### Commonwealth of Massachusetts

#### Motor Vehicle Crash Police Report

**Date of Crash:** 07/28/2019  
**Time of Crash:** 24HR  
**City/Town:** Wilmington  
**RMV Document Number:** 20

<table>
<thead>
<tr>
<th><strong>AT INTERSECTION:</strong></th>
<th><strong>LOCATION</strong></th>
<th><strong>NOT AT INTERSECTION:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Route#</strong></td>
<td><strong>Direction</strong></td>
<td><strong>Name of Roadway/Street</strong></td>
</tr>
<tr>
<td><strong>Route#</strong></td>
<td><strong>Direction</strong></td>
<td><strong>Name of Intersecting Roadway/Street</strong></td>
</tr>
<tr>
<td><strong>Route#</strong></td>
<td><strong>Direction</strong></td>
<td><strong>Name of Roadway/Street</strong></td>
</tr>
<tr>
<td><strong>Feet</strong></td>
<td><strong>N S E W</strong></td>
<td>** or **</td>
</tr>
<tr>
<td><strong>Name of Roadway/Street</strong></td>
<td><strong>Name of Roadway/Street</strong></td>
<td><strong>Landmark</strong></td>
</tr>
</tbody>
</table>

| **Crash Report ID#** | **19-252-AC** |

---

**Vehicle #1**  
**Operator:** LEARY, JOSEPH ARTHUR  
**Address:** 66 FOREST ST  
**City:** WILMINGTON  
**State:** MA  
**Zip:** 01887-2825  
**License #:** S79824106  
**Reg #:** 8SM913  
**Veh Year:** 2019  
**Veh Make:** Jeep  
**Reg State:** MA  
**Owner:** LEARY, JOSEPH ARTHUR  
**Address:** 66 FOREST ST  
**City:** WILMINGTON  
**State:** MA  
**Zip:** 01887-2825  
**Insurance Company:** LIBERTY MUTUAL INS  
**Vehicle Action Prior to Crash:** 2  
**Event Sequence:** 1  
**Most Harmful Event:** 1  
**Driver Contributing Code:** 1  
**Driver Distracted by:** 0

---

**License #:**  
**Reg #:**  
**Veh Year:**  
**Veh Make:**  
**Reg State:**  
**Owner:**  
**Address:**  
**City:**  
**State:**  
**Zip:**  
**Vehicle Action Prior to Crash:** 2  
**Event Sequence:** 1  
**Most Harmful Event:** 1  
**Driver Contributing Code:** 1  
**Driver Distracted by:** 0

---

**Operator/Non-Motorist**  
**See Above**

---

Form No. 1004 CRP-61 (09/18)
Crash Diagram:

If Crash Did Not Occur on a Public Way:
- Off-Street Parking Lot
- Garage
- Mall/Shopping Center
- Other Private Way

Indicate North by Arrow

Crash Narrative:

MV1 stopped at red light on Lowell St. (Rt. 129) westbound. Operator of MV1 and Witness both stated that a small dark colored Mazda (last digits of "B42") rear ended MV1. Operator of MV1 pulled to side of road to exchange info and MV2 drove away at high rate of speed. Operator of MV1 stated he was not injured and vehicle was driveable. Damage to the rear of MV1. A search for the other involved vehicle yielded negative results.

Witnesses:

<table>
<thead>
<tr>
<th>Name (Last, First, Middle)</th>
<th>Address</th>
<th>Phone #</th>
<th>Statement</th>
</tr>
</thead>
<tbody>
<tr>
<td>MERWEDE MELISSA A</td>
<td>8401 INWOOD DR WOBURN MA 01801-5163</td>
<td></td>
<td></td>
</tr>
</tbody>
</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>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

Truck and Bus Information:

<table>
<thead>
<tr>
<th>Registration #</th>
<th>(From Vehicle Section)</th>
<th>Bus Use</th>
<th>Carrier Name</th>
<th>Address</th>
<th>City</th>
<th>St</th>
<th>Zip</th>
</tr>
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<td>State Number</td>
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<td></td>
</tr>
<tr>
<td>Interstate</td>
<td>Cargo Body Type Code</td>
<td>GVWR/GCWR</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Trailer Reg #</td>
<td>Reg Type</td>
<td>Reg State</td>
<td>Reg Year</td>
<td>Trailer Length</td>
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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>
<tbody>
<tr>
<td></td>
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</tr>
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Patrol Officer Kevin P Cavanaugh

