**Commonwealth of Massachusetts**

**Motor Vehicle Crash Police Report**

**Date of Crash:** 07/01/2020 24HR

**City/Town:** Wilmington

**Number of Vehicles Involved:** 1

**Number of Injured:** 0

**Speed Limit:** 30

**Streets**

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

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

**License #:** S82051367  St MA DOB/Age:

**Sex:** M, License Class: CDL, Endorsement

**Operator:** FERREIRA, GARRETT J

**Address:** 378 HARWICH ST

**City:** NEW BEDFORD  State MA Zip 02745-5745

**Insurance Company:** NGM INSURANCE

**Vehicle Travel Direction:** N X W

**Citation #:** (If Issued)

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

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

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

**Viol.: 4:** Ch/Sub

**Operator:** BOYLE, JAMES F

**Address:** 4 COLONIAL DR

**City:** WILMINGTON  State MA Zip 01887-2572

**Insurance Company:**

**Vehicle Travel Direction:** N X W

**Citation #:** (If Issued)

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

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

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

**Viol.: 4:** Ch/Sub

**Operator/Non-Motorist:**

<table>
<thead>
<tr>
<th>License #</th>
<th>Reg. #</th>
<th>Reg State</th>
<th>Veh Year</th>
<th>Veh Make</th>
<th>Veh Config.</th>
</tr>
</thead>
<tbody>
<tr>
<td>S87752046</td>
<td></td>
<td></td>
<td>2006</td>
<td>FORD</td>
<td>2</td>
</tr>
</tbody>
</table>

**Owner:**

**Address:**

**City:** SHREWSBURY  State MA Zip 01545-3358

**Vehicle Action Prior to Crash:**

**Event Sequence:**

**Most Harmful Event:**

**Driver Contributing Code:**

**Driver Distracted by:**

**Operator:**

**Address:**

**City:**

**State:**

**Zip:**

**Vehicle Action Prior to Crash:**

**Event Sequence:**

**Most Harmful Event:**

**Driver Contributing Code:**

**Driver Distracted by:**

**Operator/Non-Motorist:**

**Address:**
Crash Narrative:

Bike 1 traveling SB on North St. MVC1 parked along side of North St. (engine not running) Occupant of MVC1 in driver seat attempted to open driver door. Occupant of MVC1 stated "did not see anyone." Opened door and struck bike 1 making bike 1 fall on left side. Rider of bike 1 fell to left landing in roadway and rolling on back. Had cuts and scrapes to left side, with possible head injury. Bike 1 received minor damage. Van and occupant no damage/uninjured. Rider of bike 1 transported to Lahey, bike brought back to residence. See Report 20-736-OF

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

US DOT #: State Number Issuing State MC/MX/ICC #:  

Interstate Cargo Body Type Code GVWR/GCWR  

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

Hazmat Information:

<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 Joseph A Fitzgerald 215 Wilmington Police Department 07/07/2020  

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

CDP 11-24-90
Crash Narrative:

MV 1 was travelling southbound approaching the intersection of Middlesex AVE and High St. The light was green, and the two motor vehicles ahead of MV 1 took a left safely onto rt 62. MV 2 was travelling northbound approaching the intersection of Middlesex AVE and Hig St. The operator of MV 2 advised me that he saw two motor vehicles in the opposing direction make a left hand turn, to which he slowed down to allow them to do so. After those two motor vehicles made their way through the intersection he continued to head northbound and that is when he crashed into MV 1 who was also attempting to turn left onto rt 62. The operator of MV 2 thought that he had enough time to also take the left, but saw MV 2 fast approaching the light and was unable to do so.
### Commonwealth of Massachusetts

**Motor Vehicle Crash Police Report**

**Date of Crash:** 07/08/2020  
**Time of Crash:** 24HR  
**City/Town:** Wilmington

---

#### 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>

| Route# | Direction | Name of Intersecting Roadway/Street | | |
|--------|-----------|-------------------------------------| | |

**Reg#:** 20-141-AC  
**Vehicle:** 1  
**Operator:** SNIER, JULIA R  
**Address:** 8R FERNBANK RD  
**City:** Wilmington  
**State:** MA  
**Zip:** 01887  
**Insurance Company:** THE COMMERCE INSURANCE CO

