

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 01/21/2024	Time of Crash 1857 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 35	Latitude	Longitude	State Police Local Police MBTA Police Campus Police Other
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
1 4			CHURCH ST		2 10					
Route# Direction			Name of Roadway/Street		Route# Direction Address # Name of Roadway/Street					
At					Feet N S E W of . or Exit Number					
2 1			CENTRAL ST		3 11					
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					
Route# Direction			Name of Intersecting Roadway/Street		Landmark					
Please Select One of the Following:			☒ Vehicle 14 #Occupants		☐ Hit/Run		☐ Moped		Crash Report ID# 24-25-AC	
License #			DOB/Ag.		Reg # 1DRS98		Reg Type PC		Reg State MA	
Sex F Lic. Class 19 19			Lic. Restrictions 20		Veh Year 2015		Veh Make TOYOTA		Veh Config. 1 21	
Operator MORRISON, TICHINA EBONY			CDL Endorsement		Owner LAI TRUST		Last First Middle			
Address 16C STRAWBERRY HILL RD APT 36C			City ACTON State MA Zip 01720-0000		Address 12600 N FEATHERWOOD ST APT 400		City HOUSTON State TX Zip 77034-0000			
Insurance Company PHILADELPHIA INDEMNITY IN			Vehicle Travel Direction: N X E W		Responding to Emergency? 2		Vehicle Action Prior to Crash 6 22		Damaged Area Code: 8 27 1 27 2 27	
Citation # (If Issued)			Event Sequence 1 23 23 23 23		Test Status: 1 28		Type of Test: 29		BAC Test Result: 1 30	
Viol. 1: Ch/Sec/Sub			Viol. 2: Ch/Sec/Sub		Most Harmful Event 1 24		Driver Contributing Code 4 25 19 25		Susp. Alcohol: 31 Susp. Drug: 32	
Viol. 3: Ch/Sec/Sub			Viol. 4: Ch/Sec/Sub		Driver Distracted by 99 26		Towed from scene? 1 33			
Please fill out for operator and all occupants involved			Name (Last First Middle)		Address		DOB/Age		Sex	
Operator			See Above				1 99		3 0 0 10 2	
KAVON DUNBAR			82 HIGH ST WILMINGTON, MA 01887		05/24/2007 M		99 99		3 0 0 10 2	
KEYANA JACKSON			82 HIGH ST WILMINGTON, MA 01887		05/21/2007 F		99 99		3 0 0 10 2	
MARCELLO DOS ANJOS			82 HIGH ST WILMINGTON, MA 01887		06/07/2010 M		99 99		3 0 0 10 2	
Please Select One of the Following:			☒ Vehicle 25 #Occupants		☐ Non-Motorist A		Type 15 Action 16 Location 17 Condition 18		☐ Hit/Run ☐ Moped	
License #			DOB/Ag.		Reg # 31MD38		Reg Type PC		Reg State MA	
Sex F Lic. Class 19 19			Lic. Restrictions 20		Veh Year 2010		Veh Make NISSAN		Veh Config. 1 21	
Operator HERBERCHUK, ANGELINA MAE			CDL Endorsement		Owner CONLEY, ALYSSA ANNE		Last First Middle			
Address 8 GIBSON CT			City NORTH ANDOVER State MA Zip 01845-4246		Address 8 GIBSON CT		City NORTH ANDOVER State MA Zip 01845-4246			
Insurance Company THE COMMERCE INSURANCE CO			Vehicle Travel Direction: N S X W		Responding to Emergency? 2		Vehicle Action Prior to Crash 1 22		Damaged Area Code: 7 27 8 27 1 27	
Citation # (If Issued)			Event Sequence 1 23 23 23 23		Test Status: 1 28		Type of Test: 29		BAC Test Result: 1 30	
Viol. 1: Ch/Sec/Sub			Viol. 2: Ch/Sec/Sub		Most Harmful Event 1 24		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 99 26		Towed from scene? 1 33			
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 1		4 0 0 10 1	
DYLAN SMERDON			92 UNION ST NORTH ANDOVER, MA 01845		M		4 1		4 0 0 10 1	
EMILY SMERDON			92 UNION ST NORTH ANDOVER, MA 01845		F		3 1		4 0 0 10 1	

