

Police Use Only		Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 11/05/2023	Time of Crash 1540 24HR	City/Town Wilmington		Motor Vehicle Crash Police Report		Number Vehicles 1	Number Injured 0	Speed Limit 30 Latitude 42.34.078 Longitude 71.08.20	State Police Local Police MBTA Police Campus Police Other
AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:			
Route# Direction Name of Roadway/Street At				Route# Direction Address # Name of Roadway/Street 260 FORDHAM RD				10	
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with				Feet N S E W of Mile Marker Exit Number				11	
Route# Direction Name of Intersecting Roadway/Street				Feet N S E W of Route# Intersecting Roadway/Street Landmark				1	
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 1 Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped				Crash Report ID# 23-368-AC					
License # St DOB/Age Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement				Reg # 5680RL Reg Type PC Reg State MA Veh Year 2016 Veh Make HONDA Veh Config. 1 21				12	
Operator ROTHMAN, CRAIG SETH Last First Middle Address 35 SPYGLASS HILL DR				Owner ROTHMAN, CRAIG SETH Last First Middle Address 35 SPYGLASS HILL DR				1	
City ASHLAND State MA Zip 01721-2362				City ASHLAND State MA Zip 01721-2362					
Insurance Company SAFETY INSURANCE COMPANY				Vehicle Action Prior to Crash 1 22 Event Sequence 5 23 23 23 23 Most Harmful Event 5 24 Driver Contributing Code 1 25 25 Driver Distracted by 0 26				Damaged Area Code: 2 27 1 27 27 Test Status: 1 28 Type of Test: 29 BAC Test Result: 30 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Towed from scene? 2 33	
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? 2								5 13	
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 Sex 34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code Medical Facility									
Operator See Above									
Please Select One of the Following: <input type="checkbox"/> Vehicle 2 Occupants <input type="checkbox"/> Non-Motorist A Type 15 Action 16 Location 17 Condition 18 <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped									
License # St DOB/Age Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement				Reg # Reg Type Reg State Veh Year Veh Make Veh Config. 21					
Operator Last First Middle Address				Owner Last First Middle Address					
City State Zip				City State Zip				14	
Insurance Company				Vehicle Action Prior to Crash 22 Event Sequence 23 23 23 23 Most Harmful Event 24 Driver Contributing Code 25 25 Driver Distracted by 26				Damaged Area Code: 27 27 27 Test Status: 28 Type of Test: 29 BAC Test Result: 30 Susp. Alcohol: 31 Susp. Drug: 32 Towed from scene? 33	
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> 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									
Please fill out for operator/non-motorist and all occupants involved									
Name (Last First Middle) Address DOB/Age Sex 34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code Medical Facility									
Operator/Non-Motorist See Above									

Crash Diagram:

ie: → 1 → 2 → ○ → ○

260 Fordham Road

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Indicate North by Arrow

Crash Narrative:

MV 1 WAS TRAVELING NORTH ON FORDHAM ROAD WHEN A DEER RAN OUT OF THE WOODS AND RAN FROM THE WOODS ON THE OPPOSITE SIDE OF THE ROAD AND CROSSED FORDHAM ROAD, ENTERING MV1'S LANE OF TRAVEL. MV1 STRUCK THE DEER WHILE IT WAS RUNNING ACROSS THE ROAD, CAUSING SIGNIFICANT DAMAGE TO THE FRONT / RIGHT FRONT OF THE VEHICLE. THE DEER RAN OFF INTO THE WOODS. THERE WERE NO INJURIES REPORTED. NO AIRBAGS, NO TOWS.

Witnesses:

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

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 46

Hazmat Information:

Placard 47 Material 1 digit # 48 Material Name _____ Material 4 digit # _____ Release code 49

Patrol Officer Kayla M Hanson

230
ID/Badge #

Wilmington Police Department
Department

11/05/2023
Date

Police Officer Name (Please Print)

Signature

Precinct/Barracks

Wilmington Police Department
Images Associated with 23-368-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 11/06/2023	Time of Crash 1306 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 1	Speed Limit 35	State Police Local Police MBTA Police Campus Police Other: _____	
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
Route# Direction Name of Roadway/Street At			Route# Direction Address # Name of Roadway/Street 222 MAIN ST							
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of _____ or _____ Mile Marker Exit Number							
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of _____ Route# Intersecting Roadway/Street Landmark							
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 1 Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped			Crash Report ID# 23-369-AC							
License # _____ S _____ DOB/Ag _____ Sex F Lic. Class D 19 19 Lic. Restrictions I 20 CDL _____ Operator BAVOTA, SOPHIA MARIE Address 34 ADAMS ST City WILMINGTON State MA Zip 01887-2451 Insurance Company ARBELLA MUTUAL INSURANCE Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input checked="" type="checkbox"/> E <input checked="" type="checkbox"/> W Responding to Emergency? 2 Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____			Reg # 6YB171 Reg Type PC Reg State MA Veh Year 2009 Veh Make TOYOTA Veh Config. 1 Owner BAVOTA, DAVID J Address 34 ADAMS ST City WILMINGTON State MA Zip 01887-2451 Vehicle Action Prior to Crash 1 Event Sequence 1 23 23 23 23 Most Harmful Event 1 Driver Contributing Code 1 25 25 Driver Distracted by 0 Damaged Area Code: 1 27 2 27 8 27 Test Status: 1 28 Type of Test: 29 BAC Test Result: 1 30 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Towed from scene? 1 33							
Please fill out for operator and all occupants involved										
Name (Last First Middle) Address DOB/Age Sex 34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code Medical Facility										
Operator See Above										
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 Occupants <input type="checkbox"/> Non-Motorist A Type 15 Action 16 Location 17 Condition 18 <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped										
License # _____ S _____ DOB/Ag _____ Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL _____ Operator JELLEY, MICHELLE Address 1321 WHIPPLE RD City TEWKSBURY State MA Zip 01876-3826 Insurance Company THE COMMERCE INSURANCE CO Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> S <input checked="" type="checkbox"/> E <input checked="" type="checkbox"/> W Responding to Emergency? 2 Citation # (If Issued) 267655AC Viol. 1: Ch/Sec/Sub 89 8 Viol. 2: Ch/Sec/Sub 90 7AA Viol. 3: Ch/Sec/Sub 90 7AA Viol. 4: Ch/Sec/Sub _____			Reg # 32FL81 Reg Type PC Reg State MA Veh Year 2016 Veh Make CHEVROLET Veh Config. 1 Owner JELLEY, MICHELLE Address 1321 WHIPPLE RD City TEWKSBURY State MA Zip 01876-3826 Vehicle Action Prior to Crash 4 Event Sequence 1 23 23 23 23 Most Harmful Event 1 Driver Contributing Code 4 25 25 Driver Distracted by 0 Damaged Area Code: 3 27 27 27 Test Status: 1 28 Type of Test: 29 BAC Test Result: 1 30 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Towed from scene? 1 33							
Please fill out for operator/non-motorist and all occupants involved										
Name (Last First Middle) Address DOB/Age Sex 34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code Medical Facility										
Operator/Non-Motorist See Above										
MICHELLE JELLEY 69 COUNTY RD TEWKSBURY, MA 01876-3104										

