**Commonwealth of Massachusetts**

**Motor Vehicle Crash Police Report**

**Date of Crash:** 06/22/2020  
**Time of Crash:** 04:03 24HR  
**City/Town:** Wilmington  
**Number Vehicles Involved:** 1  
**Number Injured:** 1  
**Speed Limit:** 30  
**Lat/Lng:**

### AT INTERSECTION:

- **Location:** BALLARDVALE ST at RESEARCH DR
- **Route:** 1  
- **Direction:**  
- **Name of Roadway/Street:**  
- **Address #:**  
- **Name of Intersecting Roadway/Street:**  
- **Feet N S E W of:**  
- **Mile Marker or Exit Number:**  
- **Route:**  
- **Direction:**  
- **Name of Roadway/Street:**  
- **Feet N S E W of:**  

### NOT AT INTERSECTION:

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

---

**Crash Report ID:** 20-130-AC

**Operator:**
- **Name:** GERENA, DAVID JR  
- **DOB:**  
- **Sex:** M  
- **License Class:**  
- **CDL Endorsement:**  
- **Address:** 65 CAMBRIDGE ST, Lowell, MA 01851-3335  
- **City:** Lowell  
- **State:** MA  
- **Zip:** 01851-3335  
- **Insurance Company:** THE HANOVER INSURANCE COMPANY  
- **Vehicle Travel Direction:** N E W  
- **Citation#: (If Issued):** T20625011  
- **Violations:**  
  - Viol. 1: Cl/Sub  
  - Viol. 2: Cl/Sub  
  - Viol. 3: Cl/Sub  
  - Viol. 4: Cl/Sub  

**Operator/Non-Motorist:**
- **Name:**  
- **DOB:**  
- **Sex:**  
- **License Class:**  
- **CDL Endorsement:**  
- **Address:**  

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**Motor Vehicle:**
- **License #:** SA3520713  
- **Reg #:** 4BK139  
- **Reg Type:** PC  
- **Reg State:** MA  
- **Veh Year:** 2005  
- **Veh Make:** HONDA  
- **Veh Config:**  
- **Owner:** CUEVAS-LUNA, GRACIELA CUEVAS  
- **Address:** 65 CAMBRIDGE ST, Lowell, MA 01851-3335  
- **City:** Lowell  
- **State:** MA  
- **Zip:** 01851-3335  
- **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:**

- **Name:**  
- **DOB:**  
- **Sex:**  
- **License Class:**  
- **CDL Endorsement:**  
- **Address:**  

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**Operator/Non-Motorist:**
- **Name:**  
- **DOB:**  
- **Sex:**  
- **License Class:**  
- **CDL Endorsement:**  
- **Address:**  

---

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

- **Name:**  
- **DOB:**  
- **Sex:**  
- **License Class:**  
- **CDL Endorsement:**  
- **Address:**  

---

**Operator/Non-Motorist:**
- **Name:**  
- **DOB:**  
- **Sex:**  
- **License Class:**  
- **CDL Endorsement:**  
- **Address:**  

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**Operator/Non-Motorist:**
- **Name:**  
- **DOB:**  
- **Sex:**  
- **License Class:**  
- **CDL Endorsement:**  
- **Address:**  

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**Operator/Non-Motorist:**
- **Name:**  
- **DOB:**  
- **Sex:**  
- **License Class:**  
- **CDL Endorsement:**  
- **Address:**  

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**Operator/Non-Motorist:**
- **Name:**  
- **DOB:**  
- **Sex:**  
- **License Class:**  
- **CDL Endorsement:**  
- **Address:**  

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**Operator/Non-Motorist:**
- **Name:**  
- **DOB:**  
- **Sex:**  
- **License Class:**  
- **CDL Endorsement:**  
- **Address:**  

---

**Operator/Non-Motorist:**
- **Name:**  
- **DOB:**  
- **Sex:**  
- **License Class:**  
- **CDL Endorsement:**  
- **Address:**  

---
Crash Narrative:

MV 1 was traveling south on Ballardvale St. when the operator lost control of the vehicle, causing the vehicle to spin 180 degrees and cross into the opposite lane of travel. The vehicle collided with the curb of the traffic island and utility pole before stopping, causing damage to the granite curb and utility pole. As a result of the crash the vehicle is damaged in all areas. Due to the extent of the damage to the vehicle, curb and utility pole, it is estimated the operator was traveling at speeds in excess of 60mph. The operator was issued Massachusetts uniform citation (T2062501) for unlicensed operation, operating to endanger, and speeding. The operator was transported to Lahey Hospital in Burlington MA. A&S Towing vehicle has the vehicle.
Commonwealth of Massachusetts
Motor Vehicle Crash Police Report

