

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

<p>1 1 Route# _____ Direction _____ Name of Roadway/Street _____ At _____</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____</p> <p>2 1 Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p>	<p>2 10 Route# _____ Direction _____ Address # 42 Name of Roadway/Street MARCIA RD</p> <p>Feet N S E W of _____ or _____ Mile Marker _____ Exit Number _____</p> <p>6 11 200 Feet N S X W of _____ Route# _____ Intersecting Roadway/Street CAROLYN RD</p> <p>Feet N S E W of _____ Landmark _____</p>
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3 Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped Crash Report ID# **21-297-AC**

<p>4 1 License # S55210594 St MA DOB/Ag _____ Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL _____ Operator WHITING, JOSEPH P Address 2 TREMONT ST City BILLERICA State MA Zip 01821-4001 Insurance Company PREFERRED MUTUAL INSURANC Vehicle Travel Direction: N S E X 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 _____</p>	<p>1 12 Reg # 2CZX87 Reg Type PC Reg State MA Veh Year 2015 Veh Make MITSUBISHI Veh Config. 1 21 Owner WHITING, JOSEPH P Address 2 TREMONT ST City BILLERICA State MA Zip 01821-4001 Vehicle Action Prior to Crash 1 22 Damaged Area Code: 1 27 27 27 Event Sequence 2 23 23 23 23 Test Status: 1 28 Most Harmful Event 2 24 Type of Test: 29 Driver Contributing Code 19 25 20 25 BAC Test Result: 30 Driver Distracted by 5 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Towed from scene? 1 33</p>
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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
Operator	See Above			1	1	1	0	0	10	1	

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

<p>8 1 License # _____ St _____ DOB/Ag _____ Sex _____ Lic. Class 19 19 Lic. Restrictions 20 CDL _____ Operator Driverless M.V. Address _____ City _____ State _____ Zip _____ Insurance Company THE COMMERCE INSURANCE CO 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 _____</p>	<p>1 14 Reg # 2GND98 Reg Type PC Reg State MA Veh Year 2018 Veh Make CHRYSLER Veh Config. 1 21 Owner LAMBERT, MARK T Address 42 MARCIA RD City WILMINGTON State MA Zip 01887-1465 Vehicle Action Prior to Crash 11 22 Damaged Area Code: 1 27 27 27 Event Sequence 1 23 23 23 23 Test Status: 1 28 Most Harmful Event 1 24 Type of Test: 29 Driver Contributing Code 1 25 25 BAC Test Result: 30 Driver Distracted by 0 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Towed from scene? 2 33</p>
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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 Tmp Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above			1							

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

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

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

Feet N S E W of _____ Landmark

Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped Crash Report ID# **21-298-AC**

License # **S12422434** St **MA** DOB/Age _____ Reg # **3YJR11** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL _____ Veh Year **2021** Veh Make **CHEVROLET** Veh Config. **1** 21

Operator **ZELLA, SHAUNA LAUREN** Owner **ZELLA, SHAUNA LAUREN**

Address **2 BROAD ST** Address **2 BROAD ST**

City **WILMINGTON** State **MA** Zip **01887-1945** City **WILMINGTON** State **MA** Zip **01887-1945**

Insurance Company **LIBERTY MUTUAL INSURANCE** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **3** 27 **2** 27 **2** 27

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

Citation # (If Issued) _____ Most Harmful Event **2** 24 Type of Test: **2** 29

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **20** 25 **11** 25 BAC Test Result: **1** 30

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **7** 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 # **S55199271** St **MA** DOB/Age _____ Reg # **S21317** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL _____ Veh Year **2019** Veh Make **FORD** Veh Config. **1** 21

Operator **SAUER, ERIC WILLIAM** Owner **ESC CONSTRUCTION LLC**

Address **31 KING ST** Address **145A SPOFFORD RD**

City **WILMINGTON** State **MA** Zip **01887-1853** City **BOXFORD** State **MA** Zip **01921-1324**

Insurance Company **SAFETY INSURANCE COMPANY** Vehicle Action Prior to Crash **11** 22 Damaged Area Code: **7** 27 **2** 27 **2** 27

