Commonwealth of Massachusetts

Motor Vehicle Crash
Police Report

Date of Crash: 08/03/2020
Time of Crash: 0813
City/Town: WILMINGTON

Number of Vehicles: 1
Number Injured: 0

RMV Document Number:

Speed Limit: 30
State Police Local Police MBTA Police Other:

LATITUDE:
LONGITUDE:

City/Town: SALEM ST
Route# Direction Name of Roadway/Street

Feet N S E W of ____________
Mile Marker ____________ Exit Number: ____________

Feet N S E W of ____________, to Route:

Name of Intersecting Roadway/Street

Landmark

License 
Reg 
Vehicle 
Operator:
VRN

Address:

City: Tewksbury
State: MA
Zip: 01876-2436

Insurance Company: GARRISON PROPERTY & CASUALTY

Vehicle Action Prior to Crash

Event Sequence: 22

Most Harmful Event: 22

Driver Contributing Code: 22

Driver Distracted by: 22

Operator/Non-Motorist

License 
Reg 
Operator:

Address:

City: Tewksbury
State: MA
Zip: 01876-2436

Insurance Company: GARRISON PROPERTY & CASUALTY

Vehicle Action Prior to Crash

Event Sequence: 22

Most Harmful Event: 22

Driver Contributing Code: 22

Driver Distracted by: 22

Please fill out for operator/Non-Motorist and all occupants involved

Operator/Non-Motorist

License 
Reg 
Operator:

Address:

City: Tewksbury
State: MA
Zip: 01876-2436

Insurance Company: GARRISON PROPERTY & CASUALTY

Vehicle Action Prior to Crash

Event Sequence: 22

Most Harmful Event: 22

Driver Contributing Code: 22

Driver Distracted by: 22

Please fill out for operator/Non-Motorist and all occupants involved

Operator/Non-Motorist

License 
Reg 
Operator:

Address:

City: Tewksbury
State: MA
Zip: 01876-2436

Insurance Company: GARRISON PROPERTY & CASUALTY

Vehicle Action Prior to Crash

Event Sequence: 22

Most Harmful Event: 22

Driver Contributing Code: 22

Driver Distracted by: 22

Please fill out for operator/Non-Motorist and all occupants involved

Operator/Non-Motorist

License 
Reg 
Operator:

Address:

City: Tewksbury
State: MA
Zip: 01876-2436

Insurance Company: GARRISON PROPERTY & CASUALTY

Vehicle Action Prior to Crash

Event Sequence: 22

Most Harmful Event: 22

Driver Contributing Code: 22

Driver Distracted by: 22

Please fill out for operator/Non-Motorist and all occupants involved

Operator/Non-Motorist

License 
Reg 
Operator:

Address:

City: Tewksbury
State: MA
Zip: 01876-2436

Insurance Company: GARRISON PROPERTY & CASUALTY

Vehicle Action Prior to Crash

Event Sequence: 22

Most Harmful Event: 22

Driver Contributing Code: 22

Driver Distracted by: 22

Please fill out for operator/Non-Motorist and all occupants involved

Operator/Non-Motorist
Crash Narrative:
The vehicle was traveling westbound down Salem St. The operator said his steering wheel locked out and he was unable to turn and follow the road. He believes he was only traveling 20mph, however the damage to the pole would suggest he was traveling faster. The operator worked and overnight shift and does not believe he fell asleep. Both front airbags deployed. There were no injuries and he was wearing his seatbelt. Cain's towed the vehicle. The utility pole, belonging to Verizon, was snapped about four feet from the base and moved about 12 inches. It will need to be replaced.

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>28 DIANA LN DRACUT MA 01826</td>
<td>4</td>
<td>ONE UTILITY POLE</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></td>
<td></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></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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>
</tbody>
</table>

Patrol Officer Emily L Stebbins  210  Wilmington Police Department  08/03/2020
Police Officer Name (Please Print)  Signature  ID/Badge #  Department  Precinct/Barracks  Date
# Commonwealth of Massachusetts
## Motor Vehicle Crash Police Report