Date of Crash: 06/22/2020
Time of Crash: 0803
City/Town: Wilmington

Number of Vehicles: 2
Number Injured: 0
Speed Limit: 10
State Police Local Police: Local Police
RMV Document Number: 2C-54
State Police MTBA Police Campus Police Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

Route #1 Direction Name of Roadway/Street
Route #2 Direction Name of Intersecting Roadway/Street
Route #2 Direction Name of Intersecting Roadway/Street

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

License #: 02TUS77161, St. NH DOB/Age
CDL Endorsement
Operator: THIBODEAU, SHANE M Address: 6 GRANITE CIR APT 6
City: MERRICK State: NH Zip: 03054
Insurance Company: ACE AMERICAN INSURANCE CO
Vehicle Action Prior to Crash: 10
Event Sequence: 23 23 23
Test Status: 27 27 27
Type of Test: 28

Reg #: 8255A Reg Type: AP Reg State: MA
Veh Year: 2020 Veh Make: Other-not listed Veh Config: 10
Owner: Ryder Truck Rental LT Address: 329 JEFFERSON RD
City: ROCHESTER State: NY Zip: 14623-0000

Driver Contributing Code: 99 25 25
Susp. Alcohol: 31 Susp. Drug: 32
Towed from scene: 23

Crash Report ID#: 20-131-AC

Operator
See Above

34 Acct. Pos. 35 Safety Systems 36 Accident Status 37 Ticket Code 38 Injury Status 40 Impact Code

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

Reg #: AU515Z Reg Type: AP Reg State: NJ
Veh Year: 2020 Veh Make: Kenworth Veh Config: 10
Owner: ROAD CHIEF LLC Address: 18 HEMLOCK CT
City: HAMILTON State: NJ Zip: 08619

Driver Contributing Code: 0 25 25
Susp. Alcohol: 21 Susp. Drug: 22
Towed from scene: 23

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

Operator/Non-Motorist
See Above

Form No. 10504 CEA-01 05/18
Crash Narrative:

V2 was parked, backed up to the bay. V1 was trying to leave the parking lot, but had to back up to clear a pole. While backing up the rear drivers side corner of trailer on V1 struck the front passenger side bumper of V2. There was some minor scuffs on the trailer of V1. V2 had a bent/broken bumper, and broken taillight. Photos of the damage are attached. There was no injuries.

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 # <strong>8255A</strong></th>
<th>Bus Use</th>
<th>Address</th>
<th>City</th>
<th>St</th>
<th>Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(From Vehicle Section)</td>
<td></td>
<td><strong>407 E KING ST</strong></td>
<td><strong>EAST HELENA</strong></td>
<td><strong>MT</strong></td>
<td><strong>59635</strong></td>
</tr>
<tr>
<td>US DOT #:</td>
<td><strong>1067164</strong></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>State Number</td>
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<td>Issuing State</td>
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<td>MC/MX/ICC #</td>
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<tr>
<td>Interstate</td>
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</tr>
<tr>
<td>Cargo Body Type Code</td>
<td><strong>43</strong></td>
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<tr>
<td>GVWR/GCWR</td>
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<td>Reg Type</td>
<td><strong>TR</strong></td>
<td>Reg State</td>
<td><strong>MT</strong></td>
<td>Reg Year</td>
<td><strong>2013</strong></td>
<td>Trailer Length</td>
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<tr>
<td>Hazmat Information:</td>
<td></td>
<td>Material 1 digit #</td>
<td><strong>47</strong></td>
<td>Material 2 digit #</td>
<td><strong>48</strong></td>
<td>Material Name</td>
</tr>
</tbody>
</table>

Patrol Officer Emily L Stebbins | **210** | Wilmington Police Department | **06/22/2020**
Police Officer Name (Please Print) | Signature | ID/Badge # | Department | Precinct/Barracks | Date
# 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>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>HORSESHOE LN</td>
</tr>
</tbody>
</table>

**LOCATION**

### NOT AT INTERSECTION:

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

**Reg#** 9JY728  
**Reg Type** PC  
**Reg State** MA  
**Veh Year** 2019  
**Veh Make** MERCEDES-BENZ  
**Veh Config** 1  
**Owner** QIN, JIE  
**Address** 1223 HORSESHOE LN