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

Citation # (If Issued) _____ Most Harmful Event **2** 24 Type of Test: **2** 29

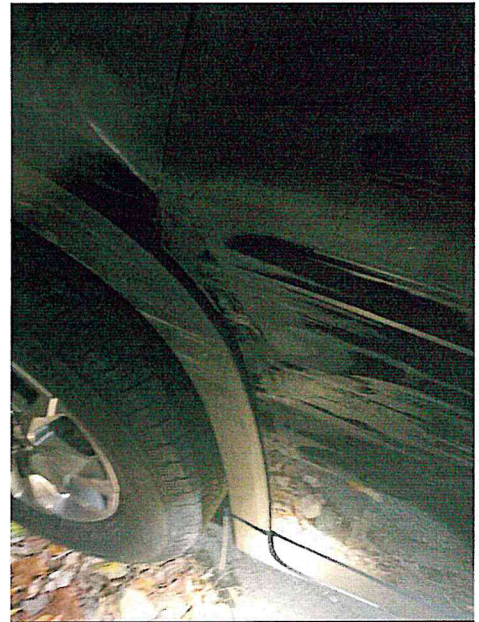
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **1** 25 **25** BAC Test Result: **1** 30

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
Operator/Non-Motorist		See Above	<input checked="" type="checkbox"/>	1	0	4	3	0	10	1	

Wilmington Police Department
Images Associated with 21-298-AC



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 2 Route# Direction Name of Intersecting Roadway/Street

260 MAIN 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 10 #Occupants Hit/Run Moped Crash Report ID# **21-299-AC**

License # _____ St _____ DOB/Age _____ Reg # **88NA23** Reg Type **PC** Reg State **MA**
 Sex _____ Lic. Class **19 19** Lic. Restrictions **20** CDL _____ Veh Year **2015** Veh Make **MERCEDES-BENZ** Veh Config. **1 21**
 Operator **Driverless M.V.** Owner **ENWRIGHT, DENNIS P**
 Address _____ Address **3 CLORINDA RD**
 City _____ State **MA** Zip **01887-2301**
 Insurance Company **LIBERTY MUTUAL INSURANCE** Vehicle Action Prior to Crash **11 22** Damaged Area Code: **4 27 3 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 _____ 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: **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
Operator	See Above			1	10	5	3	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

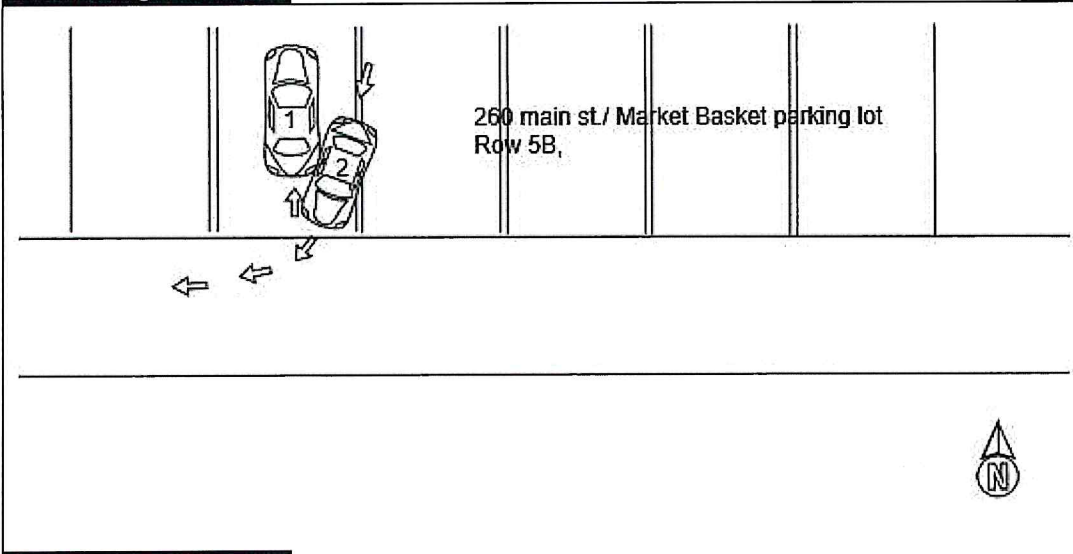
License # **S27205955** St **MA** DOB/Age _____ Reg # **2PHK91** Reg Type **PC** Reg State **MA**
 Sex **F** Lic. Class **D 19 19** Lic. Restrictions **20** CDL _____ Veh Year **2016** Veh Make **KIA** Veh Config. **1 21**
 Operator **COLLINS, HELEN ROSE** Owner **COLLINS, WILLIAM HOWARD JR**
 Address **16 WIGHTMAN RD** Address **16 WIGHTMAN RD**
 City **TEWKSBURY** State **MA** Zip **01876** City **TEWKSBURY** State **MA** Zip **01876-4441**
 Insurance Company **GEICO GENERAL INSURANCE C** Vehicle Action Prior to Crash **97 22** Damaged Area Code: **3 27 4 27 27**
 Vehicle Travel Direction: N E W Responding to Emergency? **2** Event Sequence **2 23 23 23 23** Test Status: **28**
 Citation # (If Issued) _____ Most Harmful Event **2 24** Type of Test: **29**
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **19 25 97 25** BAC Test Result: **30**
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **5 26** 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
Operator/Non-Motorist	See Above			1	99	4	0	0	10	1	

