

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1 1 Route# Direction Name of Roadway/Street At 2 10 Route# Direction Address # Name of Roadway/Street 62 E I93

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

2 2 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 _____ of _____ Landmark

Please Select One of the Following: Vehicle 1 Occupants Hit/Run Moped | Crash Report ID# 21-307-AC

License # S73484056 St MA DOB/Age _____ Reg # 1SLH45 Reg Type PC Reg State MA

Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL _____ Veh Year 1997 Veh Make FORD Veh Config. 2 21

Operator JENKINS, THOMAS J Owner JENKINS, THOMAS J

Address 10 POND LANE EXT Address 10 POND LANE EXT

City BILLERICA State MA Zip 01821-3654 City BILLERICA State MA Zip 01821-3654

Insurance Company PROGRESSIVE CASUALTY 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: 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? 1 33

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above		<input checked="" type="checkbox"/>	1	1	1	0	0	8	2	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 # S41691334 St MA DOB/Age _____ Reg # 2CKL55 Reg Type PC Reg State MA

Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL _____ Veh Year 2017 Veh Make HONDA Veh Config. 1 21

Operator BRENT, CHRISTA LYN Owner BRENT, CHRISTA LYN

Address 14 TREASUREHILL RD Address 14 TREASUREHILL RD

City WILMINGTON State MA Zip 01887-1232 City WILMINGTON State MA Zip 01887-1232

Insurance Company ARBELLA MUTUAL INSURANCE Vehicle Action Prior to Crash 4 22 Damaged Area Code: 1 27 27 27

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

Citation # (If Issued) T2064120 Most Harmful Event 1 24 Type of Test: 29

Viol. 1: Ch/Sec/Sub 90 13 Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code 18 25 4 25 BAC Test Result: 30

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by 7 26 Susp. Alcohol: 31 Susp. Drug: 32

Towed from scene? 1 33

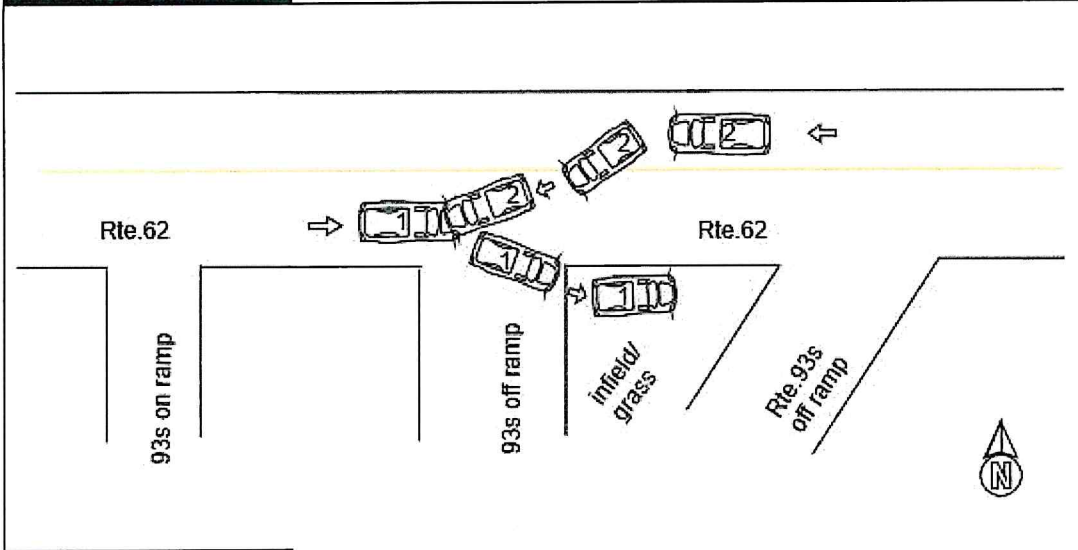
Please fill out for operator/non-motorist and all occupants involved

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

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

Crash Diagram:

ie: → 1 → 2 → ○ → ⚡



If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow



Crash Narrative:

Oper. #1 related he was traveling straight on rte.62 by 93s ramp, when m/v#2 came into his travel lane and crashed head on into his m/v#1.

Oper. #2 related she was making a left turn onto the 93s on ramp from rte.62. She made a comment about not being able to see well as her m/v#2 still had frost covering her entire m/v#2.