195  Wilmington Police Department 07/28/2019
# Commonwealth of Massachusetts
## Motor Vehicle Crash Police Report

**Date of Crash:** 07/29/2019  
**Time of Crash:** 1341  
**City/Town:** Wilmington  
**Number Vehicles:** 2  
**Number Injured:** 0  
**Speed Limit:** 40  
**State Police:**  
**Local Police:**  
**Massachusetts Bay Transportation Authority Police:**  
**RMV Document Number:**  

### AT INTERSECTION:

<table>
<thead>
<tr>
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<th>Name of Roadway/Street</th>
</tr>
</thead>
<tbody>
<tr>
<td>211</td>
<td>LOWELL ST</td>
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<td></td>
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</table>

### Crash Report ID:

19-253-AC

---

Please Select One of the Following:
- **Vehicle**
- **Hit/Run**
- **Moped**

**Operator:** RAMIREZ SANTIAGO, MELVIN JUNIOR  
**Address:** 16 HERNON ST  
**City:** WINTHROP  
**State:** MA  
**Zip:** 02152-3025

**Insurance Company:** COMMERCE

**Vehicle Travel Direction:** N/S/E/W  
**Citation # (If Issued):**  
**Vol. 1:** Ch/Sec/Sub  
**Vol. 2:** Ch/Sec/Sub  
**Vol. 3:** Ch/Sec/Sub  
**Vol. 4:** Ch/Sec/Sub

---

Please Select One of the Following:
- **Vehicle**
- **Non-Motorist A**

**Operator:** MELVIN LARK  
**Address:** 313 ESSEX ST  
**City:** WINTHROP  
**State:** MA  
**Zip:** 01902-3225

**Insurance Company:** ACE AMERICAN INS

**Vehicle Travel Direction:** N/S/E/W  
**Citation # (If Issued):**  
**Vol. 1:** Ch/Sec/Sub  
**Vol. 2:** Ch/Sec/Sub  
**Vol. 3:** Ch/Sec/Sub  
**Vol. 4:** Ch/Sec/Sub

---

Please Select One of the Following:
- **Vehicle**
- **Non-Motorist A**

**Operator:** DONLEN TRUST  
**Address:** 3000 LAKESIDE DR  
**City:** BANNOCKBURN  
**State:** IL  
**Zip:** 60015-0000

**Insurance Company:**  

**Vehicle Travel Direction:** N/S/E/W  
**Citation # (If Issued):**  
**Vol. 1:** Ch/Sec/Sub  
**Vol. 2:** Ch/Sec/Sub  
**Vol. 3:** Ch/Sec/Sub  
**Vol. 4:** Ch/Sec/Sub

---

**Operator/Non-Motorist:**

**Address:**

---

Form No. 1054 CEA-65 06/19
On July 29, 2019 I, Officer Stebbins, responded to the Lucci's parking lot for a crash with no injuries. Upon my arrival, the operator of the tow truck (V1) stated that he was traveling westbound on Lowell St. in the right lane. He stated that the diver of V2 had pulled up beside him and was trying to "race past him" to get into the intersection before him. Operator of V1 stated he did not realize that he was in the wrong lane and he was trying to get back into the correct lane, but V2 was not allowing that to happen. The operator of V2 was also yelling and waving his arm angrily. At that point V2 collided with the rear driver's side corner of V1. There was no damage to V1 and the area struck was the corner of the flatbed. I then spoke with the operator of V2. He stated that the crash actually happened in the intersection. He said that V1 came up the right lane and then did not take a right like most cars do. This is not officially a

Witnesses:

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<th>City</th>
<th>St.</th>
<th>Zip</th>
<th>Registration #</th>
<th>(From Vehicle Section)</th>
</tr>
</thead>
</table>

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 Emily L Stebbins 210 Wilmington Police Department 07/29/2019
Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

