Commonwealth of Massachusetts
Motor Vehicle Crash
Police Report

Date of Crash: 12/16/2019
Time of Crash: 24HR
City/Town: Wilmington

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

38 S 474 MAIN ST

NOT AT INTERSECTION:

License # S39772334 St. MA DOB/Age
Sex M Lic. Class 19 19 Lic. Restrictions 20
Endorsement
Operator MADDEN, PATRICK M
Address 12 BRAND AVE

Reg # SNE177 Reg Type PC Reg State MA
Veh Year 1999 Veh Make HONDA Veh Config 1
Owner STCYR, FELICIA F
Address 170 COUNTY RD

City Tewksbury State MA Zip 01876-2445
Insurance Company THE COMMERCE INSURANCE CO
Vehicle Action Prior to Crash Damaged Area Code
Event Sequence 1 23 23 23
Most Harmful Event 1 24
Driver Contributing Code 1 25 25
Driver Distracted by 0 26

Please Select One of the Following:
Vehicle 12 Occupants Hit/Run Moped

Operator See Above
Tyler Richardson
Address 25 GOV PEASOBY RD BILERICA, MA 01921-2024
03/13/1997

Please Select One of the Following:
License # S64226923 St. MA DOB/Age
Sex M Lic. Class 19 19 Lic. Restrictions 20
Endorsement
Operator DECARAUZ, WILLIAM S
Address 4 KARA LN

Reg # 88B F Reg Type CO Reg State MA
Veh Year 2019 Veh Make Other-not listed Veh Config 97
Owner TODISCO SERVICES INC
Address 94 CONDOR ST
City Boston State MA Zip 02128
Insurance Company THE COMMERCE INSURANCE CO
Vehicle Action Prior to Crash Damaged Area Code
Event Sequence 1 23 23 23
Most Harmful Event 1 24
Driver Contributing Code 19 25 25
Driver Distracted by 5 26

Please Select One of the Following:
Vehicle 11 Occupants Non-Motorist A Type Action Location Condition Hit/Run Moped

Operator/Non-Motorist See Above

Form No. 30664 CR-45 09/18
Crash Narrative:

Oper. #1 related while sitting in traffic on Rte. 38n a heavy tow truck crashed into the rear of his m/v#1 causing it to crash into another unknown m/v in front of him. He related that it was an Ford F150 pick-up with black tail gate and the rest blue. He then related that the oper. of the unknown pick-up got out and looked at the rear of his truck and said no damage and left the scene.

Oper. #2 related that he was slowing for traffic on Rte. 38n, as he started to break, his foot slipped off the break peddle and he crashed into the rear of m/v#1. (FWJ/142)

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

<table>
<thead>
<tr>
<th>Carrier Name</th>
<th>Address</th>
<th>City</th>
<th>State Number</th>
<th>Issuing State</th>
<th>MC/MX/ICC #</th>
<th>Interstate</th>
<th>Cargo Body Type Code</th>
<th>GVWR/GCWR</th>
<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:

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

Patrol Officer Paul W Jepson 142 Wilmington Police Department 12/16/2019

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

The vehicle was traveling south on West St. It was snowing and the roads were slick. The driver stated he was traveling southbound and the vehicle slipped on the snow. The vehicle then slid into the mailbox and rock wall belonging to 29 West St. The mailbox was broken and some of the rocks were shifted. The front end of the vehicle was damaged and it was unable to be driven. A&S Towing towed the car to their lot. A note was left on the door of 29 West St. to notify them of the damage.

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<thead>
<tr>
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<th>41-Type</th>
<th>Description of Damaged Property</th>
</tr>
</thead>
<tbody>
<tr>
<td>LEWIS PAMELA JEAN</td>
<td>29 WEST ST WILMINGTON MA. 01887</td>
<td></td>
<td></td>
<td>MAILBOX</td>
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<tr>
<th>Registration # ______ (From Vehicle Section)</th>
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<td>Placard: Material 1 digit # Material Name Material 4 digit # Release code</td>
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</tbody>
</table>

Patrol Officer Emily L Stebbins 210 Wilmington Police Department 12/17/2019

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

MV1 was stopped in traffic waiting to turn left into the driveway of 750 Woburn Street when it was safe to do so. MV2 was traveling straight ahead on Woburn Street southbound towards Industrial Way. The operator of MV2 stated that he saw MV1 was stopped and waiting to turn left, and that he attempted to stop his vehicle as well. The operator of MV2 stated that when he braked his vehicle did not come to a stop, but slid on the snow/slush and collided into the rear of MV1. MV2 collided with the rear of MV1. MV1 suffered damage to the right rear end and right side. MV2 suffered damage to the left front end and left side. There were no injuries reported from either driver and both vehicles were able to be driven from the scene.