<table>
<thead>
<tr>
<th>Police Use Only</th>
<th>RMV Document Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Crash: 08/03/2020</td>
<td>Speed Limit: 25</td>
</tr>
<tr>
<td>Time of Crash: 12:53</td>
<td>State Police:</td>
</tr>
<tr>
<td>City/Town: Wilmington</td>
<td>Local Police:</td>
</tr>
<tr>
<td>Number Vehicles: 2</td>
<td>MBTA Police:</td>
</tr>
<tr>
<td>Number Injured: 0</td>
<td>Other:</td>
</tr>
</tbody>
</table>

### Location

#### AT INTERSECTION:
- **CONCORD ST**
  - Route#: 1
  - Direction: N
  - Name of Roadway/Street: I-93 NB RAMPS
- **At**
  - Mile Marker: 0
- **Intersecting Roadway/Street**
  - Name of Intersecting Roadway/Street: 180 COBBLE ST

#### NOT AT INTERSECTION:
- **Name of Roadway/Street**: Concord St
- **Address**: 180 COBBLE ST
- **City**: Hamilton
- **State**: MA
- **Zip**: 01982
- **Insurance Company**: The Commerce Insurance Co.
- **Driver Contributing Code**: 99
- **Driver Distracted by**: 99

### Operator
- **Name**: Ganey, Christine P
- **Address**: 141 Railroad Ave Apt 2
- **City**: South Hamilton
- **State**: MA
- **Zip**: 01982
- **Vehicle Action Prior to Crash**: Damaged Area Code: 2
- **Event Sequence**: 1
- **Type of Test**: 2
- **BAC Test Result**: 3
- **Suspected Drug**: 3

### Operator/Non-Motorist
- **Name**: Burns, William C
- **Address**: 1705 Susek Dr
- **State**: LA
- **Zip**: 71360
- **Insurance Company**: Hartford Insurance Co.
- **Vehicle Action Prior to Crash**: Damaged Area Code: 7
- **Event Sequence**: 1
- **Type of Test**: 3
- **BAC Test Result**: 3
- **Suspected Drug**: 3