CRP1 11-24-00
Wilmington Police Department  
Crash Narrative  
Case # 19-253-AC

On July 29, 2019 I, Officer Stebbins, responded to the Lucci's parking lot for a crash with no injuries. Upon my arrival, the operator of the tow truck (V1) stated that he was traveling westbound on Lowell St. in the right lane. He stated that the diver of V2 had pulled up beside him and was trying to "race past him" to get into the intersection before him. Operator of V1 stated he did not realize that he was in the wrong lane and he was trying to get back into the correct lane, but V2 was not allowing that to happen. The operator of V2 was also yelling and waving his arm angrily. At that point V2 collided with the rear driver's side corner of V1. There was no damage to V1 and the area struck was the corner of the flatbed. I then spoke with the operator of V2. He stated that the crash actually happened in the intersection. He said that V1 came up the right lane and then did not take a right like most cars do. This is not officially a lane, but the...
(cont.) majority of commuters use this lane to turn right onto Woburn St. The operator of V2 said that V1 was trying to continue straight and then V1 collided with V2. V2 had minor paint damage on the upper passenger side door. The mirror was facing inwards, and the rain guard was cracked.

Upon looking at the damage it appears that the operator of V2's story is implausible. Had V1 hit V2, there would have been much more damage due to the durability of the tow truck's flatbed. Also, the mirror would have been crushed, rather than folded inward. In addition, the passenger of V1 had the same exact story at the driver of V1.

Both parties were advised to fill out their own crash forms and follow up with insurance. There were no injuries and no vehicles were towed.

Respectfully,
Officer Emily L. Stebbins

<table>
<thead>
<tr>
<th>Description</th>
<th>Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>JJMIDDLETONOPERCRAshrPT</td>
<td>PDF</td>
</tr>
</tbody>
</table>

Attachment#: A0EDDE8D8CD4604B86040224B5365A5
Commonwealth of Massachusetts

Motor Vehicle Crash
Police Report

Date of Crash: 07/30/2019
Time of Crash: 0848
City/Town: Wilmington

Number of Vehicles: 38
Number Injured: N

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

Route# Direction Name of Roadway/Street
38 N

Name of Intersecting Roadway/Street
193 S

At

Route# Direction Name of Roadway/Street

At Intersection with

Route# Direction Name of Intersecting Roadway/Street

Feet N S E W of

Mile Marker EXIT Number

Feet N S E W of

Route# Intersecting Roadway/Street

Landmark

Please Select One of the Following:

Vehicle # Occupants Hit/Run Moped

License # S23507141 St MA DOB/Age:

Sex M Lic. Class B Lic. Restrictions 20 CDL Endorsement

Operator RESTUCCIA, WILLIAM F JR

Reg # 3DY329 Reg Type PC Reg State MA

Veh Year 2018 Veh Make FORD Veh Config 2

Owner RESTUCCIA, WILLIAM F JR

Address 99 SHAWSENE AVE

City WILMINGTON State MA Zip 01887-0000

Insurance Company QUINCY MUTUAL FIRE

Vehicle Action Prior to Crash

Event Sequence

Most Harmful Event

Driver Contributing Code

Driver Distracted by

Please fill in for operator and all occupants involved

Operator See Above

Address

Reg # 1RBC91 Reg Type PC Reg State MA

Veh Year 2017 Veh Make NISSAN Veh Config 1

Owner GUSSO, BRIAN D

Address 20 PRESIDENTIAL DR

City WILMINGTON State MA Zip 01887-2867

Insurance Company IM GENERAL

Vehicle Action Prior to Crash

Event Sequence

Most Harmful Event

Driver Contributing Code

Driver Distracted by

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

Operator/Non-Motorist See Above

Address
Crash Narrative:

V1 (Ristuccia) attempted left turn from 193 Main Street and collided with V2 which was passing by. V1 opr. stated he saw another vehicle turn in driveway and thought he could turn he did not see V2. V2 then drove off the road to the left and hit white vinal fence belonging to 188 Main Street. Three sections damaged. V1 damaged on left front end. V2 damaged on front end and right side. No injuries observed or reported. V2 towed by Forrest Towing.