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ○ = Pedestrian ○ = Bicycle

Crash Diagram:

ie: → 1 → 2 → ○ → ○

Uninvolved, waiting to turn left

222 Main Street

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Indicate North by Arrow

Crash Narrative:

Vehicle 1 was traveling north on Main Street. Vehicle 2 was sitting at the intersection waiting to turn left into the Wilmington Plaza. A vehicle not involved was sitting in the middle of the intersection waiting to turn left into Wilmington Crossing. Vehicle 2 began to inch up and observed no vehicles coming and began to take her left turn into Wilmington Plaza. Vehicle 2 crossed vehicle 1's lane of travel and vehicle 1 collided with the rear right side of vehicle 2. Both vehicles had airbag deployment and were towed by Forrest Towing. Operator of vehicle 1 declined medical attention. Operator and all passengers of vehicle 2 were transported to Winchester Hospital by the Wilmington Fire Department.

Witnesses:

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

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 46

Hazmat Information:

Placard 47 Material 1 digit # 48 Material Name _____ Material 4 digit # _____ Release code 49

Patrol Officer Michael R DiLorenzo

Police Officer Name (Please Print)

Signature

217

ID/Badge #

Wilmington Police Department

Department

Precinct/Barracks

11/06/2023

Date

Wilmington Police Department
Images Associated with 23-369-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 11/06/2023	Time of Crash 1707 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 3	Number Injured 1	Speed Limit 40	State Police Local Police MBTA Police Campus Police Other:		
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
Route# Direction Name of Roadway/Street At			Route# Direction Address # Name of Roadway/Street 205 LOWELL ST							
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of Mile Marker Exit Number							
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Route# Intersecting Roadway/Street							
			Landmark							
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 1 Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped			Crash Report ID# 23-370-AC							
License # S: DOB/Age Sex M Lic. Class D 19 19 Lic. Restrictions 99 20 CDL Endorsement			Reg # 5853EN Reg Type PC Reg State MA							
Operator LEFFLER, DEREK WILLIAM Last First Middle			Veh Year 2013 Veh Make FORD Veh Config. 1 21							
Address 171 CHAPMAN RD			Owner LEFFLER, DEREK WILLIAM Last First Middle							
City TEWKSBURY State MA Zip 01876-3611			City TEWKSBURY State MA Zip 01876-3611							
Insurance Company THE STANDARD FIRE INSURAN			Vehicle Action Prior to Crash 1 22							
Vehicle Travel Direction: N S X W Responding to Emergency? 2			Event Sequence 1 23 23 23 23							
Citation # (If Issued)			Most Harmful Event 1 24							
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Driver Contributing Code 1 25 25							
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Distracted by 0 26							
Please fill out for operator and all occupants involved			Damaged Area Code: 5 27 27 27							
Name (Last First Middle) Address			Test Status: 1 28							
Operator See Above			Type of Test: 99 29							
			BAC Test Result: 1 30							
			Susp. Alcohol: 2 31 Susp. Drug: 2 32							
			Towed from scene? 2 33							
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 Occupants <input type="checkbox"/> Non-Motorist A			Type 15 Action 16 Location 17 Condition 18							
License # DOB/Age Sex F Lic. Class D 19 19 Lic. Restrictions 99 20 CDL Endorsement			Reg # 2FLT17 Reg Type PC Reg State MA							
Operator LEAHY, DEBRA LYNN Last First Middle			Veh Year 2020 Veh Make BUICKS Veh Config. 1 21							
Address 15 LOUANIS DR			Owner LEAHY, DEBRA LYNN Last First Middle							
City READING State MA Zip 01867-3777			City READING State MA Zip 01867-3777							
Insurance Company THE COMMERCE INSURANCE CO			Vehicle Action Prior to Crash 1 22							
Vehicle Travel Direction: N S X W Responding to Emergency? 2			Event Sequence 1 23 23 23 23							
Citation # (If Issued)			Most Harmful Event 1 24							
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Driver Contributing Code 1 25 25							
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Distracted by 0 26							
Please fill out for operator/non-motorist and all occupants involved			Damaged Area Code: 1 27 5 27 10 27							
Name (Last First Middle) Address			Test Status: 1 28							
Operator/Non-Motorist See Above			Type of Test: 99 29							
			BAC Test Result: 1 30							
			Susp. Alcohol: 2 31 Susp. Drug: 2 32							
			Towed from scene? 1 33							

Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 11/06/2023	Time of Crash 1707 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 3	Number Injured 1	Speed Limit 40	State Police Local Police MBTA Police Campus Police Other:					
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:									
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street											
At			Feet N S E W of or Mile Marker Exit Number											
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Route# Intersecting Roadway/Street											
Also at Intersection with			Landmark											
Route# Direction Name of Intersecting Roadway/Street														
Please Select One of the Following:			<input checked="" type="checkbox"/> Vehicle 3 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Crash Report ID# 23-370-AC		
License: S DOB/Age			Reg # 8KY916			Reg Type PC			Reg State MA					
Sex M Lic. Class D 19 19 Lic. Restrictions 99 20 CDL Endorsement			Veh Year 2017			Veh Make JAGUAR			Veh Config. 1 21					
Operator BOUDEKHANA, RACHID			Owner BOUDEKHANA, RACHID											
Address 188 WEST ST			Address 188 WEST ST											
City MALDEN State MA Zip 02148-6508			City MALDEN State MA Zip 02148-6508											
Insurance Company GEICO GENERAL INSURANCE C			Vehicle Action Prior to Crash 1 22			Damaged Area Code: 1 27 2 27 8 27								
Vehicle Travel Direction: N S E W Responding to Emergency? 2			Event Sequence 1 23 23 23 23			Test Status: 1 28								
Citation # (If Issued)			Most Harmful Event 1 24			Type of Test: 99 29								
Viol. 1: Ch/Sec/Sub			Driver Contributing Code 19 25 5 25			BAC Test Result: 1 30								
Viol. 2: Ch/Sec/Sub			Driver Distracted by 0 26			Susp. Alcohol: 2 31 Susp. Drug: 2 32								
Viol. 3: Ch/Sec/Sub						Towed from scene? 1 33								
Viol. 4: Ch/Sec/Sub														
Please fill out for operator and all occupants involved														
Name (Last First Middle)			Address			DOB/Age			Sex					
Operator			See Above			1			99					
						1			0					
						0			10					
						1								
Please Select One of the Following:			<input type="checkbox"/> Vehicle 4 #Occupants			<input type="checkbox"/> Non-Motorist A			Type 15 Action 16 Location 17 Condition 18					
<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped											
License # St DOB/Age			Reg #			Reg Type			Reg State					
Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement			Veh Year			Veh Make			Veh Config. 21					
Operator			Owner											
Address			Address											
City State Zip			City State Zip											
Insurance Company			Vehicle Action Prior to Crash 22			Damaged Area Code: 27 27 27								
Vehicle Travel Direction: N S E W Responding to Emergency?			Event Sequence 23 23 23 23			Test Status: 28								
Citation # (If Issued)			Most Harmful Event 24			Type of Test: 29								
Viol. 1: Ch/Sec/Sub			Driver Contributing Code 25 25			BAC Test Result: 30								
Viol. 2: Ch/Sec/Sub			Driver Distracted by 26			Susp. Alcohol: 31 Susp. Drug: 32								
Viol. 3: Ch/Sec/Sub						Towed from scene? 33								
Viol. 4: Ch/Sec/Sub														
Please fill out for operator/non-motorist and all occupants involved														
Name (Last First Middle)			Address			DOB/Age			Sex					
Operator/Non-Motorist			See Above			1								

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ○ = Pedestrian ○ = Bicycle

Crash Diagram:

ie: → 1 → 2 → ○ → ○

<div style="display: flex; justify-content: space-between;"> <div style="text-align: right;">West Bound Side</div> <div style="text-align: center;"> <div style="display: flex; justify-content: center; gap: 20px;"> <div>V3</div> <div>V2</div> <div>V1</div> </div> </div> <div style="text-align: left;">East Bound Side</div> </div> <div style="text-align: right; margin-top: 20px;"> 205 Lowell Street </div>	<p>If Crash Did Not Occur on a Public Way:</p> <p><input type="checkbox"/> Off-Street Parking Lot</p> <p><input type="checkbox"/> Garage</p> <p><input type="checkbox"/> Mall/Shopping Center</p> <p><input type="checkbox"/> Other Private Way</p> <p>Indicate North by Arrow</p> <div style="text-align: center;"> </div>
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Crash Narrative:

On Monday November 6, 2023 at approximately 5:07pm I was dispatched to a three car motor vehicle crash in the area of 205 Lowell Street. Upon arrival I observed three vehicles in a row it appeared V3 rear ended V2 which resulted in V2 rear ending V1. Op3 stated he was not paying attention and rear ended V2 which caused V2 to rear end V1. Op2 was unable to give a statement due to the injuries she sustained. Op2 was transported to Lahey Hospital for futher evaluation. Paperwork was exchanged and V2 and V3 were towed by Forrest Towing. Forrest towed V2 back to their tow yard and V3 back to the address of the registered owner.

Witnesses:

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

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 46

Hazmat Information:

Placard 47 Material 1 digit # 48 Material Name _____ Material 4 digit # _____ Release code 49

Patrol Officer John A Fortes

Police Officer Name (Please Print)

Signature

228

ID/Badge #

Wilmington Police Department

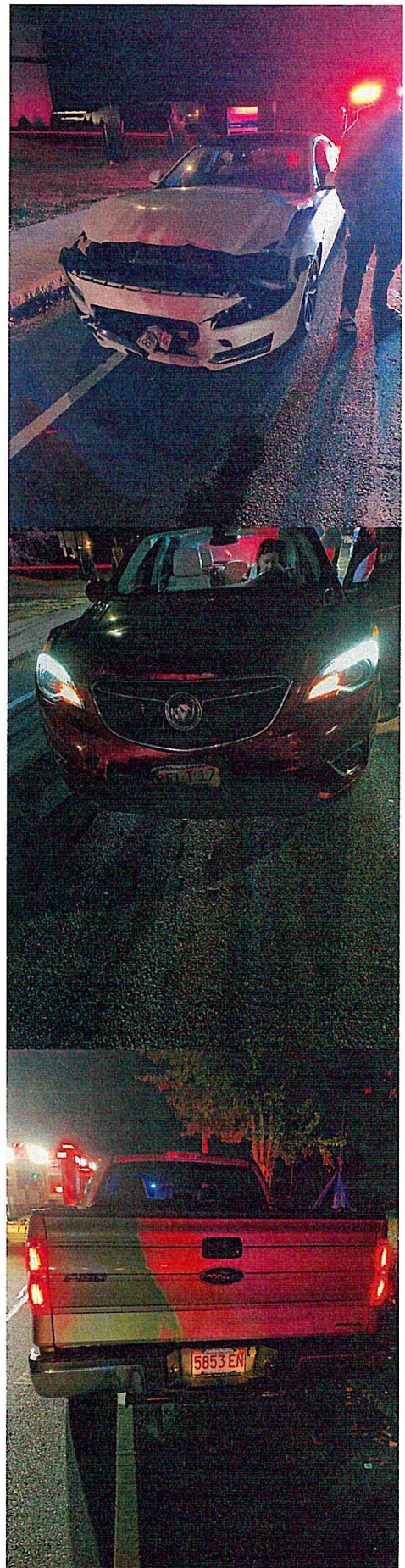
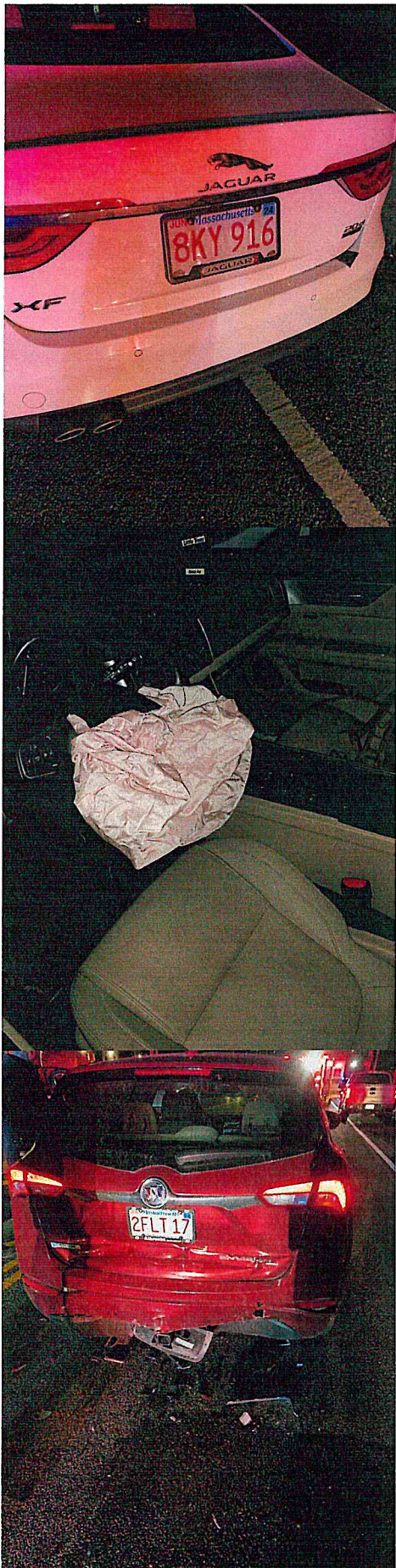
Department