→ = 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 eastbound on Church Street/Route 62. MV2 was traveling southbound on Central Street and stopped at the intersection of Church St. and Central Street. MV1 was traveling straight ahead. MV2 stopped, then entered the traffic lane, and drove straight across Church Street towards Thurston Ave as MV1 continued traveling down Church St. MV2 collided with MV1 while cutting across the eastbound travel lane. The force of the collision caused MV1 to leave the roadway and come to rest in the front yard of 99 Church St. MV1 suffered left side and front end damage. MV2 suffered front end and right side damage as well as airbag deployment. Both vehicles were disabled and towed from the scene by Cain's Towing. Some of the passengers of MV1 suffered possible minor injuries, but all parents denied medical care with the WFD. The operator and occupants of MV2 were transported to Winchester Hospital by the WFD due to their juvenile status.

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 A Wilson 209 Wilmington Police Department 01/21/2024
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

NARRATIVE FOR PATROL OFFICER MICHAEL A WILSON

Ref: 24-25-AC

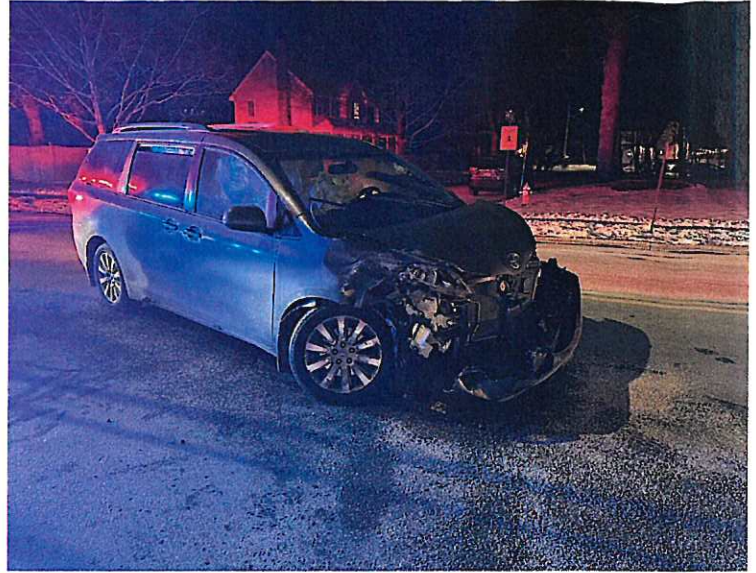
Entered: 01/21/2024 @ 2322	Entry ID: 209
Modified: 01/21/2024 @ 2326	Modified ID: 209
Approved: 01/23/2024 @ 0821	Approval ID: 135

The operator of MV1 later reported that one of the male occupants of MV2 exited their vehicle after the collision, approached her driver's side door and began acting aggressively towards her. She stated that he began pulling on her damaged driver's side door and yelling, "What are you stupid, don't you know how to stop!" However, Ms. Herberchuk stated that she was unable to exit her driver's side door, due to the damage of the crash, but that the other male passenger eventually pulled the aggressive male away from her vehicle and her vehicle. She was unable to identify which of the two males was yelling at her, but confirmed that there was no physical contact or assault.

