ag. \_\_\_\_\_ Reg # **225ZN6** Reg Type **PC** Reg State **MA**  
 Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL Endorsement \_\_\_\_\_ Veh Year **2010** Veh Make **FORD** Veh Config. **1** 21  
 Operator **TOUCHETTE, MEGAN A** Owner **RAMOS, EDGARDO**  
 Address **15 PINEWOOD RD** Address **258 WASHINGTON AVE APT 1**  
 City **TEWKSBURY** State **MA** Zip **01876-2053** City **CHELSEA** State **MA** Zip **02150-4219**  
 Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **9** 27 27 27  
 Vehicle Travel Direction: **N X 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 \_\_\_\_\_ Driver Contributing Code **5** 25 25 BAC Test Result: **1** 30  
 Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **0** 26 Susp. Alcohol: **2** 31 Susp. Drug: **2** 32  
 Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Towed from scene? **2** 33  
 Viol. 4: Ch/Sec/Sub \_\_\_\_\_

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			<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	





Wilmington Police Department  
Images Associated with 21-287-AC





Wilmington Police Department  
Images Associated with 21-287-AC



<b>Police Use Only</b>			<b>Commonwealth of Massachusetts</b>				<b>RMV Document Number</b>		
Date of Crash 10/25/2021	Time of Crash 1343 24HR	City/Town Wilmington	<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>321</u> Direction _____ Address # <u>MAIN ST</u> Name of Roadway/Street _____ _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____ Mile Marker _____ Exit Number _____	Route# _____ Direction _____ Name of Roadway/Street _____ Also at Intersection with _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____	<u>20</u> Feet <input checked="" type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of <u>CLARK ST</u> Route# _____ Intersecting Roadway/Street _____	Route# _____ Direction _____ Name of Intersecting Roadway/Street _____
		Landmark _____

Please Select One of the Following:  Vehicle 13 #Occupants  Hit/Run  Moped  Crash Report ID# **21-288-AC**

License # <u>S86943423</u> St <u>MA</u> DOB/Ag _____	Reg # <u>1JL195</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>2013</u> Veh Make <u>HONDA</u> Veh Config. <u>1</u> <u>21</u>
Operator <u>GUILBAULT, KATHERINE P</u> Last First Middle	Owner <u>GUILBAULT, KATHERINE P</u> Last First Middle
Address <u>49 WINTER ST APT 1</u>	Address <u>49 WINTER ST APT 1</u>
City <u>ARLINGTON</u> State <u>MA</u> Zip <u>02474-6919</u>	City <u>ARLINGTON</u> State <u>MA</u> Zip <u>02474-6919</u>
Insurance Company <u>ARBELLA MUTUAL INSURANCE</u>	Vehicle Action Prior to Crash <u>3</u> <u>22</u> Damaged Area Code: <u>6</u> <u>27</u> <u>7</u> <u>27</u> <u>27</u>
Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input type="checkbox"/> S <input 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>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>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	<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>	
				<u>6</u>	<u>4</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	
				<u>4</u>	<u>4</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	

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

License # <u>S90272447</u> St <u>MA</u> DOB/Ag _____	Reg # <u>6WB280</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>2011</u> Veh Make <u>TOYOTA</u> Veh Config. <u>1</u> <u>21</u>
Operator <u>SINGH, SEEMA</u> Last First Middle	Owner <u>SINGH, NARESH</u> Last First Middle
Address <u>21 GRAY ST</u>	Address <u>21 GRAY ST</u>
City <u>BILLERICA</u> State <u>MA</u> Zip <u>01821-1423</u>	City <u>BILLERICA</u> State <u>MA</u> Zip <u>01821-1423</u>
Insurance Company <u>THE COMMERCE INSURANCE CO</u>	Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>2</u> <u>27</u> <u>27</u> <u>27</u>
Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input type="checkbox"/> S <input 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>5</u> <u>25</u> <u>19</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>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/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>	



<b>Police Use Only</b>			<b>Commonwealth of Massachusetts</b>				<b>RMV Document Number</b>		
Date of Crash 10/25/2021	Time of Crash 1456 24HR	City/Town Wilmington	<b>Motor Vehicle Crash Police Report</b>			Number Vehicles 2	Number Injured 1	Speed Limit <u>25</u>	State Police <input type="checkbox"/>
Latitude _____ Longitude _____ Local Police <input type="checkbox"/> MBTA Police <input type="checkbox"/> Campus Police <input type="checkbox"/> Other: _____									

