

**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# 299 Direction \_\_\_\_\_ Address # SALEM ST 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# **21-302-AC**

License # S80710616 St MA DOB/Age 05/05/1959 Reg # 981LJ6 Reg Type PC Reg State MA  
 Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL \_\_\_\_\_ Veh Year 2015 Veh Make HONDA Veh Config. 1 21  
 Operator CARBONE, DEBRA L Owner CARBONE, DEBRA L  
 Address 33 DEVONSHIRE DR Address 33 DEVONSHIRE DR  
 City BILLERICA State MA Zip 01821-5220 City BILLERICA State MA Zip 01821-5220  
 Insurance Company GOVERNMENT EMPLOYEES INSU Vehicle Action Prior to Crash 1 22 Damaged Area Code: 2 27 27 27  
 Vehicle Travel Direction: N S E  Responding to Emergency? 2 Event Sequence 4 23 23 23 23 Test Status: 1 28  
 Citation # (If Issued) \_\_\_\_\_ Most Harmful Event 4 24 Type of Test: 1 29  
 Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code 1 25 25 BAC Test Result: 1 30  
 Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by 0 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32  
 Towed from scene? 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 Trmp Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator</b>	See Above	<del>XXXXXX</del>	<del>XXXX</del>	<u>1</u>	<u>99</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 2 15 Action 1 16 Location 1 17 Condition 1 18  Hit/Run  Moped

License # \_\_\_\_\_ St \_\_\_\_\_ DOB/Age \_\_\_\_\_ Reg # \_\_\_\_\_ Reg Type \_\_\_\_\_ Reg State \_\_\_\_\_  
 Sex \_\_\_\_\_ Lic. Class 19 19 Lic. Restrictions 20 CDL \_\_\_\_\_ Veh Year \_\_\_\_\_ Veh Make \_\_\_\_\_ Veh Config. 21  
 Operator \_\_\_\_\_ Owner \_\_\_\_\_  
 Address \_\_\_\_\_ Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Insurance Company \_\_\_\_\_ Vehicle Action Prior to Crash 6 22 Damaged Area Code: 97 27 27 27  
 Vehicle Travel Direction: N S E  Responding to Emergency? \_\_\_\_\_ Event Sequence 1 23 23 23 23 Test Status: 1 28  
 Citation # (If Issued) \_\_\_\_\_ Most Harmful Event 1 24 Type of Test: 1 29  
 Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code 19 25 25 BAC Test Result: 1 30  
 Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by 0 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32  
 Towed from scene? 2 33

Please fill out for operator/non-motorist and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trmp 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>6</u>				<u>8</u>	<u>2</u>	Winchester Hospital



Police Use Only		<b>Motor Vehicle Crash Police Report</b>				RMV Document Number	
Date of Crash 11/09/2021	Time of Crash 1746 24HR	City/Town <b>Wilmington</b>		Number Vehicles 1	Number Injured 2	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"/>
AT INTERSECTION:			< LOCATION >	NOT AT INTERSECTION:			
Route# _____ Direction _____ Name of Roadway/Street _____ At _____				Route# <u>9</u> Direction _____ Address # _____ Name of Roadway/Street <b>BRIDGE LN</b>			
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____				_____ Feet <b>N S E W</b> of _____ Mile Marker _____ Exit Number _____			
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____				_____ Feet <b>N S E W</b> of _____ Route# _____ Intersecting Roadway/Street _____ Landmark _____			