Precinct/Barracks

11/06/2023

Date

Wilmington Police Department
Images Associated with 23-370-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number																				
Date of Crash 11/07/2023	Time of Crash 1425 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 1	Number Injured 0	Speed Limit 10	Latitude	Longitude	State Police Local Police MBTA Police Campus Police Other:																
AT INTERSECTION:			< LOCATION >			NOT AT INTERSECTION:																					
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street			357 MIDDLESEX AVE																					
At			Feet N S E W of			Mile Marker Exit Number																					
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of			Route# Intersecting Roadway/Street																					
Also at Intersection with			Feet N S E W of			Landmark																					
Route# Direction Name of Intersecting Roadway/Street																											
Please Select One of the Following:			<input checked="" type="checkbox"/> Vehicle 1 Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Crash Report ID# 23-371-AC															
License			DOB/Age			Reg # 1EG524			Reg Type PC			Reg State MA															
Sex F Lic. Class D 19 19			Lic. Restrictions 20			Veh Year 2022			Veh Make MITSUBISHI			Veh Config. 1 21															
Operator BROWN, COLLEEN			Owner BROWN, ROBERT GARY																								
Address 3 DADANT DR			Address 3 DADANT DR																								
City WILMINGTON State MA Zip 01887			City WILMINGTON State MA Zip 01887-2112																								
Insurance Company THE COMMERCE INSURANCE CO			Vehicle Action Prior to Crash 1 22			Damaged Area Code: 3 27 27 27																					
Vehicle Travel Direction: N X E W			Responding to Emergency? 2			Event Sequence 4 23 23 23 23			Test Status: 1 28																		
Citation # (If Issued)			Most Harmful Event 4 24			Type of Test: 29			BAC Test Result: 1 30																		
Viol. 1: Ch/Sec/Sub			Viol. 2: Ch/Sec/Sub			Driver Contributing Code 1 25 25			Susp. Alcohol: 2 31			Susp. Drug: 2 32															
Viol. 3: Ch/Sec/Sub			Viol. 4: Ch/Sec/Sub			Driver Distracted by 0 26			Towed from scene? 2 33																		
Please fill out for operator and all occupants involved																											
Name (Last First Middle)		Address		DOB/Age		Sex		34 Seat Pos.		35 Safety System		36 Airbag Status		37 Eject Code		38 Trap Code		39 Injury Status		40 Transp. Code		Medical Facility					
Operator		See Above		X		X		1		1		4		0		0		10		1							
Please Select One of the Following:												<input type="checkbox"/> Vehicle 2 Occupants		<input checked="" type="checkbox"/> Non-Motorist A		Type 2 15		Action 2 16		Location 2 17		Condition 1 18		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped	
License #												St		DOB/Age		Reg #		Reg Type		Reg State							
Sex M Lic. Class D 19 19												Lic. Restrictions 20		Veh Year		Veh Make		Veh Config. 21									
Operator MCLAUGHLIN, JAMES												Owner															
Address 34 NORTH ST												Address															
City WILMINGTON State MA Zip 01887												City		State		Zip											
Insurance Company												Vehicle Action Prior to Crash 1 22		Damaged Area Code: 0 27 27 27													
Vehicle Travel Direction: N S E X												Responding to Emergency?		Event Sequence 1 23 23 23 23		Test Status: 1 28											
Citation # (If Issued)												Most Harmful Event 1 24		Type of Test: 29		BAC Test Result: 1 30											
Viol. 1: Ch/Sec/Sub												Viol. 2: Ch/Sec/Sub		Driver Contributing Code 19 25 25		Susp. Alcohol: 2 31		Susp. Drug: 2 32									
Viol. 3: Ch/Sec/Sub												Viol. 4: Ch/Sec/Sub		Driver Distracted by 0 26		Towed from scene? 2 33											
Please fill out for operator/non-motorist and all occupants involved																											
Name (Last First Middle)		Address		DOB/Age		Sex		34 Seat Pos.		35 Safety System		36 Airbag Status		37 Eject Code		38 Trap Code		39 Injury Status		40 Transp. Code		Medical Facility					
Operator/Non-Motorist		See Above		X		X		1		10								10		1							

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ○ = Pedestrian ○ = Bicycle

Crash Diagram:

ie: → 1 → 2 → ○ → ○

Dunkin Donuts 	RMV → 	If Crash <u>Did Not</u> Occur on a Public Way: <input type="checkbox"/> Off-Street Parking Lot <input type="checkbox"/> Garage <input type="checkbox"/> Mall/Shopping Center <input type="checkbox"/> Other Private Way Indicate North by Arrow
357 Middlesex Ave		

Crash Narrative:

Vehicle 1 was pulling into the parking lot of Dunkin Donuts to go through the drive through. Bicycle 2 was traveling across the parking lot of the RMV heading towards Dunkin Donuts. When Vehicle 1 was traveling across the intersection between parking lots, bicycle 2 continued to ride forward and collided with the passenger side of vehicle 1. the operator of bicycle 2 fell over and complained of knee pained but stated he was uninjured. A medical refusal was signed by the operator of bicycle's grandmother. Vehicle 1 suffered minor damage to the side of her vehicle and the operator suffered no injuries.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
COLLIER JULIE ANN	5 WEBSTER CT STONEHAM MA 02180		

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

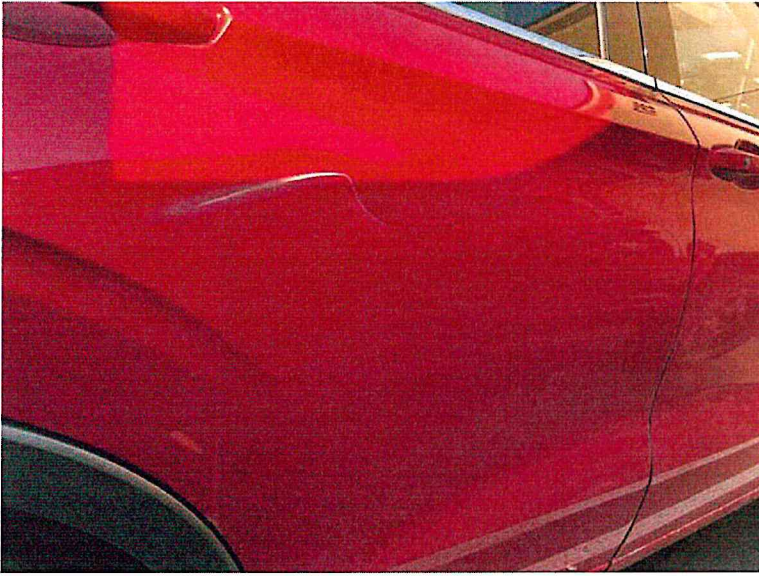
Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 46

Hazmat Information:

Placard 47 Material 1 digit # 48 Material Name _____ Material 4 digit # _____ Release code 49

Patrol Officer Thomas Lawrenson	222	Wilmington Police Department	11/07/2023
Police Officer Name (Please Print)	Signature	ID/Badge #	Department
		Precinct/Barracks	Date

Wilmington Police Department
Images Associated with 23-371-AC



Police Use Only

Date of Crash
11/09/2023

Time of Crash
1828
24HR

City/Town
Wilmington

Commonwealth of Massachusetts

Motor Vehicle Crash
Police Report

RMV Document Number

Speed Limit 35

State Police ☐

Local Police ☐

MBTA Police ☐

Campus Police ☐

Other: ☐

Number Vehicles
2

Number Injured
0

Latitude _____

Longitude _____

AT INTERSECTION:

LOCATION

NOT AT INTERSECTION:

Route# _____ Direction _____ Name of Roadway/Street _____

At _____

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

Also at Intersection with _____

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

Route# 154 Direction _____ Address # _____ Name of Roadway/Street MAIN ST

_____ Feet NSEW of _____ • _____ or _____ Exit Number _____

_____ Feet NSEW of _____ Route# _____ Intersecting Roadway/Street _____

_____ Feet NSEW of _____ Landmark _____

Please Select One of the Following:☒ Vehicle 1 #Occupants 1☐ Hit/Run☐ Moped

Crash Report ID# 23-372-AC

License # _____ S _____ DOB/Age _____

Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL _____ Endorsement _____

Operator PICKETT, DONNA M

Address 19 CRESENT ST

City WILMINGTON State MA Zip 01887-1867

Insurance Company SAFETY INSURANCE COMPANY

Vehicle Travel Direction: NSEW Responding to Emergency? 2

Citation # (If Issued) _____

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____

Reg # 5MW757 Reg Type PC Reg State MA

Veh Year 2023 Veh Make NISSAN Veh Config. 1 21

Owner PICKETT, DONNA M

Address 19 CRESENT ST

City WILMINGTON State MA Zip 01887-1867

Vehicle Action Prior to Crash 2 22

Event Sequence 1 23 23 23 23

Most Harmful Event 1 24

Driver Contributing Code 1 25 25

Driver Distracted by 0 26

Damaged Area Code: 4 27 27 27

Test Status: 1 28

Type of Test: 29

BAC Test Result: 30

Susp. Alcohol: 2 31 Susp. Drug: 2 32

Towed from scene? 2 33

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above			<u>1</u>	<u>0</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	