<b>AT INTERSECTION:</b>	<b>&lt; LOCATION &gt;</b>	<b>NOT AT INTERSECTION:</b>
Route# _____ Direction _____ Name of Roadway/Street _____ At _____	Route# <u>1</u> Direction _____ Address # _____ Name of Roadway/Street <b>NORTH ST</b>	Route# _____ Direction _____ Name of Roadway/Street _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____	_____ Feet <b>N S E W</b> of _____ Mile Marker _____ or _____ Exit Number _____	Route# _____ Direction _____ Name of Intersecting Roadway/Street _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____	_____ Feet <b>N S E W</b> of _____ _____ Feet <b>N S E W</b> of _____	Route# _____ Direction _____ Name of Intersecting Roadway/Street _____
		Landmark _____

Please Select One of the Following:  Vehicle 12 #Occupants  Hit/Run  Moped

Crash Report ID# **21-289-AC**

License # <b>S81009071</b> St <b>MA</b> DOB/Ag _____	Reg # <b>1YKY26</b> Reg Type <b>PC</b> Reg State <b>MA</b>
Sex <b>F</b> Lic. Class <b>D</b> Lic. Restrictions <b>20</b> CDL Endorsement _____	Veh Year <b>2020</b> Veh Make <b>CHEVROLET</b> Veh Config. <b>1</b>
Operator <b>DOHERTY, KATIE A</b>	Owner <b>DOHERTY, KATIE A</b>
Address <b>31 MARCIA RD</b>	Address <b>31 MARCIA RD</b>
City <b>WILMINGTON</b> State <b>MA</b> Zip <b>01887-1448</b>	City <b>WILMINGTON</b> State <b>MA</b> Zip <b>01887-1448</b>
Insurance Company <b>ARBELLA MUTUAL INSURANCE</b>	Vehicle Action Prior to Crash <b>1</b>
Vehicle Travel Direction: <b>N E W</b> Responding to Emergency? <u>2</u>	Damaged Area Code: <b>5</b>
Citation # (If Issued) _____	Event Sequence <b>1</b>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Most Harmful Event <b>1</b>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Contributing Code <b>1</b>
	Driver Distracted by <b>0</b>

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"/>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>9</b>	<b>1</b>	
				<b>3</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

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

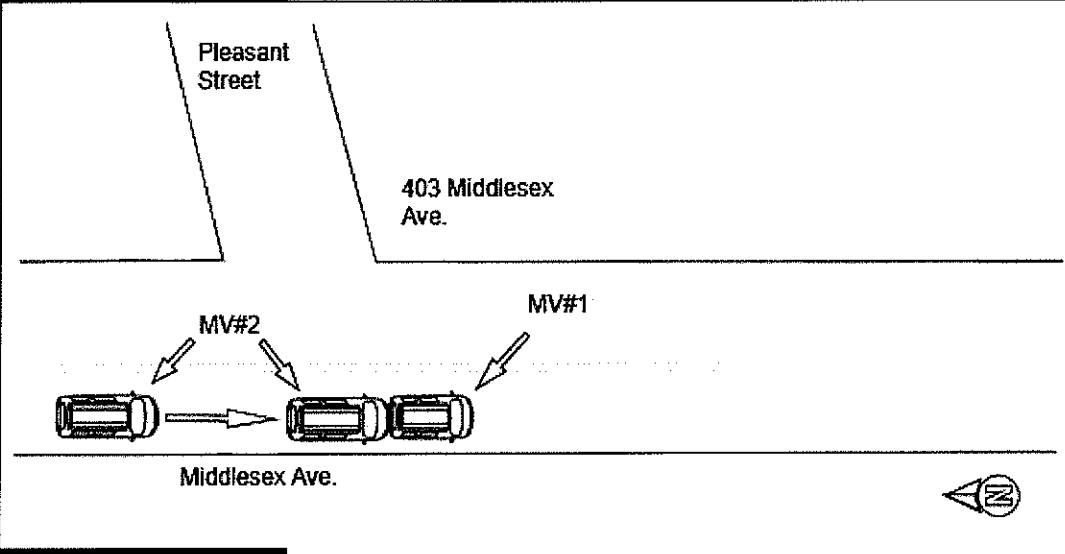
License # <b>1032507963</b> St <b>OC</b> DOB/Ag _____	Reg # <b>6107B</b> Reg Type <b>CO</b> Reg State <b>MA</b>
Sex <b>M</b> Lic. Class <b>D</b> Lic. Restrictions <b>20</b> CDL Endorsement _____	Veh Year <b>1999</b> Veh Make <b>ISUZU</b> Veh Config. <b>6</b>
Operator <b>MATIZ, JULIAN</b>	Owner <b>FARMER DAVES LLC</b>
Address <b>437 PARKER RD</b>	Address <b>437 PARKER RD</b>
City <b>DRACUT</b> State <b>MA</b> Zip <b>01826</b>	City <b>DRACUT</b> State <b>MA</b> Zip <b>01826</b>
Insurance Company <b>UNION INSURANCE COMPANY</b>	Vehicle Action Prior to Crash <b>1</b>
Vehicle Travel Direction: <b>N E W</b> Responding to Emergency? <u>2</u>	Damaged Area Code: <b>1</b>
Citation # (If Issued) _____	Event Sequence <b>1</b>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Most Harmful Event <b>1</b>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Contributing Code <b>10</b>
	Driver Distracted by <b>99</b>