---

#### NOT AT INTERSECTION:

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

**Reg#:** ELE1546  
**Vehicle:** 1  
**Operator:** LEK, MARTIN LEWIS  
**Address:** 30 WHITTIER RD  
**City:** Reading  
**State:** MA  
**Zip:** 01867-1656  
**Insurance Company:** IM GENERAL INSURANCE COMP

---

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

**Operator/Non-Motorist:** See Above
Motor vehicle crash at the 93 North On/Off ramp. Vehicle 1 was struck by vehicle 2. Vehicle 2 was turning left on to Lowell St from the off ramp. There was damage to the left side of vehicle 1. There was damage to the front right of vehicle 2. There was no airbag deployment. Both operators stated that they did not need medical attention. Vehicle 1 was towed by A&S towing. Driver information exchange facilitated for both parties. The operator of vehicle 2 believed the operator of vehicle 1 was on her phone. The operator of vehicle 1 denies being on her phone.
Commonwealth of Massachusetts

Motor Vehicle Crash

Police Report

Date of Crash: 07/08/2020

Time of Crash: 2312

City/Town: Wilmington

Number of Vehicles Involved: 1

Number Injured: 0

Speed Limit: 25

Local Police:

RMV Document Number: 27

Latitude: 41.7885

Longitude: -70.8885

Crash Report ID#: 20-142-AC

LOCATION

At Intersection:

Route #: 
Direction: 
Name of Roadway/Street: 

Also at Intersection with:

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

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

License #: 510957626

Reg #: 878370

Veh Year: 2008

Vehicle Action Prior to Crash:

Vehicle Travel Direction: N

Responding to Emergency: 2

Citation #: T2061723

Viol: 1: Ch/Sec/Sub 90 24

Viol: 2: Ch/Sec/Sub 89 4A

Viol: 3: Ch/Sec/Sub 90 24

Viol: 4: Ch/Sec/Sub 90 11

Operator: PARROTT, BRETT T

Address: 12 HOBSON AVE

City: WILMINGTON

State: MA

Zip: 01887-2061

Insurance Company: THE COMMERCE INSURANCE CO

Operator: RYAN PICA

Address: 12 KEVES RD

Billerica, MA 01821-2117

City: WILMINGTON

State: MA

Zip: 01887-2061

Operator: RYAN PICA

Address: 12 KEVES RD

Billerica, MA 01821-2117

Vehicle Action Prior to Crash:

Event Sequence: 23 23 23 23

Most Harmful Event: 24

Driver Contributing Code: 10 28 14 28

Driver Distracted by: 99 26

Damaged Area Code: 27 27 27

Test Status: 28

Type of Test: 29

BAC Test Result: 36 32 30

Suspect Alcohol: 31

Suspect Drug: 32

Towed from scene: 33

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

Operator/Non-Motorist: See Above

Address: 

DOB/Age: 

Sex: 

Lic. Class: 

Lic. Restrictions: 

CDL Endorsement: 

Reg #: 

Reg Type: 

Reg State: MA

Veh Year: 

Veh Make: CHEVROLET

Veh Config: 1

Veh Year: 

Veh Make: 

Veh Config: 

Towed from scene: 33

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

Address: 

DOB/Age: 

Sex: 

Lic. Class: 

Lic. Restrictions: 

CDL Endorsement: 

Reg #: 

Reg Type: 

Reg State: 

Veh Year: 

Veh Make: 

Veh Config: 

Driver Contributing Code: 28 28

Driver Distracted by: 26

Towed from scene: 33
Crash Narrative:

Single motor vehicle crash near 25 Forest Street in Wilmington. The operator of vehicle 1 crashed the vehicle into Verizon Utility Pole 27, severing the pole in half. Both the operator of vehicle 1 and the passenger refused medical attention. The vehicle was towed by A&S Towing and was totally damaged throughout. The operator of vehicle 1 was arrested for Operating Under the Influence of Alcohol, Marked Lanes violation, no license in possession, and negligent operation of a motor vehicle.