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 O = Pedestrian 🚲 = Bicycle

Crash Diagram:

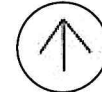
ie: → 1 → 2 → O → 🚲



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:

NON-Oper.#1 related, when she came out of Market basket food shopping, she saw that her m/v#1 had been struck on the right rear bumper and right side. She related that a witness informed her that he got the plate# of the m/v#2 that struck her m/v#1 and gave her the plate information and his cell#

During my investigation, I was able to locate m/v#2 and the oper.. She informed me that she was in a rush to get to a doctors appointment, when she struck m/v#1 that was parked with no one inside. She related that she was going to call the police and give her information when she was done at the doctors office. Oper.#2 admitted to me Ofc.Jepson over a phone conversation that she did strike m/v#1 that was parked and left the scene.

(PWJ/142)

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
ALBERTI GARRETT J	2 ASPEN DR WILMINGTON MA 01887-0000		
ENWRIGHT SUSAN G	3 CLORINDA RD WILMINGTON MA 01887-2301		

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 Paul W Jepson

Police Officer Name (Please Print)

Signature

142

ID/Badge #

Wilmington Police Department

Department

Precinct/Barracks

11/03/2021

Date

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

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

Route# Direction Name of Intersecting Roadway/Street At Feet of • or Exit Number

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

Route# Direction Name of Intersecting Roadway/Street Landmark

Please Select One of the Following: Vehicle 12 #Occupants Hit/Run Moped Crash Report ID# **21-300-AC**

License # **S47432854** St **MA** DOB/Age Reg # **965HG4** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class Lic. Restrictions CDL Veh Year **2010** Veh Make **HONDA** Veh Config. **1** **21**

Operator **OHARA, THOMAS C** Owner **OHARA, THOMAS C**

Address **19 LINCOLN ST** Address **19 LINCOLN ST**

City **WILMINGTON** State **MA** Zip **01887-2548** City **WILMINGTON** State **MA** Zip **01887-2548**

Insurance Company **GOVERNMENT EMPLOYEES INSU** Vehicle Action Prior to Crash **1** **22** Damaged Area Code: **1** **27** **27** **27**

Vehicle Travel Direction: N S 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: **1** **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	X	X	1	1	4	0	0	10	1
LIA HOLOWENCZAK	19 LINCOLN WILMINGTON, MA 01887	02/16/2006	F	3	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 # **unknown** St DOB/Age Reg # **1AVB71** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class Lic. Restrictions CDL Veh Year **2016** Veh Make **Jeep** Veh Config. **1** **21**

Operator **SANTOS, THAYS ROSSI** Owner **YIAKAS, LYVIA ROSSI**

Address **12 LOWELL RD** Address **7 OLIVER SWAIN RD**

City **NORTH READING** State **MA** Zip **01864** City **NORTH READING** State **MA** Zip **01864-2957**

Insurance Company **SAFETY INSURANCE COMPANY** Vehicle Action Prior to Crash **1** **22** Damaged Area Code: **6** **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) **180488AB** Most Harmful Event **1** **24** Type of Test: **1** **29**