### Please Select One of the Following:

- [X] Vehicle 2  
- [ ] #Occupants  
- [ ] Hit/Run  
- [ ] Moped

### License # S27315177  
**St** MA  
**DOB/Age**  
**Sex** M  
**Lic. Class** D  
**Lic. Restrictions** 1  
**CDL**  
**Endorsement**

**Operator** QIN, JIE  
**Address** 1223 HORSESHOE LN

### Vehicle Action Prior to Crash

**Vehicle Action Prior to Crash**

<table>
<thead>
<tr>
<th>Event Sequence</th>
<th>Damaged Area Code</th>
<th>Test Status</th>
<th>Type of Test</th>
<th>BAC Test Result</th>
<th>Susp. Alcohol</th>
<th>Susp. Drug</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>2</td>
<td>27</td>
<td>28</td>
<td>30</td>
<td>31</td>
<td>32</td>
</tr>
</tbody>
</table>

**Most Harmful Event**

<table>
<thead>
<tr>
<th>Viol. 1: Ch/Sec/Sub</th>
<th>Viol. 2: Ch/Sec/Sub</th>
<th>Viol. 3: Ch/Sec/Sub</th>
<th>Viol. 4: Ch/Sec/Sub</th>
<th>Driver Contributing Code</th>
<th>Driver Distracted by</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

Please fill out for operator and all occupants involved

### Operator

**Name (Last First Middle)**

**Address**

**DOB/Age**

**Sex**

**Lic. Class**

**Lic. Restrictions**

**CDL**

**Endorsement**

### Please Select One of the Following:

- [X] Vehicle 2  
- [ ] #Occupants  
- [ ] Non-Motorist A  
- [ ] Type 1  
- [ ] Action 16  
- [ ] Location 17  
- [ ] Condition 18  
- [ ] Hit/Run  
- [ ] Moped

**Reg#** 3DX492  
**Reg Type** PC  
**Reg State** MA  
**Veh Year** 2019  
**Veh Make** TOYOTA  
**Veh Config** 1  
**Owner** HARRIS, ANDRE T  
**Address** 5212 HORSESHOE LN

### Vehicle Action Prior to Crash

**Vehicle Action Prior to Crash**

<table>
<thead>
<tr>
<th>Event Sequence</th>
<th>Damaged Area Code</th>
<th>Test Status</th>
<th>Type of Test</th>
<th>BAC Test Result</th>
<th>Susp. Alcohol</th>
<th>Susp. Drug</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>2</td>
<td>27</td>
<td>28</td>
<td>30</td>
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<td>32</td>
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<th>Driver Distracted by</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
<td>1</td>
<td>99</td>
</tr>
</tbody>
</table>

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

### Operator/Non-Motorist

**Name (Last First Middle)**

**Address**

**DOB/Age**

**Sex**

**Lic. Class**

**Lic. Restrictions**

**CDL**

**Endorsement**

---

Form No: 1056 CR-63-0918
Crash Narrative:

Oper. of MV#1 was stopped at the exit of Horseshoe Lane and West Street. MV#2 was traveling south on West Street and turned right into the Horseshoe Lane and struck the front of MV#1 that was stopped.

Witnesses:

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

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

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

Patrol Officer Daniel C Cadigan  178  Wilmington Police Department  06/23/2020
Police Officer Name (Please Print)  Signature  ID/Badge #  Department  Precinct/Barracks  Date
# Commonwealth of Massachusetts
## Motor Vehicle Crash
### Police Report

**Date of Crash:** 06/23/2020  
**City/Town:** Wilmington  
**Number of Vehicles:** 3  
**Number Injured:** 0  
**RMV Document Number:** 8084  
**Speed Limit:** 35  
**Latitude:**  
**Longitude:**  

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

## NOT AT INTERSECTION:  
**Route #:**  
**Direction:**  
**Address #:**  
**Name of Roadway/Street:**  
**Feet N S E W of:**  
**Mile Marker or Exit Number:**  
**Feet N S E W of:**  
**Route # of Intersecting Roadway/Street:**  
**Landmark:**  

## Crash Report ID# 20-133-AC

### Operator

<table>
<thead>
<tr>
<th>Name (Last First Middle)</th>
<th>Address</th>
<th>DOB/Age</th>
<th>Sex</th>
<th>24 Test Pos.</th>
<th>33 Safety System</th>
<th>35 Seating Status</th>
<th>37 Throat Code</th>
<th>38 Throat Status</th>
<th>40 Tongue Code</th>
<th>Medical Facility</th>
</tr>
</thead>
</table>