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

Property Damage:

<table>
<thead>
<tr>
<th>Owner (Last, First, Middle)</th>
<th>Address</th>
<th>Phone #</th>
<th>41-Type</th>
<th>Description of Damaged Property</th>
</tr>
</thead>
<tbody>
<tr>
<td>VERIZON</td>
<td>28 DIANA LN DRACUT MA 01826</td>
<td>UTILITY POLE 27</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Truck and Bus Information:

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

<table>
<thead>
<tr>
<th>Carrier Name</th>
<th>Address</th>
<th>City</th>
<th>St</th>
<th>Zip</th>
<th>US DOT #:</th>
<th>Cargo Body Type Code</th>
<th>GVWR/GCWR</th>
<th>MC/MX/ICC #:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Interstate</th>
<th>Cargo Body Type Code</th>
<th>GVWR/GCWR</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>43</td>
<td></td>
<td>45</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Trader Reg #:</th>
<th>Reg Type</th>
<th>Reg State</th>
<th>Reg Year</th>
<th>Trailer Length</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Hazmat Information:</th>
<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>47</td>
<td>48</td>
<td></td>
<td></td>
<td>49</td>
</tr>
</tbody>
</table>

Patrol Officer Nicholas E Noftle 204 Wilmington Police Department 07/06/2020

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

**Motor Vehicle Crash Police Report**

**Date of Crash:** 07/09/2020  
**Time of Crash:** 24HR  
**City/Town:** Wilmington

---

### AT INTERSECTION:

<table>
<thead>
<tr>
<th>Route#</th>
<th>Direction</th>
<th>Name of Roadway/Street</th>
<th>Name of Intersecting Roadway/Street</th>
<th>Route#</th>
<th>Direction</th>
<th>Name of Roadway/Street</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td>370 MAIN ST</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

### NOT AT INTERSECTION:

<table>
<thead>
<tr>
<th>License #</th>
<th>St.</th>
<th>DOB/Age</th>
<th>Sex</th>
<th>Lic. Class</th>
<th>Lic. Restrictions</th>
<th>CDL</th>
<th>Endorsement</th>
</tr>
</thead>
<tbody>
<tr>
<td>666691036</td>
<td>MA</td>
<td></td>
<td>F</td>
<td>15</td>
<td>19</td>
<td>20</td>
<td></td>
</tr>
</tbody>
</table>

---

### Operator:

- **Name:** SULLIVAN, THERESA ANN  
- **Address:** 135 APACHE WAY  
- **City:** TEWKSBURY  
- **State:** MA  
- **Zip:** 01876  
- **Insurance Company:** CITIZENS INSURANCE COMPAN  
- **Vehicle Travel Direction:** N/S/E/W  
- **Citation # (If Issued):**  
- **Viol.: Ch/Sub:**  
- **Viol. Contributing Code:**  
- **Driver Distracted by:**  

---

### Crash Report ID:

**Reg #:** 769NE0  
**Reg Type:** PC  
**Reg State:** MA  
**Veh Year:** 2008  
**Veh Make:** HONDA  
**Veh Config.:** 1  
**Owner:** SULLIVAN, DONALD JOHN  
**Address:** 135 APACHE WAY  
**City:** TEWKSBURY  
**State:** MA  
**Zip:** 01876-4620  
**Vehicle Action Prior to Crash:**  
**Event Sequence:**  
**Most Harmful Event:**  
**Driver Contributing Code:**  
**Driver Distracted by:**  

---

### Operator/Non-Motorist:

- **Name:** GERTRUDE PECCI  
- **Address:** 146 APACHE WAY  
- **City:** TEWKSBURY, MA  
- **State:** MA  
- **Zip:** 01876  
- **License #:**  
- **Reg #:**  
- **Reg Type:**  
- **Reg State:**  
- **Veh Year:**  
- **Veh Make:**  
- **Veh Config.:**  
- **Owner:**  
- **Address:**  
- **City:**  
- **State:**  
- **Zip:**  
- **Vehicle Action Prior to Crash:**  
- **Event Sequence:**  
- **Most Harmful Event:**  
- **Driver Contributing Code:**  
- **Driver Distracted by:**  

---

Form No. 1054 CURA-61-9918
Crash Narrative:

On 07/09/20, I responded to a single vehicle crash in the parking lot of Eastern Bank (37 Main St). Upon arrival, it was reported by operator of Vehicle 1 that she hit the gas pedal instead of the brake pedal as she was attempting to park her car. She reported that her vehicle struck a cement pillar in front of the bank. After striking the pillar, the vehicle's rear end slid to the left. Vehicle 1 operator and passenger were both wearing seatbelts. There was no airbag deployment. Operator reported no injury. Passenger reported minor injury but refused medical assistance after being evaluated by Wilmington Fire.