---

**Note:** The information provided is a representation of the data on the form, not a direct transcription of the form itself. The form contains fields for various details such as vehicle information, operator information, and crash details. The table form is used to organize this information in a structured manner.
Both vehicles stopped at end of I93N off ramp at Exit 39. V1 (passenger car) occupied left lane. V2 (tractor trailer) occupied right lane. V2 proceeded with green light and made a left hand turn onto Concord St. V1 operator stated she observed V1 go first in the turn, she then proceeded with her left turn when she believed there was room to do so. V1 collided with left side trailer underskirt just in front of rear tires of trailer on V2. V1 damaged on right front bumper and right side. V2 damage to left lower skirting of trailer. No injuries observed or reported from either party. Cain’s Towing (978-658-3387) removed V1 from scene.
<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Crash</td>
<td>08/03/2020</td>
</tr>
<tr>
<td>Time of Crash</td>
<td>1516 24HR</td>
</tr>
<tr>
<td>City/Town</td>
<td>Wilmington</td>
</tr>
<tr>
<td>Number of Vehicles</td>
<td>2</td>
</tr>
<tr>
<td>Number Injured</td>
<td>1</td>
</tr>
<tr>
<td>Speed Limit</td>
<td>35</td>
</tr>
<tr>
<td>Latitude</td>
<td></td>
</tr>
<tr>
<td>Longitude</td>
<td></td>
</tr>
<tr>
<td>Location</td>
<td></td>
</tr>
<tr>
<td>Crash Report ID#</td>
<td>20-158-AC</td>
</tr>
<tr>
<td>License #</td>
<td>S68240921</td>
</tr>
<tr>
<td>Reg #</td>
<td>3830MF</td>
</tr>
<tr>
<td>Veh Year</td>
<td>2011</td>
</tr>
<tr>
<td>Veh Make</td>
<td>HONDA</td>
</tr>
<tr>
<td>Ownership</td>
<td></td>
</tr>
<tr>
<td>City</td>
<td>WOBURN</td>
</tr>
<tr>
<td>State</td>
<td>MA</td>
</tr>
<tr>
<td>Zip</td>
<td>01801-4427</td>
</tr>
<tr>
<td>Insurance Company</td>
<td>GOVERNMENT EMPLOYEES INSUR</td>
</tr>
<tr>
<td>Vehicle Action Prior to Crash</td>
<td></td>
</tr>
<tr>
<td>Event Sequence</td>
<td>253</td>
</tr>
<tr>
<td>Most Harmful Event</td>
<td></td>
</tr>
<tr>
<td>Driver Contributing Code</td>
<td>19</td>
</tr>
<tr>
<td>Driver Distracted by</td>
<td></td>
</tr>
<tr>
<td>Operator</td>
<td>REBAL, CHRISTOPHER E</td>
</tr>
<tr>
<td>Address</td>
<td>111 SPRING CT EXT</td>
</tr>
<tr>
<td>License #</td>
<td>S66822571</td>
</tr>
<tr>
<td>Reg #</td>
<td>6CEJ30</td>
</tr>
<tr>
<td>Veh Year</td>
<td>2014</td>
</tr>
<tr>
<td>Veh Make</td>
<td>JEEP</td>
</tr>
<tr>
<td>Ownership</td>
<td></td>
</tr>
<tr>
<td>City</td>
<td>WOBURN</td>
</tr>
<tr>
<td>State</td>
<td>MA</td>
</tr>
<tr>
<td>Zip</td>
<td>01801-1859</td>
</tr>
<tr>
<td>Insurance Company</td>
<td>CITIZENS INSURANCE COMPAN</td>
</tr>
<tr>
<td>Vehicle Action Prior to Crash</td>
<td></td>
</tr>
<tr>
<td>Event Sequence</td>
<td>253</td>
</tr>
<tr>
<td>Most Harmful Event</td>
<td></td>
</tr>
<tr>
<td>Driver Contributing Code</td>
<td>25</td>
</tr>
<tr>
<td>Driver Distracted by</td>
<td></td>
</tr>
<tr>
<td>Operator</td>
<td>AMENDOLA, CHRISTINE M</td>
</tr>
<tr>
<td>Address</td>
<td>70 ELM ST</td>
</tr>
<tr>
<td>License #</td>
<td>S66822571</td>
</tr>
<tr>
<td>Reg #</td>
<td>6CEJ30</td>
</tr>
<tr>
<td>Veh Year</td>
<td>2014</td>
</tr>
<tr>
<td>Veh Make</td>
<td>JEEP</td>
</tr>
<tr>
<td>Ownership</td>
<td></td>
</tr>
<tr>
<td>City</td>
<td>WOBURN</td>
</tr>
<tr>
<td>State</td>
<td>MA</td>
</tr>
<tr>
<td>Zip</td>
<td>01801-1859</td>
</tr>
<tr>
<td>Insurance Company</td>
<td></td>
</tr>
<tr>
<td>Vehicle Action Prior to Crash</td>
<td></td>
</tr>
<tr>
<td>Event Sequence</td>
<td>253</td>
</tr>
<tr>
<td>Most Harmful Event</td>
<td></td>
</tr>
<tr>
<td>Driver Contributing Code</td>
<td>25</td>
</tr>
<tr>
<td>Driver Distracted by</td>
<td></td>
</tr>
<tr>
<td>Operator</td>
<td>AMENDOLA, JOHN F</td>
</tr>
<tr>
<td>Address</td>
<td>70 ELM ST</td>
</tr>
<tr>
<td>License #</td>
<td>S66822571</td>
</tr>
<tr>
<td>Reg #</td>
<td>6CEJ30</td>
</tr>
<tr>
<td>Veh Year</td>
<td>2014</td>
</tr>
<tr>
<td>Veh Make</td>
<td>JEEP</td>
</tr>
<tr>
<td>Ownership</td>
<td></td>
</tr>
<tr>
<td>City</td>
<td>WOBURN</td>
</tr>
<tr>
<td>State</td>
<td>MA</td>
</tr>
<tr>
<td>Zip</td>
<td>01801-1859</td>
</tr>
</tbody>
</table>
Crash Narrative:

V1 at intersection taking left turn from Rt. 38N into Wilm Crossing. V1 unable to see traffic heading south on 38 due to other vehicles in roadway. V2 is traveling straight on Rt. 38S. V2 crashes into V1. V1 oper. has no injuries observed or reported. V2 oper. transported to Lahey Burlington for minor injuries. Both vehicle's towed by Cain's Towing. V1's obstructed view and failure to yield is probable cause of crash.

