

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 11 Route# Direction Address # Name of Roadway/Street

Feet N S E W of Mile Marker Exit Number

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

Feet N S E W of Landmark

3 Please Select One of the Following: Vehicle 1 Occupants Hit/Run Moped | Crash Report ID# 21-342-AC

License # S14887831 St MA DOB/Ag. Reg # 1LMG91 Reg Type PC Reg State MA

Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement

Operator BAGROWSKI, SUSAN MARIE | Owner BAGROWSKI, SUSAN MARIE

Address 198 PATRICK RD | Address 198 PATRICK RD

City TEWKSBURY State MA Zip 01876-4706 | City TEWKSBURY State MA Zip 01876-4706

Insurance Company ARBELLA MUTUAL INSURANCE | Vehicle Action Prior to Crash 2 22 Damaged Area Code: 6 27 5 27 27

Vehicle Travel Direction: N X 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 | Driver Contributing Code 1 25 25 BAC Test Result: 30

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

Towed from scene? 2 33

6 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			1	1	4	0	0	10	1	

7 4 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 # S63837903 St MA DOB/Ag. Reg # V25561 Reg Type CO Reg State MA

Sex M Lic. Class M 19 19 Lic. Restrictions 1 20 CDL Endorsement

Operator COLLINS, JONATHAN VICTOR | Owner EMPIRE ONE PROPERTY SERVICES INC

Address 87 PLEASANT ST | Address 9 PETTINGILL AVE

City METHUEN State MA Zip 01844-7123 | City ANDOVER State MA Zip 01810-1203

Insurance Company NGM INSURANCE COMPANY | Vehicle Action Prior to Crash 2 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: 28

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

Viol. 1: Ch/Sec/Sub | Driver Contributing Code 19 25 25 BAC Test Result: 30

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

Towed from scene? 2 33

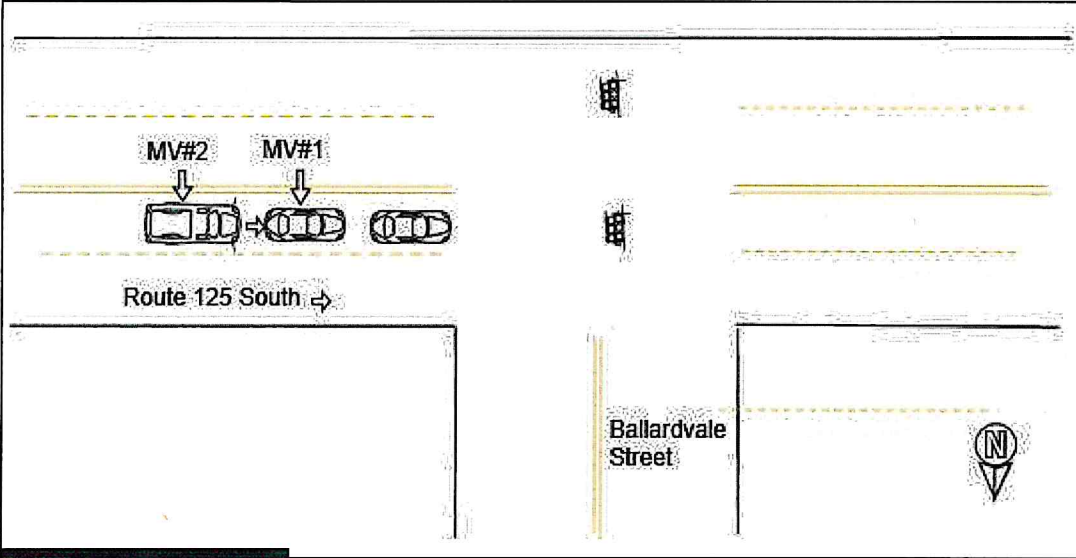
9 2 Please fill out for operator/non-motorist and all occupants involved

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			1	1	4	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. of MV#1 and Oper. of MV#2 were both stopped at the red light at Route 125 South and Ballardvale Street. Once the light turned green Oper. of MV#2 states that he stepped on his gas and rear ended MV#1 that was directly in front of him.