Please Select One of the Following:☒ Vehicle 2 #Occupants 1☐ Non-Motorist A

Type 15 Action 16 Location 17 Condition 18☐ Hit/Run☐ Moped

License # _____ St _____ DOB/Age _____

Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL _____ Endorsement _____

Operator CRUZ, ERIC JR

Address 57 ESSEX ST

City BEVERLY State MA Zip 01915-4642

Insurance Company OLD REPUBLIC INSURANCE CO

Vehicle Travel Direction: NSEW Responding to Emergency? 2

Citation # (If Issued) _____

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____

Reg # X21599 Reg Type CO Reg State MA

Veh Year 2021 Veh Make _____ Veh Config. 6 21

Owner AMAZON LOGISTICS INC

Address 410 TERRY N AVE

City SEATTLE State WA Zip 98109-5210

Vehicle Action Prior to Crash 1 22

Event Sequence 1 23 23 23 23

Most Harmful Event 1 24

Driver Contributing Code 19 25 7 25

Driver Distracted by 99 26

Damaged Area Code: 8 27 27 27

Test Status: 1 28

Type of Test: 29

BAC Test Result: 30

Susp. Alcohol: 2 31 Susp. Drug: 2 32

Towed from scene? 2 33

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

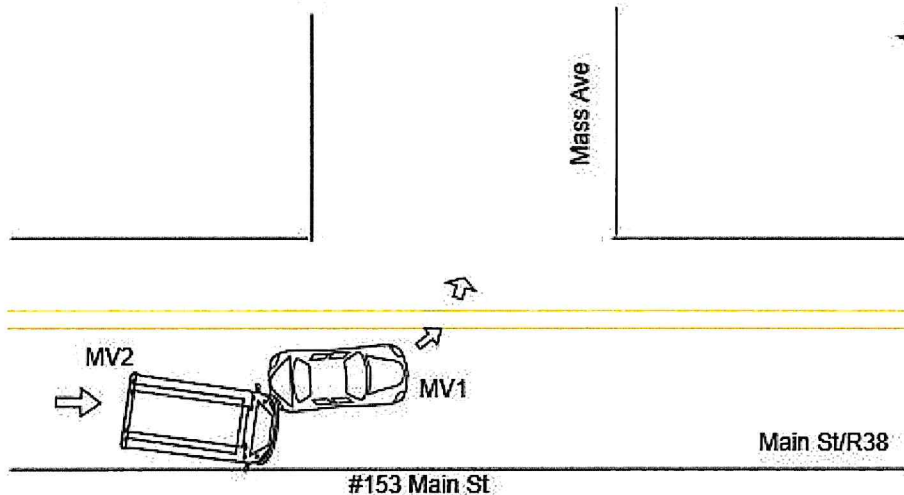
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above			<u>1</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	

Form No. 10364 CRA-63 09/18

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ○ = Pedestrian ○ = Bicycle

Crash Diagram:

ie: → 1 → 2 → ○ → ○



If Crash Did Not Occur on a Public Way:

- ☐ Off-Street Parking Lot
- ☐ Garage
- ☐ Mall/Shopping Center
- ☐ Other Private Way

Indicate North by Arrow



Crash Narrative:

MV1 (Nissan) and MV2 (Amazon Box Truck) were both traveling south on Main St. MV1 was stopped on Main St, attempting to safely turn left onto Mass Ave and was struck from behind by MV2. Operator of MV2 attempted to swerve right but still struck the rear passenger side of MV1. MV1 had damage to the rear passenger side and MV2 had damage to the front drivers side. Both parties refused medical care and both vehicles were still operable.

Witnesses:

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

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property

Truck and Bus Information:

Registration # **X21599** (From Vehicle Section)

Carrier Name **Amazon Logistics Inc** Bus Use **0** ⁴²

Address **1165 SANCTUARY PKWY** City **ALPHARELLA** St **GA** Zip **30009**

US DOT #: **2881058** State Number _____ Issuing State **MA** MC/MX/ICC #: _____

Interstate **43** Cargo Body Type Code **97** ⁴⁴ GVWR/GCWR **1** ⁴⁵

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length **46**

Hazmat Information:

Placard **47** Material 1 digit # **48** Material Name _____ Material 4 digit # _____ Release code **49**

Patrol Officer **Daryl J Ceruolo**

212
ID/Badge #

Wilmington Police Department
Department

11/09/2023
Date

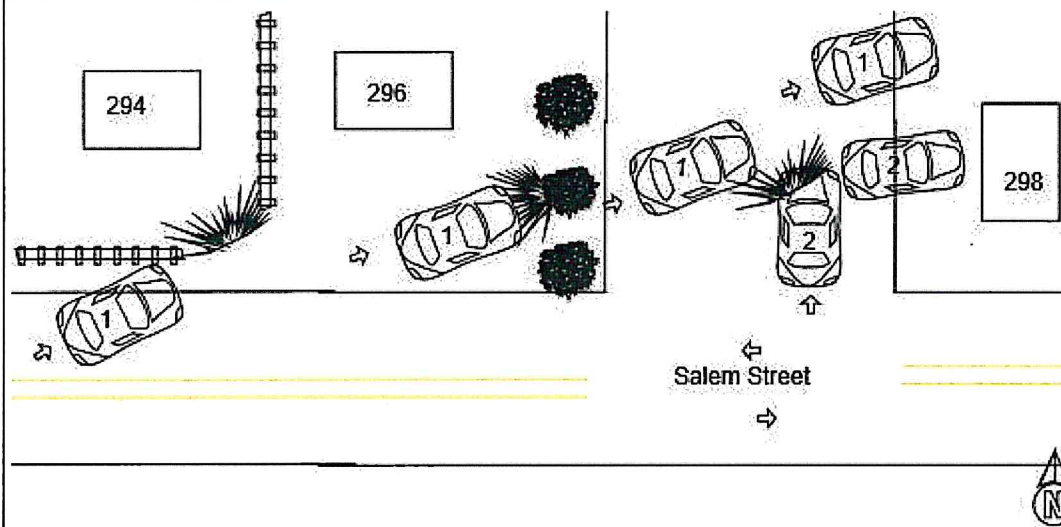


Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 11/10/2023	Time of Crash 1350 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 2	Speed Limit 30	State Police Local Police MBTA Police Campus Police Other:	
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street							
At			Feet N S E W of Mile Marker Exit Number							
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Route# Intersecting Roadway/Street							
Also at Intersection with			Landmark							
Route# Direction Name of Intersecting Roadway/Street										
Please Select One of the Following:			<input checked="" type="checkbox"/> Vehicle 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Crash Report ID# 23-373-AC	
License # St DOB/Ag			Reg # 7TC536		Reg Type PC		Reg State MA			
Sex F Lic. Class D 19 19 Lic. Restrictions B 20 CDL Endorsement			Veh Year 2021		Veh Make NISSAN		Veh Config. 1 21			
Operator CZAR, DIANE MARIE			Owner CZAR, DIANE MARIE							
Address 28 RIVERDALE AVE			Address 28 RIVERDALE AVE							
City TEWKSBURY State MA Zip 01876-2333			City TEWKSBURY State MA Zip 01876-2333							
Insurance Company AMICA MUTUAL INSURANCE CO			Vehicle Action Prior to Crash 1 22		Damaged Area Code: 8 27 27 27					
Vehicle Travel Direction: N S E W Responding to Emergency? 2			Event Sequence 30 23 1 23 23 23		Test Status: 1 28					
Citation # (If Issued) 276270AC			Most Harmful Event 1 24		Type of Test: 29					
Viol. 1: Ch/Sec/Sub 89 4 Viol. 2: Ch/Sec/Sub 90 16			Driver Contributing Code 9 25 25		BAC Test Result: 30					
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Distracted by 99 26		Susp. Alcohol: 2 31 Susp. Drug: 99 32					
Please fill out for operator and all occupants involved										
Name (Last First Middle) Address			DOB/Age Sex		34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code		Medical Facility			
Operator See Above			1 99 4 0 0 9 2				Lahey Clinic			
Please Select One of the Following:			<input checked="" type="checkbox"/> Vehicle 2 #Occupants		<input type="checkbox"/> Non-Motorist A		Type 15 Action 16 Location 17 Condition 18		<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped	
License # St DOB/Ag			Reg # 1535494		Reg Type PC		Reg State NH			
Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2015		Veh Make Jeep		Veh Config. 1 21			
Operator CONROY, KIMBERLY A			Owner CONROY, KIMBERLY A							
Address 9 ORCHARD LN			Address 9 ORCHARD LN							
City PELHAM State NH Zip 03076			City PELHAM State NH Zip 03076							
Insurance Company MAPFRE			Vehicle Action Prior to Crash 1 22		Damaged Area Code: 1 27 8 27 27					
Vehicle Travel Direction: N S E W Responding to Emergency? 2			Event Sequence 1 23 23 23 23		Test Status: 1 28					
Citation # (If Issued)			Most Harmful Event 1 24		Type of Test: 29					
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Driver Contributing Code 1 25 25		BAC Test Result: 30					
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Distracted by 0 26		Susp. Alcohol: 2 31 Susp. Drug: 2 32					
Please fill out for operator/non-motorist and all occupants involved										
Name (Last First Middle) Address			DOB/Age Sex		34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code		Medical Facility			
Operator/Non-Motorist See Above			1 1 3 0 0 8 2				Winchester Hospital			