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Patrol Officer Michael A Wilson 209 Wilmington Police Department 12/17/2019

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

Date of Crash: 12/17/2019
Time of Crash: 24HR
City/Town: Wilmington
Number of Vehicles: 1
Number Injured: 0

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

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<th>Route#</th>
<th>Direction</th>
<th>Name of Roadway/Street</th>
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Route# | Direction | Name of Intersecting Roadway/Street
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<tr>
<th>Landmark</th>
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Crash Report ID# 19-433-AC

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<th>Lic. Class</th>
<th>Lic. Restrictions</th>
<th>CDL</th>
<th>Endorsement</th>
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<tr>
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<td>19</td>
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</tbody>
</table>

Operator: ASHOUR, FAYSALNAJIB M
Address: 6211 INWOOD DR
City: WOBURN
State: MA
Zip: 01801

Insurance Company: GOVERNMENT EMPLOYEES INSU

Vehicle Travel Direction: N N 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

Operator:
Address: See Above
DOB/Age: 1994
Sex: M

Operator/Non-Motorist:
Address: See Above
DOB/Age: 1994
Sex: M

Reg # | Reg Type | Reg State |
<table>
<thead>
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<tbody>
<tr>
<td>6CX757</td>
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<td>MA</td>
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</table>

Veh Year: 2017
Veh Make: Jeep
Veh Config: 1

Owner:
Address: 6211 INWOOD DR
City: WOBURN
State: MA
Zip: 01801

Vehicle Action Prior to Crash:

Event Sequence:

Most Harmful Event:

Driver Contributing Code:

Driver Distracted by:

Vehicle Action Prior to Crash:

Event Sequence:

Most Harmful Event:

Driver Contributing Code:

Driver Distracted by:

Please fill out for operator and all occupants involved:

Operator/Non-Motorist:
Address: See Above
DOB/Age: 1994
Sex: M
MV1 was traveling southbound on West Street towards Nickerson Avenue. MV1 was
approaching a slight bend in the road and attempted to slow down and turn slightly left
to maintain the travel lane. The operator of MV1 stated that he attempted to brake and
turn with the road, but that he felt his vehicle start to skid on the snow and slush.
The operator stated he attempted to swerve back into the travel lane, but MV1 left the
roadway to the right, struck several boulders that make up the rock wall at 49 West
Street, and finally came to rest on top of two boulders. The operator was not injured.
MV1 suffered extensive undercarriage damage and had to be towed from the scene. There
was also extensive damage to the rock wall. The homeowners at 49 West Street were
notified, and stated they would be filing a claim through their homeowner’s insurance.

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

Property Damage:
Owner (Last,First,Middle)  Address  Phone #  41-Type  Description of Damaged Property
FITZGERALD DANIEL C  49 WEST ST WILMINGTON MA 01887-301  97  ROCK (BOULDERS) WALL AT EDGE OF ROAD
FITZGERALD KALI E  49 WEST ST WILMINGTON MA 01887  97  ROCK (BOULDERS) WALL AT EDGE OF ROAD

Truck and Bus Information:
Registration # ________________________________ (From Vehicle Section)
Carrier Name ________________________________ Bus Use 42
Car Number ________________________________
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 #: 49 Release code 49