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 # (From Vehicle Section)</th>
<th>Bus Use</th>
<th>Carrier Name</th>
<th>Address</th>
<th>City</th>
<th>St</th>
<th>Zip</th>
<th>US DOT #:</th>
<th>State Number</th>
<th>Issuing State</th>
<th>MC/MX#</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Cargo Body Type Code</th>
<th>GVWR/GCWR</th>
<th>Carrier License</th>
<th>Interstate</th>
<th>Intermodal</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>

<table>
<thead>
<tr>
<th>Hazmat Information:</th>
</tr>
</thead>
</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>
</table>

Patrol Officer Kathryn C Goodwin
216 Wilmington Police Department 08/03/2020

ID/Badge # Department Precinct/Barracks Date
# Vehicle Crash Police Report

## Commonwealth of Massachusetts

### Motor Vehicle Crash Police Report

**Date of Crash:** 08/04/2020  
**City/Town:** Wilmington  
**RMV Document Number:** (blank)

**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>Address #</th>
<th>Name of Roadway/Street</th>
</tr>
</thead>
<tbody>
<tr>
<td>129</td>
<td>W Lowell ST</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## NOT AT INTERSECTION:

- **Speed Limit:** 25  
- **Latitude:**  
- **Longitude:**

## License # S19471567
- **St:** MA  
- **DOB/Age:**

## Vehicle

### Operator
- **Name:** Freeman, Ashley A  
- **Address:** 36 Toby Rd Apt 9

### City
- **City:** Dracut  
- **State:** MA  
- **Zip:** 01826-4929

### Insurance Company
- **Company:** Arbella Mutual Insurance

### Vehicle Travel Direction
- **Direction:** NSEX

### Citation # (If Issued)

### Violations
- **Viol. 1: Ch/Scc/Sub:**  
- **Viol. 2: Ch/Scc/Sub:**  
- **Viol. 3: Ch/Scc/Sub:**  
- **Viol. 4: Ch/Scc/Sub:**

## Crash Report ID# 20-159-AC

## Operator/Non-Motorist

<table>
<thead>
<tr>
<th>License # S18681715</th>
<th>St: MA</th>
<th>DOB/Age:</th>
</tr>
</thead>
</table>

## Vehicle

### Operator
- **Name:** Mullin, Pamela Elizabeth  
- **Address:** 6 Stone St

### City
- **City:** Wilmington  
- **State:** MA  
- **Zip:** 01887-2305

### Insurance Company
- **Company:** Self Insured FBI Legal Unit

### Vehicle Travel Direction
- **Direction:** NSEX

### Citation # (If Issued)

### Violations
- **Viol. 1: Ch/Scc/Sub:**  
- **Viol. 2: Ch/Scc/Sub:**  
- **Viol. 3: Ch/Scc/Sub:**  
- **Viol. 4: Ch/Scc/Sub:**

### Operator/Non-Motorist

<table>
<thead>
<tr>
<th>License # S8JP619</th>
<th>St: MA</th>
<th>DOB/Age:</th>
</tr>
</thead>
</table>

## Vehicle

### Operator
- **Name:** GSA  
- **Address:** 1604 Hooksett Rd

### City
- **City:** Hooksett  
- **State:** NH  
- **Zip:** 03106-0000

### Insurance Company
- **Company:** Hooksett

### Vehicle Travel Direction
- **Direction:** NSEX

### Citation # (If Issued)

### Violations
- **Viol. 1: Ch/Scc/Sub:**  
- **Viol. 2: Ch/Scc/Sub:**  
- **Viol. 3: Ch/Scc/Sub:**  
- **Viol. 4: Ch/Scc/Sub:**

### Operator/Non-Motorist

<table>
<thead>
<tr>
<th>License # S8JP619</th>
<th>St: MA</th>
<th>DOB/Age:</th>
</tr>
</thead>
</table>
Oper.#1 related while she was stopped in traffic at the intersection of Lowell/Woburn st. she was rear ended by m/v#2

Oper.#2 related that she was traveling straight on Lowell st., as she started to approach the intersection, she began to slow down. As she began to stop, the light turned green an she crashed into the rear end of m/v#1.