Fence is owned by CJ Equipment 188 Main Street. Owner Charlie Hannoosh on scene & advised to get estimate and that report would be on file. No immediate dollar value for replacement & installation available.

Witnesses:

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<th>Address</th>
<th>Phone #</th>
<th>41-Type</th>
<th>Description of Damaged Property</th>
</tr>
</thead>
<tbody>
<tr>
<td>CJ EQUIPMENT</td>
<td>188 MAIN ST WILMINGTON MA 01887</td>
<td>97</td>
<td>3 SECTIONS WHITE VINAL FENCE</td>
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</table>

Truck and Bus Information:

<table>
<thead>
<tr>
<th>Registration # (From Vehicle Section)</th>
<th>Bus Use</th>
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<tbody>
<tr>
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<table>
<thead>
<tr>
<th>Carrier Name</th>
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<th>St</th>
<th>Zip</th>
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<table>
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<th>US DOT #:</th>
<th>State Number</th>
<th>Issuing State</th>
<th>MC/MX/ICC #:</th>
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<table>
<thead>
<tr>
<th>Interstate</th>
<th>Cargo Body Type Code</th>
<th>GVWR/GCWR</th>
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<th>Trailer Reg #:</th>
<th>Reg Type</th>
<th>Reg State</th>
<th>Reg Year</th>
<th>Trailer Length</th>
</tr>
</thead>
</table>

| Hazmat Information: | |
|---------------------| |
| Placard Material 1 digit # | Material Name Material 4 digit # Release code |
| 47                   | 48 |

Patrol Officer Richard DiPerri 173 Wilmington Police Department 07/30/2019

Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date
### Motor Vehicle Crash Police Report

**Commonwealth of Massachusetts**

#### Police Use Only
- **Date of Crash:** 07/30/2019
- **Vehicle:** 251
- **Time of Crash:** 24HR
- **City/Town:** Wilmington
- **RMV Document Number:**

#### Crash Report ID:
- **219 MIDDLESEX AVE**
- **Route# Direction:**
- **Address #:**
- **Name of Roadway/Street:**
- **Feet N S E W of:**
- **Mile Marker:**
- **Exit Number:**
- **Route# Intersection:**
- **Name of Intersection Roadway/Street:**
- **Feet N S E W of:**
- **Route# Intersection:**
- **Name of Roadway/Street:**

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

**License #:** S53378734
- **State:** MA
- **DOB/Age:**
- **Sex:** M
- **Lic. Class:** 19
- **Lic. Restrictions:** 1
- **CDL:** 1
- **Endorsement:**

**Operator:** GUZMAN, FREDDY S
- **Address:** 36 WESLEY ST
- **City:** LAWRENCE
- **State:** MA
- **Zip:** 01841-1424

**Insurance Company:** CITIZENS INSURANCE

**Vehicle Action Prior to Crash:**
- **Damaged Area Code:** 5
- **Test Status:** 1
- **Type of Test:** 1
- **BAC Test Result:** 1
- **Susp. Alcohol:** 2
- **Susp. Drug:** 2
- **Towed from scene:** 2

**Driver Contributing Code:**
- **1**
- **2**
- **3**

**Driver Distracted by:**
- **0**
- **1**

Please fill out for operator and all occupants involved.

**Operator**
- **See Above**

**License #:** S20827518
- **State:** MA
- **DOB/Age:**
- **Sex:** M
- **Lic. Class:** 19
- **Lic. Restrictions:** 1
- **CDL:** 1
- **Endorsement:**

**Operator:** MASELLI, MARK F
- **Address:** 25 NORTH ST
- **City:** WILMINGTON
- **State:** MA
- **Zip:** 01887-2135

**Insurance Company:** COMMERCE INSURANCE

**Vehicle Action Prior to Crash:**
- **Damaged Area Code:** 5
- **Test Status:** 1
- **Type of Test:** 1
- **BAC Test Result:** 1
- **Susp. Alcohol:** 2
- **Susp. Drug:** 2
- **Towed from scene:** 2

