

Commonwealth of Massachusetts

Motor Vehicle Crash Police Report

RMV Document Number

Police Use Only: Date of Crash 01/01/2023, Time of Crash 1108 24HR, City/Town **Wilmington**

Number Vehicles: 2, Number Injured: 2, Speed Limit: 25, State Police, Local Police, MBTA Police, Campus Police, Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1 Route# Direction LOWELL ST Name of Roadway/Street

At

1 Route# Direction WEST ST Name of Intersecting Roadway/Street

Also at Intersection with

2 Route# Direction Name of Intersecting Roadway/Street

Route# Direction Address # Name of 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# **23-1-AC**

License # **S73852672** St **MA** DOB/Age _____ Reg # **9XL232** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** 19 19 Lic. Restrictions 20 CDL _____ Veh Year **2013** Veh Make **HONDA** Veh Config. **1** 21

Operator **HAMMOUMI, KIYOMI ASHLEY** Owner **HAMMOUMI, KIYOMI ASHLEY**

Address **250 WESTFORD ST APT 2** Address **250 WESTFORD ST APT 2**

City **LOWELL** State **MA** Zip **01851-2565** City **LOWELL** State **MA** Zip **01851-2565**

Insurance Company **LIBERTY MUTUAL PERSONAL I** Vehicle Action Prior to Crash **4** 22 Damaged Area Code: **2** 27 **3** 27 **4** 27

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

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

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

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **99** 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	<input checked="" type="checkbox"/>	1	99	4	0	0	9	2	Winchester Hospital

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

License # **S43104632** St **MA** DOB/Age _____ Reg # **9836SW** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **B** 20 CDL _____ Veh Year **2014** Veh Make **FORD** Veh Config. **1** 21

Operator **SPENCER, PAUL DARRYL** Owner **SPENCER, PAUL DARRYL**

Address **11 BROOK ST** Address **11 BROOK ST**

City **TEWKSBURY** State **MA** Zip **01876-2413** City **TEWKSBURY** State **MA** Zip **01876-2413**

Insurance Company **PLYMOUTH ROCK ASSURANCE C** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **8** 27 **1** 27 **2** 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) **T2749310** Most Harmful Event **1** 24 Type of Test: 29

Viol. 1: Ch/Sec/Sub **89** 4 Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **3** 25 **9** 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? 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	<input checked="" type="checkbox"/>	1	99	1	0	0	8	1	

