**Commonwealth of Massachusetts**

**Motor Vehicle Crash Police Report**

**Date of Crash:** 03/26/2015  
**Time of Crash:** 1607 24HR  
**City/Town:** Wilmington

**Number of Vehicles:** 2  
**Number Injured:** 0

---

### AT INTERSECTION:

**Route#**  
**Direction**  
**Name of Roadway/Street**

**At**

**Route#**  
**Direction**  
**Name of Intersecting Roadway/Street**

**Also at Intersection with**

---

### NOT AT INTERSECTION:

**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**

**Landmark**

---

### License 

**License #: S55118963**  
**State:** MA  
**DOB/Age:**  
**Sex:** F  
**Lic. Class:** D  
**Lic. Restrictions:**  
**CDL:**

**Operator:** SAWICKI, MANDY B  
**Address:** 5 MIDDLE ST

---

### Crash Report ID# 19-119-AC

---

### Operator

**Name:**

**DOB/Age:**

**Sex:**

**Lic. Class:**

**License #:**

**Vehicle:**

**Event Sequence:**

**Date:**

**Time:**

**Location:**

**Condition:**

**Hit/Run:**

**Mapped:**

---

### Operator/Non-Motorist

**Name:**

**DOB/Age:**

**Sex:**

**Lic. Class:**

**License #:**

**Vehicle:**

**Event Sequence:**

**Date:**

**Time:**

**Location:**

**Condition:**

**Hit/Run:**

**Mapped:**

---

Form No. 10561 CRA:65 09/18
On 03/26/19, I responded to a two vehicle crash outside the Public Safety Building. The crash occurred at the intersection of Adelaide St and Church St. There were no injuries. Veh 1 operator reported traveling on Chuch St (Rt 62) when her vehicle was struck from behind. Veh 2 operator reported that he was turning left out of Adelaide St and somehow he struck veh 1. He stated he did look both ways and didn't know where vehicle 1 came from. Both operators were wearing seatbelts at the time of the crash. No tows required. Veh 2 had a stop sign at the time of the crash. Veh 1 had rear bumper, tail light and right rear quarter panel damage. Veh 2 had front left bumper damage.
Commonwealth of Massachusetts
Motor Vehicle Crash
Police Report

Date of Crash: 03/27/2019
Time of Crash: 0043
City/Town: Wilmington

AT INTERSECTION:

Route# Direction Name of Roadway/Street
Bridge Ln

Route# Direction Name of Intersecting Roadway/Street
Main St

Route# Direction Name of Intersecting Roadway/Street

Please Select One of the Following:
- [ ] Vehicle
- [ ] Occupants
- [ ] Hit/Run
- [ ] Mapped

Crash Report ID#: 19-120-AC

Operator

See Above

Operator/Non-Motorist

See Above

Form No: 1004-CA/65 09/18
**Commonwealth of Massachusetts**

**Motor Vehicle Crash Police Report**

**Date of Crash:** 03/27/2019  
**Time of Crash:** 0643  
**City/Town:** Wilmington  
**Police Use Only**

### AT INTERSECTION:

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

### NOT AT INTERSECTION:

**Route# Direction**  
**Address #**  
**Name of Roadway/Street**  
**Feet N S E W of**

<table>
<thead>
<tr>
<th>Number of Vehicles</th>
<th>Number Injured</th>
<th>RMV Document Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>

### License #:

S82899164  
**State:** MA  
**DOB/Age:**

### Sex:

M  
**Lic. Class:** 19  
**Lic. Restrictions:** 19  
**CDL Endorsement:** 20

### Operator:

DEMATEO, JAMES R  
**Address:** 270 ASTLE ST

### City:

TEWKSBURY  
**State:** MA  
**Zip:** 01876-2558

### Insurance Company:

GOVT EMPLOYEE INS

### Vehicle Action Prior to Crash:

2  
**Damaged Area Code:**

### Vehicle Travel Direction:

N X W  
**Resisting to Emergency:**

### Citation # (If Issued):


### Event Sequence:

1  
**23 23 23 23**

### Most Harmful Event:

1  
**24**

### Driver Contributing Code:

1  
**25 25**

### Driver Distracted by:

0  
**26**

### Operator/Non-Motorist:

See Above  
**DOB/Age:**

<table>
<thead>
<tr>
<th>Operator</th>
<th>Non-Motorist A</th>
<th>Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>See Above</td>
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<td></td>
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</tbody>
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### License #:

<table>
<thead>
<tr>
<th>Vehicle #Occupants</th>
<th>Non-Motorist A</th>
<th>Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>See Above</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Crash Narrative:

On 03/27/19 Car 1 stopped at the stop sign at Bridge Ln and Main St., and a MV stopped to let Car 1 make a left hand turn onto Main St. As Car 1 proceeded it failed to yield the right of way to Car 2 in the SB lane. Car one hit Car 2 left broadside. The operator of Car 2 so as not to go into oncoming traffic steered toward the SB lanes and struck Car 3 which was sitting in traffic. Car 2 was towed to Forest Towing's yard. Car 1 waited for a tow from AAA.

Witnesses:

<table>
<thead>
<tr>
<th>Name (Last,First,Middle)</th>
<th>Address</th>
<th>Phone #</th>
<th>Statement</th>
</tr>
</thead>
</table>

Property Damage:

<table>
<thead>
<tr>
<th>Owner (Last,First,Middle)</th>
<th>Address</th>
<th>Phone #</th>
<th>41-Type</th>
<th>Description of Damaged Property</th>
</tr>
</thead>
</table>

Truck and Bus Information:

<table>
<thead>
<tr>
<th>Registration # (From Vehicle Section)</th>
<th>Bus Use</th>
</tr>
</thead>
</table>

Carrier Name

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 Dillon Halliday 205 Wilmington Police Department 03/27/2019

Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date
**Commonwealth of Massachusetts**

**Motor Vehicle Crash Police Report**

**Date of Crash:** 03/27/2019  
**Time of Crash:** 14:08  
**City/Town:** Wilmington  
**Police Use Only**

**AT INTERSECTION:**

<table>
<thead>
<tr>
<th>Route#</th>
<th>Direction</th>
<th>Name of Roadway/Street</th>
<th>At</th>
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</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Route#</th>
<th>Direction</th>
<th>Name of Intersecting Roadway/Street</th>
<th>Also at intersection with</th>
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</thead>
</table>

<table>
<thead>
<tr>
<th>License #</th>
<th>Name</th>
<th>DOB/Age</th>
<th>Sex</th>
<th>Class</th>
<th>Lic. Restrictions</th>
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<th>Endorsement</th>
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<tr>
<td>577591876</td>
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</tbody>
</table>

**Operator:** GONZALEZ, OSBALDO  
**Address:** 304 HIGH ST  
**City:** LAWRENCE  
**State:** MA  
**Zip:** 01841-2806  
**Insurance Company:** GREEN MOUNTAIN INS

**Reg #:** 243CHW  
**Reg Type:** PC  
**Reg State:** MA  
**Veh Year:** 2002  
**Veh Make:** NISSAN  
**Veh Config:** 1  
**Owner:** GONZALEZ, OSBALDO  
**Address:** 304 HIGH ST  
**City:** LAWRENCE  
**State:** MA  
**Zip:** 01841-2806

**Damaged Area Code:** 1  
**Test Status:** 2  
**Type of Test:** 1  
**BAC Test Result:** 2  
**Susp. Alcohol:** 1  
**Susp. Drug:** 1  
**Towed from scene:** 1

---

**Operator:** See Above  
**Address:** 304 HIGH ST  
**City:** LAWRENCE  
**State:** MA  
**Zip:** 01841-2806

**Reg #:** 70206  
**Reg Type:** TL  
**Reg State:** MA  
**Veh Year:** 2006  
**Veh Make:** Mack Truck  
**Veh Config:** 10  
**Owner:** DEMOULAS SUPER MTS INC  
**Address:** 875 EAST ST  
**City:** Tewksbury  
**State:** MA  
**Zip:** 01876-1469