*** (It should be noted that the weather was extremely poor. Due to Isaias storm. Heavy down pour and strong winds) *** Visibility very poor at the time of the crash. (PWJ/142)
Commonwealth of Massachusetts

Motor Vehicle Crash
Police Report

Date of Crash: 08/04/2020
Time of Crash: 1750
City/Town: Wilmington

Number of Vehicles: 2
Number Injured: 1

Speed Limit: 35
State Police
Local Police
MTA Police
Camper Police

Route# Direction Name of Roadway/Street

1

At

Route# Direction Name of Intersecting Roadway/Street

1
Also at intersection with

Route# Direction Name of Intersecting Roadway/Street

1

Please Select One of the Following:

Vehicle 2
Hit/Run
Moped

License #: S54243345
State: MA
DOB/Age

Sex: F
License Class: P
Lic. Restrictions: 1
CDL: 20
Endorsement

Operator: ALBERTI, DOROTHIA M
Address: 2 ASPEN DR
City: WILMINGTON
State: MA
Zip: 01887-1674
Insurance Company: THE COMMERCE INSURANCE CO

Vehicle Travel Direction: NW Responding to Emergency

Citation #: T2061659

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

Crash Report ID#: 20-160-AC

Reg #: 8DP955
Reg Type: PC
Reg State: MA

Veh Year: 2005
Veh Make: Jeep
Veh Config: 1

Owner: ALBERTI, TRACI LYNNE
Address: 2 ASPEN DR
City: WILMINGTON
State: MA
Zip: 01887-1674

Vehicle Action Prior to Crash

Event Sequence: 23

Vehicle Action Prior to Crash

Event Sequence: 23

Driver Contributing Code: 6
Driver Distracted by: 0

Operator

See Above

DOB/Age: 1970
Sex: M

Please Select One of the Following:

Vehicle 2
Hit/Run

License #: S13133370
State: MA
DOB/Age

Sex: M
License Class: P
Lic. Restrictions: 20
CDL: 20
Endorsement

Operator: SALVATO, MATTHEW E
Address: 88 TEMPLE ST
City: TEWKSBURY
State: MA
Zip: 01876-4342
Insurance Company: SAFETY INSURANCE COMPANY

Vehicle Travel Direction: NW Responding to Emergency

Citation #: T1911156

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

Reg #: SMM288
Reg Type: PC
Reg State: MA

Veh Year: 2016
Veh Make: VOLKSWAGEN
Veh Config:

Driver Contributing Code: 2
Driver Distracted by: 0

Operator/Non-Motorist

See Above

DOB/Age: 1972
Sex: M

Please Select One of the Following:

Vehicle 2
Non-Motorist A
Hit/Run

951 N BILLERICA RD
TEWKSBURY, MA 01876-3553
10/04/2001
F

Leachay Clinic
Crash Narrative:

MV 1 was travelling northbound on Main St in the town of Wilmington. The operator of MV attempted to conduct a u-turn. MV 2 was travelling northbound was behind MV 1. When MV 1 attempted the u-turn, she was not aware that there was a MV behind her. MV 2 attempted to avoid MV 1 but was unable to do so. MV 2 collided with MV 1 and crashed into the curb in front of Rocco's Restaurant & Bar causing significant front end damage.

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 #</th>
<th>Bus Use</th>
<th>Address</th>
<th>City</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/IC #:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Interstate</th>
<th>Cargo Body Type Code</th>
<th>GVWR/GCWR</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 Shane A. Foley 211 Wilmington Police Department 08/04/2020
**Commonwealth of Massachusetts**

**Motor Vehicle Crash Police Report**

**Date of Crash:** 08/06/2020  
**Time of Crash:** 12:19  
**City/Town:** Wilmington  
**Number of 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>
<th>Route#</th>
<th>Direction</th>
<th>Name of Roadway/Street</th>
<th>Address #</th>
<th>Name of Roadway/Street</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td>59</td>
<td>CHURCH ST</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Feet</th>
<th>N</th>
<th>S</th>
<th>E</th>
<th>W</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mile Marker</th>
<th>Exit Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please select one of the following:

- [X] Vehicle 1
- [ ] #Occupants 0
- [ ] Hit/Run
- [ ] Moped

**License #:** S69874672  
**Sex:** M  
**License Class:** 19  
**Lic. Restrictions:** 1  
**CDL Endorsement:** 29  
**Operator:** NOOAN, DONALD P  
**Address:** 1 PARKER ST APT B