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

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

Hazmat Information:

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

Patrol Officer Daniel C Cadigan

178

Wilmington Police Department

12/14/2021

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

2 10
Route# Direction Address # Name of Roadway/Street
181 BALLARDVALE ST
Feet N S E W of Mile Marker Exit Number
10 11
Feet N S E W of Route# Intersecting Roadway/Street
Feet N S E W of Landmark

3 Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped | Crash Report ID# 21-343-AC

4 3
License # S75681624 St MA DOB/Age Reg # W65NLP Reg Type PC Reg State NJ
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement
Operator BARLOW, GEOFFREY M Owner EAN HOLDINGS LLC
Address 2 RICHARD AVE Address 14002 E 21ST ST APT 1500
City METHUEN State MA Zip 01844-2809 City TULSA State OK Zip 74134
Insurance Company Vehicle Action Prior to Crash 2 22 Damaged Area Code: 0 27 27 27
Vehicle Travel Direction: N X 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 Driver Contributing Code 1 25 25 BAC Test Result: 30
Viol. 2: Ch/Sec/Sub Driver Distracted by 0 26 Susp. Alcohol: 31 Susp. Drug: 32
Viol. 3: Ch/Sec/Sub Towed from scene? 2 33
1 13

6 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 4 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 # 4373368 St ME DOB/Age Reg # 5682WX Reg Type PC Reg State ME
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement
Operator LINES, JASON P Owner LINES, JASON P
Address 33 SEACREST CIR Address 33 SEACREST CIR
City PHIPPSBURG State ME Zip 04562 City PHIPPSBURG State ME Zip 04562
Insurance Company Vehicle Action Prior to Crash 2 22 Damaged Area Code: 3 27 27 27
Vehicle Travel Direction: N X 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 Driver Contributing Code 19 25 25 BAC Test Result: 30
Viol. 2: Ch/Sec/Sub Driver Distracted by 99 26 Susp. Alcohol: 31 Susp. Drug: 32
Viol. 3: Ch/Sec/Sub Towed from scene? 3 33
1 14

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	1	4	0	0	10	1	

Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 12/14/2021	Time of Crash 1814 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit <u>30</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:

<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>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p>	<p>Route# _____ Direction _____ Address # <u>12</u> Name of Roadway/Street FAULKNER AVE</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>_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____</p> <p>Route# _____ Intersecting Roadway/Street _____</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;">Landmark _____</p>
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Please Select One of the Following: Vehicle 10 #Occupants Hit/Run Moped

Crash Report ID# **21-344-AC**

License # _____ St _____ DOB/Age _____	Reg # <u>9425HZ</u> Reg Type <u>PC</u> Reg State <u>MA</u>
Sex _____ Lic. Class <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____	Veh Year <u>2009</u> Veh Make <u>NISSAN</u> Veh Config. <u>21</u>
Operator <u>Driverless M.V.</u>	Owner <u>STROB, CHARLENE MARIE</u>
Address _____	Address <u>12 FAULKNER AVE</u>
City _____ State _____ Zip _____	City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-3526</u>
Insurance Company <u>SAFETY INSURANCE COMPANY</u>	Vehicle Action Prior to Crash <u>11</u> <u>22</u> Damaged Area Code: <u>7</u> <u>27</u> <u>27</u> <u>27</u>
Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u>	Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u>
Citation # (If Issued) _____	Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code <u>1</u> <u>25</u> <u>25</u> BAC Test Result: <u>1</u> <u>30</u>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by <u>0</u> <u>26</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u>
	Towed from scene? <u>2</u> <u>33</u>

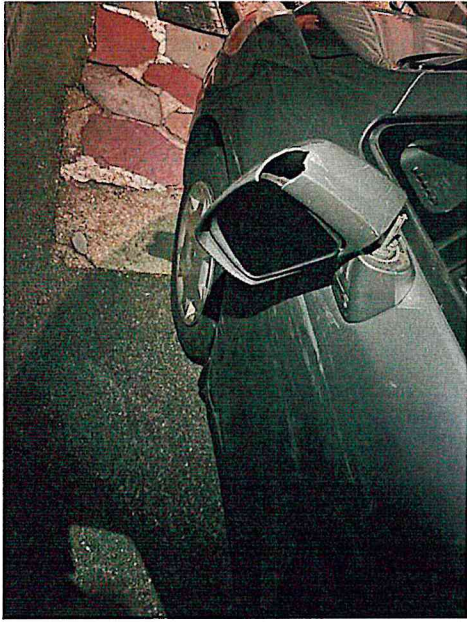
Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above	XXXX	XX	<u>1</u>							