Police Use Only			Commonwealth of Massachusetts				RMV Document Number									
Date of Crash 01/02/2023	Time of Crash 1145 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report				Number Vehicles 1	Number Injured 0	Speed Limit <u>5</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:									
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			Route# _____ Direction _____ Address # <u>222</u> Name of Roadway/Street <u>MAIN ST</u>				Feet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of _____ or _____ Mile Marker _____ Exit Number _____									
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____			Route# _____ Direction _____ Name of Intersecting Roadway/Street _____				Feet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of _____ Route# _____ Intersecting Roadway/Street _____									
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			Route# _____ Direction _____ Name of Intersecting Roadway/Street _____				Landmark _____									
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle <u>1</u> #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped			Crash Report ID# 23-2-AC													
License # <u>S46748903</u> St <u>MA</u> DOB/Age _____			Reg # <u>C119XK</u> Reg Type <u>PC</u> Reg State <u>MA</u>													
Sex <u>M</u> Lic. Class <u>D</u> Lic. Restrictions <u>1</u> CDL Endorsement _____			Veh Year <u>2005</u> Veh Make <u>FORD</u> Veh Config. <u>1</u>													
Operator <u>MAGA, SHELDON F</u>			Owner <u>MAGA, SHELDON F</u>													
Address <u>41 OAKDALE RD</u>			Address <u>41 OAKDALE RD</u>													
City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-4015</u>			City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-4015</u>													
Insurance Company <u>ALLSTATE INSURANCE COMPAN</u>			Vehicle Action Prior to Crash <u>1</u>				Damaged Area Code: <u>1</u> <u>27</u> <u>27</u> <u>27</u>									
Vehicle Travel Direction: <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Responding to Emergency? <u>2</u>			Event Sequence <u>35</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>35</u> <u>24</u>				Type of Test: <u>29</u>									
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____			Driver Contributing Code <u>19</u> <u>25</u> <u>97</u> <u>25</u>				BAC Test Result: <u>30</u>									
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____			Driver Distracted by <u>99</u> <u>26</u>				Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u>									
Please fill out for operator and all occupants involved																
Name (Last First Middle) _____ Address _____			DOB/Age _____ Sex _____				Medical Facility _____									
Operator			See Above													
Please Select One of the Following: <input type="checkbox"/> Vehicle <u>2</u> #Occupants <input type="checkbox"/> Non-Motorist A Type <u>15</u> Action <u>16</u> Location <u>17</u> Condition <u>18</u> <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped																
License # _____ St _____ DOB/Age _____			Reg # _____ Reg Type _____ Reg State _____													
Sex _____ Lic. Class <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL Endorsement _____			Veh Year _____ Veh Make _____ Veh Config. <u>21</u>													
Operator _____			Owner _____													
Address _____			Address _____													
City _____ State _____ Zip _____			City _____ State _____ Zip _____													
Insurance Company _____			Vehicle Action Prior to Crash <u>22</u>				Damaged Area Code: <u>27</u> <u>27</u> <u>27</u>									
Vehicle Travel Direction: <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Responding to Emergency? _____			Event Sequence <u>23</u> <u>23</u> <u>23</u> <u>23</u>				Test Status: <u>28</u>									
Citation # (If Issued) _____			Most Harmful Event <u>24</u>				Type of Test: <u>29</u>									
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____			Driver Contributing Code <u>25</u> <u>25</u>				BAC Test Result: <u>30</u>									
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____			Driver Distracted by <u>26</u>				Susp. Alcohol: <u>31</u> Susp. Drug: <u>32</u>									
Please fill out for operator/non-motorist and all occupants involved																
Name (Last First Middle) _____ Address _____			DOB/Age _____ Sex _____				Medical Facility _____									
Operator/Non-Motorist			See Above													

Wilmington Police Department
Images Associated with 23-2-AC



Date of Crash 01/03/2023 Time of Crash 2258 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:**

<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 # 121 Name of Roadway/Street GLEN RD</p> <p>_____ Feet N S E W of _____ or _____</p> <p style="text-align: center;">Mile Marker _____ Exit Number _____</p> <p>_____ Feet N S E W of _____</p> <p>_____ Feet N S E W of _____</p> <p style="text-align: center;">Route# _____ Intersecting Roadway/Street _____</p> <p style="text-align: center;">Landmark _____</p>
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Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped **Crash Report ID# 23-3-AC**

<p>License # SA3810372 St MA DOB/Age _____</p> <p>Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement _____</p> <p>Operator STEVENS, KEVIN MICHAEL</p> <p>Address 16 SOUTH ST</p> <p>City WILMINGTON State MA Zip 01887-1601</p> <p>Insurance Company THE COMMERCE INSURANCE CO</p> <p>Vehicle Travel Direction: N S X W Responding to Emergency? 2</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 # 558MC8 Reg Type PC Reg State MA</p> <p>Veh Year 2010 Veh Make HONDA Veh Config. 1 21</p> <p>Owner STEVENS, MICHAEL JEFFREY</p> <p>Address 16 SOUTH ST</p> <p>City WILMINGTON State MA Zip 01887-1601</p> <p>Vehicle Action Prior to Crash 1 22 Damaged Area Code: 1 27 27 27</p> <p>Event Sequence 21 23 23 23 23 Test Status: 1 28</p> <p>Most Harmful Event 21 24 Type of Test: 29</p> <p>Driver Contributing Code 2 25 25 BAC Test Result: 1 30</p> <p>Driver Distracted by 0 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32</p> <p>Towed from scene? 1 33</p>
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Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator		See Above	<input checked="" type="checkbox"/>	1	1	1	0	0	10	1	

