

Police Use Only

# Commonwealth of Massachusetts

RMV Document Number

Date of Crash: 02/20/2022  
 Time of Crash: 0913  
 City/Town: **Wilmington**  
 24HR

## Motor Vehicle Crash Police Report

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

AT INTERSECTION:

LOCATION

NOT AT INTERSECTION:

1

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# 129 Direction E Address # 290 Name of Roadway/Street SHAWSHOEN AVE  
 \_\_\_\_\_ Feet NSEW of \_\_\_\_\_ or \_\_\_\_\_  
 Mile Marker \_\_\_\_\_ Exit Number \_\_\_\_\_  
 \_\_\_\_\_ Feet NSEW of \_\_\_\_\_  
 Route# \_\_\_\_\_ Intersecting Roadway/Street \_\_\_\_\_  
 \_\_\_\_\_ Feet NSEW of \_\_\_\_\_  
 Landmark \_\_\_\_\_

2 10

4 11

2 1

3

Please Select One of the Following:  Vehicle 1 #Occupants  Hit/Run  Moped  
 Crash Report ID# **22-68-AC**

4 1

License # S39903990 St MA DOB/Age \_\_\_\_\_  
 Sex M Lic. Class B M Lic. Restrictions 20 CDL \_\_\_\_\_  
 Endorsement \_\_\_\_\_  
 Operator ISAAC MEDINA, ROCKY MELVIN  
 Address 94 TENNEY ST APT A  
 City METHUEN State MA Zip 01844-4358  
 Insurance Company IMPERIUM  
 Vehicle Travel Direction: N S  W Responding to Emergency? 2  
 Citation # (If Issued) \_\_\_\_\_  
 Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_  
 Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_

Reg # 2AP190 Reg Type AP Reg State NH  
 Veh Year 2009 Veh Make International Veh Config. 6  
 Owner ABS FUEL SYSTEMS LLC  
 Address 191 S MAIN ST  
 City NEWTON State NH Zip 038583711  
 Vehicle Action Prior to Crash 11 22 Damaged Area Code: 6 27 27 27  
 Event Sequence 1 23 23 23 23 Test Status: 1 28  
 Most Harmful Event 1 24 Type of Test: 29  
 Driver Contributing Code 1 25 25 BAC Test Result: 30  
 Driver Distracted by 0 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32  
 Towed from scene? 2 33

3 12

2 13

6 1

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>_____</del>	<del>_____</del>	<u>1</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	

7 1

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

8 1

License # S95732565 St MA DOB/Age \_\_\_\_\_  
 Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL \_\_\_\_\_  
 Endorsement \_\_\_\_\_  
 Operator NASTARI, MICHAEL P  
 Address 157 NORTH ST  
 City BOSTON State MA Zip 02109-1404  
 Insurance Company \_\_\_\_\_  
 Vehicle Travel Direction: N S  W Responding to Emergency? 2  
 Citation # (If Issued) T2447023  
 Viol. 1: Ch/Sec/Sub 90 23 Viol. 2: Ch/Sec/Sub 90 34J  
 Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_

Reg # 3HSJ39 Reg Type PC Reg State MA  
 Veh Year 2014 Veh Make MAZDA Veh Config. 1  
 Owner NASTARI, MICHAEL P  
 Address 157 NORTH ST  
 City BOSTON State MA Zip 02109-1404  
 Vehicle Action Prior to Crash 1 22 Damaged Area Code: 2 27 27 27  
 Event Sequence 2 23 23 23 23 Test Status: 1 28  
 Most Harmful Event 2 24 Type of Test: 29  
 Driver Contributing Code 5 25 19 25 BAC Test Result: 30  
 Driver Distracted by 0 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32  
 Towed from scene? 1 33