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

License # <u>S24387893</u> St <u>MA</u> DOB/Age _____	Reg # <u>857BB9</u> Reg Type <u>PC</u> Reg State <u>MA</u>
Sex <u>F</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____	Veh Year <u>2013</u> Veh Make <u>HONDA</u> Veh Config. <u>1</u> <u>21</u>
Operator <u>MCNALLY, KRISTYN LEIGH</u>	Owner <u>MCNALLY, JAMES</u>
Address <u>3 SUDBURY AVE</u>	Address <u>3 SUDBURY AVE</u>
City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-1327</u>	City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-1327</u>
Insurance Company <u>ARBELLA MUTUAL INSURANCE</u>	Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>2</u> <u>27</u> <u>27</u> <u>27</u>
Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u>	Event Sequence <u>2</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u>
Citation # (If Issued) _____	Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code <u>1</u> <u>25</u> <u>25</u> BAC Test Result: <u>1</u> <u>30</u>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by <u>0</u> <u>26</u> Susp. Alcohol: <u>31</u> Susp. Drug: <u>32</u>
	Towed from scene? <u>2</u> <u>33</u>

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

Wilmington Police Department
Images Associated with 21-344-AC



Date of Crash: 12/15/2021 | Time of Crash: 1632 24HR | City/Town: **Wilmington** | Motor Vehicle Crash Police Report | Number Vehicles: 2 | Number Injured: 1 | Speed Limit: 40 | State Police, Local Police, MBTA Police, Campus Police, Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

Route# Direction Name of Roadway/Street At

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

Route# Direction Name of Intersecting Roadway/Street

Route# Direction Address # 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# **21-345-AC**

License # **S77813940** St **MA** DOB/Age _____ Reg # **2GTL78** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** Lic. Restrictions **1** CDL Endorsement _____ Veh Year **2021** Veh Make **TOYOTA** Veh Config. **1**

Operator **DOHERTY, BRIAN J** Owner **WHEELS LT**

Address **7 WINTHROP AVE** Address **666 GARLAND PL**

City **READING** State **MA** Zip **01867-2130** City **DES PLAINES** State **IL** Zip **60016-0000**

Insurance Company **NATIONAL UNION FIRE INSUR** Vehicle Action Prior to Crash **2** Damaged Area Code: **5** **27** **10** **27** **27**

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

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

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

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

Towed from scene? **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			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 # **S19951136** St **MA** DOB/Age _____ Reg # **281GP6** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** Lic. Restrictions **1** CDL Endorsement _____ Veh Year **2009** Veh Make **TOYOTA** Veh Config. **1**

Operator **KOURY, MADISON LILLIAN LOUISE** Owner **SPINA, JOSEPH M**

Address **81 OLD ANDOVER RD APT UNIT** Address **81 OLD ANDOVER RD**

City **NORTH READING** State **MA** Zip **01864-1064** City **NORTH READING** State **MA** Zip **01864-1064**

Insurance Company **THE HANOVER INSURANCE COM** Vehicle Action Prior to Crash **1** Damaged Area Code: **1** **27** **27** **27**

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

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

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **19** **25** **99** **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? **1** **33**