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

Crash Report ID# **21-303-AC**

License # <b>S57723073</b> St <b>MA</b> DOB/Age _____	Reg # <b>LV88336</b> Reg Type <b>PC</b> Reg State <b>MA</b>
Sex <b>M</b> Lic. Class <b>D</b> <u>19</u> <u>19</u> Lic. Restrictions <b>1</b> <u>20</u> CDL _____ Endorsement _____	Veh Year <b>2014</b> Veh Make <b>TOYOTA</b> Veh Config. <b>1</b> <u>21</u>
Operator <b>MILES, DAVID P</b> Last First Middle	Owner <b>BALCHENKOV, MIKHAIL</b> Last First Middle
Address <b>5 EDWARD ST</b>	Address <b>44 CAVENDISH CIR</b>
City <b>MEDFORD</b> State <b>MA</b> Zip <b>02155-6622</b>	City <b>SALEM</b> State <b>MA</b> Zip <b>01970-6853</b>
Insurance Company <b>PILGRIM INSURANCE COMPANY</b>	Vehicle Action Prior to Crash <b>1</b> <u>22</u> Damaged Area Code: <u>1</u> <u>27</u> <u>27</u> <u>27</u>
Vehicle Travel Direction: <input checked="" type="checkbox"/> <b>S E W</b> Responding to Emergency? <u>2</u>	Event Sequence <u>10</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u>
Citation # (If Issued) <b>T2446375</b>	Most Harmful Event <b>10</b> <u>24</u> Type of Test: <u>1</u> <u>29</u>
Viol. 1: Ch/Sec/Sub <b>90</b> <u>24</u> Viol. 2: Ch/Sec/Sub <b>90</b> <u>24</u>	Driver Contributing Code <b>14</b> <u>25</u> <b>1</b> <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 <b>0</b> <u>26</u> Susp. Alcohol: <u>99</u> <u>31</u> Susp. Drug: <u>1</u> <u>32</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>		<del>_____</del>	<del>_____</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>9</b>	<b>2</b>	Winchester Hospital
<b>ANGELINA DAMELIO</b>	28 DUNTON RD WILMINGTON, MA 01887	12/31/1984	F	<b>6</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>9</b>	<b>2</b>	Lahey Clinic

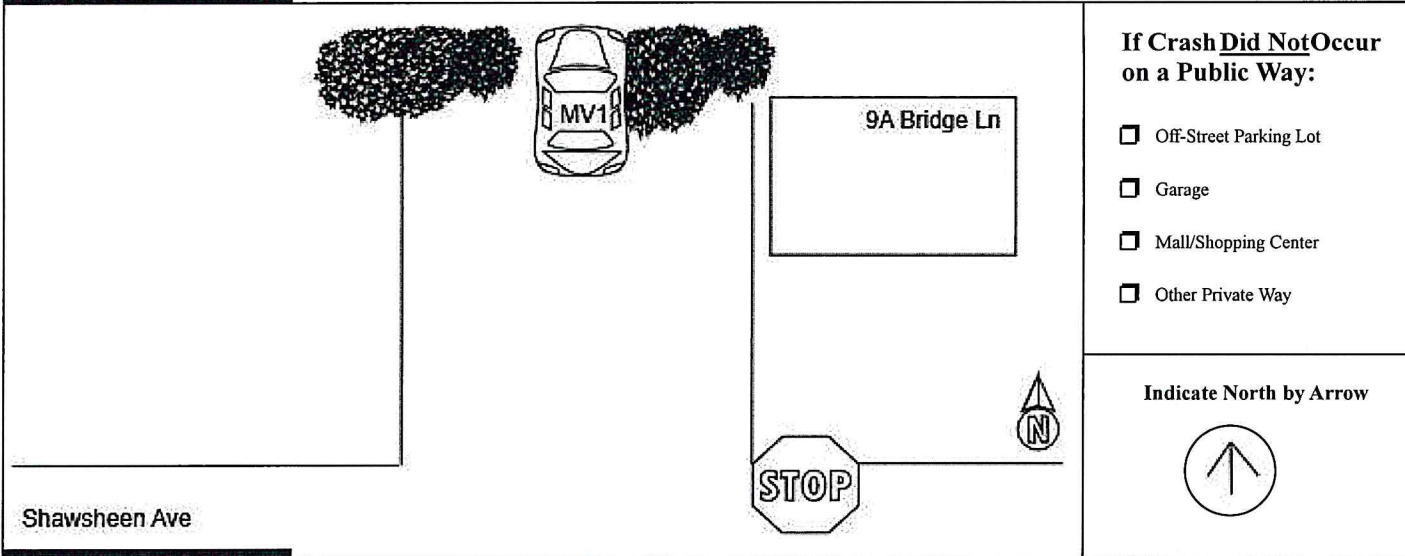
Please Select One of the Following:  Vehicle 2 #Occupants  Non-Motorist A Type 15 Action 16 Location 17 Condition 18  Hit/Run  Moped