Viol. 1: Ch/Sec/Sub **90** **10** Viol. 2: Ch/Sec/Sub **89** **9** Driver Contributing Code **3** **25** **19** **25** BAC Test Result: **1** **30**

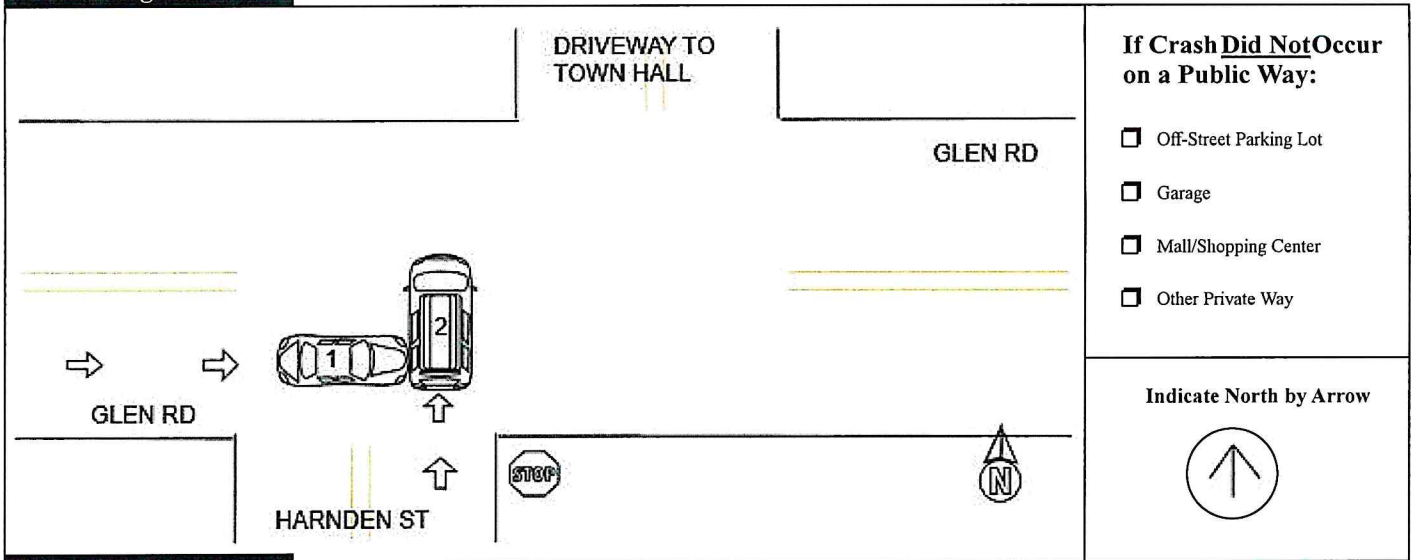
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by **99** **26** Susp. Alcohol: **2** **31** Susp. Drug: **2** **32**

Towed from scene? **3** **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	X	1	1	4	0	0	10	1

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

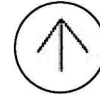
Crash Diagram:



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:

ON 11/3/21, I WAS DISPATCHED TO A TWO CAR CRASH ON GLEN RD AT HARNDEN ST/DRIVEWAY TO TOWN HALL. THERE WERE NO INJURIES REPORTED. UPON ARRIVAL, I SPOKE WITH BOTH OPERATORS. OPERATOR OF VEH 1 REPORTED HE WAS TRAVELING ON GLEN RD TOWARDS MIDDLESEX AVE WHEN VEH 2 RAN THE STOP SIGN AND CUT IN FRONT OF HIM HE REPORTED HITTING VEH 2 IN THE REAR DRIVER'S SIDE. I ASKED VEH 2 OPERATOR AND SHE REPORTED SHE WASN'T SURE WHAT HAPPENED. SHE STATED SHE WAS TRAVELING STRAIGHT AND THEN A CRASH OCCURED. I ASKED IF SHE STOPPED FOR THE SIGN AND SHE REPORTED SHE DIDN'T SEE IT POINTING TO THE A PILLAR SAYING IT MAY HAVE BLOCKED THE SIGN. A PILLAR SHOULD NOT HAVE BLOCKED THE SIGN. VEH 1 HAD THE RIGHT OF WAY. VEH 1 FRONT BUMPER WAS RIPPED OFF. VEH 2 HAD DAMAGE TO REAR DRIVER'S TIRE. VEH 1 DID NOT HAVE A LICENSE SEE 21-350-AR. VEH 1 AS TOWED DUE TO NO LICENSE STATUS.