During my investigation of the crash I observed that m/v#2's m/v was covered with frost as was the front windshield, which made it impossible to see anything at the time of the crash. oper. #2 was issued a citation. (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

Police Officer Name (Please Print)

Signature

142

ID/Badge #

Wilmington Police Department

Department

Precinct/Barracks

11/17/2021

Date

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1 1 Route# Direction Name of Roadway/Street At

2 1 Route# Direction Name of Intersecting Roadway/Street

3 1 Route# Direction Name of Intersecting Roadway/Street

2 1 Route# Direction Name of Intersecting Roadway/Street

2 10 Route# Direction Address # Name of Roadway/Street

5 11 Feet N S E W of Mile Marker Exit Number

5 11 Feet N S E W of Route# Intersecting Roadway/Street

5 11 Feet N S E W of Landmark

Please Select One of the Following: Vehicle 1 Occupants Hit/Run Moped | Crash Report ID# 21-308-AC

License # S98069177 St MA DOB/Age Reg # 63LT08 Reg Type PC Reg State MA

Sex M Lic. Class D M Lic. Restrictions B 20 CDL Endorsement Veh Year 2003 Veh Make GMC Veh Config. 1 21

Operator RYAN, EDWARD MARTIN Owner RYAN, EDWARD MARTIN

Address 70 AUSTIN ST APT 11 Address 70 AUSTIN ST APT 11

City LOWELL State MA Zip 01852-0000 City LOWELL State MA Zip 01852-0000

Insurance Company SAFETY INSURANCE COMPANY

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

Vehicle Action Prior to Crash 1 22 Damaged Area Code: 7 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 99 25 25 BAC Test Result: 30

Driver Distracted by 0 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32

Towed from scene? 2 33

Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above			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 # S89572013 St MA DOB/Age Reg # V37443 Reg Type CO Reg State MA

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

Operator CERCONE, JOHN A Owner FEDERAL EXPRESS CORP

Address 104 FULTON ST Address 4001 LEADENHALL RD

City MEDFORD State MA Zip 02155-2648 City MT LAUREL State NJ Zip 08054-0000

Insurance Company OLD REPUBLIC INSURANCE CO

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

Citation # (If Issued)

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

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

Vehicle Action Prior to Crash 1 22 Damaged Area Code: 7 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 99 25 25 BAC Test Result: 30

Driver Distracted by 0 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32

Towed from scene? 2 33

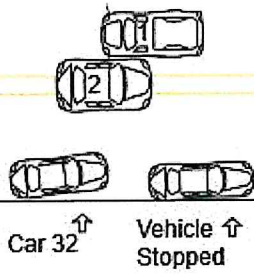
Please fill out for operator/non-motorist and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above			1	1	4	0	0	10	1	

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

ie: ➔ 1 ➔ 2 ➔ ♂ ➔ 🚲

Crash Diagram:

205
Salem
Street



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:

Vehicle 2 was traveling westbound on Salem Street and Vehicle 1 was traveling eastbound on Salem Street. Vehicle 2 moved to the left over the yellow line to allow the officer in the roadway conducting the traffic stop to have extra room. While vehicle 2 was passing the cruiser and vehicle stopped, vehicle 1 passed vehicle 2. As the vehicles passed, the vehicles drivers side mirrors made contact. The operator of vehicle 1 continued down the road. Vehicle one operator was subsequently stopped and acknowledged that he had struck the others vehicle mirror. Both operators did not require medical attention and neither vehicle required a tow. Damage to each vehicle was only to the side view mirrors.

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 R DiLorenzo 217 Wilmington Police Department 11/18/2021
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

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

1 **1** Route# Direction Name of Roadway/Street At **WOBURN ST**

2 **1** Route# Direction Name of Intersecting Roadway/Street Also at Intersection with

2 **1** 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 _____ 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# **21-309-AC**

License # **S86271255** St **MA** DOB/Ag _____ Reg # **1NMP36** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL _____ Veh Year **2007** Veh Make **CHEVROLET** Veh Config. **1** 21

Operator **MARQUEZ, KYLE M** Owner **MARQUEZ, ALBERT ALLEN JR**

Address **19 MOHAWK PATH** Address **19 MOHAWK PATH**

City **BELLINGHAM** State **MA** Zip **02019-1221** City **BELLINGHAM** State **MA** Zip **02019-1221**

Insurance Company **QUINCY MUTUAL FIRE INSURA** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **4** 27 27 27

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

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

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

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

Towed from scene? **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	99	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 # **S68077973** St **MA** DOB/Ag _____ Reg # **V38659** Reg Type **PC** Reg State **MA**

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

Operator **RAWSON, JOHN CHARLES** Owner **LEASE PLAN USA LT**

Address **1222 AVALON DR** Address **1165 SANCTUARY PKWY**

City **WILMINGTON** State **MA** Zip **01887** City **ALPHARETTA** State **GA** Zip **30009-0000**

Insurance Company **OLD REPUBLIC INSURANCE CO** Vehicle Action Prior to Crash **3** 22 Damaged Area Code: **1** 27 27 27

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

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

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **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/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 = Vehicle 1 = Vehicle 2 = Pedestrian = Bicycle

Crash Diagram:

ie: ➔ ➔ ➔ ➔

	<p>If Crash Did Not Occur on a Public Way:</p> <p><input type="checkbox"/> Off-Street Parking Lot</p> <p><input type="checkbox"/> Garage</p> <p><input type="checkbox"/> Mall/Shopping Center</p> <p><input type="checkbox"/> Other Private Way</p> <p align="center">Indicate North by Arrow</p> <div align="center"></div>
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Crash Narrative:

Vehicle # 1 turned onto Woburn St from Lowell Street and had to stop short for a Tractor Trailer that was blocking the road. Vehicle # 2 Turned onto Woburn Street from Lowell Street and could not stop in time and collided with the rear end of Vehicle #1.