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 = Pedestrian = Bicycle

Crash Diagram:

ie: → 1 → 2 →



If Crash Did Not Occur on a Public Way:

- ☐ Off-Street Parking Lot
- ☐ Garage
- ☐ Mall/Shopping Center
- ☐ Other Private Way

Indicate North by Arrow



Crash Narrative:

MV1 WAS TRAVELING EAST ON SALEM ST WHEN IT CROSSED THE FOG LINE, HIT A FENCE AND SPRINKLERS AT 294 SALEM ST, RAN OVER THE LAWN OF 296 SALEM ST, HITTING A SMALL PLANTED TREE, CROSSED ONTO ARLENE AVE, STRUCK MV2, AND CAME TO A STOP IN THE DRIVEWAY OF 298 SALEM ST. MV2 WAS TRAVELING NORTH ON ARLENE AVE WHEN MV1 STRUCK MV2 IN THE LEFT/Front END OF MV2. THERE WAS DAMAGE TO THE FENCE OF 294 SALEM STREET, POSSIBLY THE SPRINKLERS OF 294 SALEM STREET, THE LAWN OF 294 SALEM STREET AND LAWN OF 296 SALEM STREET, A PLANTED TREE IN THE LAWN OF 296 SALEM STREET, AND SIGNIFICANT DAMAGE TO THE FRONT END OF MV2. ONLY MV2 HAD AIRBAGS DEPLOYED. OPERATORS OF BOTH VEHICLES WERE TRANSPORTED TO THE HOSPITAL. BOTH VEHICLES WERE TOWED BY CAINS TOWING.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
PECK THOMAS	203 SALEM ST WILMINGTON MA 01887		
CHENG JESSICA	124 SALEM ST WILMINGTON MA 01887-4005)	

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
ROBINSON CHARLES R	294 SALEM ST WILMINGTON MA 01887			FENCE, SPRINKLER, LAWN
BAHAUDDIN SHEIKH M	296 SALEM ST WILMINGTON MA 01887-1			LAWN AND TREE

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 46

Hazmat Information:

Placard 47 Material 1 digit # 48 Material Name _____ Material 4 digit # _____ Release code 49

Patrol Officer Kayla M Hanson

Police Officer Name (Please Print)

Signature

230

ID/Badge #

Wilmington Police Department

Department

Precinct/Barracks

11/10/2023

Date

Wilmington Police Department
Images Associated with 23-373-AC



Wilmington Police Department
Images Associated with 23-373-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 11/11/2023	Time of Crash 1118 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 1	Speed Limit 30	State Police Local Police MBTA Police Campus Police Other:		
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street							
At			Feet N S E W of or Mile Marker Exit Number							
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Route# Intersecting Roadway/Street							
Also at Intersection with			Landmark							
Route# Direction Name of Intersecting Roadway/Street										
Please Select One of the Following:			<input checked="" type="checkbox"/> Vehicle 1 Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Crash Report ID# 23-374-AC	
License # St. DOB/Age			Reg # 3ATM86		Reg Type PC		Reg State MA			
Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2021		Veh Make		Veh Config. 1 21			
Operator WILSON, MARY JEAN			Owner WILSON, ROBERT ARTHUR							
Address 3 EMERALD CT			Address 3 EMERALD CT							
City TEWKSBURY State MA Zip 01876-5202			City TEWKSBURY State MA Zip 01876-5202							
Insurance Company AMICA MUTUAL INSURANCE CO			Vehicle Action Prior to Crash 4 22		Damaged Area Code: 1 27 27 27					
Vehicle Travel Direction: N S X W Responding to Emergency? 2			Event Sequence 1 23 23 23 23		Test Status: 28					
Citation # (If Issued)			Most Harmful Event 1 24		Type of Test: 29					
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Driver Contributing Code 19 25 25		BAC Test Result: 30					
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Distracted by 99 26		Susp. Alcohol: 31 Susp. Drug: 32					
Please fill out for operator and all occupants involved										
Name (Last First Middle) Address			DOB/Age Sex		34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code		Medical Facility			
Operator See Above			X X		1 1 4 0 0 10 1					
Please Select One of the Following:			<input checked="" type="checkbox"/> Vehicle 2 Occupants		<input type="checkbox"/> Non-Motorist A		Type 15 Action 16 Location 17 Condition 18		<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped	
License # St. DOB/Age			Reg # 684PJ8		Reg Type PC		Reg State MA			
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2000		Veh Make HONDA		Veh Config. 1 21			
Operator TAMANG, DAVID LEE			Owner SULERUD, COURTNEY M							
Address 5 MEADOWBROOK RD			Address 5 MEADOWBROOK RD							
City WILMINGTON State MA Zip 01887-4702			City WILMINGTON State MA Zip 01887-4702							
Insurance Company LM GENERAL INSURANCE COMP			Vehicle Action Prior to Crash 1 22		Damaged Area Code: 1 27 27 27					
Vehicle Travel Direction: N X E W Responding to Emergency? 2			Event Sequence 1 23 23 23 23		Test Status: 28					
Citation # (If Issued)			Most Harmful Event 1 24		Type of Test: 29					
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Driver Contributing Code 1 25 25		BAC Test Result: 30					
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Distracted by 0 26		Susp. Alcohol: 31 Susp. Drug: 32					
Please fill out for operator/non-motorist and all occupants involved										
Name (Last First Middle) Address			DOB/Age Sex		34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code		Medical Facility			
Operator/Non-Motorist See Above			X X		1 1 4 0 0 10 1					
COURTNEY SULERUD			5 MEADOWBROOK RD WILMINGTON, MA 01887-4702		F 3 1 4 0 0 9 1					
					4 4 4 0 0 10 1					
					6 4 4 0 0 10 1					