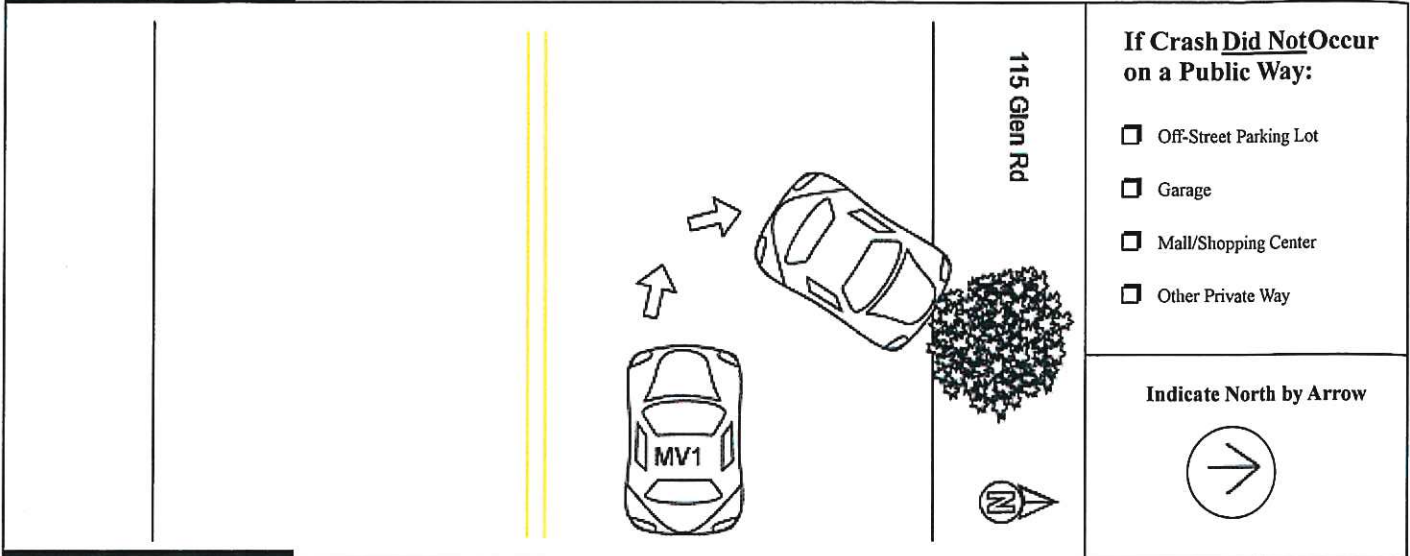
Please Select One of the Following: Vehicle **2** #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

<p>License # _____ St _____ DOB/Age _____</p> <p>Sex _____ Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement _____</p> <p>Operator _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Insurance Company _____</p> <p>Vehicle Travel Direction: N S E W Responding to Emergency? _____</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 # _____ Reg Type _____ Reg State _____</p> <p>Veh Year _____ Veh Make _____ Veh Config. 21</p> <p>Owner _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Vehicle Action Prior to Crash 22 Damaged Area Code: 27 27 27</p> <p>Event Sequence 23 23 23 23 Test Status: 28</p> <p>Most Harmful Event 24 Type of Test: 29</p> <p>Driver Contributing Code 25 25 BAC Test Result: 30</p> <p>Driver Distracted by 26 Susp. Alcohol: 31 Susp. Drug: 32</p> <p>Towed from scene? 33</p>
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Please fill out for operator/non-motorist and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist		See Above	<input checked="" type="checkbox"/>	1							

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

Crash Diagram:



Crash Narrative:

MV1 was traveling West on Glen Rd when the operator stated he lost control of the vehicle causing it to spin and hit a tree in front of 115 Glen Rd. There appeared to be minor damage to the rock wall in front of 115 Glen Rd as a result of the crash. The operator reported no injuries and Cain's Towing has the vehicle.