**Driver Contributing Code:**
- **1**
- **2**
- **3**

**Driver Distracted by:**
- **0**
- **1**

---

**Operator/Non-Motorist**
- **See Above**

---

**Form No.** 10584 CBA-61 10/18
Motor Vehicle Crash Police Report

Commonwealth of Massachusetts

AT INTERSECTION:

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

NOT AT INTERSECTION:

<table>
<thead>
<tr>
<th>Route#</th>
<th>Direction</th>
<th>Address #</th>
<th>Name of Roadway/Street</th>
<th>Feet</th>
<th>N</th>
<th>E</th>
<th>W</th>
<th>or</th>
<th>MileMarker</th>
<th>Exit Number</th>
</tr>
</thead>
<tbody>
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<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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<tr>
<td></td>
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</table>

Please Select One of the Following:
- [X] Vehicle 12
- #Occupants
- Hit/Run
- Moped

Crash Report ID: 19-255-AC

Operator: BENARD, SCOTT MATTHEW
Address: 22R EDSON ST
City: LOWELL, State: MA, Zip: 01851-2403

Insurance Company: IM GENERAL

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

Vehicle Action Prior to Crash:
- 42

Event Sequence:

Most Harmful Event:

Driver Contributing Code:

Driver Distracted by:

Please fill out for operator and all occupants involved

Operator: See Above

Please Select One of the Following:
- [X] Vehicle 4
- #Occupants
- Non-Motorist A
- Type 1

Reg #
Reg Type: PC
Reg State: MA

Veh Year: 2009
Veh Make: HONDA
Veh Config: 1

Owner: BENARD, EDWARD R
Address: 22 ALLGROVE LN
City: WILMINGTON, State: MA, Zip: 01887-2156

Vehicle Action Prior to Crash:

Event Sequence:

Most Harmful Event:

Driver Contributing Code:

Driver Distracted by:

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

Operator/Non-Motorist: See Above
Crash Narrative:

MV 1, 2, and 3 were traveling on Middlesex Ave after turning left from Glen Road. MV 3 rearended MV 2 which caused MV 2 to rearend MV 1. Op of MV 3 stated that he wasn’t used to the intersection and took his eye off the roadway when he rearended MV 2 causing the accident. No injuries were reported. No Tow. Denied medical treatment.

Witnesses:

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Hazmat Information:

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Patrol Officer Kevin J Skinner 200 Wilmington Police Department 07/30/2019

Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date
Commonwealth of Massachusetts
Motor Vehicle Crash Police Report

Date of Crash: 07/31/2019
Time of Crash: 1401
City/Town: Wilmington

Number of Vehicles: 2
Number Injured: 0

Route# Direction: GLEN RD
Name of Roadway/Street: At

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

Route# Direction: Name of Intersecting Roadway/Street:

Reg #: 3XL696
Reg Type: PC
Reg State: MA
Veh Year: 2016
Veh Make: FORD
Veh Config: 1

Owner: BEANE, DONALD F
Address: 69 SOUTHWICK RD
City: N READING
State: MA
Zip: 01864-2113

Operator: BEANE, DONALD F
Address: 69 SOUTHWICK RD
City: N READING
State: MA
Zip: 01864-2113

Operator: ELIZABETH BEANE
Address: 69 SOUTHWICK RD
City: N READING
State: MA
Zip: 01864-2113

Operator: AZEMI-CHAPAJONG, BONIFACE C
Address: 630 WASHINGTON ST
City: HAVERHILL
State: MA
Zip: 01832-4533

Operator/Non-Motorist: See Above
Address: 630 WASHINGTON ST
City: HAVERHILL
State: MA
Zip: 01832-4533

License #: S39624582
St: MA
DOB/Age: 1919
Lic. Class: CDL
Lic. Restrictions: 20
Veh Year: 2016
Veh Make: FORD
Veh Config: 1

Operator: AZEMI-CHAPAJONG, BONIFACE C
Address: 630 WASHINGTON ST
City: HAVERHILL
State: MA
Zip: 01832-4533

Operator: ELIZABETH BEANE
Address: 69 SOUTHWICK RD
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State: MA
Zip: 01864-2113