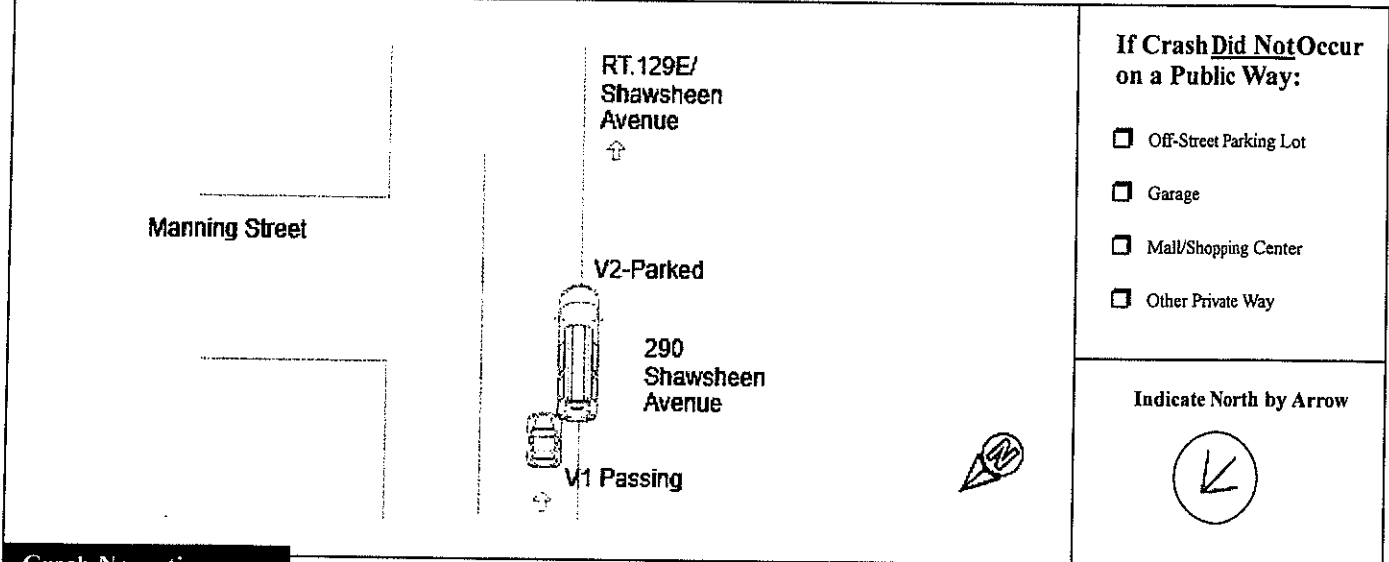
1 14

9 2

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>_____</del>	<del>_____</del>	<u>1</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	

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

**Crash Diagram:**



**Crash Narrative:**

V1 (Nastari) sidwiped V2 (parked home oil delivery truck) as it attempted to drive past V2 in the area of 290 Shawsheen Avenue (Rt.129E). Opr Nastasi advisd he clipped bumper when driving by. No other occupants of vehicle. No injuries observed or reported. V1 damaged on front right bumper and fender (large gash) from metal bumper of parked oil truck which was present to make delivery at 290 Shawsheen Avenue. Minor damage to rear left metal bumper of truck scuffs and broken red reflector lens. V1 driver failure to use care in passing and or inattention probable factors in crash. V1 towed and opr Nastari cited for unrelated motor vehicle charges.

**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 # **2AP190** (From Vehicle Section)

Carrier Name **Haffner's/ ABS Fuel Sysytems L** Bus Use  42

Address **157 S MAIN ST** City **NEWTON** St **NH** Zip **03858**

US DOT #: **727048** State Number \_\_\_\_\_ Issuing State **NH** MC/MX/ICC #: \_\_\_\_\_

Interstate  43 Cargo Body Type Code  6 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 **Richard DiPerri** 173 **Wilmington Police Department** 02/20/2022  
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Commonwealth of Massachusetts

Police Use Only

RMV Document Number

Date of Crash 02/21/2022 Time of Crash 1807 24HR City/Town WILMINGTON

Motor Vehicle Crash Police Report

Number Vehicles 2 Number Injured 0 Speed Limit 45 Latitude Longitude State Police Local Police MBTA Police Campus Police Other

AT INTERSECTION:

LOCATION

NOT AT INTERSECTION:

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

Route# 34 Direction ROUTE 62 HWY Address # Name of Roadway/Street Feet NSEW of Mile Marker Exit Number Feet NSEW of Route# Intersecting Roadway/Street Feet NSEW of Landmark

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

Crash Report ID# 22-69-AC

License # S90701751 St MA DOB/Age Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement Operator BIRTWISTLE, MATTHEW C Address 21 TAMAROCK TER City STONEHAM State MA Zip 02180-1435 Insurance Company USAA GENERAL INDEMNITY CO Vehicle Travel Direction: N S [X] W Responding to Emergency? 2 Citation # (If Issued) T2446882 Viol. 1: Ch/Sec/Sub 90 24 Viol. 2: Ch/Sec/Sub 90 24 Viol. 3: Ch/Sec/Sub 89 4A Viol. 4: Ch/Sec/Sub

Reg # VTR823 Reg Type PC Reg State MA Veh Year 2006 Veh Make FORD Veh Config. 1 21 Owner BIRTWISTLE, MATTHEW C Address 21 TAMAROCK TER City STONEHAM State MA Zip 02180-1435 Vehicle Action Prior to Crash 1 22 Damaged Area Code: 6 27 27 27 Event Sequence 42 23 1 23 23 23 Test Status: 1 28 Type of Test: 29 BAC Test Result: 1 30 Driver Contributing Code 10 25 9 25 Susp. Alcohol: 1 31 Susp. Drug: 2 32 Driver Distracted by 5 26 Towed from scene? 1 33

Please fill out for operator and all occupants involved

Table with columns: 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, Lahey Clinic

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

License # S75848904 St MA DOB/Age Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement Operator DIPPLE, JANET ALIX Address 15 WYNCREST CIR City ANDOVER State MA Zip 01810-6042 Insurance Company THE COMMERCE INSURANCE CO Vehicle Travel Direction: N S E [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

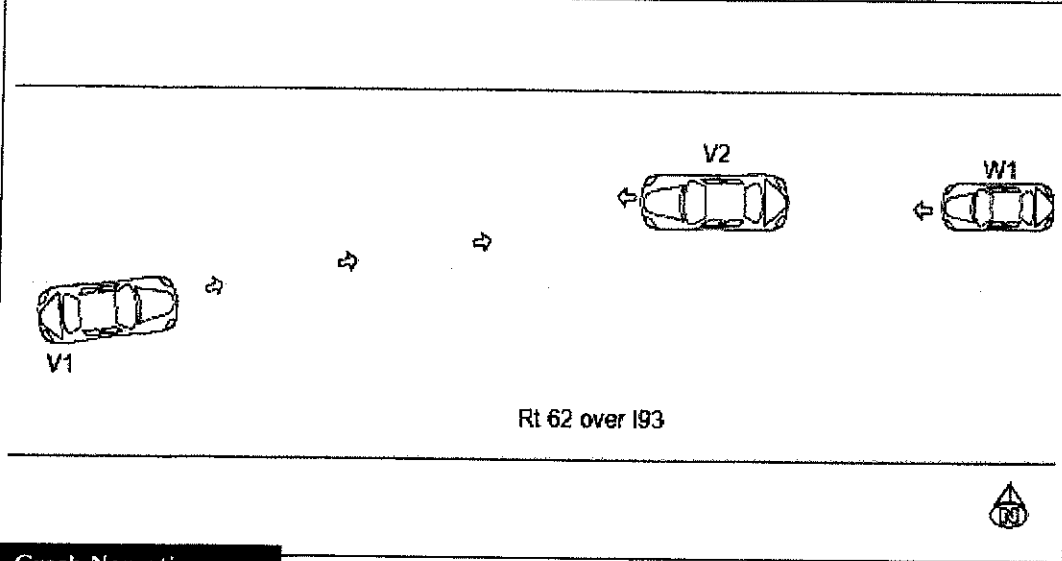
Reg # 8XL219 Reg Type PC Reg State MA Veh Year 2018 Veh Make JAGUAR Veh Config. 1 21 Owner DIPPLE, JANET ALIX Address 15 WYNCREST CIR City ANDOVER State MA Zip 01810-6042 Vehicle Action Prior to Crash 1 22 Damaged Area Code: 6 27 27 27 Event Sequence 1 23 23 23 23 Test Status: 1 28 Type of Test: 29 BAC Test Result: 1 30 Driver Contributing Code 1 25 25 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Driver Distracted by 0 26 Towed from scene? 1 33