License # _____ St _____ DOB/Age _____	Reg # _____ Reg Type _____ Reg State _____
Sex _____ Lic. Class <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____ Endorsement _____	Veh Year _____ Veh Make _____ Veh Config. <u>21</u>
Operator _____ Last First Middle	Owner _____ Last First Middle
Address _____	Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Insurance Company _____	Vehicle Action Prior to Crash <u>22</u> Damaged Area Code: <u>27</u> <u>27</u> <u>27</u>
Vehicle Travel Direction: <input type="checkbox"/> <b>N S E W</b> Responding to Emergency? _____	Event Sequence <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>28</u>
Citation # (If Issued) _____	Most Harmful Event <u>24</u> Type of Test: <u>29</u>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code <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>26</u> Susp. Alcohol: <u>31</u> Susp. Drug: <u>32</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>		<del>_____</del>	<del>_____</del>	<b>1</b>							

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

**Crash Diagram:**



**Crash Narrative:**

Reporting party called 911 to report a single motor vehicle crash that occurred in the vicinity of 10 Bridge Ln. Caller stated the MV was traveling NB on Carter Ln when the vehicle flew through the stop sign located at the four way intersection of Carter Ln, Shawsheen Ave and Bridge Ln. The reporting party advised dispatch that the MV continued through the intersection onto Bridge Ln and proceeded to crash into the woods at the end of the street. The operator of the MV and the passenger were identified and transported to Lahey Hospital and Winchester Hospital for possible injuries. The MV crashed into a large rock approximately 25-30 feet into the woods which resulted in front end damage to the vehicle. Cains towing was notified and removed the vehicle. A tow inventory was completed per department policy.

**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

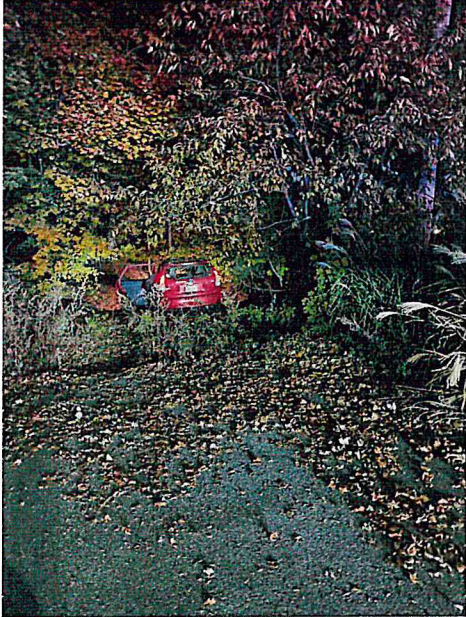
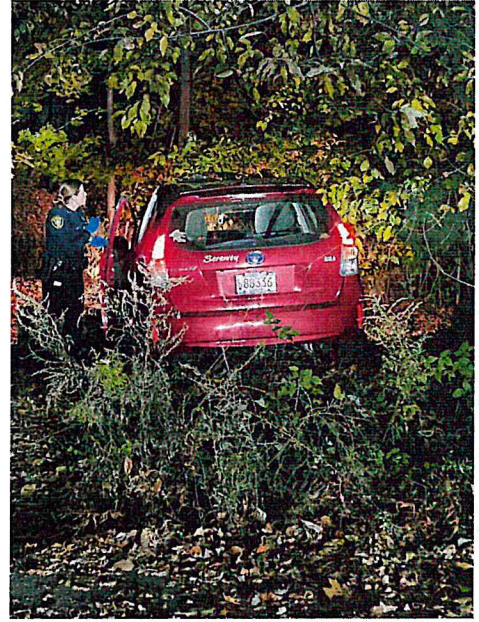
Trailer Reg #: \_\_\_\_\_ Reg Type \_\_\_\_\_ Reg State \_\_\_\_\_ Reg Year \_\_\_\_\_ Trailer Length  46

**Hazmat Information:**

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

CDPI 11-24-00

Wilmington Police Department  
Images Associated with 21-303-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

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# **21-304-AC**

License # **S58049702** St **MA** DOB/Age \_\_\_\_\_ Reg # **V84779** Reg Type **CO** Reg State **MA**

Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL \_\_\_\_\_ Veh Year **2019** Veh Make **FORD** Veh Config. **6** 21

Operator **MATUL, OBED** Owner **GMP LANDSCAPING AND CONSTRUCTION INC**

Address **30-32 BAY VIEW AVE APT 3** Address **30 32 BAYVIEW AVE APT 3**

City **LYNN** State **MA** Zip **01902-0000** City **LYNN** State **MA** Zip **01902-0000**

Insurance Company **ARBELLA PROTECTION INSURA** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **1** 27 27 27