Please fill out for operator/non-motorist and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator/Non-Motorist</b>		See Above	<input checked="" type="checkbox"/>	<b>1</b>	<b>1</b>	<b>5</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

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

**Crash Diagram:**

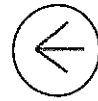
ie: → 1 → 2 → ○ → ○



**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:**

Oper. of MV#1 and Oper. of MV#2 were both traveling west on Route 62 Middlesex Ave. Oper. of MV#1 was just passing 403 Middlesex Ave when she was rear-ended by Oper. of MV#2.

**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      10/25/2021  
 Police Officer Name (Please Print)      Signature      ID/Badge #      Department      Precinct/Barracks      Date



AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

129 E LOWELL ST  
 Route# Direction Name of Roadway/Street  
 At  
 129 W WEST ST  
 Route# Direction Name of Intersecting Roadway/Street  
 Also at Intersection with  
 Route# Direction Name of Intersecting Roadway/Street

Route# Direction Address # Name of Roadway/Street  
 Feet NSEW of Mile Marker Exit Number  
 Feet NSEW of Route# Intersecting Roadway/Street  
 Feet NSEW of Landmark

Please Select One of the Following:  Vehicle 1 #Occupants  Hit/Run  Moped  
 Crash Report ID# **21-290-AC**

License # **S89281746** St **MA** DOB/Age \_\_\_\_\_  
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL Endorsement \_\_\_\_\_  
 Operator **BARDEN, SHAWN M**  
 Last First Middle  
 Address **17 GEORGE BROWN ST**  
 City **BILLERICA** State **MA** Zip **01821-2109**  
 Insurance Company **ALLMERICA FINANCIAL BENEF**  
 Vehicle Travel Direction:  N  S  W Responding to Emergency? **2**  
 Citation # (If Issued) \_\_\_\_\_  
 Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_  
 Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_

Reg # **T11965** Reg Type **CO** Reg State **MA**  
 Veh Year **2017** Veh Make **ISUZU** Veh Config. **6** 21  
 Owner **J B M GENERAL CONTRACTORS INC**  
 Last First Middle  
 Address **265 WINN ST APT E 30**  
 City **BURLINGTON** State **MA** Zip **01803-2634**  
 Vehicle Action Prior to Crash **4** 22  
 Event Sequence **1** 23 23 23 23  
 Most Harmful Event **1** 24  
 Driver Contributing Code **1** 25 25  
 Driver Distracted by **0** 26  
 Damaged Area Code: **4** 27 27 27  
 Test Status: **28**  
 Type of Test: **29**  
 BAC Test Result: **30**  
 Susp. Alcohol: **31** Susp. Drug: **32**  
 Towed from scene? **2** 33