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ○ = Pedestrian ○ = Bicycle

Crash Diagram:

ie: → 1

→ 2

→ ○

→ ○

lowell st.

v2
v1

woburn street



If Crash Did Not Occur on a Public Way:

- ☐ Off-Street Parking Lot
- ☐ Garage
- ☐ Mall/Shopping Center
- ☐ Other Private Way

Indicate North by Arrow



Crash Narrative:

The Driver of V1 was turning left onto Woburn Street. She "did not see v2, just heard a boom while she was turning"

V2 was traveling straight on Lowell st. When v1 pulled suddenly in front of him causing accident. This was confirmed by witness.

Both vehicles had green light.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
SULLIVAN JAMES M	45 MEADE ST TEWKSBURY MA 01876-1519		

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 46

Hazmat Information:

Placard 47 Material 1 digit # 48 Material Name _____ Material 4 digit # _____ Release code 49

Patrol Officer Brian D Thornton

Police Officer Name (Please Print)

Signature

190

ID/Badge #

Wilmington Police Department

Department

Precinct/Barracks

11/11/2023

Date

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 11/11/2023	Time of Crash 1414 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 25 Latitude Longitude	State Police Local Police MBTA Police Campus Police Other	
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
CHURCH ST										
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street							
At					Feet N S E W of or Mile Marker Exit Number					
ADAMS ST										
Route# Direction Name of Intersecting Roadway/Street					Feet N S E W of Route# Intersecting Roadway/Street					
Also at Intersection with										
Route# Direction Name of Intersecting Roadway/Street					Landmark					
Please Select One of the Following:			<input checked="" type="checkbox"/> Vehicle 1 Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Crash Report ID# 23-375-AC	
License # St DOB/Age			Reg # T988		Reg Type PC		Reg State MA			
Sex M Lic. Class D 19 19 Lic. Restrictions 99 20 CDL Endorsement			Veh Year 2017		Veh Make CHRYSLER		Veh Config. 1 21			
Operator CELLA, NICHOLAS PAUL			Owner CELLA, KATHLENE M							
Address 10 MARCUS RD			Address 10 MARCUS RD							
City WILMINGTON State MA Zip 01887-1547			City WILMINGTON State MA Zip 01887-1547							
Insurance Company THE COMMERCE INSURANCE CO			Vehicle Action Prior to Crash 1 22		Damaged Area Code: 7 27 27 27					
Vehicle Travel Direction: N X E W Responding to Emergency? 2			Event Sequence 1 23 23 23 23		Test Status: 1 28					
Citation # (If Issued)			Most Harmful Event 1 24		Type of Test: 99 29					
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Driver Contributing Code 19 25 25		BAC Test Result: 1 30					
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Distracted by 0 26		Susp. Alcohol: 2 31 Susp. Drug: 2 32					
Please fill out for operator and all occupants involved										
Name (Last First Middle) Address			DOB/Age Sex		34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code		Medical Facility			
Operator			See Above		1 99 4 0 0 10 1					
Please Select One of the Following:			<input checked="" type="checkbox"/> Vehicle 2 Occupants		<input type="checkbox"/> Non-Motorist A		Type 15 Action 16 Location 17 Condition 18		<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped	
License # St DOB/Age			Reg # NEDJ34		Reg Type PC		Reg State MA			
Sex M Lic. Class D 19 19 Lic. Restrictions 99 20 CDL Endorsement			Veh Year 2022		Veh Make TOYOTA		Veh Config. 1 21			
Operator COX, DOUGLAS W			Owner COX, DOUGLAS W							
Address 22 BEECHING AVE			Address 22 BEECHING AVE							
City WILMINGTON State MA Zip 01887-1323			City WILMINGTON State MA Zip 01887-1323							
Insurance Company THE COMMERCE INSURANCE CO			Vehicle Action Prior to Crash 1 22		Damaged Area Code: 8 27 27 27					
Vehicle Travel Direction: N S E X Responding to Emergency? 2			Event Sequence 1 23 23 23 23		Test Status: 1 28					
Citation # (If Issued)			Most Harmful Event 1 24		Type of Test: 99 29					
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Driver Contributing Code 19 25 25		BAC Test Result: 1 30					
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Distracted by 0 26		Susp. Alcohol: 2 31 Susp. Drug: 2 32					
Please fill out for operator/non-motorist and all occupants involved										
Name (Last First Middle) Address			DOB/Age Sex		34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code		Medical Facility			
Operator/Non-Motorist			See Above		1 99 4 0 0 10 1					

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ○ = Pedestrian ○ = Bicycle

Crash Diagram:

ie: → 1 → 2 → ○ → ○

Church Street

Adams Street

V1

V2

STOP

North Arrow

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Indicate North by Arrow

→

Crash Narrative:

On Saturday November 11, 2023 at approximately 2:19pm I was dispatched to Church Street at Adams Street for a two car motor vehicle crash. Upon arrival I observed Op1 and Op2 standing by their vehicles. Op1 stated he was driving southbound on Church Street and was turning onto Adams Street and Op2 ran the stop sign and struck the side of his vehicle at the intersection. Op2 stated he was traveling Westbound on Adams Street and stopped at the stop sign and proceeded into the intersection and V1 was traveling too fast and struck him as he was turning left onto Church Street. Both vehicles had minor damage and were driveable. Both operators declined medical attention and left in their vehicles after the information exchange.

Witnesses:

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

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 46

Hazmat Information:

Placard 47 Material 1 digit # 48 Material Name _____ Material 4 digit # _____ Release code 49

Patrol Officer John A Fortes

Police Officer Name (Please Print)

Signature

228

ID/Badge #

Wilmington Police Department

Department

Precinct/Barracks

11/11/2023

Date

Wilmington Police Department
Images Associated with 23-375-AC

