Crash Narrative:

V1 had the green light and was turning left onto Rte 38. A vehicle was taking a right from the McDonald's parking lot. V1 stopped to allow the vehicle coming out of McDonalds parking lot the right of way. V2 struck the rear of V1. Upon arrival at the scene the operator of V2 was being less than cooperative.
# Commonwealth of Massachusetts
## Motor Vehicle Crash Police Report

### AT INTERSECTION:

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

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<th>Milk Marker</th>
<th>Exit Number</th>
<th>feet</th>
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<tr>
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### Crash Report ID# 20-28-AC

<table>
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<th>NH16255085</th>
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<th>79069</th>
<th>Reg Type</th>
<th>TR</th>
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<tr>
<td>Sex</td>
<td>M</td>
<td>Veh Year</td>
<td>2007</td>
<td>Veh Make</td>
<td>Mack Truck</td>
<td>Veh Config</td>
<td>8</td>
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<tr>
<td>CDL</td>
<td>License</td>
<td>THE TRAVELERS INDEMNITY C</td>
<td>Insurance Company</td>
<td>THE TRAVELER'S INDEMNITY C</td>
<td>Owner</td>
<td>DEMOULAS SUPER MTTS INC</td>
<td></td>
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<tr>
<td>Address</td>
<td>875 EAST ST</td>
<td>City</td>
<td>TEWKSBURY</td>
<td>State</td>
<td>MA</td>
<td>Zip</td>
<td>01876-1469</td>
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### Operator

<table>
<thead>
<tr>
<th>Name</th>
<th>ROULE, RYAN C</th>
<th>Address</th>
<th>8 DUTTON RD</th>
<th>City</th>
<th>PELHAM</th>
<th>State</th>
<th>NH</th>
<th>Zip</th>
<th>03076-3415</th>
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### Operator/Non-Motorist

<table>
<thead>
<tr>
<th>License #</th>
<th>S238307931</th>
<th>Reg #</th>
<th>7TS850</th>
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<tr>
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<td>Infinity</td>
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<tr>
<td>Address</td>
<td>16 DOWNING RD</td>
<td>City</td>
<td>PEABODY</td>
<td>State</td>
<td>MA</td>
<td>Zip</td>
<td>01960-2702</td>
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### Other Details

<table>
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<tr>
<th>Name (Last First Middle)</th>
<th>Address</th>
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<th>DOD/Age</th>
<th>Sex</th>
<th>14 Year Pos</th>
<th>35 Helmet System</th>
<th>36 Alcohol Status</th>
<th>37 Engine Code</th>
<th>38 Ignition Code</th>
<th>39 Injuries</th>
<th>40 Damage Code</th>
<th>Medical Facility</th>
</tr>
</thead>
</table>

### Notes

- Please Select One of the Following:
  - Vehicle 1 # Occupants
  - Non-Motorist A
  - Hit/Run
  - Moped
- Please fill out for operator and all occupants involved.
Crash Narrative:
The operator of MV 1 stated he was traveling north when he stopped for traffic. MV 1 started to travel forward with traffic when the operator of MV 2 struck the back of MV 1. As a result of the impact there was damage to the back of trailer of MV 1. Operator of MV 1 reported no injuries.

The operator of MV 2 stated he was traveling around 40MPH before he struck the back of the truck. The impact resulted in air bag deployment and resulted in damage to the front end of the vehicle. The operator of MV 2 reported he was having chest pain and was checked by Wilmington Fire Department. The operator was not transported and was picked up by a friend. MV 2 was towed by A&S.