**Damaged Area Code:** 2  
**Test Status:** 1  
**Type of Test:** 1  
**BAC Test Result:** 1  
**Susp. Alcohol:** 2  
**Susp. Drug:** 3  
**Towed from scene:** 3

---

**Operator/Non-Motorist:** See Above  
**Address:** 304 HIGH ST  
**City:** LAWRENCE  
**State:** MA  
**Zip:** 01841-2806

**Reg #:** 70206  
**Reg Type:** TL  
**Reg State:** MA  
**Veh Year:** 2006  
**Veh Make:** Mack Truck  
**Veh Config:** 10  
**Owner:** DEMOULAS SUPER MTS INC  
**Address:** 875 EAST ST  
**City:** Tewksbury  
**State:** MA  
**Zip:** 01876-1469

**Damaged Area Code:** 2  
**Test Status:** 1  
**Type of Test:** 1  
**BAC Test Result:** 1  
**Susp. Alcohol:** 2  
**Susp. Drug:** 3  
**Towed from scene:** 3

---

**Operator/Non-Motorist:** See Above  
**Address:** 304 HIGH ST  
**City:** LAWRENCE  
**State:** MA  
**Zip:** 01841-2806

**Reg #:** 70206  
**Reg Type:** TL  
**Reg State:** MA  
**Veh Year:** 2006  
**Veh Make:** Mack Truck  
**Veh Config:** 10  
**Owner:** DEMOULAS SUPER MTS INC  
**Address:** 875 EAST ST  
**City:** Tewksbury  
**State:** MA  
**Zip:** 01876-1469

**Damaged Area Code:** 2  
**Test Status:** 1  
**Type of Test:** 1  
**BAC Test Result:** 1  
**Susp. Alcohol:** 2  
**Susp. Drug:** 3  
**Towed from scene:** 3
Crash Narrative:

MV 1 and MV 2 were traveling straight on Ballardvale St. Op of MV 2 stated the street light was turning from yellow to red so he stopped at the light. He stated MV 1 rear ended him. Op of MV 1 confirmed the series of events and stated he didn't have enough time to stop before he rear ended MV 2. No injuries. MV 1 towed by Forrest.

Witnesses:

<table>
<thead>
<tr>
<th>Name (Last, First, Middle)</th>
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<th>Description of Damaged Property</th>
</tr>
</thead>
</table>

Truck and Bus Information:

<table>
<thead>
<tr>
<th>Registration # 70206</th>
<th>Carrier Name Demoulas Super Markets INC</th>
<th>Bus Use</th>
<th>42</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address 875 EAST ST</td>
<td>City TEWKSBURY</td>
<td>St MA</td>
<td>Zip 01876</td>
</tr>
<tr>
<td>US DOT #: 018292</td>
<td>State Number</td>
<td>Issuing State MA</td>
<td>MC/MX/ICC #</td>
</tr>
<tr>
<td>Interst: 0 43 Cargo Body Type Code: 97 GVWR/GCWR: 3 43</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trailer Reg #: 13184 Reg Type: TL Reg State: LA Reg Year: 2003 Trailer Length: 4 46</td>
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</table>

Hazmat Information:

<table>
<thead>
<tr>
<th>Placard</th>
<th>Material 1 digit</th>
<th>Material Name</th>
<th>Material 4 digit</th>
<th>Release code</th>
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</thead>
</table>

Patrol Officer Kevin J Skinner

03/27/2019
## Commonwealth of Massachusetts
### Motor Vehicle Crash Police Report