Respectfully Submitted,

Patrolman Michael A. Wilson #209

Wilmington Police Department
Images Associated with 24-25-AC



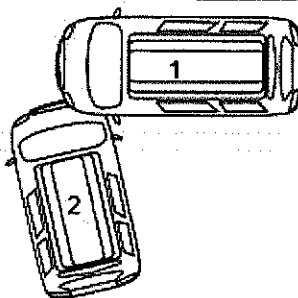
Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 01/22/2024	Time of Crash 0919 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 1	Speed Limit Latitude Longitude	State Police Local Police MBTA Police Campus Police Other:	
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street					2 10		
At			Feet N S E W of or Exit Number					9 11		
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							
Route# Direction Name of Intersecting Roadway/Street			Landmark							
Please Select One of the Following:			☒ Vehicle 1 #Occupants		☐ Hit/Run		☐ Moped		Crash Report ID# 24-26-AC	
License # S DOB/Age			Reg # 8307ML		Reg Type PC		Reg State MA		1 12	
Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement			Veh Year 2012		Veh Make LEXUS		Veh Config. 1		21	
Operator PATEL, NEIL NILESH			Owner RADHE INC							
Address 26 WHIPPLE RD			Address 2 PARK AVE							
City LEXINGTON State MA Zip 02420-2726			City ARLINGTON State MA Zip 02174-0000							
Insurance Company SAFETY INSURANCE COMPANY			Vehicle Action Prior to Crash 1		Damaged Area Code: 6 27 7 27 27					
Vehicle Travel Direction: X 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: 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				1 13	
Please fill out for operator and all occupants involved										
Name (Last First Middle)			Address		DOB/Age		Sex		34 Sent 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 9 2 Lahey Clinic	
Please Select One of the Following:			☒ Vehicle 2 #Occupants		☐ Non-Motorist A		Type 15 Action 16 Location 17 Condition 18		☐ Hit/Run ☐ Moped	
License # S DOB/Age			Reg # VTJB54		Reg Type PC		Reg State MA		1 14	
Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement			Veh Year 2016		Veh Make Jeep		Veh Config. 1		21	
Operator FLAHERTY, ELLEN THERESA			Owner BROWNE, ANNA M							
Address 42 NICHOLS ST EXT			Address 30 PARKER ST							
City WOBURN State MA Zip 01801-1556			City WOBURN State MA Zip 01801-5935							
Insurance Company SAFETY INSURANCE COMPANY			Vehicle Action Prior to Crash 6		Damaged Area Code: 1 27 2 27 27					
Vehicle Travel Direction: N S X W Responding to Emergency? 2			Event Sequence 1 23 23 23 23		Test Status: 1 28					
Citation # (If Issued) 404597AC-CN			Most Harmful Event 1 24		Type of Test: 29					
Viol. 1: Ch/Sec/Sub 89 8 Viol. 2: Ch/Sec/Sub			Driver Contributing Code 19 25 4 25		BAC Test Result: 1 30					
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Distracted by 99 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 Sent 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	

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○

260 Main St.



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 travelling northbound in the parking lot of Market Basket, 260 Main St. MV2 was travelling eastbound, as MV2 was crossing over the intersection, it collided into MV1. Moderate damage and operator of MV1 had minor injury to the back.

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 Brian Tavares

206

Wilmington Police Department

01/22/2024

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Police Use Only			Commonwealth of Massachusetts				RMV Document Number					
Date of Crash 01/22/2024	Time of Crash 1003 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:							
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street		Route# Direction Address # Name of Roadway/Street							
At			Feet ☒ S ☒ E ☒ W of		Feet ☒ S ☒ E ☒ W of							
Route# Direction Name of Intersecting Roadway/Street			Mile Marker		Exit Number							
Also at Intersection with			Feet ☒ S ☒ E ☒ W of		Route# Intersecting Roadway/Street							
Route# Direction Name of Intersecting Roadway/Street			Landmark									
Please Select One of the Following: ☒ Vehicle 1 Occupants ☐ Hit/Run ☐ Moped			Crash Report ID# 24-27-AC									
License #, S DOB/Age			Reg # 2RJB98		Reg Type PC		Reg State MA					
Sex F Lic. Class D Lic. Restrictions 1 CDL Endorsement			Veh Year 2019		Veh Make Jeep		Veh Config. 1					
Operator ROCHE MORISSET, DJENANE GISELE			Owner ALPHONSE, WETIELLO									
Address 765 BROADWAY APT 7			Address 57 WINTER ST APT 1									
City EVERETT State MA Zip 02149-4024			City MELROSE State MA Zip 02176-3920									
Insurance Company THE STANDARD FIRE INSURAN			Vehicle Action Prior to Crash 2		Damaged Area Code: 5 27 27 27							
Vehicle Travel Direction: ☒ 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			Driver Contributing Code 1 25 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? 3 33							
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		1		1		4 0 0 10 2		Lahey Clinic	
Please Select One of the Following: ☒ Vehicle 2 Occupants ☐ Non-Motorist A Type 15 Action 16 Location 17 Condition 18 ☐ Hit/Run ☐ Moped												
License #, S DOB/Age			Reg # 4695306		Reg Type PC		Reg State NH					
Sex M Lic. Class D Lic. Restrictions 1 CDL Endorsement			Veh Year 2017		Veh Make HYUNDAI		Veh Config. 1					
Operator ST PIERRE, PATRICK ROY			Owner ST PIERRE, PATRICK ROY									
Address 3 GORDON DR			Address 3 GORDON DR									
City LONDONDERRY State NH Zip 03053			City LONDONDERRY State NH Zip 03053									
Insurance Company			Vehicle Action Prior to Crash 2		Damaged Area Code: 1 27 27 27							
Vehicle Travel Direction: ☒ 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			Driver Contributing Code 19 25 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? 2 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		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		4 0 0 10 1			