Witnesses:

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

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<tbody>
<tr>
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Truck and Bus Information: Registration # 79069

<table>
<thead>
<tr>
<th>Carrier Name</th>
<th>Demoulas Super MKTS INC</th>
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</thead>
<tbody>
<tr>
<td>Address</td>
<td>875 EAST ST</td>
</tr>
<tr>
<td>City</td>
<td>TEWKSBURY</td>
</tr>
<tr>
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<td>01876</td>
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<td>St</td>
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<td>MC/MX/ICC #</td>
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<td>Reg Type</td>
<td>TR</td>
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<td>Reg Year</td>
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Hazmat Information:

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<tr>
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<th>Material Name</th>
<th>Material 4 digit #</th>
<th>Release code</th>
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<tbody>
<tr>
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<td>47</td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

Patrol Officer Meghan Sousa 214 Wilmington Police Department 01/29/2020

Signature  ID/Badge #  Department  Precinct/Barracks  Date
Commonwealth of Massachusetts
Motor Vehicle Crash
Police Report

AT INTERSECTION: Location [ ] NOT AT INTERSECTION: [ ]

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:

Vehicle [ ] #Occupants [ ] Hit/Run [ ] Moped

License # S56442902 St. MA DOB/Age
Sex [ ] Lic. Class [ ] Lic. Restrictions [ ] CDL [ ] Endorsement
Operator [ ] Address 55 RICHARDS RD
City [ ] State MA Zip [ ]
Insurance Company [ ] Liberty Mutual Insurance
Vehicle Travel Direction [ ] 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 [ ] DOB/Age [ ]

Operator [ ] See Above

License # S47360356 St. MA DOB/Age
Sex [ ] Lic. Class [ ] Lic. Restrictions [ ] CDL [ ] Endorsement
Operator [ ] Address 27 COLUMBIA ST
City [ ] State MA Zip [ ]
Insurance Company [ ] The Commerce Insurance Co.
Vehicle Travel Direction [ ] 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 [ ] DOB/Age [ ]

Operator/Non-Motorist [ ] See Above

Reg # 341JD5 Reg Type PC Reg State MA
Veh Year 2008 Veh Make CHEVROLET Veh Config. 1
Owner [ ] Address 55 RICHARDS RD
City [ ] State MA Zip [ ]
Vehicle Action Prior to Crash 11 22 Damaged Area Code: 27 27 27
Event Sequence 2 23 23 23 23
Most Harmful Event 2 24
Driver Contributing Code 1 25 25
Driver Distracted by 0 26

Reg # 291BG6 Reg Type PC Reg State MA
Veh Year 2006 Veh Make FORD Veh Config. 1
Owner [ ] Address 27 COLUMBIA ST
City [ ] State MA Zip [ ]
Vehicle Action Prior to Crash 11 22 Damaged Area Code: 27 27 27
Event Sequence 2 23 23 23 23
Most Harmful Event 2 24
Driver Contributing Code 1 25 25
Driver Distracted by 0 26

Other

Form No. 1554-01-01/98
**Commonwealth of Massachusetts**

**Motor Vehicle Crash Police Report**

**Date of Crash:** 01/29/2020  
**Time of Crash:** 1538  
**City/Town:** Wilmington  
**Number of Vehicles:** 3  
**Number Injured:** 0  
**Speed Limit:** 10  
**Licence Plate:** A09289300  
**Reg #:** 8JT439  
**Reg Type:** PC  
**Reg State:** MA  
**Vehicle Year:** 2012  
**Make:** CHEVROLET  
**Model:**  
**Owner:** TIBBETTS, JAMES A  
**Address:** 30 LUCAYA CIR  
**City:** Wilmington  
**State:** MA  
**Zip:** 01887-1554  
**Insurance Company:** AREBella Mutual Insurance  
**Vehicle Action Prior to Crash:** 1  
**Damaged Area Code:** 27 27 27  
**Test Status:** 28 28 28  
**Type of Test:** 29 29 29  
**BAC Test Result:** 30 30 30  
**Suspended Alcohol:** 31 31 31  
**Suspended Drug:** 32 32 32  
**Towed from scene:** 33 33 33  

### AT INTERSECTION:

<table>
<thead>
<tr>
<th>Route#</th>
<th>Direction</th>
<th>Name of Roadway/Street</th>
<th>At</th>
<th>Name of Intersecting Roadway/Street</th>
<th>Also at Intersection with</th>
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<tbody>
<tr>
<td>260</td>
<td>MAIN ST</td>
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<td></td>
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</tr>
</tbody>
</table>

### Location:

- **Feet N S E W of Milk Marker:** or 
- **Exit Number:**
- **Feet N S E W of Route:**
- **Intersecting Roadway/Street:**
- **Landmark:**

### Crash Report ID# 20-29-AC

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

**Non-Motorist**
- **See Above**

Please fill out for operator and all occupants involved.