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

Address _____ City _____ St _____ Zip _____

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

Interstate Cargo Body Type Code GVWR/GCWR

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

Hazmat Information:

Placard Material 1 digit # Material Name _____ Material 4 digit # _____ Release code

Patrol Officer Anthony Fiore	164	Wilmington Police Department	11/18/2021
Police Officer Name (Please Print)	Signature	ID/Badge #	Department Precinct/Barracks Date

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1 1 **CONCORD ST**
Route# Direction Name of Roadway/Street

At

1 1 **FORDHAM RD**
Route# Direction Name of Intersecting Roadway/Street

Also at Intersection with

2 1
Route# Direction Name of Intersecting Roadway/Street

2 1
Route# Direction Address # Name of Roadway/Street

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

2 1
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# **21-310-AC**

License # **SA4830721** St **MA** DOB/Age _____ Reg # **1TZE76** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL Endorsement _____ Veh Year **2011** Veh Make **HYUNDAI** Veh Config. **1** 21

Operator **NUNEZ, RAYNEL VALERIO** Owner **VALERIO-DETORRES, MERCEDES F**

Address **25 WOODMAN ST APT 2** Address **25 WOODMAN ST APT 2**

City **LYNN** State **MA** Zip **01905-2127** City **LYNN** State **MA** Zip **01905-2127**

Insurance Company **THE HANOVER INSURANCE COM** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **1** 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 _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **20** 25 25 BAC Test Result: **1** 30

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **5** 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	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 # **S73204844** St **MA** DOB/Age _____ Reg # **8ML995** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL Endorsement _____ Veh Year **2015** Veh Make **VOLVO** Veh Config. **1** 21

Operator **ROLLER, ANDREA D** Owner **ROLLER, BRIAN W**

Address **26 S GATEWAY** Address **26 S GATEWAY**

City **WINCHESTER** State **MA** Zip **01890-3936** City **WINCHESTER** State **MA** Zip **01890-3936**

Insurance Company **GOVERNMENT EMPLOYEES INSU** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **5** 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 _____ 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	X	X	1	1	4	0	0	10	1	

Date of Crash: 11/18/2021 | Time of Crash: 1755 | City/Town: **Wilmington** | Number Vehicles: 2 | Number Injured: 2 | Speed Limit: 30 | State Police: | Local Police: | MBTA Police: | Campus Police: | Other:
 Latitude: +042.5868 | Longitude: -071.147

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 # **146** Name of Roadway/Street **ANDOVER ST**
 _____ Feet **N S E W** of _____ 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# **21-311-AC**

License # **S32425988** St **MA** DOB/Age _____ Reg # **1XL813** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **B** 20 CDL _____ Veh Year **2014** Veh Make **AUDI** Veh Config. **1** 21
 Operator **SYED, ABRAR A** Owner **PINE BANKS ANIMAL HOSPITAL AND KENNEL INC**
 Address **222 SALEM ST** Address **1130 MAIN ST**
 City **ANDOVER** State **MA** Zip **01810-2228** City **MALDEN** State **MA** Zip **02148-1453**
 Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **1** 27 27 27
 Vehicle Travel Direction: **S E W** Responding to Emergency? **2** Event Sequence **42** 23 1 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 **9** 25 25 BAC Test Result: **30**
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0** 26 Susp. Alcohol: **2** 31 Susp. Drug: **2** 32
 Towed from scene? **1** 33

Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above	XXXX	XX	1	1	1	0	0	8	2	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