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○



442 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:

Motor Vehicle 1 and Motor Vehicle 2 were driving north on Main Street with traffic stopped in front of them. Motor Vehicle 2 stated he rear ended Motor Vehicle 1 while they were stopped/slowing in traffic. There was minor damage to Motor Vehicle 1's rear bumper. Operator of Motor Vehicle 1 was transported to Lahey Hospital and her vehicle was towed by Cain's Towing.

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 Joshua I DeBarros

Police Officer Name (Please Print)

Signature

234

ID/Badge #

Wilmington Police Department

Department

Precinct/Barracks

01/22/2024

Date

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 01/22/2024	Time of Crash 1430 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 35	State Police Local Police MBTA Police Campus Police Other:	
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
MIDDLESEX AVE										
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street							
At										
GLEN RD										
Route# Direction Name of Intersecting Roadway/Street			Route# Direction Address # Name of Roadway/Street							
Also at Intersection with										
Route# Direction Name of Intersecting Roadway/Street			Route# Direction Address # Name of Roadway/Street							
Please Select One of the Following:			☒ Vehicle 1 Occupants		☐ Hit/Run		☐ Moped		Crash Report ID# 24-28-AC	
License # St. JOB/Age.			Reg # V55934		Reg Type CO		Reg State MA			
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2019		Veh Make CHEVROLET		Veh Config. 1			
Operator RODRIGUEZ ZELAYA, JONATHAN JAE			Owner ENTERPRISE FM TRUST							
Address 38 EDEN ST APT 1			Address 600 CORPORATE PARK DR							
City CHELSEA State MA Zip 02150-3086			City SAINT LOUIS State MO Zip 63105-4204							
Insurance Company STARR INDEMNITY AND LIABI			Vehicle Action Prior to Crash 1		Damaged Area Code: 1 27 2 27					
Vehicle Travel Direction: N S X 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: 1 29					
Viol. 1: Ch/Sec/Sub			Driver Contributing Code 20 25 25		BAC Test Result: 1 30					
Viol. 2: Ch/Sec/Sub			Driver Distracted by 4 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		Medical Facility	
Operator			See Above		1		1		1	
Please Select One of the Following:			☒ Vehicle 21 Occupants		☐ Non-Motorist A		Type 15 Action 16 Location 17 Condition 18		☐ Hit/Run ☐ Moped	
License # St. JOB/Age.			Reg # 2HYW89		Reg Type PC		Reg State MA			
Sex M Lic. Class D 19 19 Lic. Restrictions I 20 CDL Endorsement			Veh Year 2015		Veh Make GMC		Veh Config. 2			
Operator BISHOP, JARED SETH			Owner RICHARDSON, CATHLEEN A							
Address 7 LAWRENCE ST			Address 7 LAWRENCE ST							
City WILMINGTON State MA Zip 01887-1905			City WILMINGTON State MA Zip 01887-1905							
Insurance Company PROGRESSIVE DIRECT INSURA			Vehicle Action Prior to Crash 2		Damaged Area Code: 4 27 27 27					
Vehicle Travel Direction: N S X 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: 1 29					
Viol. 1: Ch/Sec/Sub			Driver Contributing Code 1 25 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? 2 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		Medical Facility	
Operator/Non-Motorist			See Above		1		1		1	

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○

Glen Road

Middlesex Ave (Rt. 62)

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 2 was stationary waiting to take a left turn onto Glen Road from Middlesex Ave (Rt. 62) when vehicle 1 came from behind and rear ended vehicle 2. Vehicle 1's operator stated that he was traveling east on Middlesex Ave when his phone fell to the floor of the van. Operator stated he was using the phone for his GPS when it fell. He looked away from the roadway when he looked down to retrieve the phone and this is when he rear ended vehicle 2. Airbags were deployed in vehicle 2 but not in vehicle 1. Both operators signed medical refusals with the Wilmington Fire Department. Vehicle 1 was towed by Cains Towing.