Please fill out for operator 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	X	1	1	4	0	0	10	1	

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

License # **S85513341** St **MA** DOB/Age \_\_\_\_\_  
 Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL Endorsement \_\_\_\_\_  
 Operator **RAGUSA, ALEXANDRA ELIZABETH**  
 Last First Middle  
 Address **8 COLEMAN RD**  
 City **BYFIELD** State **MA** Zip **01922-2801**  
 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 # **1HYL42** Reg Type **PC** Reg State **MA**  
 Veh Year **2015** Veh Make **DODGE** Veh Config. **1** 21  
 Owner **RAGUSA, ALEXANDRA ELIZABETH**  
 Last First Middle  
 Address **8 COLEMAN RD**  
 City **BYFIELD** State **MA** Zip **01922-2801**  
 Vehicle Action Prior to Crash **1** 22  
 Event Sequence **1** 23 23 23 23  
 Most Harmful Event **1** 24  
 Driver Contributing Code **99** 25 25  
 Driver Distracted by **99** 26  
 Damaged Area Code: **2** 27 3 27 27  
 Test Status: **28**  
 Type of Test: **29**  
 BAC Test Result: **30**  
 Susp. Alcohol: **31** Susp. Drug: **32**  
 Towed from scene? **2** 33

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



Date of Crash 10/26/2021 Time of Crash 0932 24HR City/Town WILMINGTON

Motor Vehicle Crash Police Report

Number Vehicles 1 Number Injured 0 Speed Limit 65 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 Address # I93 NB33 Name of Roadway/Street Feet NSEW of Mile Marker Exit Number

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

Crash Report ID# 21-291-AC

License # SA7310963 St MA DOB/Ag Sex M Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement Operator DEFRANCESCO, ROBERT ALEXANDER Address 7 PEARL ST PL APT 1 City SOMERVILLE State MA Zip 02145-3120

Reg # 3802453 Reg Type PC Reg State NH Veh Year 2019 Veh Make TOYOTA Veh Config 1 21 Owner DEFRANCESCO, ROBERT ALEXANDER Address 7 PEARL ST PL APT 1 City SOMERVILLE State MA Zip 02145-3120

Table with 10 columns: Name, 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. Row 1: Operator, See Above, X, X, 1, 1, 4, 0, 0, 10, 1.

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

License # St DOB/Ag Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement Operator Address City State Zip Insurance Company Vehicle Travel Direction: NSEW 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 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 Type of Test: 29 BAC Test Result: 30 Driver Contributing Code 25 25 Susp. Alcohol: 31 Susp. Drug: 32 Driver Distracted by 26 Towed from scene? 33

Table with 10 columns: Name, 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. Row 1: Operator/Non-Motorist, See Above, X, X, 1.







Wilmington Police Department  
Images Associated with 21-291-AC





Wilmington Police Department  
Images Associated with 21-291-AC





Wilmington Police Department  
Images Associated with 21-291-AC



AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

Route# Direction Name of Roadway/Street At Route# Direction Address # Name of Roadway/Street

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

Route# Direction Name of Intersecting Roadway/Street

Please Select One of the Following:  Vehicle 1 Occupants  Hit/Run  Moped Crash Report ID# **21-292-AC**

License # **S67608860** St **MA** DOB/Ag. Reg # **1XGN55** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** Lic. Restrictions **20** CDL Endorsement Veh Year **2003** Veh Make **HONDA** Veh Config. **1**

Operator **YOUNG, KYLE E** Owner **YOUNG, KELSEY MARIE**

Address **25 GROVES AVE FL APT 1** Address **25 GROVES AVE FL APT 1**

City **LOWELL** State **MA** Zip **01852-2629** City **LOWELL** State **MA** Zip **01852-2629**

Insurance Company **GOVERNMENT EMPLOYEES INSU** Vehicle Action Prior to Crash **1** Damaged Area Code: **2 27 27 27**

Vehicle Travel Direction: **NSE** 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 **99 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		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator</b>	See Above			<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

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

License # **S70590588** St **MA** DOB/Ag. Reg # **3EHX69** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** Lic. Restrictions **1** CDL Endorsement Veh Year **2018** Veh Make **TOYOTA** Veh Config. **1**