**City:** Wilmington  
**State:** MA  
**Zip:** 01887-2917  
**Insurance Company:** PREFERRED MUTUAL INSURANCE

**Vehicle Travel Direction:** N  
**Citation # (if issued):**  
**Viol. 1:** Ch/Sub  
**Viol. 2:** Ch/Sub  
**Viol. 3:** Ch/Sub

**Operator**  
**See Above**

**Reg #:** 145ZR6  
**Reg Type:** FC  
**Reg State:** MA  
**Veh Year:** 2002  
**Veh Make:** FORD  
**Veh Config.:** 1  
**Owner:** NOOAN, DONALD P  
**Address:** 1 PARKER ST APT B

**City:** Wilmington  
**State:** MA  
**Zip:** 01887-2917  
**Vehicle Action Prior to Crash:**  
**Event Sequence:** 1  
**Most Harmful Event:** 1  
**Driver Contributing Code:** 99  
**Driver Distracted by:** 99

Please fill out for operator and all occupants involved

<table>
<thead>
<tr>
<th>Operator</th>
<th>See Above</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Reg #:** TCY235  
**Reg Type:** FC  
**Reg State:** MA  
**Veh Year:** 2014  
**Veh Make:** TOYOTA  
**Veh Config.:** 1  
**Owner:** PINO DE OLIVEIRA, TATIARA  
**Address:** 50 HILDRETH ST APT 8

**City:** Lowell  
**State:** MA  
**Zip:** 01850-1652  
**Insurance Company:** GOVERNMENT EMPLOYEES INSU

**Vehicle Travel Direction:** S  
**Citation # (if issued):**  
**Viol. 1:** Ch/Sub  
**Viol. 2:** Ch/Sub  
**Viol. 3:** Ch/Sub

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

<table>
<thead>
<tr>
<th>Operator/Non-Motorist</th>
<th>See Above</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**License #:** SA0240015  
**Sex:** F  
**License Class:** 19  
**Lic. Restrictions:** B  
**CDL Endorsement:** 26  
**Operator:** PINO DE OLIVEIRA, TATIARA  
**Address:** 50 HILDRETH ST APT 8

**City:** Lowell  
**State:** MA  
**Zip:** 01850-1652  
**Vehicle Action Prior to Crash:**  
**Event Sequence:** 1  
**Most Harmful Event:** 1  
**Driver Contributing Code:** 99  
**Driver Distracted by:** 99

<table>
<thead>
<tr>
<th>Driver</th>
<th>See Above</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Name:** MARIANNA MATTOS-PEREIRA  
**Address:** 715 CHILMARK RD  
**City:** Lowell  
**State:** MA  
**Zip:** 01850  
**DOB/Age:** 02/12/1982  
**Sex:** F  
**License Class:** 19  
**Lic. Restrictions:** 0  
**CDL Endorsement:** 26  
**Driver Contributing Code:** 99  
**Driver Distracted by:** 99

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

<table>
<thead>
<tr>
<th>Driver</th>
<th>See Above</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Form No. 10146 CRA-65 06/18
Crash Narrative:

V1 was stopped at the Adelaide St stop sign attempting to drive onto Beacon St. The driver stated he looked both ways before crossing Church St and did not see any vehicles. V1 was struck on the passenger side by V2 while crossing to Beacon St. The operator of V2 stated she was traveling north on Church St when V1 started to go across Church St. She stated it happened suddenly and she did not have time to stop. There was front end damage to V2. Both V1 and V2 had to be towed. No parties involved had injuries and no airbags deployed.