Patrol Officer Michael A Wilson  209  Wilmington Police Department  12/17/2019
Police Officer Name (Please Print)  Signature  ID/Badge #  Department  Precinct/Barracks  Date
<table>
<thead>
<tr>
<th><strong>Operator</strong></th>
<th><strong>Non-Motorist A</strong></th>
<th><strong>Vehicle</strong></th>
<th><strong>Reg #</strong></th>
<th><strong>Reg Type</strong></th>
<th><strong>Reg State</strong></th>
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</thead>
<tbody>
<tr>
<td>JONES, ANTHONY M</td>
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<td>912WKY</td>
<td>PC</td>
<td>MA</td>
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<td>MA</td>
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<td>FERREIRA, RICHARD</td>
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<tr>
<th><strong>Vehicle Travel Direction</strong></th>
<th><strong>Responding to Emergency?</strong></th>
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<thead>
<tr>
<th><strong>Driver Contributing Code</strong></th>
<th><strong>Driver Distracted by</strong></th>
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<tr>
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<th><strong>AT INTERSECTION:</strong></th>
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<tbody>
<tr>
<td>19-434-AC</td>
<td>300 BALLARDVALE ST</td>
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<tr>
<th><strong>Number of Roadway/Street</strong></th>
<th><strong>Name of Roadway/Street</strong></th>
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<tr>
<td>At</td>
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<tr>
<th><strong>Name of Intersecting Roadway/Street</strong></th>
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<tr>
<th><strong>Operator/Non-Motorist</strong></th>
<th><strong>Address</strong></th>
<th><strong>DOB/Age</strong></th>
<th><strong>Sex</strong></th>
<th><strong>Race</strong></th>
<th><strong>Sexual Preference</strong></th>
<th><strong>Ethnicity</strong></th>
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</table>
MV1 was traveling southbound on Ballardvale Street towards Research Drive. MV2 was traveling northbound on Ballardvale Street towards Andover. As he was approaching the slight curve in the road, the operator of MV2 stated that he attempted to brake and turn the wheel slightly right to maintain his travel lane. The operator of MV2 stated that the vehicle began to skid/slide on the snow/slush on the roadway towards the double yellow center-line. The operator of MV2 stated that he then lost control of the vehicle as it crossed the double yellow line into the southbound travel lane and struck MV1. MV1 was traveling straight ahead when it was struck on the left side by MV2. MV1 suffered damage to its front and rear left side and MV2 suffered damage to the front left side. The operator of MV1 was transported to Winchester Hospital by the Wilmington FD.

The operator of MV2 signed a medical refusal with the WFD. MV1 was towed from the scene.

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<th>Reg State</th>
<th>Reg Year</th>
<th>Trailer Length</th>
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Hazmat Information:

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<th>Material 1 digit</th>
<th>Material Name</th>
<th>Material 4 digit</th>
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<tbody>
<tr>
<td>47</td>
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</table>

Patrol Officer Michael A Wilson 209 Wilmington Police Department 12/17/2019

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

#### Motor Vehicle Crash Police Report

**Date of Crash:** 12/17/2019  
**Time of Crash:** 1551 24HR  
**City/Town:** Wilmington

#### 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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<table>
<thead>
<tr>
<th>Route#</th>
<th>Direction</th>
<th>Name of Intersecting Roadway/Street</th>
<th>Also at Intersection with</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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#### NOT AT INTERSECTION:

<table>
<thead>
<tr>
<th>Route#</th>
<th>Direction</th>
<th>Address #</th>
<th>Name of Roadway/Street</th>
</tr>
</thead>
<tbody>
<tr>
<td>333</td>
<td></td>
<td>CHESTNUT ST</td>
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#### Location:

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<tr>
<th>Feet</th>
<th>N</th>
<th>S</th>
<th>E</th>
<th>W</th>
<th></th>
<th>Mile Marker or Exit Number</th>
</tr>
</thead>
<tbody>
<tr>
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<table>
<thead>
<tr>
<th>Feet</th>
<th>N</th>
<th>S</th>
<th>E</th>
<th>W</th>
<th></th>
<th>Landmark</th>
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</thead>
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</table>

#### Crash Report ID:

**19-435-AC**

### Operator

- **License #:** S31172762  
- **DOB/Age:**  
- **Sex:** M  
- **Lic. Class:** 19  
- **Lic. Restrictions:** 20  
- **CDL:**  
- **Endorsement:**  
- **Address:** 3 ELEONOR DR  
- **City:** WILMINGTON  
- **State:** MA  
- **Zip:** 01887-3198  
- **Insurance Company:** UNITED SERVICES AUTOMOBILE

#### Vehicle Travel Direction:

- **NS EW:** 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

### Operator/Non-Motorist

- **License #:**  
- **DOB/Age:**  
- **Sex:**  
- **Lic. Class:**  
- **Lic. Restrictions:** 20  
- **CDL:**  
- **Endorsement:**  
- **Address:**  
- **City:** WILMINGTON  
- **State:** MA  
- **Zip:** 01887-3198  
- **Insurance Company:** LIBERTY MUTUAL INSURANCE

#### Vehicle Travel Direction:

- **NS EW:** 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

### Operator/Non-Motorist

- **License #:**  
- **DOB/Age:**  
- **Sex:**  
- **Lic. Class:**  
- **Lic. Restrictions:** 20  
- **CDL:**  
- **Endorsement:**  
- **Address:**  
- **City:** WILMINGTON  
- **State:** MA  
- **Zip:** 01887-3198  
- **Insurance Company:** LIBERTY MUTUAL INSURANCE

#### Vehicle Travel Direction:

- **NS EW:** 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
Crash Narrative:

Vehicle 1 was traveling North on Chestnut St while Vehicle 2 was traveling South. The operator of vehicle 2 reported she lost control of her vehicle while she was traveling around the turn in the road due to slushy road conditions. As a result, the left rear bumper of Vehicle 2 crossed into the opposite lane of travel striking Vehicle 1 and causing damage to the left side rear door and quarter panel of Vehicle 1. Both operators reported no injuries.
Commonwealth of Massachusetts
Motor Vehicle Crash Police Report

Date of Crash: 12/19/2019
Time of Crash: 11:24 AM
City/Town: Wilmington

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

Please Select One of the Following:

- Vehicle 1
- #Occupants
- Hit/Run
- Moped

Crash Report ID: 19-436-AC

License # S20605892 St. MA DOB/Age: 19 20
Operator ROSADINI, STEVEN J
Address: 583 WATTAQUADOCK HILL RD
City: BOLTON, State: MA, Zip: 01740-1234
Insurance Company: THE COMMERCE INSURANCE CO
Vehicle Action Prior to Crash: 1
Vehicle Travel Direction: N E W
Responding to Emergency? 2

Citation # (If Issued):

Viol. 1: Ch/Sec/Sub: 89
Viol. 2: Ch/Sec/Sub: 89
Viol. 3: Ch/Sec/Sub: 89
Viol. 4: Ch/Sec/Sub: 89

Operator/Non-Motorist

Reg # 747GE1
Reg Type PC
Reg State MA
Veh Year: 2019
Veh Make FORD
Veh Config: 1

Owner ROSADINI, STEVEN J
Address: 583 WATTAQUADOCK HILL RD
City: BOLTON, State: MA, Zip: 01740-1234

Vehicle Action Prior to Crash: 1
Event Sequence: 22
Test Status: 1
Type of Test: 2
BAC Test Result: 1
Susk. Alcohol: 2
Susk. Drugs: 2

Driver Contributing Code: 1
Driver Contributing Code: 1
Driver Contributing Code: 1
Driver Contributing Code: 1
Driver Contributing Code: 1
Driver Contributing Code: 1
Driver Contributing Code: 1

Driver Distracted by: 0
Towed from scene?: 2

Please fill out for operator and all occupants involved

Name (Last First Middle)  Address  DOB/Age  Sex  Inj  Fat Pos.  Evacut  Condition  Status

Operator

Reg # 6LL413
Reg Type PC
Reg State MA
Veh Year: 2009
Veh Make CHEVROLET
Veh Config: 1

Owner: GUNDERSEN, KURT W
Address: 16 MANNING ST
City: WILMINGTON, State: MA, Zip: 01887-3730

Vehicle Action Prior to Crash: 4
Event Sequence: 22
Test Status: 1
Type of Test: 2
BAC Test Result: 1
Susk. Alcohol: 3
Susk. Drugs: 3

Driver Contributing Code: 4
Driver Contributing Code: 4
Driver Contributing Code: 4
Driver Contributing Code: 4
Driver Contributing Code: 4
Driver Contributing Code: 4
Driver Contributing Code: 4

Driver Distracted by: 0
Towed from scene?: 1

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

Name (Last First Middle)  Address  DOB/Age  Sex  Inj  Fat Pos.  Evacut  Condition  Status

Operator/Non-Motorist

1 4 0 0 10 1

Form No. 1064 CRB-65 0918
M/V 1 was travelling southbound on Main St. M/V 2 was travelling northbound and was attempting to turn left from Main St. into 235 Main St. While making the left turn M/V 1 struck the right side of M/V 2. There is a sign on the traffic light stating "Left turn YIELD on green."
Commonwealth of Massachusetts
Motor Vehicle Crash Police Report

Date of Crash: 12/18/2019
Time of Crash: 1645
City/Town: Wilmington
24HR

Number Vehicles: 0
Number Injured: 0

Route# Direction Name of Roadway/Street

Route# Direction Name of Intersecting Roadway/Street

Route# Direction Name of Intersecting Roadway/Street

Please Select One of the Following:

License #: S59191281 St MA DOB/Age
Sex: M LiC. Class: 19 Lic. Restrictions: 20 CDL Endorsement
Operator: CUSHING, DARRIN LC Address: 45 BUTTRESROW
Reg #: 7GM314 Reg Type: PC Reg State: MA
Veh Year: 2004 Veh Make: CHEVROLET Veh Config: 2

Operator
See Above

Please Select One of the Following:

License #: St DOB/Age
Sex: LiC. Class: Lic. Restrictions: CDL Endorsement
Operator
Address
City: WILMINGTON State: MA Zip: 01887-3340
Insurance Company: SAFETY INSURANCE COMPANY
City: WILMINGTON State: MA Zip: 01887-3340

Vehicle Action Prior to Crash
Event Sequence
Most Harmful Event
Driver Contributing Code
Driver Distracted by

Reg #: Reg Type: Reg State
Veh Year: Veh Make: Veh Config.