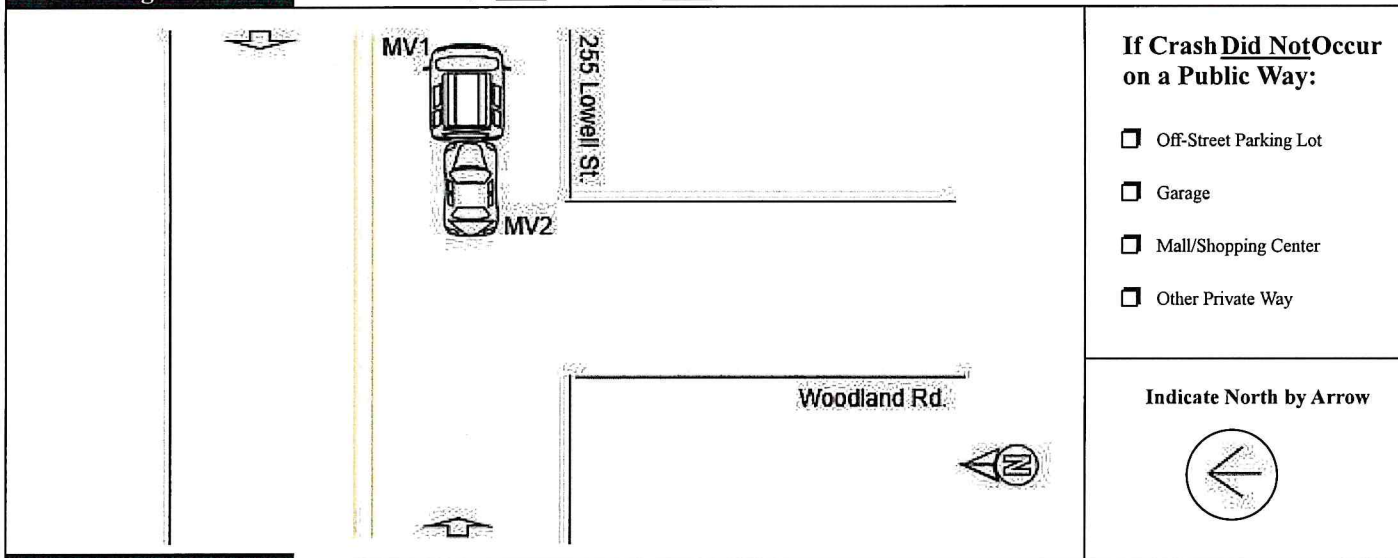
Please fill out for operator/non-motorist and all occupants involved

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			1	1	4	0	0	8	1	

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

Crash Diagram:

ie: ➔ 1 ➔ 2 ➔ ○ ➔ ○



Crash Narrative:

Operator of motor vehicle 1, Brian Doherty, stated that he was traveling east on Lowell Street and slowed/stopped in traffic when he was rear ended by MV2. Op. of MV2, Madison Koury, stated that she was also traveling east on Lowell Street, was right behind MV1 and rear ended MV1 (See images). Mr. Doherty stated no injuries. Ms. Koury stated minor injuries to her chest and left leg (Chin). Both parties were offered and refused medical attention. Both vehicles were inventoried and towed by Cain's (See attachments). Paperwork was exchanged.

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

12/15/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department
Images Associated with 21-345-AC



Police Use Only		Commonwealth of Massachusetts				RMV Document Number									
Date of Crash 12/17/2021	Time of Crash 1506 24HR	City/Town Wilmington		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 1	Speed Limit 30	Latitude _____	Longitude _____	State Police <input type="checkbox"/>	Local Police <input checked="" type="checkbox"/>	MBTA Police <input type="checkbox"/>	Campus Police <input type="checkbox"/>	Other: _____ <input type="checkbox"/>

AT INTERSECTION:	< LOCATION >	NOT AT INTERSECTION:
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p style="text-align: center;">CHURCH ST</p> <p>Route# _____ Direction _____ Name of Roadway/Street _____</p> <p style="text-align: center;">At _____</p> <p style="text-align: center;">ADAMS ST</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p> <p style="text-align: center;">Also at Intersection with _____</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p> </div> <div style="width: 45%;"> <p>Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____</p> <p>_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Mile Marker _____ or _____ Exit Number _____</p> <p>_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____</p> <p>_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____</p> </div> </div>		

Please Select One of the Following:	<input checked="" type="checkbox"/> Vehicle 1 #Occupants _____	<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped	Crash Report ID# 21-346-AC
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License # NHL12266209 St NH DOB/Age _____ Sex M Lic. Class <input type="checkbox"/> D <input type="checkbox"/> 19 <input type="checkbox"/> 19 Lic. Restrictions <input type="checkbox"/> 1 <input type="checkbox"/> 20 CDL _____ Endorsement _____ Operator SPINALE, DOMINIC JOSEPH Last First Middle Address 7 EBENEZERS WAY City HOLLIS State NH Zip 030496137 Insurance Company FARMERS INSURANCE Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? 2 Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # V63511 Reg Type PC Reg State NH Veh Year 2009 Veh Make Jeep Veh Config. 1 ²¹ Owner SPINALE, DOMINIC JOSEPH Last First Middle Address 7 EBENEZERS WAY City HOLLIS State NH Zip 030496137 Vehicle Action Prior to Crash 1 ²² Damaged Area Code: 1 ²⁷ 2 ²⁷ 8 ²⁷ Event Sequence 1 ²³ 1 ²³ 1 ²³ 1 ²³ Test Status: 1 ²⁸ Most Harmful Event 1 ²⁴ Type of Test: 1 ²⁹ Driver Contributing Code 99 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
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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	XXXXXX	XXXX	1	1	4	0	0	10	1	