### Non-Motorist A

<table>
<thead>
<tr>
<th>Name (Last First Middle)</th>
<th>Address</th>
<th>DOB/Age</th>
<th>Sex</th>
<th>24 Test Pos.</th>
<th>33 Safety System</th>
<th>35 Seating Status</th>
<th>37 Throat Code</th>
<th>38 Throat Status</th>
<th>40 Tongue Code</th>
<th>Medical Facility</th>
</tr>
</thead>
</table>

### License # S57190306

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

### Operator

- **Name:** BATTCOCK, ROBERT W  
- **Address:** 3 BEAUMONT AVE  
- **City:** BILLERICA  
- **State:** MA  
- **Zip:** 01821-5937  
- **Insurance Company:** ARBELLA MUTUAL INSURANCE  
- **Vehicle Action Prior to Crash:** Damaged Area Code: 27  
- **Test Status:** Type of Test: 29  
- **BAC Test Result:** Susp. Alcohol: 31  
- **Type of Test:** Susp. Drug: 32  
- **Suspected Drug:** Towed from scene?: 33  

### Vehicle 1

- **Type:**  
- **Action:**  
- **Location:**  
- **Condition:**  
- **Hit/Run:**  
- **Moped:**  

### Vehicle 2

- **Type:**  
- **Action:**  
- **Location:**  
- **Condition:**  
- **Hit/Run:**  
- **Moped:**  

### Vehicle 3

- **Type:**  
- **Action:**  
- **Location:**  
- **Condition:**  
- **Hit/Run:**  
- **Moped:**  

---

Form No. 10364 CRA-60 05/18
Motor vehicle 3 was slowing down to a stop for traffic on Main St. As motor vehicle 3 was stopped it was struck by motor vehicle 2. At the same moment motor vehicle 2 was struck by motor vehicle 1. The operator of motor vehicle 2 stated she felt her vehicle strike the front vehicle and then felt the rear of her vehicle get struck. Operator of motor vehicle 1 stated she did look down for a split second before she struck motor vehicle 2.
**Commonwealth of Massachusetts**

**Motor Vehicle Crash**

**Police Report**

**Date of Crash:** 06/23/2020  
**Time of Crash:** 24HR  
**City/Town:** Wilmington

**Number of Vehicles:** 2  
**Number Injured:** 1  
**Speed Limit:** 25  
**State Police Local Police:** Other  
**MSTPA Police:** Campus Police

---

### AT INTERSECTION:

<table>
<thead>
<tr>
<th>Route #</th>
<th>Direction</th>
<th>Name of Roadway/Street</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>MAIN ST</td>
</tr>
<tr>
<td></td>
<td></td>
<td>At BURLINGTON AVE</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Name of Intersecting Roadway/Street</td>
</tr>
</tbody>
</table>

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

---

### Crash Report ID:

20 - 134 - AC

---

### Operator:

**Reg #:** 213681  
**Reg Type:** MC  
**Reg State:** MA  
**Vehicle Year:** 2008  
**Vehicle Make:** HARLEY-DAVIDSON  
**Vehicle Config:**  
**Owner:** GILLIS, RYAN H  
**Address:** 14 CHARLES WAY  
**City:** CHELMSFORD  
**State:** MA  
**Zip:** 01824 - 2167  
**Driver Contributing Code:**  
**Driver Distracted by:**  

---

### Operator/Non-Motorist:

**Reg #:**  
**Reg Type:**  
**Reg State:**  
**Vehicle Year:**  
**Vehicle Make:** CHEVROLET  
**Owner:**  
**Address:**  

---

### Violations:

**Vehicle Travel Direction:** N X E W  
**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

---

### License:

**License #: 515724806**  
**St:** MA  
**DOB/AGE:**  
**Sex:** M  
**Lic. Class:** B  
**Lic. Restrictions:**  
**CDL:**  
**Endorsement:**  

---

### Operator/Non-Motorist:

**Operator:**  
**Address:**  
**DOB/AGE:**  

---

**Non-Motorist:**  
**Address:**  
**DOB/AGE:**  

---

### Other:

**Operator:**  
**Address:**  
**DOB/AGE:**  

---

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

---

Form No. 10564 CRA-45 05/18
Crash Narrative:

See Report 20-683-OF for additional details. MV1 was traveling straight ahead and southbound on Main Street/Route 38. MV2 was traveling northbound on Main Street/Route 38 and was waiting to turn left onto Burlington Avenue/Route 62 westbound. MV1 was traveling through the intersection with the green light and right of way. MV2 suddenly turned left in front of MV1. MV1 was unable to stop in time and collided with the rear of MV2 before dropping the motorcycle and sliding to a stop along the pavement. MV2 fled the scene after the collision headed westbound on Burlington Avenue/Route 62. Neither the operator of MV1 or any witness were able to see the license plate of MV2. MV2 fled the scene and refused to stop as required by law. MV1 suffered minor damage, but was able to be driven from the scene. The operator of MV1 declined any medical attention.

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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</tbody>
</table>

Property Damage:

<table>
<thead>
<tr>
<th>Owner (Last,First,Middle)</th>
<th>Address</th>
<th>Phone #</th>
<th>4I-Type</th>
<th>Description of Damaged Property</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

Truck and Bus Information:

Carrier Name: ____________________________________________ Address: ____________________________

US DOT #: ____________________________ Cargo Body Type Code: ____________

Interstate: ____________ 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 Michael A Wilson 209 Wilmington Police Department 06/23/2020

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

Motor Vehicle Crash Police Report

Date of Crash: 06/23/2020
Time of Crash: 1715
City/Town: Wilmington

Route# Direction Name of Roadway/Street

CABOT ST

Please Select One of the Following:

Vehicle 1

License #: S25273801
St: MA
DOB/Ag.:

Sex: M
Lic. Class:
Lic. Restrictions:
CDL:
Endorsement:

Operator: FORTE, TIMOTHY LOUIS

Address: 27 MORNINGSIDE DR

City: WILMINGTON
State: MA
Zip: 01887-1312

Insurance Company: State Farm Mutual Automob

Vehicle Action Prior to Crash: Responding to Emergency

Event Sequence:

Most Harmful Event:

Driver Contributing Code:

Driver Distracted by:

Reg #: RUI3469
Reg Type: PC
Reg State: GA

Veh Year: 2008
Veh Make: NISSAN
Veh Config: 1

Owner: FORTE, TIMOTHY LOUIS

Address: 27 MORNINGSIDE DR

City: WILMINGTON
State: MA
Zip: 01887-1312

Operator

Address:

License #: S84480126
St: MA
DOB/Ag.:

Sex: F
Lic. Class:
Lic. Restrictions:
CDL:
Endorsement:

Operator: TREVISANI, AMANDA ROSE

Address: 17 LEXINGTON ST

City: WILMINGTON
State: MA
Zip: 01887-1339

Insurance Company: THE COMMERCE INSURANCE CO

Vehicle Action Prior to Crash: Responding to Emergency

Event Sequence:

Most Harmful Event:

Driver Contributing Code:

Driver Distracted by:

Reg #: LCT24
Reg Type: PC
Reg State: MA

Veh Year: 2008
Veh Make: NISSAN
Veh Config: 1

Owner: TREVISANI, JUSTIN

Address: 17 LEXINGTON ST

City: WILMINGTON
State: MA
Zip: 01887-1339

Operator

Address:
Crash Narrative:
Operator of motor vehicle number 1, Timothy Forte stated that he was traveling on W. Jamaica Avenue, attempted to turn right onto Cabot Street, when MV2 crashed into his vehicle. He stated that MV2 took a left turn to sharply and veered into his lane. MV1 sustained minor front end bumper damage. Op. of MV2, Amanda Trevisani stated she was traveling on Cabot Avenue, attempted to turn left onto W. Jamaica Ave, and crashed into MV1. She stated that she did not see MV1, until they collided. MV2 sustained minor front end bumper and headlight damage. All parties stated no injuries and refused medical attention. Paper was exchanged and no tow truck needed.
Crash Narrative:

Vehicle 1 had a green light and was stopped on Salem St (RT 62) waiting for traffic to clear to take a left onto Woburn Street. Vehicle 1 was then struck in the rear by Vehicle 2. Opr of Vehicle 2 stated they looked down at their GPS for a second and then struck the rear of Vehicle 1. Both vehicles pulled onto Woburn St. Both operators and the passengers in Vehicle 1 had complained about neck pain. WFD was requested for medical evaluation, all parties refused transport to the hospital.