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

01/22/2024

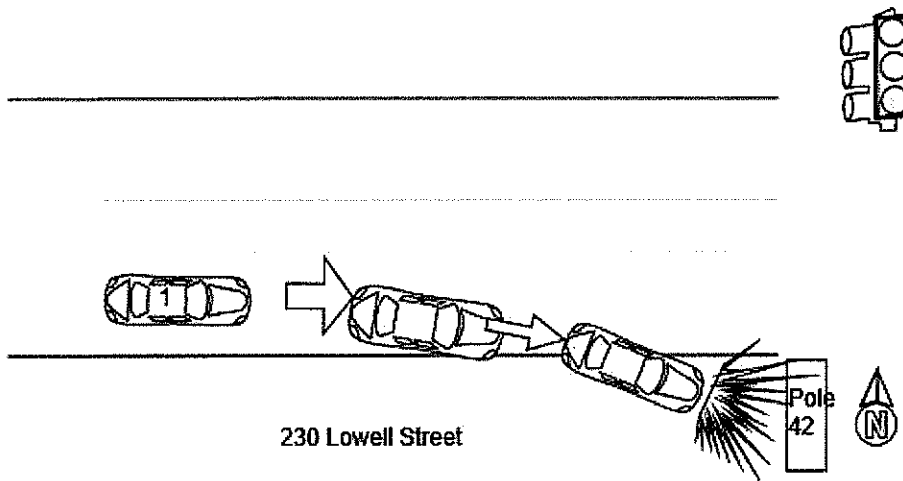
Date

Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 01/24/2024	Time of Crash 0058 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 1	Number Injured 0	Speed Limit 35	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			WOBURN ST					
At			Feet N S E W of			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:			Crash Report ID# 24-29-AC					
☒ Vehicle 1 #Occupants			☐ Hit/Run			☐ Moped					
License #			DOB/Age			Reg # 5TGP29			Reg Type PC		
Sex F Lic. Class D 19 19			Lic. Restrictions 1 20			Veh Year 2016			Veh Make Jeep		
Operator LIU, YICHUN			Owner LIU, YICHUN			Reg State MA			Veh Config. 1 21		
Address 168 LOWELL ST APT 9			Address 168 LOWELL ST APT 9			City WILMINGTON			State MA Zip 01887-2975		
City WILMINGTON			State MA Zip 01887-2975			Vehicle Action Prior to Crash 1 22			Damaged Area Code 1 27 2 27 27		
Insurance Company ARBELLA MUTUAL INSURANCE			Event Sequence 22 23 23 23			Test Status: 1 28			Type of Test: 29		
Vehicle Travel Direction: N S E X			Responding to Emergency? 2			Most Harmful Event 22 24			BAC Test Result: 1 30		
Citation # (If Issued)			Driver Contributing Code 11 25 25			Susp. Alcohol: 2 31			Susp. Drug: 2 32		
Viol. 1: Ch/Sec/Sub			Viol. 2: Ch/Sec/Sub			Driver Distracted by 0 26			Towed from scene? 1 33		
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		
Operator			See Above			1			0		
Please Select One of the Following:			☐ Vehicle 2 #Occupants			☐ Non-Motorist A			Type 15		
									Action 16		
									Location 17		
									Condition 18		
									☐ Hit/Run		
									☐ Moped		
License #			St			DOB/Age			Reg #		
Sex Lic. Class 19 19			Lic. Restrictions 20			Reg Type			Reg State		
Operator			Owner			Veh Year			Veh Make		
Address			Address			Veh Config. 21					
City			City			State			Zip		
Insurance Company			Vehicle Action Prior to Crash 22			Damaged Area Code: 27 27 27					
Vehicle Travel Direction: N S E W			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 → ○ → ○



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:

Single motor vehicle crash into utility pole. The Registered owner lost control of the vehicle while heading West on Lowell Street due to the snow and ice on road. The vehicle went off the road and crashed into a Reading Light guy wire, which led to utility pole 42-1 falling down and causing property damage. No injuries or airbag deployment.