Operator: AZEMI-CHAPAJONG, BONIFACE C
Address: 630 WASHINGTON ST
City: HAVERHILL
State: MA
Zip: 01832-4533
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:

Vehicle 2 was traveling straight, South on Glen Rd. Vehicle 2 entered the South bound travel lane of Glen Rd from Brattle St. The operator did not stop or yield to vehicle 1 causing vehicle 1 to crash into vehicle 2 as it entered the travel lane on Glen Rd. Vehicle 1 then veered to the left off the road and into the yard at 103 Glen Rd. The operator of vehicle 2 was issued Massachusetts Uniformed Citation (written warning) T1152212 for Fail to stop at a stop sign (89/9) and failure to yield at an intersection (89/8). Both vehicles were towed by Forrest Towing.

Witnesses:

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

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<tr>
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<th>Address</th>
<th>Phone #</th>
<th>41-Type</th>
<th>Description of Damaged Property</th>
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<tbody>
<tr>
<td>SALL EMILY DEPUY</td>
<td>103 GLEN RD WILMINGTON MA 01887-35</td>
<td>97</td>
<td>ROCK WALL AND BUSHES</td>
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</tbody>
</table>

Truck and Bus Information:

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<tr>
<th>Carrier Name</th>
<th>Registration # (From Vehicle Section)</th>
<th>Bus Use</th>
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<tbody>
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<th>Reg State</th>
<th>Reg Year</th>
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<td>---------</td>
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</table>

Patrol Officer Michael W Wandell 174 Wilmington Police Department 07/31/2019

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

**Motor Vehicle Crash Police Report**

**Date of Crash:** 08/01/2019  
**Time of Crash:** 15:16  
**City/Town:** Wilmington

**Number of Vehicles:** 2  
**Number Injured:** 1  
**Speed Limit:** 25

### AT INTERSECTION:

<table>
<thead>
<tr>
<th>Route#</th>
<th>Direction</th>
<th>Name of Roadway/Street</th>
</tr>
</thead>
<tbody>
<tr>
<td>LOWELL ST</td>
<td>Direction</td>
<td>Name of Roadway/Street</td>
</tr>
<tr>
<td>WEST ST</td>
<td>Direction</td>
<td>Name of Intersection Roadway/Street</td>
</tr>
<tr>
<td>Also at Intersection with</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### NOT AT INTERSECTION:

| Crime Report ID# 19-257-AC |

**Operator:** PIERRE, JESSICA L

**Address:** 594 SCHOOL ST

**License # S46901640**  
**Sex:** F  
**Lic. Class:** 20  
**Lic. Restrictions:** CDL

**Operator:** BELKNAP, JORDAN DESHANE

**Address:** 594 SCHOOL ST

**License # S47137683**  
**Sex:** M  
**Lic. Class:** 20  
**Lic. Restrictions:** CDL

### Crash Data:

<table>
<thead>
<tr>
<th>Event Sequence</th>
<th>Most Harmful Event</th>
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</thead>
<tbody>
<tr>
<td>1 23 23 23 23</td>
<td>1 24</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Driver Contributing Code</th>
<th>Driver Distracted by</th>
</tr>
</thead>
</table>

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

**Operator:** See Above

**Address:** See Above

**Operator:** See Above

**Address:** See Above
Crash Narrative:

V1 traveling Northbound on Lowell St. through the intersection of Lowell St. and West St. V2 was traveling southbound and began to turn left onto West St. when V1 struck V2. Oper. V1 stated that she did not know what had happened. Oper. V2 stated that he had a green light and began to negotiate the left hand turn onto West St. when V1 appeared suddenly and struck his vehicle.