Witnesses:

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

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ MC/MX/ICC #: _____

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 46

Hazmat Information:

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

Patrol Officer Daniel P Furbush

196

Wilmington Police Department

11/03/2021

Police Officer Name (Please Print)

Signature

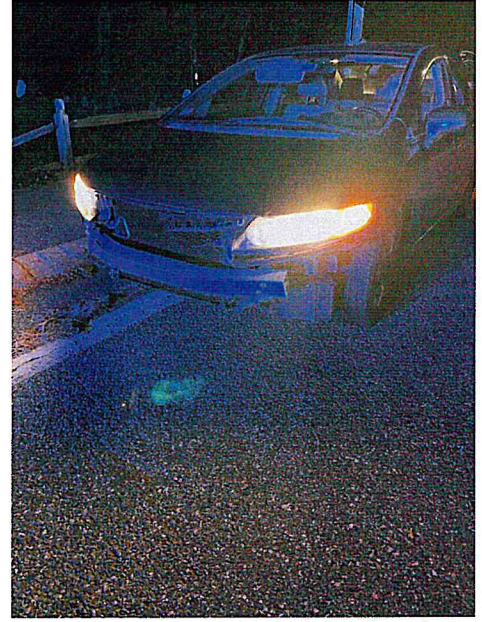
ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department
Images Associated with 21-300-AC



Police Use Only		Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 11/04/2021	Time of Crash 1449 24HR	City/Town Wilmington		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 2	Speed Limit <u>40</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"/>

AT INTERSECTION:	< LOCATION >	NOT AT INTERSECTION:
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<p>1 1</p> <p>Route# _____ Direction _____ Name of Roadway/Street _____</p> <p style="text-align: center;">At _____</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p> <p style="text-align: center;">Also at Intersection with _____</p> <p>2 1</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p>	2	<p>10 2</p> <p>Route# _____ Direction _____ Address # <u>332</u> Name of Roadway/Street <u>LOWELL ST</u></p> <p>_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____</p> <p style="text-align: center;">Mile Marker _____ Exit Number _____</p> <p>11 2</p> <p>_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____</p> <p>_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____</p> <p style="text-align: center;">Route# _____ Intersecting Roadway/Street _____</p> <p style="text-align: center;">Landmark _____</p>
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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# 21-301-AC
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License # <u>S69348067</u> St <u>MA</u> DOB/Age _____ Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL _____ Operator <u>BALLESTER, IVAN JR</u> Address <u>7 GRANVILLE CT APT 2</u> City <u>HAVERHILL</u> State <u>MA</u> Zip <u>01832-4735</u> Insurance Company <u>THE COMMERCE INSURANCE CO</u> Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input 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>1ETW79</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2005</u> Veh Make <u>HONDA</u> Veh Config. <u>1</u> <u>21</u> Owner <u>BALLESTER, NATASHA MARIE</u> Address <u>7 GRANVILLE CT APT 2</u> City <u>HAVERHILL</u> State <u>MA</u> Zip <u>01832-4735</u> Vehicle Action Prior to Crash <u>2</u> <u>22</u> Damaged Area Code: <u>4</u> <u>27</u> <u>3</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>1</u> <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>3</u> <u>33</u>
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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	XXXX	XX	<u>1</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>8</u>	<u>2</u>	Lahey Clinic