---

**Operator**
- **License #:** A09289300  
- **Reg #:** 8JT439  
- **Veh Year:** 2012  
- **Veh Make:** CHEVROLET  
- **Owner:** TIBBETTS, JAMES A  
- **Address:** 30 LUCAYA CIR  
- **City:** Wilmington  
- **State:** MA  
- **Zip:** 01887-1554  
- **Vehicle Action Prior to Crash:** 1  
- **Damaged Area Code:** 27 27 27  
- **Test Status:** 28 28 28  
- **Type of Test:** 29 29 29  
- **BAC Test Result:** 30 30 30  
- **Suspended Alcohol:** 31 31 31  
- **Suspended Drug:** 32 32 32  
- **Towed from scene:** 33 33 33  

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

---

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

Crash Narrative:

MV 1 and 2 were parked in parking spots at Market Basket Parking Lot. MV 3 struck MV 1 and 2 proceeded to leave scene of accident. MV 3 was identified and couldn't remember hitting another vehicle. A request for medical evaluation was filed with RMV.

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>
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Truck and Bus Information:

<table>
<thead>
<tr>
<th>Registration #</th>
<th>(From Vehicle Section)</th>
<th>Bus Use</th>
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<table>
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<tr>
<th>Carrier Name</th>
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<th>St.</th>
<th>Zip</th>
<th>US DOT</th>
<th>State Number</th>
<th>Issuing State</th>
<th>MC/MX/ICC</th>
<th>Cargo Body Type Code</th>
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<th>Trailer Reg</th>
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Hazmat Information:

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<th>Material Name</th>
<th>Material 4 digit #</th>
<th>Release code</th>
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</table>

Patrol Officer Kevin J Skinner

200

Wilmington Police Department

01/29/2020

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

**Date of Crash:** 01/29/2020  
**Time of Crash:** 1710  
**City/Town:** Wilmington  
**RMV Document Number:** 000000000000000000

### AT INTERSECTION:

**Name of Roadway/Street:**  
**At:**  
**Name of Intersecting Roadway/Street:**  
**Also at Intersection with:**

### NOT AT INTERSECTION:

**Route # Direction:**  
**Name of Roadway/Street:**  
**Address #:**  
**Feet N S E W of:**  
**Mile Marker:**  
**Exit Number:**  
**Route # Direction:**  
**Name of Roadway/Street:**  
**Feet N S E W of:**  
**Landmark:**

### Crash Report ID# 20-30-AC

**Operator:** DOUCETTE, THOMAS CHARLES  
**Address:** 21 SHELDON AVE  
**City:** WILMINGTON  
**State:** MA  
**Zip:** 01887-2927  
**Insurance Company:** THE COMMERCE INSURANCE CO

### Vehicle Information

**License #:** 810381034  
**Reg #:** 727VE8  
**Reg Type:** PC  
**Reg State:** MA  
**Sex:** M  
**Lic Class:** 19  
**Lic Restrictions:** 20  
**CDL Endorsement:**

**Veh Year:** 2002  
**Veh Make:** GMC  
**Veh Config:** 2

### Owner Information

**Owner:** DOUCETTE, THOMAS CHARLES  
**Address:** 21 SHELDON AVE  
**City:** WILMINGTON  
**State:** MA  
**Zip:** 01887-2927

### Operator Information

**Operator:** DOUCETTE, THOMAS CHARLES  
**Address:** 21 SHELDON AVE  
**City:** WILMINGTON  
**State:** MA  
**Zip:** 01887-2927  
**Vehicle Action Prior to Crash:**