There was no tow required. Vehicle 1 suffered damage to front passenger quarter panel. Cement pillar was slightly damaged. Bank Management was provided insurance information.

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>EASTERN BANK</td>
<td>370 MAIN ST WILMINGTON MA 01887</td>
<td>97</td>
<td>CEMENT PILLAR</td>
<td></td>
</tr>
</tbody>
</table>

Truck and Bus Information:

<table>
<thead>
<tr>
<th>Carrier Name</th>
<th>Registration #</th>
<th>(From Vehicle Section)</th>
<th>Bus Use</th>
<th>Address</th>
<th>City</th>
<th>St</th>
<th>Zip</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Interstate</th>
<th>Cargo Body Type Code</th>
<th>GVWR/GCWR</th>
<th></th>
</tr>
</thead>
</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>
</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 Daniel P Furbush 196 Wilmington Police Department 07/09/2020

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

The operator of MV 1 was travelling northbound on west st. He was not sure of where he was going and his GPS advised him to turn around. He decided to take a right hand turn into the Mobile on the Run parking lot. He realized that he was not going to be able to make the turn. He attempted to back the truck up and that is when the top portion of his trailer snagged onto the power lines of Verizon Pole 32. Unbeknownst to him, he attempted to pull forward into the parking lot and that is when he saw/heard the pole fall onto the top of his truck. The pole, as well as the power lines layed across the top of his truck.

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>VERIZON</td>
<td>140 WEST ST NEW YORK NY 10007</td>
<td></td>
<td></td>
<td>UTILITY POLES</td>
</tr>
</tbody>
</table>

Truck and Bus Information:

- Carrier Name: **Boston Trailer**
- Registration #: **R477111**
- Address: **635 MANLEY ST**
- City: **WEST BRIDGEWATER**
- St: **MA**
- Zip: **02379**
- US DOT #: **3282580**
- Cargo Body Type Code: **43**
- GVWR/GCWR: **44**
- Trailer Reg #: **45**
- Reg Type: **46**
- Reg State: **47**
- Reg Year: **48**
- Trailer Length: **49**

Patrol Officer Shane A Foley

<table>
<thead>
<tr>
<th>Police Officer Name (Please Print)</th>
<th>Signature</th>
<th>ID/Badge #</th>
<th>Department</th>
<th>Precinct/Barracks</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patrol Officer Shane A Foley</td>
<td></td>
<td></td>
<td>211</td>
<td>Wilmington Police Department</td>
<td>07/09/2020</td>
</tr>
</tbody>
</table>
Crash Narrative:

MV 1 backed out of the Mobil entrance on West St after not being able to make the turn. MV 1 backed across Lowell St and continued to back down West St. The Operator then began to travel forward in an attempt to take a right turn onto Lowell St, traveling east. The operator failed to take a wide enough turn resulting in the trailer hitting the light pole. The impact resulted in damage to the light post, street signs, as well as damage to the right rear tire of the trailer. The Trailer was towed by Coady's due to the damage of the trailer as well as the trailer's registration being expired.

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

Property Damage:

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

Truck and Bus Information:

<table>
<thead>
<tr>
<th>Carrier Name</th>
<th>Registration #</th>
<th>Bus Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universal Trucking LLC</td>
<td>R477111</td>
<td>42</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address</th>
<th>City</th>
<th>St.</th>
<th>Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td>718 LOCUSTBERRY</td>
<td>RED OAK</td>
<td>TX</td>
<td>75154</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>US DOT #</th>
<th>State Number</th>
<th>Issuing State</th>
<th>MC/MX/ICC #</th>
</tr>
</thead>
<tbody>
<tr>
<td>3282580</td>
<td></td>
<td>TX</td>
<td>1038085</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Interstate</th>
<th>Cargo Body Type Code</th>
<th>GVWR/GCWR</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>43</td>
<td></td>
<td></td>
<td>45</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>
<td>53930</td>
<td>TR</td>
<td>ME</td>
<td>2005</td>
<td>4</td>
</tr>
</tbody>
</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>
<tbody>
<tr>
<td>47</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>48</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Patrol Officer Meghan Sousa

214 Wilmington Police Department

07/10/2020
Commonwealth of Massachusetts

Motor Vehicle Crash
Police Report

Date of Crash: 07/11/2020
Time of Crash: 0354
City/Town: Wilmington

38 N MAIN ST
Route# Direction: Name of Roadway/Street

Location:

129 W LOWELL ST
Route# Direction: Name of Intersecting Roadway/Street

At Intersection:

Not at Intersection:

Crash Report ID#: 20-146-AC

Operator:

License #: S73815486 St. MA DOB/Age 19
Address: 4 HARNED RD
City: BILLERICA State: MA Zip: 01821-6150
Insurance Company: GOVERNMENT EMPLOYEES INSU

Vehicle Action Prior to Crash: 1
Event Sequence: 1
Most Harmful Event: 22
Driver Contributing Code: 19
Driver Distracted by: 5

Reg #: 22X550 Reg Type: PC Reg State: MA
Veh Year: 2005 Veh Make: KIA Veh Config: 1

Owner:

License #: St. MA DOB/Age 19
Sex: Lic. Class: 19 Lic. Restrictions: 20 CDL: Endorsement:
Address: 4 HARNED RD
City: BILLERICA State: MA Zip: 01821-6150

Driver Contributing Code: 19
Driver Distracted by: 5

Operator/Non-Motorist:

Please fill out for operator and all occupants involved:

Name (First Last Middle): Address:

Operator:

See Above

Operator/Non-Motorist:

See Above
Operator of Vehicle #1 stated he was travelling west on Lowell street. He stated he was not paying attention, eating food he had just purchased. When he realized the traffic signal was red and hit the brakes. The vehicle went over the curb struck a traffic signal and came to rest against the utility pole for the overhead signals.

 Witnessess:

<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>4I-Type</th>
<th>Description of Damaged Property</th>
</tr>
</thead>
<tbody>
<tr>
<td>MASSACHUSETTS HIGHWAY DEPARTMENT</td>
<td>586 MAIN ST WILMINGTON MA 01887</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

 Truck and Bus Information:

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

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

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

<table>
<thead>
<tr>
<th>Cargo Body Type Code</th>
<th>GVWR/GCWR</th>
</tr>
</thead>
<tbody>
<tr>
<td>43</td>
<td>44</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>
</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>
<tbody>
<tr>
<td>47</td>
<td>48</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Patrol Officer Thomas A McConologue

Police Officer Name (Please Print) | Signature | ID/Badge # | Department | Precinct/Barracks | Date
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>157 WILMINGTON POLICE DEPARTMENT</td>
<td>07/11/2020</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Commonwealth of Massachusetts
Motor Vehicle Crash Police Report

Date of Crash: 07/11/2020
Time of Crash: 14:09
City/Town: Wilmington

AT INTERSECTION:

Route# 62   E   MIDDLESEX AVE
Direction Name of Roadway/Street
At

Route# 1
Direction Name of Intersecting Roadway/Street
Also at Intersection with

Please Select One of the Following:

Vehicle 1
#Occupants
Hit/Run
Moped

License # S85171256
S: MA
DOB/Age
Sex M
Lic. Class 19
Lic. Restrictions 1
CDL Endorsement
Operator: SANCHEZ, GUILLERMO RAFAEL JR
Address 23 CARTER LN
City WILMINGTON
State MA Zip 01887-2693
Insurance Company SAFETY INSURANCE COMPANY
Vehicle Travel Direction: N S X W
Responding to Emergency? 2
Citation # T2062359
Viol. 1: Ch/Sec/Sub 90 14B
Viol. 2: Ch/Sec/Sub
Viol. 3: Ch/Sec/Sub
Viol. 4: Ch/Sec/Sub

Reg # 86K730
Reg Type PC
Reg State MA
Veh Year 2012
Veh Make HONDA
Veh Config.
Owner: SANCHEZ, GUILLERMO RAFAEL JR
Address 23 CARTER LN
City WILMINGTON
State MA Zip 01887-2693
Vehicle Action Prior to Crash
1 22
Damaged Area Code
27 27 27
Test Status
1 24
Type of Test
25
Most Harmful Event
24
BAC Test Result:
1 30
Susp. Alcohol
2 31
Susp. Drugs: 2 32
Towed from scene
1 26

Please fill out for operator and all occupants involved
Operator
See Above
DOB/Age
Sex 1 99
Age 4
Occupants 0
0
10
0
1