Witnesses:

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Truck and Bus Information:

Carrier Name ____________________________ Registration # ____________________________ (From Vehicle Section)

Address ____________________________ City ____________________________ St. __________ Zip __________

US DOT #: ____________________________ Cargo Type Code ___ 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 John W Delorey 185 Wilmington Police Department 08/01/2019

Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date
# Motor Vehicle Crash Police Report

## Commonwealth of Massachusetts

### Motor Vehicle Crash Police Report

#### Date of Crash: 08/01/2019 1900

**City/Town:** Wilmington

**Number of Vehicles Involved:** 2

**Number Injured:** 0

**Speed Limit:** 25

**State Police:**

**Local Police:**

**MTA Police:**

**Campus Police:**

**Other:**

---

### AT INTERSECTION:

**Route# Direction:**

**Name of Roadway/Street:**

**At:**

**Name of Intersecting Roadway/Street:**

**Also at Intersection with:**

---

### NOT AT INTERSECTION:

**JEFFERSON RD**

**Route# Direction:**

**Address # Name of Roadway/Street:**

**Feet N S E W of:**

**Mile Marker or Exit Number:**

**Route# Intersecting Roadway/Street:**

**Feet N S E W of:**

**Landmark:**

---

### Crash Report ID# 19-258-AC

**Reg # 8PZ557**

**Reg Type:** PC

**Veh Year:** 2010

**Veh Make:** LINCOLN

**Veh Config.:** 1

**Owner:**

**Reg State:** MA

**Address:** 24A PARKER ST

**City:** WILMINGTON

**State:** MA

**Zip:** 01887-0000

**Vehicle Action Prior to Crash:**

**Event Sequence:**

**Most Harmful Event:**

**Driver Contributing Code:**

**Driver Distracted by:**

---

### Operator

**Operator:**

**Address:** 24A PARKER ST

**City:** WILMINGTON

**State:** MA

**Zip:** 01887-2918

**Vehicle Action Prior to Crash:**

**Event Sequence:**

**Most Harmful Event:**

**Driver Contributing Code:**

**Driver Distracted by:**

---

### Operator/Non-Motorist

**Operator/Non-Motorist:**

**Address:** 4 WEST ST

**City:** WILMINGTON

**State:** MA

**Zip:** 01887-3008

**Vehicle Action Prior to Crash:**

**Event Sequence:**

**Most Harmful Event:**

**Driver Contributing Code:**

**Driver Distracted by:**

---

### License # S34387570

**Sr:** MA DOB/Age.

**Sex:**

**Lic. Class:** 19 19

**Lic. Restrictions:** 20

**CDL:**

**Endorsement:**

**Operator:** ROBARGE, MEGHAN CHRISTINE

**Address:** 24A PARKER ST

**City:** WILMINGTON

**State:** MA

**Zip:** 01887-0000

**Insurance Company:** METROPOLITAN PROP

**Vehicle Travel Direction:**

**Citation # (If Issued):**

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

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

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

---

### License # S14904881

**Sr:** MA DOB/Age.

**Sex:**

**Lic. Class:** 19 19

**Lic. Restrictions:** 20

**CDL:**

**Endorsement:**

**Operator:** CARD, THOMAS C

**Address:** 4 WEST ST

**City:** WILMINGTON

**State:** MA

**Zip:** 01887-3008

**Insurance Company:** COMMERCIAL INSURANCE

**Vehicle Travel Direction:**

**Citation # (If Issued):**

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

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

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

---

### Additional Details

**Please select one of the following:**

**Vehicle:**

**# Occupants:**

**Hit/Run:**

**Mapped:**

---

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

**Operator:**

**Address:**

**DOB/Age:**

**Sex:**

**Vehicle:**

**# Occupants:**

**Non-Motorist A:**

---

**Please select one of the following:**

**Vehicle:**

**# Occupants:**

**Non-Motorist A:**

---

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

**Operator/Non-Motorist:**

**Address:**

**DOB/Age:**

**Sex:**

**Vehicle:**

**# Occupants:**

**Non-Motorist A:**

---

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

**Operator/Non-Motorist:**

**Address:**

**DOB/Age:**

**Sex:**

**Vehicle:**

**# Occupants:**

**Non-Motorist A:**

---

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

**Operator/Non-Motorist:**

**Address:**

**DOB/Age:**

**Sex:**

**Vehicle:**

**# Occupants:**

**Non-Motorist A:**

---
Crash Narrative:

Vehicle one was traveling from a parking area unto Jefferson Road. Vehicle two was traveling on Jefferson Road when the vehicles collided.

Witnesses:

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Patrol Officer Rafael G Cruz 198 Wilmington Police Department 08/01/2019

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