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>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>Interstate</th>
<th>Cargo Body Type Code</th>
<th>GVWR/GCWR</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 Emily L Stebbins 210 Wilmington Police Department 08/06/2020

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

**Motor Vehicle Crash Police Report**

**Date of Crash:** 08/07/2020  
**Time of Crash:** 1623 24HR  
**City/Town:** Wilmington  

**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 #:** S23552275  
**St:** MA  
**DOB/AGE:**

**Sex:** M  
**License Class:**  
**Lic. Restrictions:** P  
**CDL Endorsement:**

**Operator:** PATEL, SHIV  
**Address:** 201 SANDY LN  
**City:** WILMINGTON  
**State:** MA  
**Zip:** 01887  
**Insurance Company:** GOVERNMENT EMPLOYEES INSU

**Vehicle Travel Direction:** A

**Citation #:** (if issued) T2062886

**Reg #:** 4ZV857  
**Reg Type:** PC  
**Reg State:** MA

**Veh Year:** 2016  
**Veh Make:** NISSAN  
**Veh Config.:**

**Owner:** PATEL, LATA J  
**Address:** 201 SANDY LN  
**City:** WILMINGTON  
**State:** MA  
**Zip:** 01887-6237

**Vehicle Action Prior to Crash:**

**Event Sequence:**

**Most Harmful Event:**

**Driver Contributing Code:**

**Driver Distracted by:**

---

**Operator**  
**See Above**

---

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

---

**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:**

---

**Name (Last First Middle):**

**Address:**

**DOB/Age:**

**Sex:**

**31 Seat Pos:**

**35 Safety System:**

**36 Airbag Status:**

**37 Exposed Code:**

**38 Trip Code:**

**39 Impact Status:**

**40 Damage Code:**

**Medical Facility:**

---

**Fills as needed for operator/non-motorist and all occupants involved**

---

Form No. 10/14 CRA-65/5/18
**Commonwealth of Massachusetts**

**Motor Vehicle Crash Police Report**

**Date of Crash**: 08/07/2020  
**City/Town**: Wilmington  
**Number Vehicles**: 1  
**Number Injured**: 0

### AT INTERSECTION:

<table>
<thead>
<tr>
<th>Route#</th>
<th>Direction</th>
<th>Name of Roadway/Street</th>
</tr>
</thead>
<tbody>
<tr>
<td>300</td>
<td>293</td>
<td>SALEM ST</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>1</td>
<td>205</td>
<td>4 ELWOOD ST</td>
<td>4 ELWOOD ST</td>
</tr>
<tr>
<td>2</td>
<td>206</td>
<td>4 ELWOOD ST</td>
<td>4 ELWOOD ST</td>
</tr>
</tbody>
</table>

### NOT AT INTERSECTION:

<table>
<thead>
<tr>
<th>Route#</th>
<th>Direction</th>
<th>Name of Roadway/Street</th>
<th>Feet NWSE of Mile Marker or Exit Number</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Route#</th>
<th>Direction</th>
<th>Name of Intersecting Roadway/Street</th>
<th>Feet NWSE of</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>205</td>
<td>4 ELWOOD ST</td>
<td>4 ELWOOD ST</td>
</tr>
</tbody>
</table>

### Crash Report ID: 20-163-AC

#### Operator

- **License #**: 597032893  
- **Reg #**: 3HR41  
- **Veh Year**: 2017  
- **Veh Make**: NISSAN  
- **Owner**: RAPITIS, ANTONIOS N  
- **Address**: 51 WEBSTER AVE, CHELSEA, MA 02150-3707

#### Operator/Non-Motorist

- **Name**: CARLOS DELAFUENTE  
- **DOB/Age**: 1/1/40  
- **Sex**: M  
- **License Class**: 0  
- **Address**: 51 WEBSTER AVE, CHELSEA, MA 02150-3707

### Vehicle

- **License #**: 597032893  
- **Reg #**: 3HR41  
- **Veh Year**: 2017  
- **Veh Make**: NISSAN  
- **Owner**: RAPITIS, ANTONIOS N  
- **Address**: 51 WEBSTER AVE, CHELSEA, MA 02150-3707

### Details

- **Vehicle Action Prior to Crash**:  
- **Event Sequence**: 1  
- **Most Harmful Event**: 2  
- **Driver Contributing Code**: 2  
- **Driver Distracted by**: 99  
- **Towed from scene?**: 33

### Notes

- **Name**: Last First Middle  
- **DOB/Age**: Sex  
- **City**: Everett  
- **State**: MA  
- **Zip**: 02149-3105

---

Form No. 1064 CRA-45 09/18
On 08/08/20 at 2354hrs Car 1 traveling Eastbound on Salem St. veered left onto a one way and crashed into a Verizon Utility Pole 9/28 located in the grass island. A&S towing towed the MV to their lot. Verizon notified.