Operator/Non-Motorist
See Above

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

Name (Last First Middle) Address
DOB/Age Sex 14 Seat Pos. 31 Safety Systems 36 Idling Status 37 Event Code 38 Impair Code 39 Injury Status 40 Impair Code Medical Facility
Crash Narrative:

Vehicle 1 was traveling North on RTE 38 when the vehicle in front stopped abruptly. To avoid a collision Vehicle 1's operator swerved and struck the fence alongside Silver Lake Dental.

Witnesses:

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

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<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>GREGORY ANDRE</td>
<td>96 MAIN NORTH READING MA 01864</td>
<td>4</td>
<td>FENCE</td>
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</table>

Truck and Bus Information:

<table>
<thead>
<tr>
<th>Carrier Name</th>
<th>Registration #</th>
<th>(From Vehicle Section)</th>
<th>Bus Use</th>
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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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<th>Interstate</th>
<th>Cargo Body Type Code</th>
<th>GVWR/GCWR</th>
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<th>Reg State</th>
<th>Reg Year</th>
<th>Trailer Length</th>
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Hazmat Information:

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<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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<tbody>
<tr>
<td>47</td>
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<td></td>
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</table>

Patrol Officer Rafael G Cruz

198 Wilmington Police Department 12/18/2019

Signature  ID/Badge # Department Precinct/Barracks Date

CP01 1.24-00
Commonwealth of Massachusetts
Motor Vehicle Crash Police Report

Date of Crash: 12/19/2019
Time of Crash: 1417
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

Route# Direction Name of Intersecting Roadway/Street

Please Select One of the Following:

Vehicle # Occupants Hit/Run Moped

License #: S42163586 St MA DOB/Age:
Sex F, Lic. Class D, Lic. Restrictions, CDL, Endorsement
Operator: CONNEARNEY, CHERYL A
Address: 36 OAKDALE RD
City: WILMINGTON, State MA, Zip 01887-4016
Insurance Company: VERMONT MUTUAL INSURANCE
Vehicle Travel Direction: NS
Responding to Emergency?

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 and all occupants involved
Name (Last First Middle) Address

Operator

See Above

Reg #: 99GP91 Reg Type: PC Reg State: MA
Veh Year: 2016 Veh Make: HONDA Veh Config: 2

Owner: CONNEARNEY, RICHARD P
Address: 36 OAKDALE RD
City: WILMINGTON, State MA, Zip 01887-4016
Vehicle Action Prior to Crash: 6
Damaged Area Code: 7 7 7
Test Status: 28
Type of Test: 29
BAC Test Result: 30
Susp. Alcohol: 31
Susp. Drug: 32
Towed from scene?: 2

Please Select One of the Following:

Vehicle # Occupants Non-Motorist A Type Action Location Condition Hit/Run Moped

License #: S71763380 St MA DOB/Age:
Sex F, Lic. Class D, Lic. Restrictions, CDL, Endorsement
Operator: REDDING, ZARA ES
Address: 37 MCGUIRE RD
City: SUTTON, State MA, Zip 01590-2726
Insurance Company: THE COMMERCE INSURANCE CO
Vehicle Travel Direction: NS
Responding to Emergency?

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
Name (Last First Middle) Address

Operator/Non-Motorist

See Above

Reg #: 6XY318 Reg Type: PC Reg State: MA
Veh Year: 2015 Veh Make: GMC Veh Config: 1

Owner: REDDING, ZARA ES
Address: 37 MCGUIRE RD
City: SUTTON, State MA, Zip 01590-2726
Vehicle Action Prior to Crash: 1
Damaged Area Code: 7 7 7
Test Status: 28
Type of Test: 29
BAC Test Result: 30
Susp. Alcohol: 31
Susp. Drug: 32
Towed from scene?: 2

Form No. 1044 CRA-45 09/18
Oper. #1 related she was attempting to exit the driveway of Lucci's market. While doing so, the traffic was heavy and the sun was in her eyes. She was attempting to make a left turn when a pick-up truck came out of know where and crashed into the side of her m/v #1.