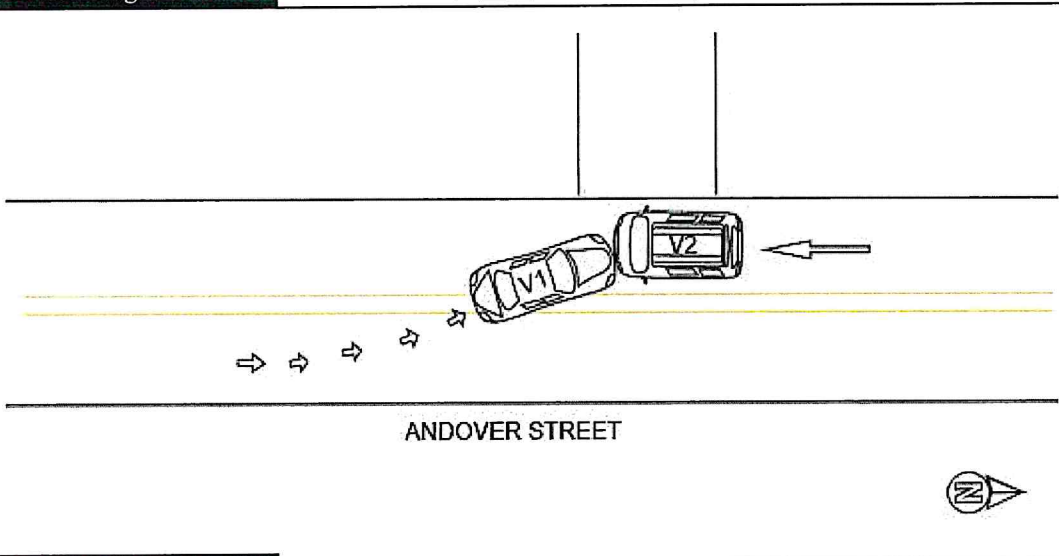
License # **S62024710** St **MA** DOB/Age _____ Reg # **875AL3** Reg Type **PC** Reg State **MA**
 Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **B** 20 CDL _____ Veh Year **2013** Veh Make **CHEVROLET** Veh Config. **1** 21
 Operator **ZIELINSKI, SUSAN L** Owner **ZIELINSKI, SUSAN L**
 Address **31 LOWELL JNCTN RD** Address **31 LOWELL JNCTN RD**
 City **ANDOVER** State **MA** Zip **01810-5905** City **ANDOVER** State **MA** Zip **01810-5905**
 Insurance Company **QUINCY MUTUAL FIRE INSURA** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **1** 27 27 27
 Vehicle Travel Direction: **N E W** Responding to Emergency? **2** Event Sequence **1** 23 23 23 23 Test Status: **1** 28
 Citation # (If Issued) _____ Most Harmful Event **1** 24 Type of Test: **29**
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **1** 25 25 BAC Test Result: **30**
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0** 26 Susp. Alcohol: **2** 31 Susp. Drug: **2** 32
 Towed from scene? **1** 33

Please fill out for operator/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	XXXX	XX	1	1	3	0	0	7	2	LAWRENCE GENERAL

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

Crash Diagram:

ie: → 1 → 2 → O → B



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:

V1 was traveling north on Andover Street. V2 was traveling south. V1 crossed over the centerline and struck V2 head on. The operator of V1 stated that he wasn't sure what happened. He stated that someone may have hit him from behind, but he was unsure. There were some fresh scratches visible on the rear of V1, but no indentations indicative of a rear end collision. The operator of V2 stated that V1 came into her lane and struck her head on. Both V1 and V2 sustained heavy front end damage and had to be towed from the scene. Both operators were transported to the hospital.

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

Sergeant Matthew D Stavro

Police Officer Name (Please Print)

Signature

180

ID/Badge #

Wilmington Police Department

Department

Precinct/Barracks

11/18/2021

Date

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1 4	Route# _____ Direction _____ Name of Roadway/Street _____ At _____	Route# _____ Direction _____ Address # <u>163</u> Name of Roadway/Street <u>SHAWSHOEN AVE</u>	2 10	
	Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____	_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Mile Marker _____ or _____ Exit Number _____		1 11
	Route# _____ Direction _____ Name of Intersecting Roadway/Street _____	_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____		
		_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____		

Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped | Crash Report ID# **21-312-AC**

4 1	License # <u>S65633532</u> St <u>MA</u> DOB/Age _____	Reg # <u>4NT287</u> Reg Type <u>PC</u> Reg State <u>MA</u>	1 12	
	Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____ Endorsement _____	Veh Year <u>2001</u> Veh Make <u>TOYOTA</u> Veh Config. <u>1</u> <u>21</u>		1 13
	Operator <u>RUHLMANN, NICHOLAS KELLY</u> Last First Middle	Owner <u>RUHLMANN, NICHOLAS KELLY</u> Last First Middle		
	Address <u>101 PETER SPRING RD</u> City <u>CONCORD</u> State <u>MA</u> Zip <u>01742-1929</u>	Address <u>101 PETER SPRING RD</u> City <u>CONCORD</u> State <u>MA</u> Zip <u>01742-1929</u>		

Insurance Company AMICA MUTUAL INSURANCE CO | Vehicle Action Prior to Crash 1 22 | Damaged Area Code: 2 27 3 27 27