Operator **CRAVEN, PATRICIA A** Owner **CRAVEN, PATRICIA A**

Address **15 JORDAN RD** Address **15 JORDAN RD**

City **PEABODY** State **MA** Zip **01960-1209** City **PEABODY** State **MA** Zip **01960-1209**

Insurance Company **LM GENERAL INSURANCE COMP** Vehicle Action Prior to Crash **2** Damaged Area Code: **5 27 27 27**

Vehicle Travel Direction: **NSE** 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		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator/Non-Motorist</b>	See Above			<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	





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

**MIDDLESEX AVE**  
 Route# Direction Name of Roadway/Street  
 At  
**HIGH ST**  
 Route# Direction Name of Intersecting Roadway/Street  
 Also at Intersection with  
 Route# Direction Name of Intersecting Roadway/Street

Route# Direction Address # Name of Roadway/Street  
 Feet N S E W of or Mile Marker Exit Number  
 Feet N S E W of Route# Intersecting Roadway/Street  
 Feet N S E W of  
 Landmark

Please Select One of the Following:  Vehicle 1 #Occupants  Hit/Run  Moped  
 Crash Report ID# **21-293-AC**

License # **S13976611** St **MA** DOB/Ag Reg # **2HJP91** Reg Type **PC** Reg State **MA**  
 Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL Endorsement  
 Veh Year **2013** Veh Make **HONDA** Veh Config. **1** 21  
 Operator **NAMUGAYA, GLORIA** Owner **NAMUGAYA, GLORIA**  
 Address **18 SCHOOL ST** Address **18 SCHOOL ST**  
 City **WILMINGTON** State **MA** Zip **01887-0000** City **WILMINGTON** State **MA** Zip **01887-0000**  
 Insurance Company **GOVERNMENT EMPLOYEES INSU** Vehicle Action Prior to Crash **2** 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 **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 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 Trip Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator</b>	See Above			<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

Please Select One of the Following:  Vehicle 23 #Occupants  Non-Motorist A Type **15** Action **16** Location **17** Condition **18**  Hit/Run  Moped

License # **S14110750** St **MA** DOB/A Reg # **8RL510** Reg Type **PC** Reg State **MA**  
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **B** 20 CDL Endorsement  
 Veh Year **2018** Veh Make **NISSAN** Veh Config. **1** 21  
 Operator **KAYLOR, TODD MICHAEL** Owner **KAYLOR, TODD MICHAEL**  
 Address **57 ASHWOOD AVE** Address **57 ASHWOOD AVE**  
 City **WILMINGTON** State **MA** Zip **01887-4403** City **WILMINGTON** State **MA** Zip **01887-4403**  
 Insurance Company **THE HANOVER INSURANCE COM** Vehicle Action Prior to Crash **2** 22 Damaged Area Code: 5 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 Trip 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>	
<b>ALICIA KAYLOR</b>	57 ASHWOOD AVE WILMINGTON, MA 01887-4403		<b>F</b>	<b>3</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	
				<b>6</b>	<b>4</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	



Wilmington Police Department  
Images Associated with 21-293-AC





Police Use Only

# Commonwealth of Massachusetts

RMV Document Number

Date of Crash: 10/27/2021  
 Time of Crash: 1816  
 24HR  
 City/Town: **Wilmington**

## Motor Vehicle Crash Police Report

Number Vehicles: 2  
 Number Injured: 0  
 Speed Limit: 35  
 Latitude: \_\_\_\_\_  
 Longitude: \_\_\_\_\_  
 State Police  
 Local Police  
 MBTA Police  
 Campus Police  
 Other: \_\_\_\_\_

AT INTERSECTION:

< LOCATION >

NOT AT INTERSECTION:

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

Route# \_\_\_\_\_ Direction \_\_\_\_\_ Address # **474** **MAIN ST**  
 Name of Roadway/Street \_\_\_\_\_  
 Feet  N  S  E  W of \_\_\_\_\_ or \_\_\_\_\_  
 Mile Marker \_\_\_\_\_ Exit Number \_\_\_\_\_  
 Feet  N  S  E  W of \_\_\_\_\_  
 Route# \_\_\_\_\_ Intersecting Roadway/Street \_\_\_\_\_  
 Feet  N  S  E  W of \_\_\_\_\_  
 Landmark \_\_\_\_\_