Vehicle Travel Direction: **N S E** Responding to Emergency? **2** Event Sequence **1** 23 1 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 **5** 25 **19** 25 BAC Test Result: **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 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 Trp Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator</b>	See Above	<del>XXXXXX</del>	<del>XXXX</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

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

License # **SA7670667** St **MA** DOB/Age \_\_\_\_\_ Reg # **1SYP49** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **B** 20 CDL \_\_\_\_\_ Veh Year **2015** Veh Make **LEXUS** Veh Config. **1** 21

Operator **WONG, KATHERINE LING** Owner **WONG, KATHERINE LING**

Address **196 SPRING ST** Address **196 SPRING ST**

City **MEDFORD** State **MA** Zip **02155-2853** City **MEDFORD** State **MA** Zip **02155-2853**

Insurance Company **PROGRESSIVE DIRECT INSURA** Vehicle Action Prior to Crash **2** 22 Damaged Area Code: **1** 27 5 27 27

Vehicle Travel Direction: **N S E** Responding to Emergency? **2** Event Sequence **1** 23 1 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 **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 Trp Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator/Non-Motorist</b>	See Above	<del>XXXXXX</del>	<del>XXXX</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

Route# 4 Direction \_\_\_\_\_ Name of Roadway/Street \_\_\_\_\_ At \_\_\_\_\_

Route# 1 Direction \_\_\_\_\_ Address # \_\_\_\_\_ Name of Roadway/Street ROUTE 125 HWY

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

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

Please Select One of the Following:  Vehicle 3 Occupants  Hit/Run  Moped | Crash Report ID# 21-304-AC

License # S52654048 St MA DOB/Ag \_\_\_\_\_ Reg # 4MSD80 Reg Type PC Reg State MA

Sex F Lic. Class 19 19 Lic. Restrictions 20 CDL \_\_\_\_\_ Veh Year 2014 Veh Make NISSAN Veh Config. 1 21

Operator TAYLOR-NICE, YVETTE L Owner TAYLOR-NICE, YVETTE L

Address 13 ESSEX ST APT 1 Address 13 ESSEX ST APT 1

City DANVERS State MA Zip 01923-0010 City DANVERS State MA Zip 01923-0010

Insurance Company ARBELLA MUTUAL INSURANCE

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 \_\_\_\_\_

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	1	4	0	0	8	2	Lahey Clinic

Please Select One of the Following:  Vehicle 4 Occupants  Non-Motorist A Type 15 Action 16 Location 17 Condition 18  Hit/Run  Moped

License # \_\_\_\_\_ St \_\_\_\_\_ DOB/Ag \_\_\_\_\_ Reg # \_\_\_\_\_ Reg Type \_\_\_\_\_ Reg State \_\_\_\_\_

Sex \_\_\_\_\_ Lic. Class 19 19 Lic. Restrictions 20 CDL \_\_\_\_\_ Veh Year \_\_\_\_\_ Veh Make \_\_\_\_\_ Veh Config. 21

Operator \_\_\_\_\_ Owner \_\_\_\_\_

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

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

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

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

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

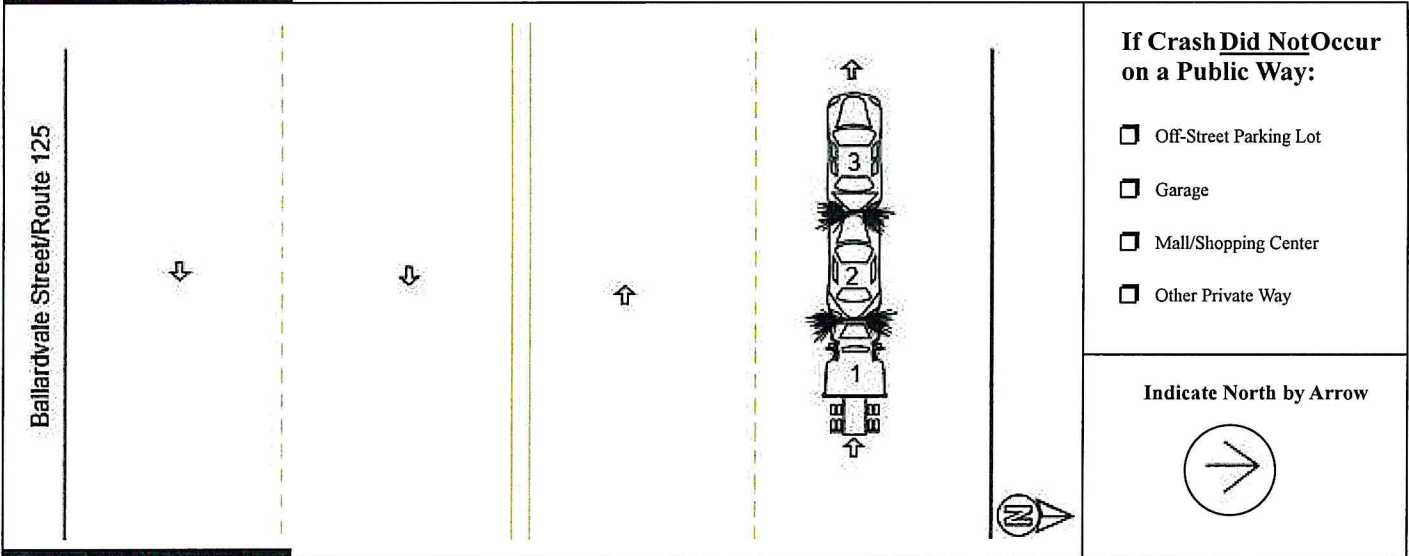
Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_