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

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

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

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

Towed from scene? 2 33

Please fill out for operator and all occupants involved											
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
<u>Operator</u>	See Above	XXXX	XX	<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 15 Action 16 Location 17 Condition 18 Hit/Run Moped

8 2	License # _____ St _____ DOB/Age _____	Reg # _____ Reg Type _____ Reg State _____	1 14	
	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>		1 13
	Operator _____ Last First Middle	Owner _____ Last First Middle		
	Address _____ City _____ State _____ Zip _____	Address _____ City _____ State _____ Zip _____		

Insurance Company _____ | Vehicle Action Prior to Crash 22 | Damaged Area Code: 27 27 27

Vehicle Travel Direction: N S E W | Responding to Emergency? _____ | Event Sequence 23 23 23 23 | Test Status: 28

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

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

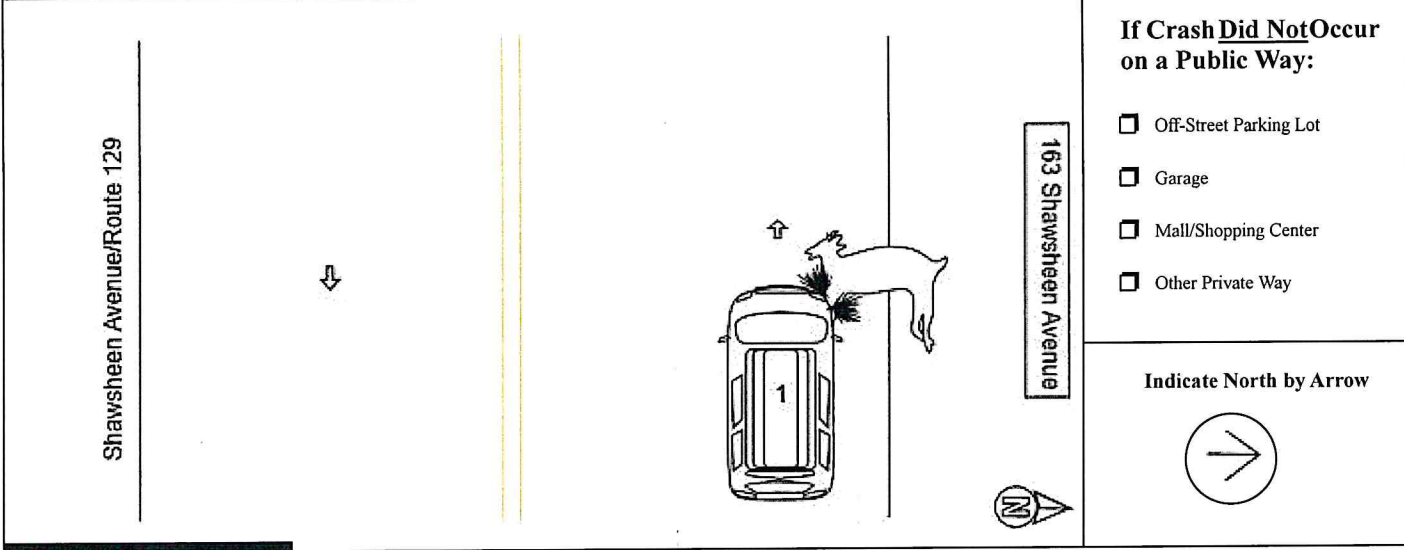
Viol. 3: Ch/Sec/Sub _____ | Viol. 4: Ch/Sec/Sub _____ | Driver Distracted by 26 | Susp. Alcohol: 31 | Susp. Drug: 32

Towed from scene? 33

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

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

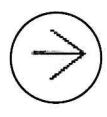
Crash Diagram:



If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow



Crash Narrative:

MV1 was traveling westbound on Shawsheen Avenue/Route 129. MV1 was traveling straight ahead and a deer jumped out in front of MV1 from the right hand side of the road. MV1 was unable to stop and struck the deer with the front right side of the vehicle. The operator stated that after the collision that the deer was knocked back to the right and out of the travel lane. The deer then got up and ran across both travel lanes and into the woods. Upon arrival, I was unable to locate the deer. MV1 sustained front right and right side damage. MV1 was able to be 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 209 Wilmington Police Department 11/18/2021
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

Route# 129 E Direction 259 Address # LOWELL ST Name of Roadway/Street

Route# Direction Name of Roadway/Street

Route# Direction Name of Intersecting Roadway/Street

Route# Direction Name of Intersecting Roadway/Street

Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped | Crash Report ID# 21-313-AC

License # S41361477 St MA DOB/Age Reg # 9BF782 Reg Type PC Reg State MA

Sex M Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement Veh Year 2019 Veh Make VOLKSWAGEN Veh Config. 1 21