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

Table with columns: 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, EDWARD DIPPLE, 15 WYNCREST CIR ANDOVER, MA 01810

→ = 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:**

Through my investigation of this MVA I learned the following: V1 was traveling EB on Rt62 passing the on ramp to I93SB. After passing the ramp, V1 swerved across the double yellow line and into the WB side of Rt62. V2 which was traveling WB was forced to swerve into the breakdown lane to avoid a head on collision. V1 made contact with V2 striking the vehicle and caused it to spin several times until it came to rest where I discovered it. After striking V2, V1 traveled approx. 1/4 mile down Rt62 where it stopped by the I93NB on ramp. Officers located the vehicle and through investigation determined that the OPR was intoxicated. OPR 1 was transported from the scene by WFD to the Lahey Hospital for medical treatment. A immediate threat on OPR 1 was filed due to this accident. Both vehicles were towed from the scene by Forrest Towing to their facility. The occupants of V2 refused medical offered to them. While on scene W1 related a similar account of the accident.

**Witnesses:**

Name (Last,First,Middle)	Address	Phone #	Statement
JAMIESON TIMOTHY S	12 DENAULT DR WILMINGTON MA 01887		2

**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 \_\_\_\_\_ MCMX/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 E Johnson      199      Wilmington Police Department      02/21/2022  
 Police Officer Name (Please Print)      Signature      ID/Badge #      Department      Precinct/Barracks      Date

Date of Crash 02/22/2022 Time of Crash 1808 24HR City/Town **Wilmington** **Motor Vehicle Crash Police Report** Number Vehicles 1 Number Injured 0 Speed Limit 25 State Police  Local Police  MBTA Police  Campus Police  Other

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

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

Please Select One of the Following:  Vehicle 1 Occupants  Hit/Run  Moped Crash Report ID# **22-70-AC**

License # **S31644696** St **MA** DOB/Age \_\_\_\_\_ Reg # **3FG864** Reg Type **PC** Reg State **MA**  
 Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL \_\_\_\_\_ Veh Year **2016** Veh Make **CHEVROLET** Veh Config. **1** 21  
 Operator **NARY-KENYON, ROBYN P** Owner **KENYON, STEVEN E**  
 Address **16 HILLSIDE WAY** Address **16 HILLSIDE WAY**  
 City **WILMINGTON** State **MA** Zip **01887-3329** City **WILMINGTON** State **MA** Zip **01887-3329**  
 Insurance Company **SAFETY INSURANCE COMPANY** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: 2 27 3 27 27  
 Vehicle Travel Direction:  N  E  W Responding to Emergency? **2** Event Sequence **22** 23 31 23 97 23 23 Test Status: 1 28  
 Citation # (If Issued) **T2447085** Most Harmful Event **22** 24 Type of Test: 2 29  
 Viol. 1: Ch/Sec/Sub **90** **24J** Viol. 2: Ch/Sec/Sub **90** **24C** Driver Contributing Code **10** 25 25 BAC Test Result: 5 30  
 Viol. 3: Ch/Sec/Sub **90** **24E** Viol. 4: Ch/Sec/Sub **89** **4A** Driver Distracted by **5** 26 Susp. Alcohol: **1** 31 Susp. Drug: **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
<b>Operator</b>				<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	
See Above											

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 \_\_\_\_\_ 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 \_\_\_\_\_ 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		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>				<b>1</b>							
See Above											