### Event Information

**Event Sequence:** 1 23 23 23 23  
**Most Harmful Event:** 1 24  
**Driver Contributing Code:** 25 25  
**Driver Distracted by:** 0 26

### Additional Information

**Operator/Non-Motorist:** See Above  
**Address:**
Crash Narrative:
The driver of v1 stated that he was stopped in traffic in the west bound lane of Middlesex Avenue due to a car attempting to turn into the parking lot, when he was rear ended by v2. The Driver of v2 stated that he pulled left out of the parking lot of 355 Middlesex Avenue into the west bound lane. He did not notice that v1 had been stopped and hit v1 in the rear.

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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Truck and Bus Information:

<table>
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<tr>
<th>Carrier Name</th>
<th>Registration #</th>
<th>US DOT #</th>
<th>Interstate</th>
<th>Cargo Body Type Code</th>
<th>GVWR/GCWR</th>
<th>Tractor Reg #</th>
<th>Reg Type</th>
<th>Reg State</th>
<th>Reg Year</th>
<th>Trailer Length</th>
</tr>
</thead>
</table>

Patrol Officer Brian D Thornton 190 Wilmington Police Department 01/29/2020

CPD151340
Crash Narrative:

V2 was taking a left unto Parker Street. V1 struck the rear of V2. The operator of V1 stated he did not realize V2 was turning unto Parker until it was too late and struck the rear of V2.

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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<th>41-Type</th>
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Truck and Bus Information:

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

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

<table>
<thead>
<tr>
<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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<table>
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<tr>
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<th>Reg Year</th>
<th>Trailer Length</th>
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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>
</tr>
</thead>
</table>

Patrol Officer Rafael G Cruz 198 Wilmington Police Department 01/29/2020
Commonwealth of Massachusetts
Motor Vehicle Crash
Police Report

Date of Crash: 01/30/2020
Time of Crash: 1808
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

Reg# N12877
Reg Type CO
Reg State MA

Operator: HICKEY, CHRISTOPHER J
Address: 1 WINONA RD
City: BURLINGTON
State MA
Zip: 01803-2012

Insurance Company: ARBELLA MUTUAL INSURANCE

Vehicle Travel Direction: NSXW
Responding to Emergency? 2

Citation # (If Issued): 

Vio1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub

Vio2: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub

Please fill out for operator and all occupants involved

Operator: See Above
Address: DoB/Age Sex

Reg# FH148
Reg Type PC
Reg State MA

Operator: NOSSIFF, AARON J
Address: 108 LOWELL RD APT 304
City: NORTH READING
State MA
Zip: 01864-1684

Insurance Company: THE COMMERCE INSURANCE CO

Vehicle Travel Direction: NSX
Responding to Emergency? 2

Citation # (If Issued): T1682820

Vio1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub

Vio2: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub

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

Operator: See Above
Address: DoB/Age Sex

RMV Document Number
Speed Limit 40
State Police
Local Police
MTBA Police
Campus Police
Other:

Latitude
Longitude

Number Injured

Number of Vehicles

Mile Marker or Exit Number

Landmark

Crash Report ID# 20-32-AC

Veh Year 2008
Veh Make HONDA
Veh Config 1

Veh Year 2010
Veh Make AUDI
Veh Config 1

Towed from scene?