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

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							

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

**Crash Diagram:**



**Crash Narrative:**

MV1, MV2, and MV3 were all stopped in traffic on Ballardvale Street/Route 125 southbound approaching the Interstate 93 exit ramps. All three vehicles were traveling westbound and stopped in heavy traffic. MV1 began traveling straight ahead and collided with the rear end of MV2, causing MV2 to roll forward, and strike the rear of MV3. MV1 suffered minor front end damage (See Attached Images). MV2 suffered minor front and rear end damage (See Attached Images). MV3 suffered minor rear end damage (See Attached Images). The operator of MV3 was complaining of head and neck pain as a result of the rear end collision and was transported to Lahey Hospital by the WFD. MV3 was towed from the scene by Forrest Towing. MV1 and MV2 were both driven from the scene.

**Witnesses:**

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

**Property Damage:**

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

**Truck and Bus Information:**

Registration # \_\_\_\_\_ (From Vehicle Section)

Carrier Name \_\_\_\_\_ Bus Use  42

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

US DOT #: \_\_\_\_\_ State Number \_\_\_\_\_ Issuing State \_\_\_\_\_ MC/MX/ICC #: \_\_\_\_\_

Interstate  43    Cargo Body Type Code  44    GVWR/GCWR  45

Trailer Reg #: \_\_\_\_\_ Reg Type \_\_\_\_\_ Reg State \_\_\_\_\_ Reg Year \_\_\_\_\_ Trailer Length  46

**Hazmat Information:**

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

Patrol Officer Michael A Wilson

Police Officer Name (Please Print)