Witnesses:

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

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
STONE LORI A	115 GLEN RD WILMINGTON MA 01887-35			ROCK WALL

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:

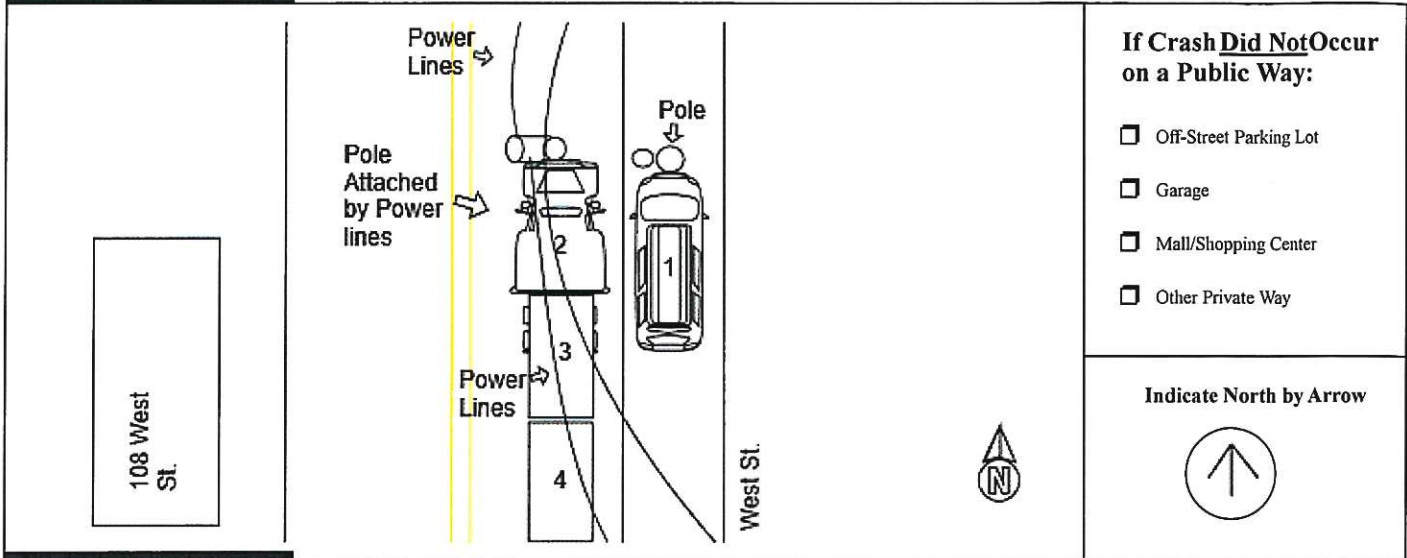
Placard 47 Material 1 digit # 48 Material Name _____ Material 4 digit # _____ Release code 49