**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>433</u> Name of Roadway/Street <u>MAIN ST</u></p> <p>Feet <input checked="" type="checkbox"/> <u>N</u> <input type="checkbox"/> <u>E</u> <input type="checkbox"/> <u>W</u> of _____ or _____</p> <p>Mile Marker _____ Exit Number _____</p> <p>Feet <input type="checkbox"/> <u>N</u> <input type="checkbox"/> <u>S</u> <input type="checkbox"/> <u>E</u> <input type="checkbox"/> <u>W</u> of _____</p> <p>Route# _____ Intersecting Roadway/Street _____</p> <p>Feet <input type="checkbox"/> <u>N</u> <input type="checkbox"/> <u>S</u> <input type="checkbox"/> <u>E</u> <input type="checkbox"/> <u>W</u> of _____</p> <p>Landmark _____</p>
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Please Select One of the Following:  Vehicle 1 #Occupants  Hit/Run  Moped

Crash Report ID# **22-71-AC**

<p>License # <u>S31644696</u> St <u>MA</u> DOB/Age: _____</p> <p>Sex <u>F</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL _____</p> <p>Operator <u>NARY-KENYON, ROBYN P</u></p> <p>Address <u>16 HILLSIDE WAY</u></p> <p>City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-3329</u></p> <p>Insurance Company <u>SAFETY INSURANCE COMPANY</u></p> <p>Vehicle Travel Direction: <input checked="" type="checkbox"/> <u>N</u> <input type="checkbox"/> <u>E</u> <input type="checkbox"/> <u>W</u> Responding to Emergency? <u>2</u></p> <p>Citation # (If Issued) <u>T2447085</u></p> <p>Viol. 1: Ch/Sec/Sub <u>92</u> <u>24J</u> Viol. 2: Ch/Sec/Sub <u>90</u> <u>24C</u></p> <p>Viol. 3: Ch/Sec/Sub <u>90</u> <u>24E</u> Viol. 4: Ch/Sec/Sub <u>89</u> <u>4A</u></p>	<p>Reg # <u>3FG864</u> Reg Type <u>PC</u> Reg State <u>MA</u></p> <p>Veh Year <u>2016</u> Veh Make <u>CHEVROLET</u> Veh Config. <u>1</u> <u>21</u></p> <p>Owner <u>KENYON, STEVEN E</u></p> <p>Address <u>16 HILLSIDE WAY</u></p> <p>City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-3329</u></p> <p>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></p> <p>Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>3</u> <u>28</u></p> <p>Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>2</u> <u>29</u></p> <p>Driver Contributing Code <u>10</u> <u>25</u> <u>25</u> BAC Test Result: <u>5</u> <u>30</u></p> <p>Driver Distracted by <u>5</u> <u>26</u> Susp. Alcohol: <u>1</u> <u>31</u> Susp. Drug: <u>32</u></p> <p>Towed from scene? <u>1</u> <u>33</u></p>
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Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator</b>		See Above	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>1</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>

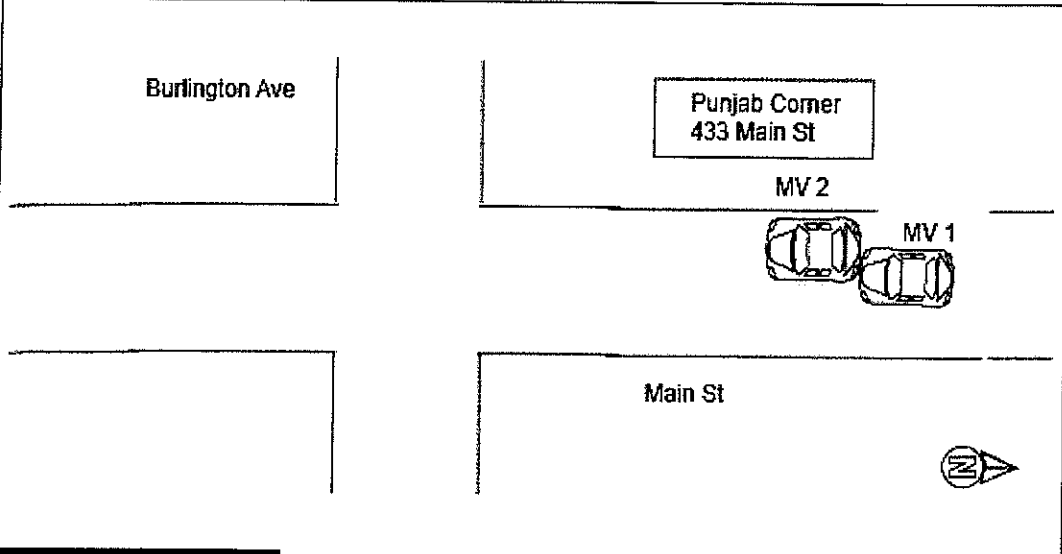
Please Select One of the Following:  Vehicle 2 #Occupants  Non-Motorist A Type 15 Action 16 Location 17 Condition 18  Hit/Run  Moped