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
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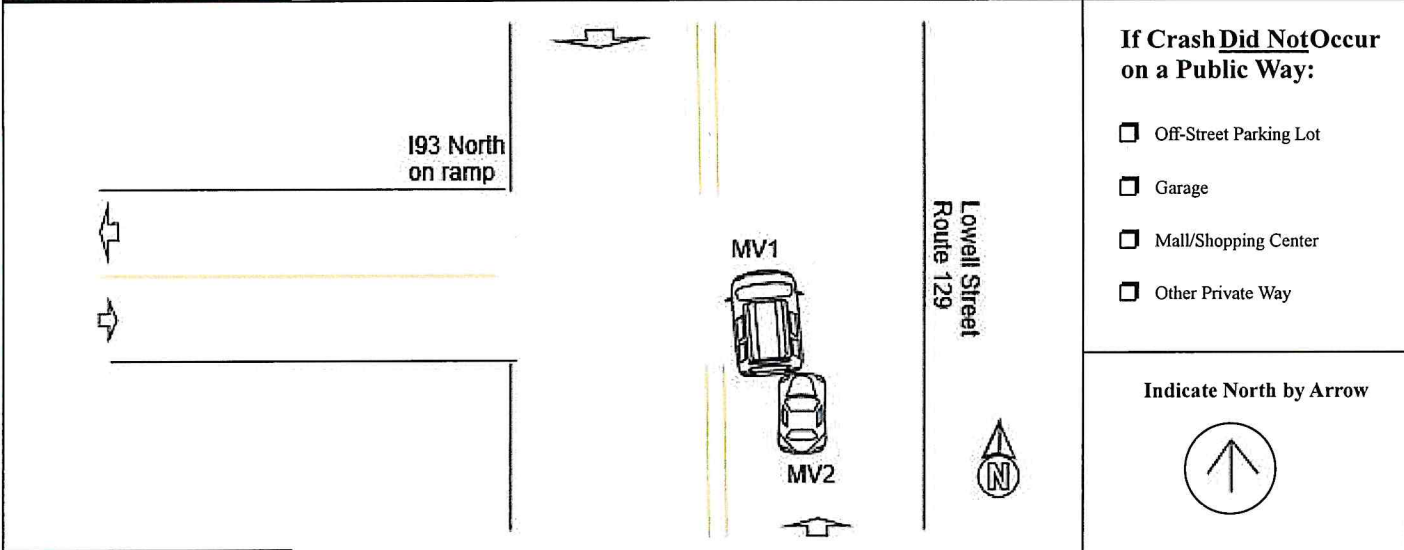
License # <u>S53407703</u> St <u>MA</u> DOB/Age _____ Sex <u>F</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL _____ Operator <u>MCKEE, CAITLIN</u> Address <u>35 DUNBAR RD</u> City <u>READING</u> State <u>MA</u> Zip <u>01867-3926</u> Insurance Company <u>CITIZENS INSURANCE COMPAN</u> Vehicle Travel Direction: <input type="checkbox"/> N <input 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>744XM5</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2007</u> Veh Make <u>TOYOTA</u> Veh Config. <u>1</u> <u>21</u> Owner <u>MCKEE, CAITLIN</u> Address <u>35 DUNBAR RD</u> City <u>READING</u> State <u>MA</u> Zip <u>01867-3926</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>25</u> BAC Test Result: <u>1</u> <u>30</u> Driver Distracted by <u>99</u> <u>26</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u> Towed from scene? <u>1</u> <u>33</u>
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Please fill out for operator/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	XXXX	XX	<u>1</u>	<u>1</u>	<u>1</u>	<u>0</u>	<u>0</u>	<u>8</u>	<u>1</u>	

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

Crash Diagram:

ie: ➔ 1 ➔ 2 ➔ ○ ➔ ⚲



Crash Narrative:

Operator of motor vehicle 1, Ivan Ballester Jr. stated that he was stopped in traffic with his left hand turn signal activated and he was waiting to turn left onto the I93 North on ramp when he was struck from behind by MV2. Operator of MV2, Caitlin McKee stated that she was traveling straight ahead going the posted speed limit and rear ended MV1 (See images). Wilmington Fire Department rendered aid to both parties. Mr. Ballester was transported to a hospital by WFD for further evaluation and Ms. McKee refused transport. Forrest towed both vehicles (See attachments). I provided Ms. McKee with the Paper work exchange and mailed a copy to Mr. Ballester Jr.

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 Julio J Quiles 197 **Wilmington Police Department** 11/04/2021

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

Wilmington Police Department
Images Associated with 21-301-AC



Wilmington Police Department
Images Associated with 21-301-AC