Patrol Officer Meghan Sousa 214 Wilmington Police Department 01/03/2023
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Police Use Only		Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 01/03/2023	Time of Crash 2311 24HR	City/Town Wilmington		Motor Vehicle Crash Police Report		Number Vehicles 4	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 _____				
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:								
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			Route# <u>108</u> Direction _____ Address # <u>WEST ST</u> Name of Roadway/Street _____		Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____								
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____			Route# _____ Direction _____ Name of Intersecting Roadway/Street _____		Feet <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ of _____ Mile Marker _____ or Exit Number _____								
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			Route# _____ Direction _____ Name of Intersecting Roadway/Street _____		Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ of _____ Route# _____ Intersecting Roadway/Street _____								
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			Route# _____ Direction _____ Name of Intersecting Roadway/Street _____		Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ of _____ Route# _____ Intersecting Roadway/Street _____								
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle <u>1</u> #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped			Crash Report ID# 23-4-AC										
License # <u>SA3620917</u> St <u>MA</u> DOB/Age _____			Reg # <u>1LRY11</u> Reg Type <u>PC</u> Reg State <u>MA</u>		Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL Endorsement _____								
Operator <u>DALTON, THOMAS JOSEPH</u> Last First Middle			Veh Year <u>2015</u> Veh Make <u>TOYOTA</u> Veh Config. <u>1</u> <u>21</u>		Owner <u>DALTON, THOMAS JOSEPH</u> Last First Middle								
Address <u>10 SUNCREST AVE</u>			Address <u>10 SUNCREST AVE</u>		City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887</u>								
City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887</u>			City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-3418</u>		Insurance Company <u>STANDARD FIRE INSURANCE</u>								
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u>			Vehicle Action Prior to Crash <u>1</u> <u>22</u>		Damaged Area Code: <u>1</u> <u>27</u> <u>27</u> <u>27</u>								
Citation # (If Issued) _____			Event Sequence <u>22</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u>		Test Status: <u>1</u> <u>28</u>								
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____			Most Harmful Event <u>22</u> <u>24</u>		Type of Test: _____								
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____			Driver Contributing Code <u>7</u> <u>25</u> <u>9</u> <u>25</u>		BAC Test Result: <u>1</u> <u>30</u>								
			Driver Distracted by <u>99</u> <u>26</u>		Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u>								
					Towed from scene? <u>1</u> <u>33</u>								
Please fill out for operator and all occupants involved													
Name (Last First Middle)		Address		DOB/Age	Sex	34 Seat Post	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator		See Above		XXXX	X	<u>1</u>	<u>99</u>	<u>3</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle <u>1</u> #Occupants <input type="checkbox"/> Non-Motorist A Type <u>15</u> Action <u>16</u> Location <u>17</u> Condition <u>18</u> <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped													
License # <u>038652560</u> St <u>CT</u> DOB/Age _____			Reg # <u>3028470</u> Reg Type <u>AP</u> Reg State <u>IN</u>		Sex <u>M</u> Lic. Class <u>A</u> <u>19</u> <u>19</u> Lic. Restrictions <u>B</u> <u>20</u> CDL <u>T</u> Endorsement _____								
Operator <u>BAEZ, RUBEN</u> Last First Middle			Veh Year <u>2017</u> Veh Make <u>Other-not listed</u> Veh Config. <u>11</u> <u>21</u>		Owner <u>FEDEX GROUND PACKAGE SYSTEM INC</u> Last First Middle								
Address <u>19 MARSH HL RD</u>			Address <u>1000 FEDEX DR</u>		City <u>NAUGATUCK</u> State <u>CT</u> Zip <u>06770</u>								
City <u>NAUGATUCK</u> State <u>CT</u> Zip <u>06770</u>			City <u>MOON TOWNSHIP</u> State <u>PA</u> Zip <u>15108</u>		Insurance Company <u>LIBERTY MUTUAL</u>								
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u>			Vehicle Action Prior to Crash <u>1</u> <u>22</u>		Damaged Area Code: <u>8</u> <u>27</u> <u>27</u> <u>27</u>								
Citation # (If Issued) _____			Event Sequence <u>22</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u>		Test Status: <u>1</u> <u>28</u>								
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____			Most Harmful Event <u>22</u> <u>24</u>		Type of Test: _____								
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____			Driver Contributing Code <u>1</u> <u>25</u> <u>25</u>		BAC Test Result: <u>1</u> <u>30</u>								
			Driver Distracted by <u>0</u> <u>26</u>		Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u>								
					Towed from scene? <u>2</u> <u>33</u>								
Please fill out for operator/non-motorist and all occupants involved													
Name (Last First Middle)		Address		DOB/Age	Sex	34 Seat Post	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	X	<u>1</u>	<u>99</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 1 was travelling north bound on West St. as he made the curve before 108 West St. The operator stated the rear of the van lost grip. MV1 then went onto the sidewalk and struck the utility pole on the sidewalk. The operator stated he was probably going too fast for conditions. When MV1 struck the pole, it broke the utility pole at the top where the power lines attach. A 10-foot piece of pole with power lines remain in midair in the center of the road. While waiting for police response, MV2 (towing trailer 3 & 4) was travelling north bound on West St. Due to the lighting conditions the operator of MV2 did not see the broken pole and collided with it. The pole struck MV2, as it happened one of the wires detached from the pole and got caught on the top of MV3 trailer. MV3 trailer sustained minor damage from the wire getting caught and breaking off.