Susp. Alcohol
Susp. Drug

Medical Facility: Lebeye Clinic

Foss No. 10354 CRA-65 09/18
V1 had the green arrow to turn left onto Woburn Street. V2 was traveling west on Salem Street in the right turn only lane. As V1 was turning, V2 drove straight through the intersection while traveling in the right turn only lane and struck V1 head on.
## Motor Vehicle Crash Police Report

### Location

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

<table>
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<th>Route#</th>
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<th>Name of Roadway/Street</th>
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</thead>
<tbody>
<tr>
<td>443</td>
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<td>MIDDLESEX AVE</td>
</tr>
</tbody>
</table>

### Other

- Address: 147 NEW BOSTON ST
- City: WOBURN
- State: MA
- Zip: 01801-6201
- Insurance Company: PHILADELPHIA INDEMNITY IN
- Vehicle Action Prior to Crash: 1.2
- Event Sequence: 1, 2, 3
- Most Harmful Event: 1.2
- Driver Contributing Code: 1.25
- Driver Distracted by: 1.26
- Towed from scene?: 1.27
- Reg# 6RZ327
- Reg Type: PC
- Reg State: MA
- Veh Year: 2017
- Veh Make: FORD
- Veh Config: 1.21
- Owner: NUPATH INC
- Address: 147 NEW BOSTON ST
- City: WOBURN
- State: MA
- Zip: 01801-6201

### Operator

- Name: MARK CALLIGANDES
- DOB/AGE: M 3 1 4 0 0 10 1
- Sex: M
- License #: 815286461
- City: BILLERICA
- State: MA
- Zip: 01821-2204
- Insurance Company: PLYMOUTH ROCK ASSURANCE C
- Vehicle Travel Direction: $X$ $E$ $W$
- Responding to Emergency?: 1.2
- 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

- Name: MARK CALLIGANDES
- DOB/AGE: M 3 1 4 0 0 10 1
- Sex: M
- License #: 815286461
- City: BILLERICA
- State: MA
- Zip: 01821-2204
- Insurance Company: PLYMOUTH ROCK ASSURANCE C
- Vehicle Travel Direction: $X$ $E$ $W$
- Responding to Emergency?: 1.2
- Citation #: (If Issued) 
- Viol: 1: Ch/Sec/Sub
- Viol: 2: Ch/Sec/Sub
- Viol: 3: Ch/Sec/Sub
- Viol: 4: Ch/Sec/Sub

### Non-Motorist

- Name: MARK CALLIGANDES
- DOB/AGE: M 3 1 4 0 0 10 1
- Sex: M
- License #: 815286461
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- State: MA
- Zip: 01821-2204
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- Viol: 2: Ch/Sec/Sub
- Viol: 3: Ch/Sec/Sub
- Viol: 4: Ch/Sec/Sub

---

From Ref: 03/94 CRA-05 09/18
MV 1 was traveling north on Middlesex Ave when the operator reported slowing down for a car turning into a driveway. The operator of MV 1 reported his car being struck from behind. MV 1 had three additional passengers in the vehicle.

The operator of MV 2 stated he was traveling north on Middlesex Ave when he looked down to change the radio and then struck the back of MV 1.

No airbags were deployed and all passengers reported no injuries.
# Commonwealth of Massachusetts
## Motor Vehicle Crash
### Police Report

**Location**

<table>
<thead>
<tr>
<th>Route#</th>
<th>Direction</th>
<th>Name of Roadway/Street</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
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</tbody>
</table>

**Not at Intersection**

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

**Please Select One of the Following:**

- Vehicle [ ] occupants [ ] Hit/Run [ ] Moped

**Operator**

- **Name:** GOODWIN, ROSEMARY
- **Address:** 25 GLENWOOD RD
- **City:** TEWKSBURY
- **State:** MA
- **Zip:** 01876-4456

**Insurance Company**

- **Name:** AMICA MUTUAL INSURANCE CO

**Reg#:** 5827F7

**Reg Type:** PC

**Reg State:** MA

**Veh Year:** 2007

**Veh Make:** NISSAN

**Veh Config:** 1

**Driver Contributing Code:** 99

**Driver Distracted by:** 99

**Citation # (If Issued):**

- **Violation 1:** Ch/Sec/Sub
- **Violation 2:** Ch/Sec/Sub
- **Violation 3:** Ch/Sec/Sub