Oper. #2 related she was traveling straight and m/v #1 came out of the driveway in front of her. She had now time to stop and crashed into m/v #1.

***It should be noted that there is a slight rise/hill to the roadway just before the driveway, which make it difficult at times to see other m/v's as you enter/exit the lot.

*** (PWJ/142)

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

Hazmat Information:

| Placard | Material 1 digit # | Material Name | Material 4 digit # | Release code |

Patrol Officer Paul W. Jepson 142 Wilmington Police Department 12/19/2019

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

**Motor Vehicle Crash Police Report**

<table>
<thead>
<tr>
<th>Date of Crash</th>
<th>Time of Crash</th>
<th>City/Town</th>
<th>Number Vehicles</th>
<th>Number Injured</th>
<th>Speed Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>12/19/2019</td>
<td>1434 24HR</td>
<td>Wilmington</td>
<td>2</td>
<td>0</td>
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**AT INTERSECTION:**

<table>
<thead>
<tr>
<th>Route# Direction</th>
<th>Name of Roadway/Street</th>
<th>At</th>
<th>Route# Direction</th>
<th>Name of Roadway/Street</th>
<th>240 MAIN ST</th>
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</table>

**NOT AT INTERSECTION:**

<table>
<thead>
<tr>
<th>Route# Direction</th>
<th>Name of Roadway/Street</th>
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**Please Select One of the Following:**

- Vehicle 1
- #Occupants
- Hit/Run
- Maped

**Crash Report ID:** 19-439-AC

<table>
<thead>
<tr>
<th>License #</th>
<th>S33149114</th>
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<table>
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<tr>
<th>Sex</th>
<th>DOB/Age</th>
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| Lic. Class | 19 D |

<table>
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<tr>
<th>CDL</th>
<th>Endorsement</th>
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**Operator:** BYRNE, NANCY E

**Address:** 44 CRESTHAVEN DR

<table>
<thead>
<tr>
<th>City</th>
<th>Burlington</th>
</tr>
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<table>
<thead>
<tr>
<th>State</th>
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<table>
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<tr>
<th>Zip</th>
<th>01803</th>
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<table>
<thead>
<tr>
<th>Insurance Company</th>
<th>METROPOLITAN PROPERTY AND</th>
</tr>
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</table>

**Vehicle Travel Direction:** NS - Responding to Emergency?

**Citation # (If Issued):**

<table>
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<tr>
<th>Viol. 1: Ch/Sec/Sub</th>
<th>Viol. 2: Ch/Sec/Sub</th>
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<table>
<thead>
<tr>
<th>Viol. 3: Ch/Sec/Sub</th>
<th>Viol. 4: Ch/Sec/Sub</th>
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**Operator/Non-Motorist:**

<table>
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<th>License #</th>
<th>S04988318</th>
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</table>

<table>
<thead>
<tr>
<th>Sex</th>
<th>DOB/Age</th>
</tr>
</thead>
</table>

| Lic. Class | 19 D |

<table>
<thead>
<tr>
<th>CDL</th>
<th>Endorsement</th>
</tr>
</thead>
</table>

**Operator:** HAWKINS, MARDUICEO

**Address:** 215 BURLINGTON ST APT UN7

<table>
<thead>
<tr>
<th>City</th>
<th>Swampscott</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>State</th>
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</table>

<table>
<thead>
<tr>
<th>Zip</th>
<th>01907-1825</th>
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<table>
<thead>
<tr>
<th>Insurance Company</th>
<th>SELF INSURED</th>
</tr>
</thead>
</table>

**Vehicle Travel Direction:** NS - Responding to Emergency?

**Citation # (If Issued):**

<table>
<thead>
<tr>
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</table>

<table>
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<tr>
<th>Viol. 3: Ch/Sec/Sub</th>
<th>Viol. 4: Ch/Sec/Sub</th>
</tr>
</thead>
</table>

**Operator/Non-Motorist:** See Above
M/V 1 was travelling westbound in the parking lot. M/V 2 was backing out of its spot when it collided into M/V 1. The damage was on the right side of M/V 1. No injuries were reported.