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

Crash Report ID# **21-294-AC**

License # **S30596583** St **MA** DOB/Age \_\_\_\_\_  
 Sex **F** Lic. Class **D** **19** **19** Lic. Restrictions **1** **20** CDL Endorsement \_\_\_\_\_

Reg # **3MFA54** Reg Type **PC** Reg State **MA**  
 Veh Year **2016** Veh Make **Jeep** Veh Config. **1** **21**

Operator **REED, ANN-MARIE WATERMAN**  
 Last First Middle

Owner **REED, ANN-MARIE WATERMAN**  
 Last First Middle

Address **15 MYSTIC AVE**

Address **15 MYSTIC AVE**

City **WILMINGTON** State **MA** Zip **01887-2116**

City **WILMINGTON** State **MA** Zip **01887-2116**

Insurance Company **ALLSTATE INSURANCE COMPAN**

Vehicle Action Prior to Crash **1** **22**

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

Damaged Area Code: **3** **27** **27** **27**

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

Event Sequence **1** **23** **23** **23** **23**

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

Most Harmful Event **1** **24**

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

Driver Contributing Code **1** **25** **25**

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
<b>Operator</b>	See Above		<input checked="" type="checkbox"/>	<b>1</b>	<b>0</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

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

License # \_\_\_\_\_ St \_\_\_\_\_ DOB/Age \_\_\_\_\_  
 Sex \_\_\_\_\_ Lic. Class **19** **19** Lic. Restrictions **20** CDL Endorsement \_\_\_\_\_

Reg # \_\_\_\_\_ Reg Type \_\_\_\_\_ Reg State \_\_\_\_\_  
 Veh Year \_\_\_\_\_ Veh Make \_\_\_\_\_ Veh Config. **21**

Operator **unknown**  
 Last First Middle

Owner \_\_\_\_\_  
 Last First Middle

Address \_\_\_\_\_

Address \_\_\_\_\_

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

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

Insurance Company \_\_\_\_\_

Vehicle Action Prior to Crash **22**

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

Damaged Area Code: **27** **27** **27**

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

Event Sequence **23** **23** **23** **23**

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

Most Harmful Event **24**

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

Driver Contributing Code **25** **25**

Driver Distracted by **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
<b>Operator/Non-Motorist</b>	See Above		<input checked="" type="checkbox"/>	<b>1</b>							



Police Use Only

# Commonwealth of Massachusetts

RMV Document Number

Date of Crash: 10/29/2021  
Time of Crash: 1840  
City/Town: **Wilmington**  
24HR

## Motor Vehicle Crash Police Report

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

AT INTERSECTION:

< LOCATION >

NOT AT INTERSECTION:

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

Route# \_\_\_\_\_ Direction \_\_\_\_\_ Address # **50** Name of Roadway/Street **CONCORD 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 **12** #Occupants  Hit/Run  Moped

Crash Report ID# **21-295-AC**

License # **S26616008** St **MA** DOB/Ag \_\_\_\_\_  
Sex **M** Lic. Class  D  M  R  S  T  U  V  W  X  Y  Z Lic. Restrictions **1** CDL **H**  
Operator **BLANKENSHIP, MICHAEL J**  
Address **24 ELM ST**  
City **PEABODY** State **MA** Zip **01960-4461**  
Insurance Company **GEICO GENERAL INSURANCE C**  
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 # **9NF565** Reg Type **PC** Reg State **MA**  
Veh Year **2011** Veh Make **Jeep** Veh Config. **1**  
Owner **BLANKENSHIP, MICHAEL J**  
Address **24 ELM ST**  
City **PEABODY** State **MA** Zip **01960-4461**  
Vehicle Action Prior to Crash **1**  
Event Sequence **1** **23** **23** **23** **23**  
Most Harmful Event **1** **24**  
Driver Contributing Code **1** **25** **25**  
Driver Distracted by **0** **26**  
Damaged Area Code: **4** **27** **27** **27**  
Test Status: **28**  
Type of Test: **29**  
BAC Test Result: **30**  
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	<input checked="" type="checkbox"/>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	
<b>VICTORIA CHAMBERS</b>	<b>40 ELIZABETH LN PEABODY, MA 01960-2026</b>		<b>F</b>	<b>3</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