Non-Motorist A
Type
1
Action
16
Location
17
Condition
18
Hit/Run
Moped

License # S09502710
S: MA
DOB/Age
Sex M
Lic. Class 19
Lic. Restrictions K
CDL Endorsement
Operator: ROGERS, ROBERT FRANCIS
Address 35 OAKDALE RD
City WILMINGTON
State MA Zip 01887-4015
Insurance Company ALLSTATE INSURANCE COMPANY
Vehicle Travel Direction: N S X W
Responding to Emergency? 2
Citation # T2062359
Viol. 1: Ch/Sec/Sub
Viol. 2: Ch/Sec/Sub
Viol. 3: Ch/Sec/Sub
Viol. 4: Ch/Sec/Sub

Reg # 5GS620
Reg Type PC
Reg State MA
Veh Year 2018
Veh Make KIA
Veh Config.
Owner: ROGERS, ROBERT FRANCIS
Address 35 OAKDALE RD
City WILMINGTON
State MA Zip 01887-4015
Vehicle Action Prior to Crash
2 22
Damaged Area Code
2 27 27
Test Status
1 28
Type of Test
29
Most Harmful Event
1 24
BAC Test Result:
1 30
Susp. Alcohol
2 31
Susp. Drugs
2 32
Towed from scene
1 26

Please fill out for operator/non-motorist and all occupants involved
Operator/Non-Motorist
See Above
DOB/Age
Sex 1 99
Age 2
Occupants 0
0
0
10
1

Form No. 10944 CRA-60 05/18
Commonwealth of Massachusetts
Motor Vehicle Crash Police Report

Date of Crash: 07/11/2020
City/Town: Wilmington

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

License # S27227863 State MA DOB/Ag
Operator ROGERS, SUSAN
City: WILMINGTON State MA Zip: 01887-1937
Insurance Company: THE COMMERCE INSURANCE CO

Vehicle Travel Direction: NSW
Citation # (If Issued): 
Viol 1: Ch/Sec/Sub 
Viol 2: Ch/Sec/Sub 
Viol 3: Ch/Sec/Sub 

Reg # 497FX8 Reg Type: PC Reg State: MA
Veh Year: 2010 Veh Make: TOYOTA Veh Config: 1
Owner ROGERS, SUSAN
City: WILMINGTON State: MA Zip: 01887-1937

Vehicle Action Prior to Crash: 
Event Sequence: 23 23 23 23

Driver Contributing Code: 1 25 25
Driver Distracted by: 0 26

Operator

License # S27227863 State MA DOB/Ag
Operator ROGERS, SUSAN
City: WILMINGTON State MA Zip: 01887-1937
Insurance Company: THE COMMERCE INSURANCE CO

Vehicle Travel Direction: NSW
Citation # (If Issued): 
Viol 1: Ch/Sec/Sub 
Viol 2: Ch/Sec/Sub 
Viol 3: Ch/Sec/Sub 

Reg # 497FX8 Reg Type: PC Reg State: MA
Veh Year: 2010 Veh Make: TOYOTA Veh Config: 1
Owner ROGERS, SUSAN
City: WILMINGTON State: MA Zip: 01887-1937

Vehicle Action Prior to Crash: 
Event Sequence: 23 23 23 23

Driver Contributing Code: 1 25 25
Driver Distracted by: 0 26

Operator/Non-Motorist

License # S27227863 State MA DOB/Ag
Operator ROGERS, SUSAN
City: WILMINGTON State MA Zip: 01887-1937
Insurance Company: THE COMMERCE INSURANCE CO

Vehicle Travel Direction: NSW
Citation # (If Issued): 
Viol 1: Ch/Sec/Sub 
Viol 2: Ch/Sec/Sub 
Viol 3: Ch/Sec/Sub 

Reg # 497FX8 Reg Type: PC Reg State: MA
Veh Year: 2010 Veh Make: TOYOTA Veh Config: 1
Owner ROGERS, SUSAN
City: WILMINGTON State: MA Zip: 01887-1937

Vehicle Action Prior to Crash: 
Event Sequence: 23 23 23 23

Driver Contributing Code: 1 25 25
Driver Distracted by: 0 26
Operator of motor vehicle 2 and the operator of motor vehicle 3 were both stopped in traffic on Middlesex Ave. While stopped in traffic, operator of motor vehicle 1 crashed into the rear of motor vehicle 2. When this happened, motor vehicle 2 hit the rear of motor vehicle 3. While on scene, the operator of motor vehicle 1 told Officer Alpers that he was looking down on his phone before he collided into motor vehicle 2.