Operator DALEY, MICHAEL JAMES Owner DALEY, MICHAEL JAMES

Address 13 KENMAR DR APT 16 Address 13 KENMAR DR APT 16

City BILLERICA State MA Zip 01821-4774 City BILLERICA State MA Zip 01821-4774

Insurance Company PROGRESSIVE CASUALTY

Vehicle Travel Direction: N S X W Responding to Emergency? 2

Citation # (If Issued)

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

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

Vehicle Action Prior to Crash 1 22 Damaged Area Code: 1 27 2 27 9 27

Event Sequence 5 23 23 23 23 Test Status: 1 28

Most Harmful Event 5 24 Type of Test: 29

Driver Contributing Code 1 25 25 BAC Test Result: 30

Driver Distracted by 0 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32

Towed from scene? 2 33

Please fill out for operator and all occupants involved

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	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/Age Reg # Reg Type Reg State

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

Operator Owner

Address Address

City State Zip City State Zip

Insurance Company

Vehicle 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

Vehicle Action Prior to Crash 22 Damaged Area Code: 27 27 27

Event Sequence 23 23 23 23 Test Status: 28

Most Harmful Event 24 Type of Test: 29

Driver Contributing Code 25 25 BAC Test Result: 30

Driver Distracted by 26 Susp. Alcohol: 31 Susp. Drug: 32

Towed from scene? 33

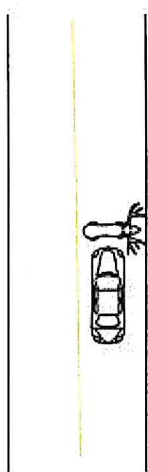
Please fill out for operator/non-motorist and all occupants involved

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	X	X	1							

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

Crash Diagram:

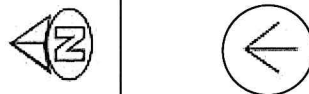
ie: ➔ 1 ➔ 2 ➔ ○ ➔ ⚡



If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow



Crash Narrative:

Sir, on November 19,2021, I Ofc MacGilvray, was assigned to sector 3 in marked unit 33 for the 1600-0000 tour. At said time I was dispatched to the Mobile Station on the corner of West Street for a motor vehicle crash/motor vehicle vs deer.

On location I spoke to Mr. Michael Daley (DOB 3/12/91) operating MAREG 9BF782. Mr Daley stated while travelling east on Lowell St towards West St a deer ran out in the road and caused the crash. Damage showed on scene to said vehicle front end/ hood/ windshield. The deer managed to continue into the woods. Mr. Daley described the crash to be in the area of 259 Lowell Street. No injury reported on scene. Vehicle not towed.

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 Macgilvray 221 Wilmington Police Department 11/18/2021
Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

Route# Direction Name of Roadway/Street

Route# Direction Address # Name of Roadway/Street

Feet N 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 12 #Occupants Hit/Run Moped | Crash Report ID# 21-314-AC

License # _____ St _____ DOB/Agc _____ Reg # 708TSW Reg Type PC Reg State MA

Sex _____ Lic. Class D 19 19 Lic. Restrictions 1 20 CDL _____ Veh Year 2007 Veh Make FORD Veh Config. 1 21

Operator _____ Address 17 MARCIA RD

City WILMINGTON State MA Zip 01887-1448

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 _____

Vehicle Action Prior to Crash 1 22 Damaged Area Code: 1 27 27 27

Event Sequence 35 23 23 23 23 Test Status: 1 28

Most Harmful Event 97 24 Type of Test: 29

Driver Contributing Code 97 25 25 BAC Test Result: 1 30

Driver Distracted by 0 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32

Towed from scene? 2 33

Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator		See Above	X	1	1	4	0	0	10	1	
				3	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/Agc _____ Reg # _____ Reg Type _____ Reg State _____