Signature

209

ID/Badge #

Wilmington Police Department

Department

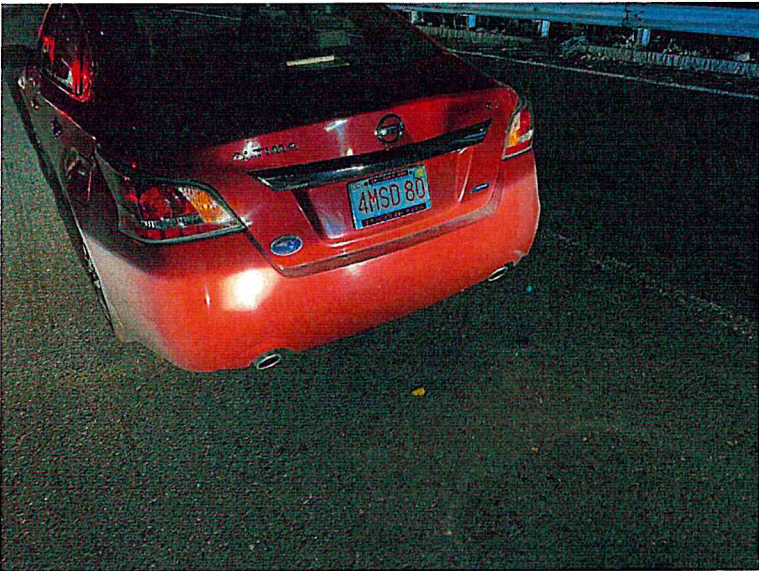
Precinct/Barracks

11/10/2021

Date



Wilmington Police Department  
Images Associated with 21-304-AC



<b>Police Use Only</b>	<b>City/Town</b> Wilmington	<b>Number Vehicles</b> 1	<b>Number Injured</b> 0	<b>Speed Limit</b> 25	<input type="checkbox"/> State Police <input type="checkbox"/> Local Police <input type="checkbox"/> MBTA Police <input type="checkbox"/> Campus Police <input type="checkbox"/> Other:
<b>Date of Crash</b> 11/11/2021	<b>Time of Crash</b> 0225 24HR	<b>LOCATION</b>		<b>NOT AT INTERSECTION:</b>	
<b>AT INTERSECTION:</b>		Route# _____ Direction _____ Name of Roadway/Street _____		Route# <u>23</u> Direction _____ Address # <u>THURSTON AVE</u> Name of Roadway/Street _____	
Route# _____ Direction _____ Name of Roadway/Street _____ At _____		_____ 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 _____ Also at Intersection with _____		_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____		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 _____		Landmark _____	

Please Select One of the Following:  Vehicle 1 #Occupants  Hit/Run  Moped Crash Report ID# **21-305-AC**

License # <u>S50245448</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>20</u> CDL _____ Operator <u>DAVIS, ANTHONY W</u> Address <u>34 ALDERWOOD RD</u> City <u>WALTHAM</u> State <u>MA</u> Zip <u>02452-6375</u> Insurance Company <u>PROGRESSIVE DIRECT INSURA</u> Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> E <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>2NVR81</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2009</u> Veh Make <u>Infinity</u> Veh Config. <u>1</u> <u>21</u> Owner <u>DAVIS, ANTHONY W</u> Address <u>34 ALDERWOOD RD</u> City <u>WALTHAM</u> State <u>MA</u> Zip <u>02452-6375</u> Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>1</u> <u>27</u> <u>7</u> <u>27</u> <u>27</u> Event Sequence <u>26</u> <u>23</u> <u>21</u> <u>23</u> <u>40</u> <u>23</u> <u>23</u> Test Status: <u>28</u> Most Harmful Event <u>21</u> <u>24</u> Type of Test: <u>29</u> Driver Contributing Code <u>20</u> <u>25</u> <u>1</u> <u>25</u> BAC Test Result: <u>30</u> Driver Distracted by <u>1</u> <u>26</u> Susp. Alcohol: <u>31</u> Susp. Drug: <u>32</u> Towed from scene? <u>1</u> <u>33</u>
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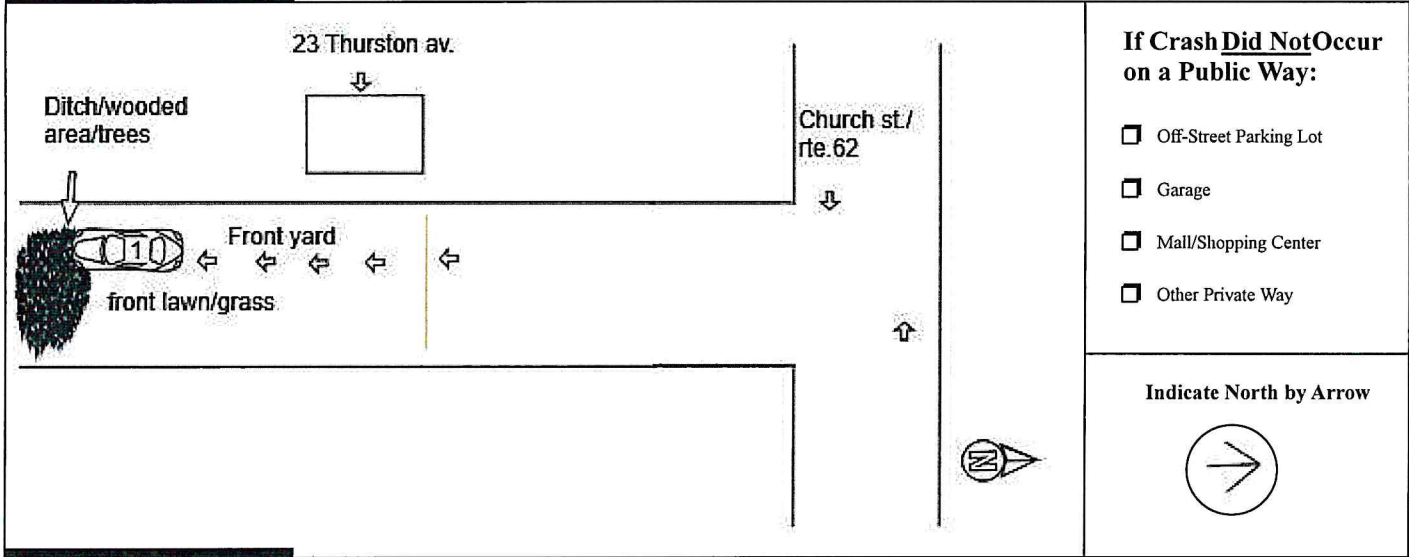
Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator</b>	See Above	<del>XXXX</del>	<del>XX</del>	1	1	4	0	0	10	1	