Witnesses:

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

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
RMLD	230 ASH ST READING MA 01867		4	Utility pole and Conductors

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

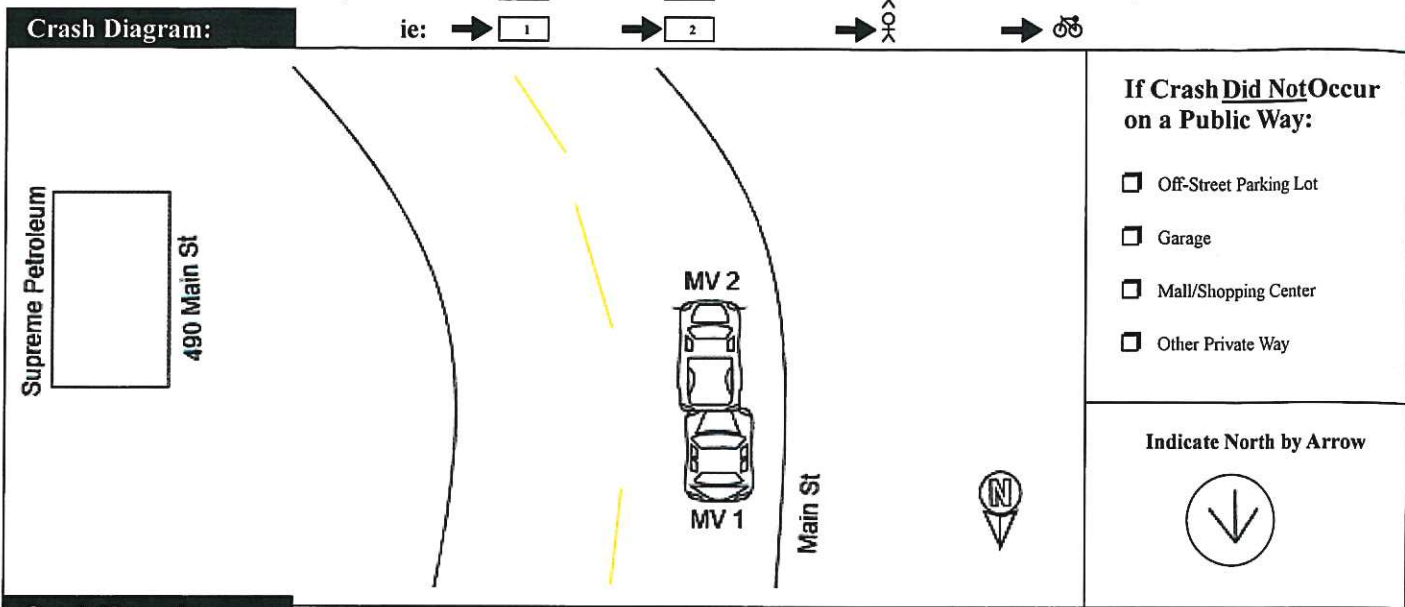
Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 46

Hazmat Information:

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

Patrol Officer Brian Tavares **206** **Wilmington Police Department** **01/04/2023**
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 O = Pedestrian ⚓ = Bicycle
 ie: → 1 → 2 → O → ⚓



Crash Narrative:

MV 2 was travelling southbound on Main St (RT 38) in the town of Wilmington. He was travelling with the flow of traffic until the vehicles in front of him came to a stop. MV 1, also travelling southbound on Main St did not notice that traffic had slowed down/stopped and rear ending MV 2. When I asked the operator of MV 1 why he did not stop, he stated that he looked down at his keys for only a split second. After looking at his keys, he looked up and saw MV 2's tail lights and he engaged the brakes. He was unable to stop before colliding with MV 2.

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 Shane A Foley 211 Wilmington Police Department 01/07/2023
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date