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

Operator _____ Address _____

City _____ State _____ Zip _____

Insurance Company _____

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

Citation # (If Issued) _____

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____

Vehicle Action Prior to Crash 22 Damaged Area Code: 27 27 27

Event Sequence 23 23 23 23 Test Status: 28

Most Harmful Event 24 Type of Test: 29

Driver Contributing Code 25 25 BAC Test Result: 30

Driver Distracted by 26 Susp. Alcohol: 31 Susp. Drug: 32

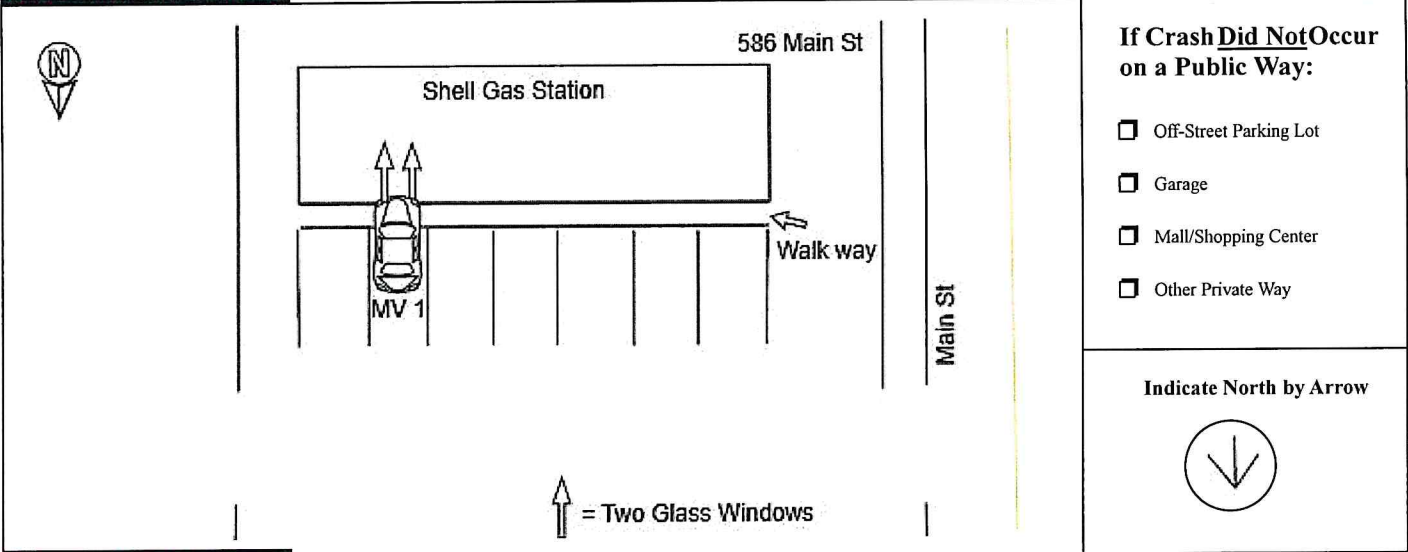
Towed from scene? 33

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

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 $\begin{array}{c} \circ \\ / \\ \backslash \\ \circ \end{array}$ = Pedestrian \circ = Bicycle

ie: → 1 → 2 → $\begin{array}{c} \circ \\ / \\ \backslash \\ \circ \end{array}$ → \circ

Crash Diagram:



Crash Narrative:

MV 1 was parked outside the front entrance of Shell Gas Station. The operator of MV 1 thought that the vehicle was in reverse and pushed the gas. The vehicle was actually in drive and the motor vehicle went forward and went through the store front. This caused two windows to shatter. (See Images)

Witnesses:

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

Property Damage:

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

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

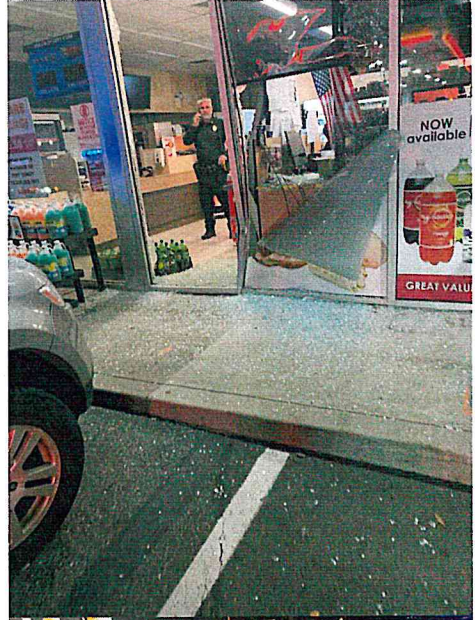
Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 46

Hazmat Information:

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

Patrol Officer **Shane A Foley** Signature 211 ID/Badge # Wilmington Police Department Department 11/18/2021 Date
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Images Associated with 21-314-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 1
Route# Direction Name of Intersecting Roadway/Street

2 10
Route# Direction Name of Roadway/Street
62 357 **MIDDLESEX AVE**
Route# Direction Address # Name of Roadway/Street
Feet N S E W of _____ or _____
Mile Marker Exit Number
3 11
175 Feet N S X W of _____
Route# **SHADY LANE DR**
Intersecting Roadway/Street
Feet N S E W of _____
Landmark

3 2
Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped
Crash Report ID# **21-315-AC**