Please Select One of the Following:	<input checked="" type="checkbox"/> Vehicle 2 ¹ #Occupants _____	<input type="checkbox"/> Non-Motorist A	Type 15 Action 16 Location 17 Condition 18	<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped
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License # SA3020130 St MA DOB/Age _____ Sex _____ Lic. Class <input type="checkbox"/> D <input type="checkbox"/> 19 <input type="checkbox"/> 19 Lic. Restrictions <input type="checkbox"/> 20 CDL _____ Endorsement _____ Operator _____ Last First Middle Address _____ City _____ State _____ Zip _____ Insurance Company PROGRESSIVE DIRECT Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? 2 Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # 4358YE Reg Type PC Reg State MA Veh Year 2011 Veh Make TOYOTA Veh Config. 1 ²¹ Owner GIFFORD, SEANA M Last First Middle Address 5 RING AVE City N WILMINGTON State MA Zip 01887-4002 Vehicle Action Prior to Crash 1 ²² Damaged Area Code: 6 ²⁷ 3 ²⁷ 2 ²⁷ Event Sequence 1 ²³ 1 ²³ 1 ²³ 1 ²³ Test Status: 1 ²⁸ Most Harmful Event 1 ²⁴ Type of Test: 1 ²⁹ Driver Contributing Code 99 ²⁵ 25 BAC Test Result: 1 ³⁰ Driver Distracted by 0 ²⁶ Susp. Alcohol: 2 ³¹ Susp. Drug: 2 ³² Towed from scene? 1 ³³
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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
Operator/Non-Motorist	See Above	XXXXXX	XXXX	1	1	3	0	0	8	1	

NARRATIVE FOR PATROL OFFICER PAUL MACGILVRAY

Ref: 21-346-AC

Entered: 12/18/2021 @ 0322 Entry ID: 221
Modified: 12/18/2021 @ 0333 Modified ID: 221

Sir,

On December 18, 2021, I (Offc MacGilvray), was assigned to S3 in marked unit 33 during the day shift 8-4 tour. At said time I was dispatched to a motor vehicle crash at said location. The crash was described by Wilmington Dispatch as a roll over.

On location both operators were out of their vehicles. Mr Dominic Spinale was the operator of V1 NHREG VTV63511. Mr Spinale stated while travelling north V2 came across the intersection and the collision occurred. Mr. Spinale was standing on the sidewalk on Adams St. _____ was the operator of V2 MAREG 4358YE. _____ was sitting on the curb on Adams St. _____ stated she stopped at the intersection of Adams/Church St and when she felt it was safe proceded through the intersection where the crash occurred. V2 was struck in the rear passenger tire and came to rest on its side-the drivers side. _____ stated she was able to climb out of the sun roof. _____ stated she was shook up but didnt have any major injury.

Mr. Eric Swinford aproached me and stated he witnessed the crash. Mr Swinford stated V2 was stopped at the intersection and then proceded through the intersection and the crash occurred. Mr Swinford stated he helped Ms. Gifford out of V2 and stayed with her because she was so shook up. V2 towed from scene by Forrest Tow. No injuries reported and no transports from scene.

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 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# 21-347-AC

License # S27125153 St MA DOB/Age | Reg # 1GRE87 Reg Type PC Reg State MA

Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement | Veh Year 2020 Veh Make Jeep Veh Config. 1 21

Operator COX, AMANDA JOAN | Owner COX, AMANDA JOAN

Address 24 ROCKY HILL RD | Address 24 ROCKY HILL RD

City BURLINGTON State MA Zip 01803-1405 | City BURLINGTON State MA Zip 01803-1405

Insurance Company SAFETY INSURANCE COMPANY | Vehicle Action Prior to Crash 8 22 Damaged Area Code: 8 27 1 27 27

Vehicle Travel Direction: N S W Responding to Emergency? 2 | Event Sequence 10 23 23 23 23 Test Status: 28