**Operator:**

- **Name:** See Above
- **DOB/Age:** 1-4-00

**Operator/Non-Motorist**

- **Name:** See Above
- **DOB/Age:** 1-10-01

---

**Additional Information**

- **Speed Limit:** 15
- **State Police:**
- **Local Police:**
- **MBTA Police:**
- **Campus Police:**
- **Other:**

---

**Date of Crash:** 01/31/2020

**Time of Crash:** 1520

**City/Town:** Wilmington

**Number Vehicles:** 1

**Number Injured:** 0

---

**Form No:** 10564 CRA-65 09/18
Crash Narrative:

MV1 was pulling into the parking space. Operator lost control of MV1 and MV1 accelerated forward. MV1 went over curb, hit "Bank Customer Parking Only" sign and then hit planted tree. MV1 stopped when struck tree. Operator attempted to back up car, unable to.
Operator refused medical treatment. No apparent injuries. Vehicle towed by AAA arranged by operator.

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>
<tbody>
<tr>
<td>MARKET BASKET</td>
<td>MAIN ST WILMINGTON MA 01887</td>
<td></td>
<td>CUSTOMER ONLY PARKING SIGN</td>
<td></td>
</tr>
<tr>
<td>MARKET BASKET</td>
<td>MAIN ST WILMINGTON MA 01887</td>
<td></td>
<td>TREE</td>
<td></td>
</tr>
</tbody>
</table>

Truck and Bus Information:

| Carrier Name | Registration # (From Vehicle Section) | Bus Use | Address | | State Number | City | St | Zip |
|--------------|---------------------------------------|---------|---------|-----------|---------|------|-----|
|              |                                       |         |         | US DOT #: |                     |      |     |     |
| Interstate:  |                                       |         |         | Cargo Body Type Code: | | GVKR/GCWR | | |
|              |                                       |         |         | Reg Type: | | Reg State: | | |
| Hazmat Information: | Placard | Material 1 digit # | Material Name | Material 4 digit # | Release code |

Patrol Officer Joseph A Fitzgerald 215 Wilmington Police Department 01/31/2020

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

**Date of Crash:** 01/31/2020  
**Time of Crash:** 24HR  
**City/Town:** Wilmington  
**Number of Vehicles:** 2  
**Number Injured:** 0

### At Intersection:

**Route #:**  
**Direction:**  
**Name of Roadway/Street:** SHAWSHEEN AVE  
**At:** SHERBURN PL  
**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:**  
**Capacity:**  
**Vehicle Action Prior to Crash:**  

### Operator

**Name:** RYDER, CHRISTOPHER F  
**Address:** 14 WILDWOOD ST  
**City:** CHELMSFORD  
**State:** MA  
**Zip:** 01824-2433  
**Insurance Company:** SAFETY INSURANCE COMPANY  
**Veh Year:** 2008  
**Veh Make:** VOLKSWAGEN  
**Veh Config:** 1  
**Reg #:** 998BA6  
**Reg Type:** PC  
**Reg State:** MA  
**Veh Year:** 2008  
**Veh Make:** VOLKSWAGEN  
**Veh Config:** 1  

### Driver Contributing Code

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

### Operator/Non-Motorist

**Name:** COSTA, JOSEPH ROY  
**Address:** 3 JUNE RD  
**City:** STONEHAM  
**State:** MA  
**Zip:** 02180  
**Insurance Company:** THE COMMERCE INSURANCE CO  
**Veh Year:** 2010  
**Veh Make:** SUBARU  
**Veh Config:** 1  
**Reg #:** 9PB736  
**Reg Type:** PC  
**Reg State:** MA  

### Citation

**Citation #:**  
**Violation:**  

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

**Name:** See Above  
**Address:** See Above  

### Operator/Non-Motorist

**Name:** See Above  
**Address:** See Above
Crash Narrative:

Motor vehicle crash on Shawsheen Ave (Rte 129) in Wilmington at approximately 1500 hours. The operator of vehicle 1 (exchanged info at time of crash) stated that he observed vehicle 2 stopped behind a vehicle turning left. The operator of vehicle 1 attempted to pass vehicle 2 on the right side. The operator of vehicle 1 stated that as he attempted to pass vehicle 2, vehicle 2 attempted to pass the turning vehicle, resulting in vehicles colliding.