Witnesses:

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

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

Truck and Bus Information:

<table>
<thead>
<tr>
<th>Registration # (From Vehicle Section)</th>
<th>Bus Use</th>
<th>42</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Carrier Name</th>
<th>Address</th>
<th>City</th>
<th>St</th>
<th>Zip</th>
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</table>

<table>
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</table>

<table>
<thead>
<tr>
<th>Interstate</th>
<th>Cargo Body Type Code</th>
<th>GVWR/GCWR</th>
<th>45</th>
</tr>
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<table>
<thead>
<tr>
<th>Trailer Reg #:</th>
<th>Reg Type</th>
<th>Reg State</th>
<th>Reg Year</th>
<th>Trailer Length</th>
<th>46</th>
</tr>
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</table>

Hazard 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>
<th>49</th>
</tr>
</thead>
</table>

Patrol Officer Brian Tavares 206 Wilmington Police Department 12/19/2019

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

Date of Crash: 12/19/2019
Time of Crash: 24H
City/Town: Wilmington

Vehicle Information:
- License #: S37602806
- DOB/Age: MA
- Sex: M
- Endorsement: CDL
- Operator: FURBUSH, DANIEL PHILIP IV
- Address: 117 PRINGLE ST

Crash Location:
- Route #: C
- Direction: N
- Address: MIDDLESEX AVE
- Name of Intersecting Roadway/Street: CLARK ST
- Location:< LOCATION >

Off-Road Location:
- Route #: M
- Direction: N
- Address: MIDDLESEX AVE
- Name of Intersecting Roadway/Street: CLARK ST
- Location:NOT AT INTERSECTION:

Operator Information:
- Name: NAIDU, RAMESH K
- Address: 109 CAMBRIDGE ST

Operator/Non-Motorist:
- Name: ANJUNA NAIDU
- Address: 109 CAMBRIDGE ST

Other Details:
- Make: FORD
- Year: 2013
- Vehicle Action Prior to Crash: Damaged Area Code: 4
- Test Status: 27
- Type of Test: 27
- Susp. Alcohol: 21
- Susp. Drug: 32
- Tow from scene: 23

Medical Facility:
- DOB: 10/10/1948
- Sex: F
- Age: 1
- Injuries: 0
- Injured: 1

Form No: 1056 CRAB-65 05/18
Crash Narrative:

M/V 1 was traveling westbound on Middlesex Ave. towards Main St. M/V 2 was traveling southbound on Clark St. towards Church St. The operator of M/V 1 observed M/V 2 traveling down Clark St. entering Middlesex Ave without coming to a complete stop at the intersection. M/V 1 attempted to avoid the collision by entering the other travel lane. M/V 2 collided into the back of M/V 1.
Crash Narrative:

MV 1 and MV 2 were driving east on Lowell St. Both operators stated MV 2 rear ended MV 1. Operator of MV 1 was arrested for OUI. No injuries. Cains towed MV 1.
Commonwealth of Massachusetts
Motor Vehicle Crash Report

Date of Crash: 12/20/2019
Time of Crash: 1755
City/Town: Wilmington

Location:

Intersections:
1. MAIN ST At BUTERSROW
2. CROSS ST

Vehicle Information:
- License #: S52573336
- Sex: M
- Date of Birth: 12/22/1996
- Driver Name: SEKAI ANDRENI YEBY

Operator Information:
- Address: 367 HILDERSTH ST
- City: LOWELL
- State: MA
- Zip: 01850-1145
- Insurance Company: LM GENERAL INSURANCE COMPANY

Vehicle Information:
- Make: HONDA
- Year: 2019
- Reg #: LWV53

Crash Details:
- Damage Area Code: 27
- Test Status: 27
- Type of Test: 27
- BAC Test Result: 30
- Susp. Alcohol: 31
- Susp. Drug: 32
- Towed from scene: 33

Operator:
- Name: SEKAI ANDRENI YEBY
- DOB/Age: 12/22/1996
- Address: 367 HILDERSTH ST
- City: LOWELL
- State: MA
- Zip: 01850-1145

Non-Motorist:
- Name: MULRENAN, E JANE
- Address: 30 PARK ST
- City: WILMINGTON
- State: MA
- Zip: 01887-1511

Additional Information:
- The crash report ID is 19-442-AC.
MV1 was traveling southbound on Main Street/Route 38 as it approached the intersection of Butters Row and Main Street/Route 38. MV2 was stopped at the stop sign at the intersection of Butters Row and Main Street/Route 38. MV2 started to pull out of Butters Row headed across Main Street towards Cross Street. MV1 was traveling straight ahead as MV2 started to pull out in front of it. MV1 swerved to the left in an attempt to avoid MV2, but MV2 collided with the right side of MV1. After colliding with MV2, MV1 then swerved left across the northbound lane on Main Street, mounted the curb, struck Nynex Utility Pole #73, and rolled over coming to rest on its roof. MV2 suffered minor damage to its front end, but was able to be driven from the scene. MV1 was totaled, suffering damage in all areas, and was towed from the scene. All four occupants of MV1 were transported to Lahey Hospital for evaluation by Action EMS and Wilmington FD. Operator of MV2 was not injured.
# Motor Vehicle Crash Police Report