<p>License # <u>S59928702</u> St <u>MA</u> DOB/Age: _____</p> <p>Sex <u>F</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL _____</p> <p>Operator <u>ARMSTRONG, BRIANNA C</u></p> <p>Address <u>70 GEIGER DR</u></p> <p>City <u>TEWKSBURY</u> State <u>MA</u> Zip <u>01876-2308</u></p> <p>Insurance Company <u>THE COMMERCE INSURANCE CO</u></p> <p>Vehicle Travel Direction: <input checked="" type="checkbox"/> <u>N</u> <input type="checkbox"/> <u>E</u> <input type="checkbox"/> <u>W</u> Responding to Emergency? <u>1</u></p> <p>Citation # (If Issued) _____</p> <p>Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____</p> <p>Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____</p>	<p>Reg # <u>2WKG48</u> Reg Type <u>PC</u> Reg State <u>MA</u></p> <p>Veh Year <u>2016</u> Veh Make <u>NISSAN</u> Veh Config. <u>1</u> <u>21</u></p> <p>Owner <u>ARMSTRONG, BRIANNA C</u></p> <p>Address <u>70 GEIGER DR</u></p> <p>City <u>TEWKSBURY</u> State <u>MA</u> Zip <u>01876-2308</u></p> <p>Vehicle Action Prior to Crash <u>2</u> <u>22</u> Damaged Area Code: <u>5</u> <u>27</u> <u>27</u> <u>27</u></p> <p>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></p> <p>Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>1</u> <u>29</u></p> <p>Driver Contributing Code <u>1</u> <u>25</u> <u>25</u> BAC Test Result: <u>1</u> <u>30</u></p> <p>Driver Distracted by <u>0</u> <u>26</u> Susp. Alcohol: <u>31</u> Susp. Drug: <u>32</u></p> <p>Towed from scene? <u>2</u> <u>33</u></p>
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Please fill out for operator/non-motorist and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator/Non-Motorist</b>		See Above	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>1</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>

→ = 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:**

MV 2 was travelling southbound on Main st when they were approaching a red light at the intersection. MV 1 was travelling southbound and was not paying attention to their surroundings. MV 1 rear ended MV 2 causing bumper damage to the vehicle.

**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 \_\_\_\_\_ MCMX/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**    211                          **Wilmington Police Department**                          02/22/2022  
 Police Officer Name (Please Print)    Signature                          ID/Badge #                          Department                          Precinct/Barracks                          Date

CDP1 11-24-00



Police Use Only: Date of Crash 02/24/2022 Time of Crash 1910 24HR City/Town Wilmington Number Vehicles 2 Number Injured 0 Speed Limit 45 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# 226 Direction \_\_\_\_\_ Address # LOWELL ST Name of Roadway/Street \_\_\_\_\_  
 \_\_\_\_\_ Feet  N  S  E  W of \_\_\_\_\_ or \_\_\_\_\_  
 Mile Marker \_\_\_\_\_ Exit Number \_\_\_\_\_  
 \_\_\_\_\_ Feet  N  S  E  W of \_\_\_\_\_  
 Route# \_\_\_\_\_ Intersecting Roadway/Street \_\_\_\_\_  
 \_\_\_\_\_ Feet  N  S  E  W of \_\_\_\_\_  
 Landmark \_\_\_\_\_

Please Select One of the Following:  Vehicle 1 #Occupants  Hit/Run  Moped  
 Crash Report ID# **22-72-AC**