The operator of vehicle 2 stated that he was stopped behind a turning vehicle, "a little out." He did not state he attempted to pass as well. There were no injuries reported by either party. Damage to vehicle 1 on the driver’s side. Damage to vehicle 2 on the right side, passenger door. Vehicle 2 was towed from the scene by AAA.

Witnesses:

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Truck and Bus Information:

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<th>Bus Use</th>
</tr>
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<tbody>
<tr>
<td></td>
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<table>
<thead>
<tr>
<th>Address</th>
<th>City</th>
<th>St</th>
<th>Zip</th>
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</table>

<table>
<thead>
<tr>
<th>US DOT #</th>
<th>State Number</th>
<th>Issuing State</th>
<th>MC/MX/ICC #</th>
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</table>

<table>
<thead>
<tr>
<th>Interstate</th>
<th>Cargo Body Type Code</th>
<th>GVWR/GCWR</th>
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</thead>
<tbody>
<tr>
<td>43</td>
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</tbody>
</table>

<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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Hazmat Information:

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<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>47</td>
<td></td>
<td></td>
<td></td>
<td>49</td>
</tr>
</tbody>
</table>

Patrol Officer Nicholas E Nottle

204 Wilmington Police Department 01/31/2020

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

**Motor Vehicle Crash Police Report**

**Date of Crash:** 02/01/2020  
**Time of Crash:** 04:51  
**City/Town:** Wilmington  
**Number Vehicles:** 1  
**Number Injured:** 1  
**Speed Limit:** 25  
**State Police Local Police MBTA Police Campus Police Other:**

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

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

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

### Location

**Reg #** 384XXE  
**Reg Type:** PC  
**Reg State:** MA  
**Veh Year:** 2013  
**Veh Make:** NISSAN  
**Veh Config.:** 1  
**City:** LAWRENCE  
**State:** MA  
**Zip:** 01843-2535  
**License #** 51930735  
**St:** MA  
**DOB/Age:**  
**Sex:** M  
**Lc. Class:** 0  
**Lic. Restrictions:** 0  
**CDL:** 0  
**Endorsement:**

### Operator

**Name:** LE, CHRISTIANE T  
**Address:** 66 DRACUT ST  
**City:** LAWRENCE  
**State:** MA  
**Zip:** 01843-2535  
**Operator:**

### Operator/Non-Motorist

**Name:** See Above  
**DOB/Age:**  
**Sex:** 1  
**Lc. Class:** 0  
**Lic. Restrictions:** 0  
**CDL:** 0  
**Endorsement:**

### Crash Report ID#

20-36-AC

### Driver Contributing Code

12  
20  
25  
25

### Driver Distracts

0  
26

### Event Sequence

22  
23  
25

### Most Harmful Event

22  
24

### Damaged Area Code

27  
27

### Test Status

25

### Type of Test

25

### BAC Test Result

36

### Susp. Alcohol

31

### Susp. Drug

32

### Towed from scene

33

**Operator/Non-Motorist**

**Name:** See Above  
**DOB/Age:**  
**Sex:** 1  
**Lc. Class:** 0  
**Lic. Restrictions:** 0  
**CDL:** 0  
**Endorsement:**

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

**Operator/Non-Motorist**

**Name:** See Above  
**DOB/Age:**  
**Sex:** 1  
**Lc. Class:** 0  
**Lic. Restrictions:** 0  
**CDL:** 0  
**Endorsement:**
Crash Narrative:
Oper. #1 related, while she was traveling straight on Woburn st. and started to make her right turn onto Eames st., her m/v #1 started to slide on BLACK ICE and went across the roadway. As she was trying to steer away to avoid striking the utility pole, her m/v #1 continued to go straight and she struck the utility pole. (PWJ/142)