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

License # **S41164160** St **MA** DOB/Ag \_\_\_\_\_  
Sex **F** Lic. Class  D  M  R  S  T  U  V  W  X  Y  Z Lic. Restrictions **B** CDL \_\_\_\_\_  
Operator **WOLFE, SANDRA**  
Address **89 MISHAWUM RD**  
City **WOBURN** State **MA** Zip **01801-2554**  
Insurance Company **SAFETY INSURANCE COMPANY**  
Vehicle Travel Direction:  N  S  E  W Responding to Emergency? **2**  
Citation # (If Issued) \_\_\_\_\_  
Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_  
Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_

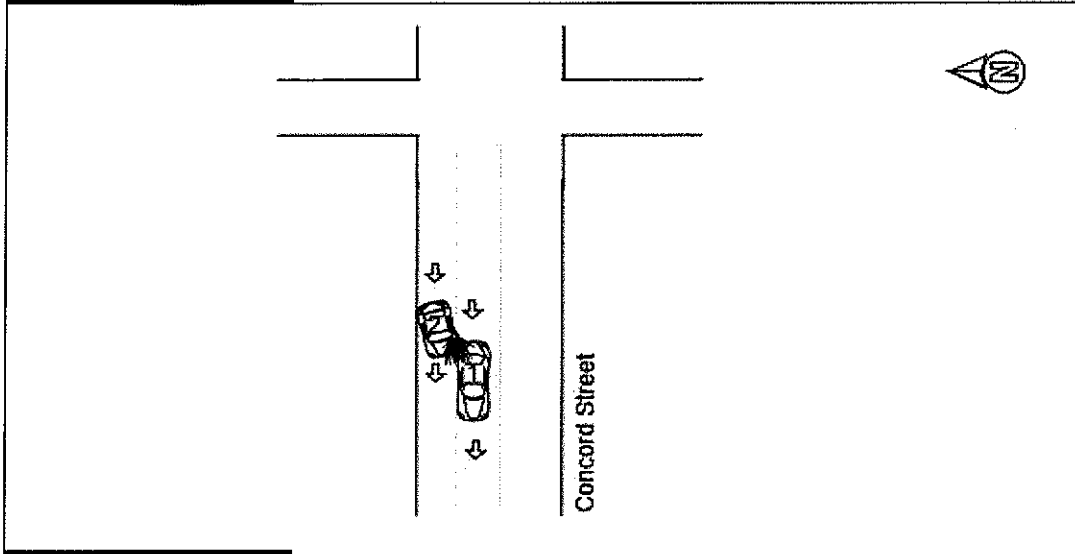
Reg # **4KW645** Reg Type **PC** Reg State **MA**  
Veh Year **2012** Veh Make **HONDA** Veh Config. **1**  
Owner **WOLFE, SANDRA**  
Address **89 MISHAWUM RD**  
City **WOBURN** State **MA** Zip **01801-2554**  
Vehicle Action Prior to Crash **1**  
Event Sequence **1** **23** **23** **23** **23**  
Most Harmful Event **1** **24**  
Driver Contributing Code **9** **25** **25**  
Driver Distracted by **0** **26**  
Damaged Area Code: **8** **27** **27** **27**  
Test Status: **28**  
Type of Test: **29**  
BAC Test Result: **30**  
Susp. Alcohol: **31** Susp. Drug: **32**  
Towed from scene? **2** **33**

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

**Crash Diagram:**

ie: → 1 → 2 → ○ → ○



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

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

Indicate North by Arrow



**Crash Narrative:**

Both Motor vehicles #1 & #2 were traveling west on Concord Street at the same time in close proximity to one another. M/V #1 was traveling in the left hand lane of travel and M/V #2 was traveling in the right(inner)hand lane of travel. while the vehicles were doing so M/V # 2 drifted into the left hand lane of travel and with the left front corner of that vehicle #2, struck the rear right hand corner(bumper) of M/V # 1 causing damage to both motor vehicles.