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

License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____ Operator _____ Address _____ City _____ State _____ Zip _____ Insurance Company _____ Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> 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. <u>21</u> Owner _____ Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash <u>22</u> Damaged Area Code: <u>27</u> <u>27</u> <u>27</u> Event Sequence <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>28</u> Most Harmful Event <u>24</u> Type of Test: <u>29</u> Driver Contributing Code <u>25</u> <u>25</u> BAC Test Result: <u>30</u> Driver Distracted by <u>26</u> Susp. Alcohol: <u>31</u> Susp. Drug: <u>32</u> Towed from scene? <u>33</u>
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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	<del>XXXX</del>	<del>XX</del>	1							

**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:**

Oper./owner Of m/v#1 related that he was trying to get to Waltham,ma., he put the wrong town with the same street name in his cell phone (GPS) it brought him to Wilmington instead of Waltham. While in Wilmington following (GPS) he turned onto Thurston av., which is a DEAD END st. He ran out of roadway and drove onto the front yard/lawn of 23 Thurston av., drove into a ditch in a wooded area and crashed into a tree. (PWJ/142)

**Witnesses:**

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

**Property Damage:**

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
TUMSAROCH PHYLLIS J	23 THURSTON AVE WILMINGTON MA 0188		97	FRONT LAWN/GRASS

**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

142

Wilmington Police Department

11/11/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

<b>Police Use Only</b>			<b>Commonwealth of Massachusetts</b>				<b>RMV Document Number</b>					
Date of Crash 11/12/2021	Time of Crash 1517 24HR	City/Town Wilmington	<b>Motor Vehicle Crash Police Report</b>		Number Vehicles 2	Number Injured 1	Speed Limit <u>35</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>
<b>62 W CHURCH ST</b> Route# Direction Name of Roadway/Street  <b>ADAMS ST</b> Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting 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 _____ Route# _____ Intersecting Roadway/Street _____  Landmark _____	

Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle <u>3</u> #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped	Crash Report ID# <b>21-306-AC</b>
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License # <b>S46196651</b> St <b>MA</b> DOB/Age <b>01/03/1996</b> Sex <b>M</b> Lic. Class <b>D</b> Lic. Restrictions <b>20</b> CDL Endorsement _____ Operator <b>KOSTER, DEREK J</b> Last First Middle Address <b>8 KIERNAN AVE</b> City <b>WILMINGTON</b> State <b>MA</b> Zip <b>01887-3207</b> Insurance Company <b>LM GENERAL INSURANCE COMP</b> Vehicle Travel Direction: <input type="checkbox"/> N <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 # <b>87F510</b> Reg Type <b>PC</b> Reg State <b>MA</b> Veh Year <b>2014</b> Veh Make <b>CHRYSLER</b> Veh Config. <b>1</b> Owner <b>KOSTER, DEREK JOHN</b> Last First Middle Address <b>8 KIERNAN AVE</b> City <b>WILMINGTON</b> State <b>MA</b> Zip <b>01887-3207</b> Vehicle Action Prior to Crash <b>1</b> Event Sequence <b>1</b> <b>23</b> <b>23</b> <b>23</b> <b>23</b> Most Harmful Event <b>1</b> Driver Contributing Code <b>1</b> <b>25</b> <b>25</b> Driver Distracted by <b>0</b> Damaged Area Code: <b>1</b> <b>27</b> <b>27</b> <b>27</b> Test Status: <b>28</b> Type of Test: <b>29</b> BAC Test Result: <b>30</b> Susp. Alcohol: <b>31</b> Susp. Drug: <b>32</b> Towed from scene? <b>1</b> <b>33</b>
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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"/>	<b>1</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>8</b>	<b>1</b>	
<b>RACHEL BERNOTH</b>	8 KIERNAN AVE WILMINGTON, MA 01887-3207	09/14/1996	F	<b>3</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	
<b>ELLIOT KOSTER</b>	8 KIERNAN AVE WILMINGTON, MA 01887	<b>1</b>	M	<b>4</b>	<b>4</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