Citation # (If Issued) | Most Harmful Event 10 24 Type of Test: 29

Viol. 1: Ch/Sec/Sub | Driver Contributing Code 19 25 25 BAC Test Result: 30

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

Viol. 3: Ch/Sec/Sub | 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			1	1	1	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 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 | Driver Contributing Code 25 25 BAC Test Result: 30

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

Viol. 3: Ch/Sec/Sub | Towed from scene? 33

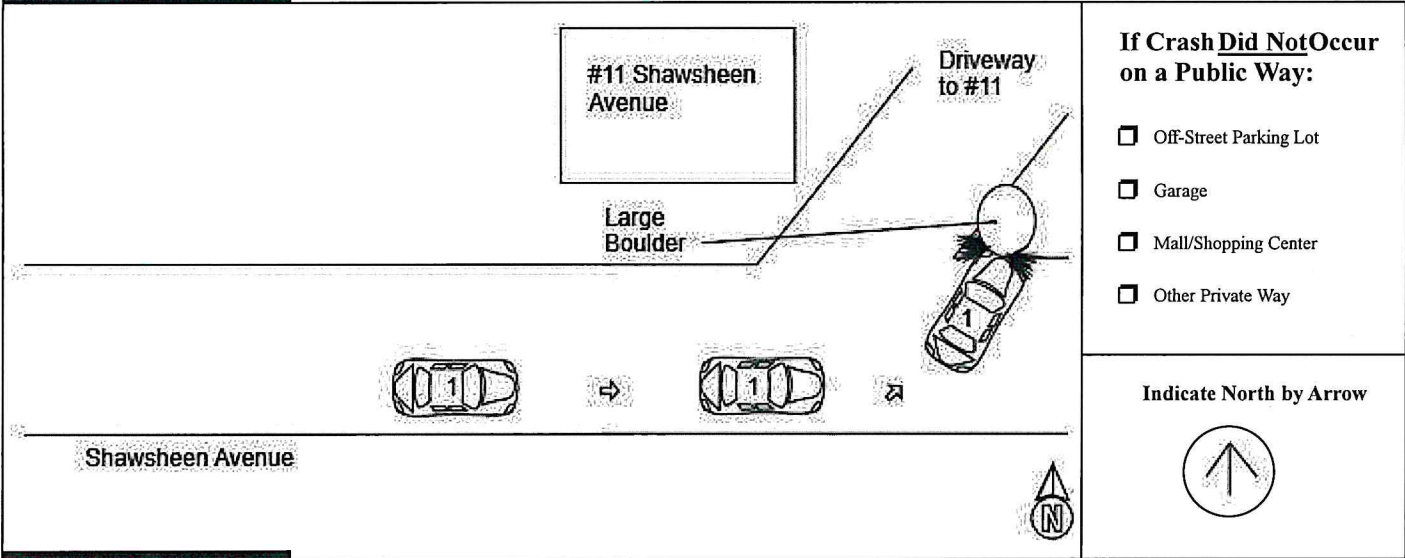
Please fill out for operator/non-motorist and all occupants involved

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			1							

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

Crash Diagram:

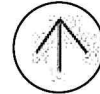
ie: → 1 → 2 → ○ → ○



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:

MV1 was traveling eastbound on Shawsheen Avenue towards the dead end of the street. MV1 turned left to complete a U-Turn and turn around on Shawsheen Avenue. The operator of MV1 stated that she missed her turn and attempt to turn left to do a U-Turn and turn around. The operator of MV1 stated that she thought she had enough room to turn around and did not see the large boulder at the mouth of the driveway to #11 Shawsheen Avenue. The operator of MV1 stated that she attempted to stop her vehicle at the last moment, but was unable due to the slushy road conditions and struck the boulder causing her front airbags to deploy. The operator of MV1 signed a medical refusal with the WFD. MV1 suffered front left end damage due to the collision with the boulder. MV1 was towed from the scene by A&S Towing. The boulder sustained very minor damage and the homeowner was advised to contact his homeowner's insurance if need be.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
SILSBEE HENRY OTIS	11 SHAWSHEEN AVE WILMINGTON MA 01887-2628		

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
SILSBEE NADINE MARIE	11 SHAWSHEEN AVE WILMINGTON MA 018		97	LARGE ROCK BOULDER

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

12/18/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department
Images Associated with 21-347-AC