License # S40746911 St MA DOB/Age \_\_\_\_\_ Reg # 339JY9 Reg Type PC Reg State MA  
 Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL \_\_\_\_\_ Veh Year 2016 Veh Make GMC Veh Config. 1 21  
 Operator FULLERTON, ROBERT KENNETH Owner FULLERTON, ROBERT KENNETH  
 Address 11 ROOSEVELT RD Address 11 ROOSEVELT RD  
 City WILMINGTON State MA Zip 01887-2815 City WILMINGTON State MA Zip 01887-2815  
 Insurance Company THE COMMERCE INSURANCE CO Vehicle Action Prior to Crash 2 22 Damaged Area Code: 5 27 27 27  
 Vehicle Travel Direction:  N  S  W Responding to Emergency? 2 Event Sequence 1 23 23 23 23 Test Status: 1 28  
 Citation # (If Issued) \_\_\_\_\_ Most Harmful Event 1 24 Type of Test: 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

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator</b>	See Above	<del>XXXXXX</del>	<del>XXXX</del>	<u>1</u>	<u>1</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

License # S19391206 St MA DOB/Age \_\_\_\_\_ Reg # 1HE278 Reg Type PC Reg State MA  
 Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL \_\_\_\_\_ Veh Year 2008 Veh Make FORD Veh Config. 1 21  
 Operator FERRER, NOAH JOSEF Owner FERRER, BRYAN J  
 Address 40 SWAIN RD Address 40 SWAIN RD  
 City WILMINGTON State MA Zip 01887-2863 City WILMINGTON State MA Zip 01887-2863  
 Insurance Company LIBERTY MUTUAL INSURANCE Vehicle Action Prior to Crash 1 22 Damaged Area Code: 1 27 27 27  
 Vehicle Travel Direction:  N  S  W Responding to Emergency? 2 Event Sequence 1 23 23 23 23 Test Status: 1 28  
 Citation # (If Issued) \_\_\_\_\_ Most Harmful Event 1 24 Type of Test: 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 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
<b>Operator/Non-Motorist</b>	See Above	<del>XXXXXX</del>	<del>XXXX</del>	<u>1</u>	<u>1</u>	<u>1</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	



Police Use Only

# Commonwealth of Massachusetts

RMV Document Number

Date of Crash  
02/25/2022

Time of Crash  
1135  
24HR

City/Town  
Wilmington

## Motor Vehicle Crash Police Report

Number  
Vehicles  
2

Number  
Injured  
0

Speed Limit 10  
Latitude \_\_\_\_\_  
Longitude \_\_\_\_\_

State Police  
Local Police  
MBTA Police  
Campus Police  
Other: \_\_\_\_\_

0080

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# 35 Direction LOWELL ST Address # \_\_\_\_\_ Name of Roadway/Street \_\_\_\_\_

\_\_\_\_\_ Feet N S E W of \_\_\_\_\_ • \_\_\_\_\_ or \_\_\_\_\_  
Mile Marker \_\_\_\_\_ Exit Number \_\_\_\_\_

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

\_\_\_\_\_ Feet N S E W of \_\_\_\_\_  
Landmark \_\_\_\_\_

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

Crash Report ID# **22-75-AC**

License # S91297750 St. MA DOB/Age \_\_\_\_\_  
Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL \_\_\_\_\_  
Endorsement \_\_\_\_\_

Operator VAIL, NICOLE M  
Last First Middle

Address 7 BURLINGTON ST

City BURLINGTON State MA Zip 01803-4704

Insurance Company PROGRESSIVE CASUALTY INSU

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

Citation # (If Issued) 309252AB

Viol. 1: Ch/Sec/Sub 90 23 Viol. 2: Ch/Sec/Sub \_\_\_\_\_  
Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_

Reg # SRS195 Reg Type CO Reg State MA  
Veh Year 2004 Veh Make FORD Veh Config. 1 21