**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

Detective Christopher J Dindo

170

Wilmington Police Department

10/29/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date



Police Use Only

# Commonwealth of Massachusetts

RMV Document Number

Date of Crash: 10/30/2021  
 Time of Crash: 1624  
 City/Town: **Wilmington**  
 24HR

## Motor Vehicle Crash Police Report

Number Vehicles: 2  
 Number Injured: 0  
 Speed Limit: 35  
 Latitude: \_\_\_\_\_  
 Longitude: \_\_\_\_\_  
 State Police  
 Local Police  
 MBTA Police  
 Campus Police  
 Other

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

**MAIN ST**  
 Route# Direction Name of Roadway/Street  
 At  
**CLARK ST**  
 Route# Direction Name of Intersecting Roadway/Street  
 Also at Intersection with  
 Route# Direction Name of Intersecting Roadway/Street

Route# Direction Address # Name of Roadway/Street  
 Feet **N S E W** of \_\_\_\_\_ or \_\_\_\_\_  
 Mile Marker Exit Number  
 Feet **N S E W** of \_\_\_\_\_  
 Route# Intersecting Roadway/Street  
 Feet **N S E W** of \_\_\_\_\_  
 Landmark

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

Crash Report ID# **21-296-AC**

License # **S71509276** St **MA** DOB/Ag: \_\_\_\_\_  
 Sex **F** Lic. Class **D** Lic. Restrictions **99** CDL \_\_\_\_\_  
 Operator **KIERSTEAD, SHEENA MARIE**  
 Address **3 WEST ST**  
 City **WILMINGTON** State **MA** Zip **01887-3007**  
 Insurance Company **SAFETY INSURANCE COMPANY**  
 Vehicle Travel Direction: **N E W** Responding to Emergency? **2**  
 Citation # (If Issued) \_\_\_\_\_  
 Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_  
 Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_

Reg # **2KWE93** Reg Type **PC** Reg State **MA**  
 Veh Year **2021** Veh Make **Jeep** Veh Config. **1**  
 Owner **KIERSTEAD, SHEENA MARIE**  
 Address **3 WEST ST**  
 City **WILMINGTON** State **MA** Zip **01887-3007**  
 Vehicle Action Prior to Crash **4**  
 Event Sequence **1 23 23 23 23**  
 Most Harmful Event **1**  
 Driver Contributing Code **4 25 25**  
 Driver Distracted by **0**  
 Damaged Area Code: **3 27 4 27 27**  
 Test Status: **1 28**  
 Type of Test: **29**  
 BAC Test Result: **1 30**  
 Susp. Alcohol: **2 31** Susp. Drug: **2 32**  
 Towed from scene? **1 33**

Please fill out for operator 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>X</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

Please Select One of the Following:  
 Vehicle 2 Occupants  
 Non-Motorist A

Type **15** Action **16** Location **17** Condition **18**  
 Hit/Run  Moped

License # **S73039995** St **MA** DOB/Ag: \_\_\_\_\_  
 Sex **M** Lic. Class **D** Lic. Restrictions **99** CDL \_\_\_\_\_  
 Operator **CASEY, EAMONN M**  
 Address **67 LAKE ST**  
 City **TEWKSBURY** State **MA** Zip **01876-4420**  
 Insurance Company **THE COMMERCE INSURANCE CO**  
 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 # **3DYG39** Reg Type **PC** Reg State **MA**  
 Veh Year **2021** Veh Make **KIA** Veh Config. **1**  
 Owner **CASEY, EAMONN M**  
 Address **67 LAKE ST**  
 City **TEWKSBURY** State **MA** Zip **01876-4420**  
 Vehicle Action Prior to Crash **1**  
 Event Sequence **1 23 23 23 23**  
 Most Harmful Event **1**  
 Driver Contributing Code **1 25 25**  
 Driver Distracted by **0**  
 Damaged Area Code: **1 27 2 27 27**  
 Test Status: **1 28**  
 Type of Test: **29**  
 BAC Test Result: **1 30**  
 Susp. Alcohol: **2 31** Susp. Drug: **2 32**  
 Towed from scene? **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>XXXXXX</del>	<del>X</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