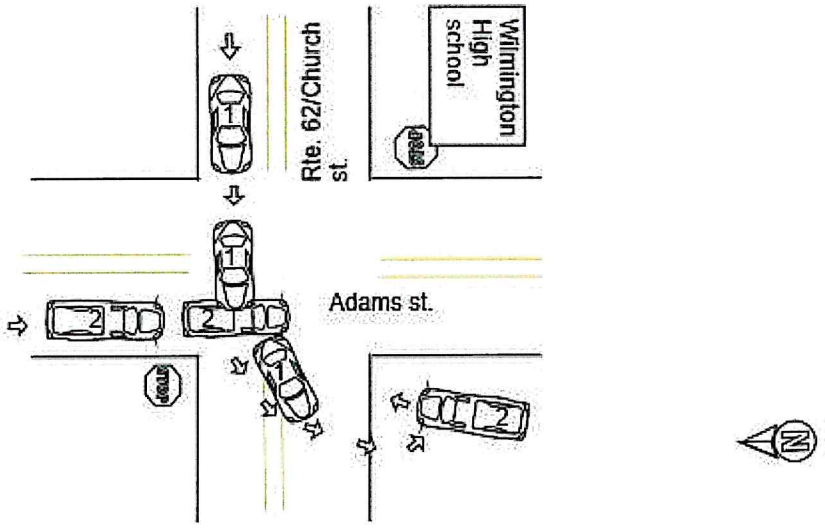
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle <u>2</u> #Occupants <input type="checkbox"/> Non-Motorist A Type <u>15</u> Action <u>16</u> Location <u>17</u> Condition <u>18</u>	<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped
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License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class <b>D</b> Lic. Restrictions <b>20</b> CDL Endorsement _____ Operator _____ Last First Middle Address _____ City _____ State _____ Zip _____ Insurance Company <b>THE COMMERCE INSURANCE CO</b> Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" 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 # <b>3BRW51</b> Reg Type <b>PC</b> Reg State <b>MA</b> Veh Year <b>2011</b> Veh Make <b>TOYOTA</b> Veh Config. <b>1</b> Owner <b>DEAMBROSE, MICHAEL SLANE</b> Last First Middle Address <b>51 ASHWOOD AVE</b> City <b>WILMINGTON</b> State <b>MA</b> Zip <b>01887-4403</b> Vehicle Action Prior to Crash <b>1</b> Event Sequence <b>1</b> <b>23</b> <b>23</b> <b>23</b> <b>23</b> Most Harmful Event <b>1</b> Driver Contributing Code <b>4</b> <b>25</b> <b>25</b> Driver Distracted by <b>0</b> Damaged Area Code: <b>7</b> <b>27</b> <b>27</b> <b>27</b> Test Status: <b>28</b> Type of Test: <b>29</b> BAC Test Result: <b>30</b> Susp. Alcohol: <b>31</b> Susp. Drug: <b>32</b> Towed from scene? <b>1</b> <b>33</b>
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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"/>	<b>1</b>	<b>1</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

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

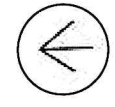
**Crash Diagram:**



**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:**

At the time of the m/v/c There was a rain storm, with heavey down pours and wind.

Visibility was poor.

Oper.#1 related he was traveling straight/west on rte.62/church st., by the high school, when oper.of m/v#2 pulled out in front of his m/v#1 from Adams st., he then crashed into the side of m/v#2

Oper.#2 related he had stopped at the stop sign on Adams st., he looked both ways and he thought he had enough time to cross over to the other side. As he began to cross over m/v#1 crashed into the side of his m/v#2. Due to the heavey rain and wind, his visibility was pour. (PWJ/142)

**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 Paul W Jepson                      142                      Wilmington Police Department                      11/12/2021  
 Police Officer Name (Please Print)                      Signature                      ID/Badge #                      Department                      Precinct/Barracks                      Date