Owner FOXES GENERAL CONTRACTING LLC  
Last First Middle

Address 601 LORDS CT

City WILMINGTON State MA Zip 01887-4500

Vehicle Action Prior to Crash 10 22 Damaged Area Code: 0 27 27 27

Event Sequence 1 23 23 23 23 Test Status: 1 28  
29

Most Harmful Event 1 24 Type of Test: 30

Driver Contributing Code 19 25 1 25 BAC Test Result: \_\_\_\_\_  
Susp. Alcohol: 2 31 Susp. Drug: 2 32

Driver Distracted by 99 26 Towed from scene? 3 33

Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator</b>	See Above	<del>XXXXXX</del>	<del>XXXX</del>	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 # S47444888 St. MA DOB/Age \_\_\_\_\_  
Sex M Lic. Class B 19 19 Lic. Restrictions 1 20 CDL \_\_\_\_\_  
Endorsement \_\_\_\_\_

Operator FLANAGAN, MICHAEL JOHN  
Last First Middle

Address 8 TREMLETT RD

City BILLERICA State MA Zip 01821-5650

Insurance Company AMICA MUTUAL INSURANCE CO

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

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

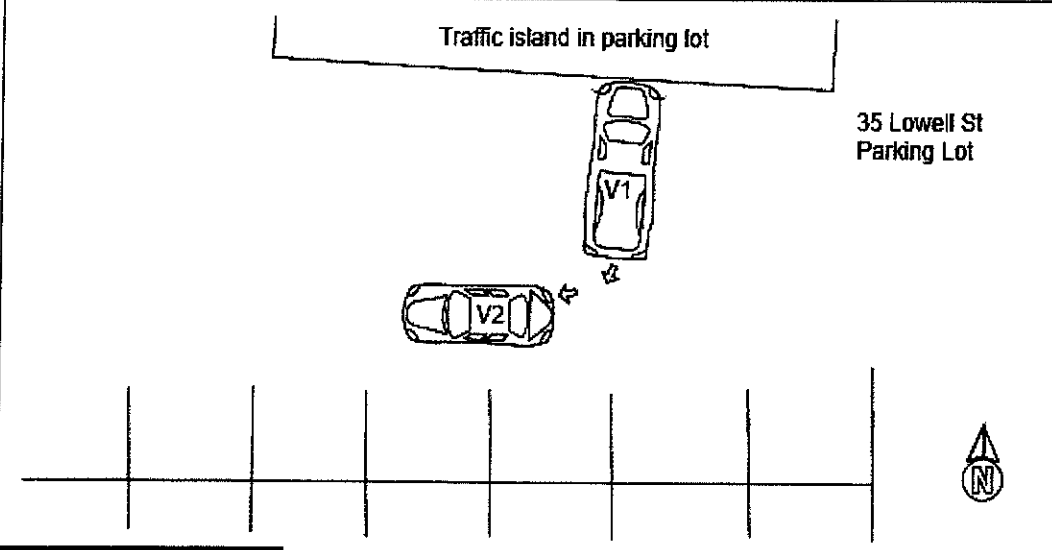
Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_  
Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_

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>XXXXXX</del>	<del>XXXX</del>	1	1	4	0	0	10	1	

→ = 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:**

V1 was backing up in the 35 Lowell St parking lot. While backing up the rear of the truck struck the rear of V2. This caused the rear window and passenger side tail light to break. There was no damage to V2. The operator of V1 stated she did not look before backing. The operator of V1 also had a suspended license and knew of this. The truck registration was also revoked for lack of insurance. There were no injuries. V1 was towed because of the insurance issue. V2 was able to drive home. MA DOT was notified of the matter because V1 was a contracted plow for the state and out plowing during the snowstorm. Criminal charges were filed for the operator of V1 (Report #22-73-AR). Both operators took their own photos of the vehicles.

**Witnesses:**

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

**Property Damage:**

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

**Truck and Bus Information:**

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

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

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

US DOT #: \_\_\_\_\_ State Number \_\_\_\_\_ Issuing State \_\_\_\_\_ MCMX/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 Emily L Stebbins**                      **210**                      **Wilmington Police Department**                      **03/01/2022**  
 Police Officer Name (Please Print)                      Signature                      ID/Badge #                      Department                      Precinct/Barracks                      Date