4 2
License # **S87508113** St **MA** DOB/Ag _____ Reg # **3GZ563** Reg Type **PC** Reg State **MA**
Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **B** 20 CDL _____ Veh Year **1999** Veh Make **TOYOTA** Veh Config. **1** 21
Operator **ALVELO, JASON RYAN** Owner **ALVELO, JASON RYAN**
Last First Middle Last First Middle
Address **2 CARMENA RD** Address **2 CARMENA RD**
City **BILLERICA** State **MA** Zip **01821-2410** City **BILLERICA** State **MA** Zip **01821-2410**
Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **2** 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) _____ 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: 2 31 Susp. Drug: 2 32
Towed from scene? **2** 33

5 1
Please fill out for operator and all occupants involved

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

7 9
Please Select One of the Following: Vehicle 2 #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

8 1
License # **S78630787** St **MA** DOB/Ag _____ Reg # **V42094** Reg Type **CO** Reg State **MA**
Sex **M** Lic. Class **A** 19 19 Lic. Restrictions **B** 20 CDL _____ Veh Year **2014** Veh Make **DODGE** Veh Config. **2** 21
Operator **APP, EDWARD MICHAEL** Owner **APP TREE INC**
Last First Middle Last First Middle
Address **23 TOTMAN DR** Address **23 TOTMAN DR**
City **WOBURN** State **MA** Zip **01801-5401** City **WOBURN** State **MA** Zip **01801-5401**
Insurance Company **SAFETY INSURANCE COMPANY** Vehicle Action Prior to Crash **3** 22 Damaged Area Code: 0 27 27 27
Vehicle Travel Direction: S E W Responding to Emergency? **2** Event Sequence 1 23 23 23 23 Test Status: 1 28
Citation # (If Issued) _____ Most Harmful Event **1** 24 Type of Test: 29
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **13** 25 **12** 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

9 2
Please fill out for operator/non-motorist and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above	X	X	1	99	4	0	0	10	1	

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

Crash Diagram:

Parking Lot
357 Middlesex Ave

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:

Vehicle 1 was stopped at the exit to 357 Middlesex Ave, waiting to pull onto Rte 62.

Vehicle 2 was also in the parking lot of 357 Middlesex Ave, vehicle 2 made a wide turn in order to pull behind vehicle 1. The operator said as he was making the turn, he was blinded by solar glare. This caused him to crash the passenger side front push bumper of his truck into the driver's side rear quarter panel of vehicle 1 while vehicle 1 was stopped at the stop sign.

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 W Wandell 174 Wilmington Police Department 11/19/2021
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 11/19/2021	Time of Crash 1729 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit <u>35</u>	Latitude <u>+042.5716</u>	Longitude <u>-071.137</u>	<input checked="" type="checkbox"/> State Police <input type="checkbox"/> Local Police <input type="checkbox"/> MBTA Police <input type="checkbox"/> Campus Police <input type="checkbox"/> 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 # _____ Name of Roadway/Street _____ _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Mile Marker _____ or _____ Exit Number _____ _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____ _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____
--	---

Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle <u>2</u> #Occupants <u> </u> <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped	Crash Report ID# 21-316-AC
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License # S80789135 St MA DOB/Age _____ Sex F Lic. Class D <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____ Operator GILLET, AMANDA G Address 86 PARK ST City WILMINGTON State MA Zip 01887-1558 Insurance Company USAA CASUALTY INSURANCE C 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) T2446981 Viol. 1: Ch/Sec/Sub <u>89</u> <u>8</u> Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # 17LE40 Reg Type PC Reg State MA Veh Year 2012 Veh Make _____ Veh Config. <u>1</u> <u>21</u> Owner GILLET, AMANDA G Address 86 PARK ST City WILMINGTON State MA Zip 01887-1558 Vehicle Action Prior to Crash <u>8</u> <u>22</u> Damaged Area Code: <u>8</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>4</u> <u>25</u> <u>25</u> BAC Test Result: <u>30</u> Driver Distracted by <u>0</u> <u>26</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u> Towed from scene? <u>1</u> <u>33</u>
---	--

Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator See Above		 	 	1	1	3	0	0	10	1	
ANTHONY GILLET	86 PARK ST WILMINGTON, MA 01887-1558	10/13/1981	M	3	1	3	0	0	10	1	

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

License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class D <u>19</u> <u>19</u> Lic. Restrictions I <u>20</u> CDL _____ Operator _____ Address _____ City _____ State _____ Zip _____ Insurance Company THE COMMERCE INSURANCE CO Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <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 # 2FLH39 Reg Type PC Reg State MA Veh Year 2008 Veh Make FORD Veh Config. <u>1</u> <u>21</u> Owner ALMEIDA, ANTHONY J Address 15 LUCAYA CIR City WILMINGTON State MA Zip 01887-1507 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>1</u> <u>25</u> <u>25</u> BAC Test Result: <u>30</u> Driver Distracted by <u>0</u> <u>26</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u> Towed from scene? <u>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
Operator/Non-Motorist See Above		 	 	1	1	1	0	0	10	1	