#### AT INTERSECTION:
- **Route#**
- **Direction**
- **Name of Roadway/Street**

#### NOT AT INTERSECTION:
- **Route#**
- **Direction**
- **Address #**
- **Name of Roadway/Street**

---

**Reg#** 5DN269  
**Reg Type** PC  
**Reg State** MA

**Operator**

**Driver Contributing Code** 02  
**Driver Distracted by** 02

**Damaged Area Code** 02  
**Test Status** 20

**Damaged Area Code** 02  
**BAC Test Result** 02

**Suspect Alcohol** 02  
**Towed from scene?** 02

---

**Operator/Non-Motorist**

---

---
Crash Narrative:
V1 traveling east bound on Church St. V2 traveled entered Church St. from Adams St. Oper. V1 stated that V2 pulled out quickly and she was unable to stop in time resulting in her crashing into the side of V2. The impact caused V2 to roll over coming to a stop on Adams St.

Witnesses:

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<th>Bus Use</th>
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<table>
<thead>
<tr>
<th>Address</th>
<th>City</th>
<th>St</th>
<th>Zip</th>
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<tbody>
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<tr>
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<th>State Number</th>
<th>Issuing State</th>
<th>MC/MX/ICC #:</th>
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</thead>
<tbody>
<tr>
<td>43</td>
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| Interstate | Cargo Body Type Code | GVWR/GCWR | |
|------------|----------------------|----------||
| 44         |                      | 45       | |

<table>
<thead>
<tr>
<th>Trailer Reg #:</th>
<th>Reg Type</th>
<th>Reg State</th>
<th>Reg Year</th>
<th>Trailer Length</th>
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<th>Placard Material 1 digit #</th>
<th>Material Name Material 4 digit #</th>
<th>Release code</th>
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<tbody>
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<td></td>
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<td>49</td>
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</table>

Patrol Officer John W Delorey
185
Wilmington Police Department
03/28/2019
<table>
<thead>
<tr>
<th>Route#</th>
<th>Direction</th>
<th>Name of Roadway/Street</th>
<th>At</th>
<th>Route#</th>
<th>Direction</th>
<th>Name of Roadway/Street</th>
<th>29</th>
<th>CONCORD ST</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

**Operator:**

- **MARTINEZ, ENY D**
- **License #: S17050138**
- **City:** LAWRENCE
- **State:** MA
- **Zip:** 01843-1346

**Vehicle:**

- **License #: S666006537**
- **City:** LOWELL
- **State:** MA
- **Zip:** 01852-3628

**Insurance Company:** COMMERCIAL INSURANCE

**Vehicle Travel Direction:**

- **NS**
- **Responding to Emergency:**

**Citation # (If Issued):**

- **Operator:**
  - **CITATION:**
  - **License #: S666006537**
  - **City:** LOWELL
  - **State:** MA
  - **Zip:** 01852-3628

**Event Sequence:**

- **1:**
- **2:**
- **3:**

**Driver Contributing Code:**

- **1:**
- **2:**
- **3:**

**Operator/Non-Motorist:**

- **See Above**

**Operator:**

- **MARTINEZ, ENY D**
- **License #: S17050138**
- **City:** LAWRENCE
- **State:** MA
- **Zip:** 01843-1346

**Vehicle:**

- **License #: S666006537**
- **City:** LOWELL
- **State:** MA
- **Zip:** 01852-3628

**Insurance Company:** COMMERCIAL INSURANCE

**Vehicle Travel Direction:**

- **NS**
- **Responding to Emergency:**

**Citation # (If Issued):**

- **Operator:**
  - **CITATION:**
  - **License #: S666006537**
  - **City:** LOWELL
  - **State:** MA
  - **Zip:** 01852-3628

**Event Sequence:**

- **1:**
- **2:**
- **3:**

**Driver Contributing Code:**

- **1:**
- **2:**
- **3:**

**Operator/Non-Motorist:**

- **See Above**
Crash Narrative:

MV1 was traveling west on Concord Street in the left hand turn lane. MV2 pulled out of the driveway at #29 Concord Street (taking a left) and crashed into the drivers side of MV1. There was damage to the front end of MV2 and the drivers side of MV1. No injuries. MV2 was towed by A&S.