**Commonwealth of Massachusetts**

**Date of Crash:** 12/21/2019  
**Time of Crash:** 24HR  
**City/Town:** Wilmington  
**Number Vehicles:** 2  
**Number Injured:** 0  
**RMV Document Number:**  

## At Intersection:

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

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

## Not at Intersection:

<table>
<thead>
<tr>
<th>Route#</th>
<th>Direction</th>
<th>Address #</th>
<th>Name of Roadway/Street</th>
</tr>
</thead>
<tbody>
<tr>
<td>20</td>
<td></td>
<td>NICKERSON AVE</td>
<td></td>
</tr>
</tbody>
</table>

### Crash Report ID: 19-443-AC

- **Operator:** CRESS, DOROTHY A  
- **Address:** 99 RIVERSIDE AVE

### Operator

- **Reg #:** 543SP1  
- **Reg Type:** PC  
- **Reg State:** MA  
- **Veh Year:** 2012  
- **Veh Make:** HONDA  
- **Veh Config:** 1  
- **Owner:** CRESS, DOROTHY A  
- **Address:** 99 RIVERSIDE AVE

### Operator/Non-Motorist

- **Reg #:** 6SV868  
- **Reg Type:** PC  
- **Reg State:** MA  
- **Veh Year:** 2011  
- **Veh Make:** NISSAN  
- **Veh Config:** 1  
- **Owner:** BROWN, AARON R  
- **Address:** 20 NICKERSON AVE

---

**Please fill out for operator and all occupants involved:**

**Operator:**  
**Non-Motorist:**  

**Driver Contributing Code:**  
**Driver Distracted by:**  

**Operator/Non-Motorist:**  
**Address:**

---

**Operator:**

- **DOB/Age:**  
- **Sex:** F  
- **Lic. Class:**  
- **Lic. Restrictions:**  
- **CDL:**  
- **Endorsement:**

**Operator/Non-Motorist:**

- **DOB/Age:**  
- **Sex:**  
- **Lic. Class:**  
- **Lic. Restrictions:**  
- **CDL:**  
- **Endorsement:**

---

**Insurance Company:** LIBERTY MUTUAL INSURANCE  
**Vehicle Action Prior to Crash:**

- **Damaged Area Code:**  
- **Test Status:**  
- **Type of Test:**  
- **BAC Test Result:**  
- **Susp. Alcohol:**  
- **Susp. Drugs:**

**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:**

- **Reg #:** 543SP1  
- **Reg Type:** PC  
- **Reg State:** MA  
- **Veh Year:** 2012  
- **Veh Make:** HONDA  
- **Veh Config:** 1  
- **Owner:** CRESS, DOROTHY A  
- **Address:** 99 RIVERSIDE AVE

### Operator/Non-Motorist

- **Reg #:** 6SV868  
- **Reg Type:** PC  
- **Reg State:** MA  
- **Veh Year:** 2011  
- **Veh Make:** NISSAN  
- **Veh Config:** 1  
- **Owner:** BROWN, AARON R  
- **Address:** 20 NICKERSON AVE

---

**Form No. 3064-CRA-65 06/18**
Crash Diagram:

20 Nickerson Ave

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:
See report 19-1394-OF

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

Truck and Bus Information:
<table>
<thead>
<tr>
<th>Registration # (From Vehicle Section)</th>
<th>Bus Use</th>
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<tbody>
<tr>
<td></td>
<td>42</td>
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</table>

<table>
<thead>
<tr>
<th>Carrier Name</th>
<th>Address</th>
<th>City</th>
<th>St</th>
<th>Zip</th>
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</thead>
<tbody>
<tr>
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US DOT #: State Number | Issuing State | MC/MX/ICC #: |
<table>
<thead>
<tr>
<th></th>
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Interstate: Cargo Body Type Code | GVWR/GCWR | Trailer Length |
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<td>43</td>
<td>44</td>
<td>46</td>
</tr>
</tbody>
</table>

Trailer Reg #: Reg Type | Reg State | Reg Year | Trailer Length |
|-----------------------|-----------|----------|----------------|

Hazard Information:
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<td>47</td>
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<td></td>
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</table>

Patrol Officer Meghan Sousa 214 Wilmington Police Department 12/21/2019
Police Officer Name (Please Print) Signature  ID/Badge # Department Precinct/Barracks Date