Witnesses:

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

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
READING LIGHT	230 LOWELL ST WILMINGTON MA 01887		4	GUY WIRE FOR READING LIGHT UTILITY POLE

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 Zachary A Leighton 227 Wilmington Police Department 01/24/2024
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Images Associated with 24-29-AC



Wilmington Police Department
Images Associated with 24-29-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number								
Date of Crash 01/24/2024		Time of Crash 0149 24HR		City/Town Wilmington		Motor Vehicle Crash Police Report		Number Vehicles 1		Number Injured 0		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						2 10			
At						Feet N S E W of or Mile Marker Exit Number						1 11			
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									
Route# Direction Name of Intersecting Roadway/Street						Landmark									
Please Select One of the Following:				☒ Vehicle 1 #Occupants		☐ Hit/Run		☐ Moped		Crash Report ID# 24-30-AC					
License: S DOB/Age						Reg # 3026974 Reg Type AP Reg State IN						7 12			
Sex M Lic. Class A 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2021 Veh Make Other-not listed Veh Config. 10 21									
Operator MONTEIRO, GEREMIAS TAVARES						Owner FEDEX GROUND PACKAGE SYSTEM INC									
Address 874 LONSDALE AVE APT 2						Address 1000 FEDEX DR									
City CENTRAL FALLS State RI Zip 02863						City MOON TOWNSHIP State PA Zip 15108									
Insurance Company						Vehicle Action Prior to Crash 4 22 Damaged Area Code: 8 27 1 27 2 27									
Vehicle Travel Direction: N S X W Responding to Emergency? 2						Event Sequence 41 23 23 23 23 Test Status: 1 28									
Citation # (If Issued)						Most Harmful Event 27 24 Type of Test: 29									
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 1 25 25 BAC Test Result: 1 30						27 13			
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 1 4 0 0 10 1									
Please Select One of the Following:						☐ Vehicle 2 #Occupants		☐ Non-Motorist A Type 15 Action 16 Location 17 Condition 18		☐ Hit/Run		☐ 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						4 14			
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 Viol. 2: Ch/Sec/Sub						Driver Contributing Code 25 25 BAC Test Result: 30									
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 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						1									

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

Crash Diagram:

Industrial Way, Wilmington

80 **90**

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:

Operator of MV 1 stated he was driving on Industrial Way and turning left with the road when his truck slid off the roadway. It should be noted that there was another crash around this time on Lowell Street related to the road conditions. Operator of MV 1 was out of the truck attempting to remove it from the embankment prior to my arrival. The bumper of the truck was broken and metal pieces behind it appeared to be bent. Operator of MV 1 successfully removed the truck from the embankment and returned to FedEx at 45 Industrial Way. The front bumper of the truck broke off while it was being removed from the embankment. The dirt at the bottom of the driveway at 80 Industrial Way was disturbed by the crash, however no significant property damage was done.

Witnesses:

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

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
DICENSO PROPERTIES	80 INDUSTRIAL WAY WILMINGTON MA 01		97	LANDSCAPING (DISTURBED DIRT)

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 James R Hill

225

Wilmington Police Department

01/24/2024

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department
Images Associated with 24-30-AC



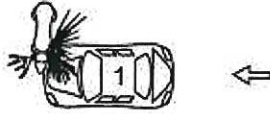
Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 01/24/2024	Time of Crash 0615 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 1	Number Injured 0	Speed Limit 50	Latitude	Longitude	State Police Local Police MBTA Police Campus Police Other
AT INTERSECTION:			< LOCATION >			NOT AT INTERSECTION:					
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street			ROUTE 125 HWY					
At											
Route# Direction Name of Intersecting Roadway/Street			Route# Direction Address # Name of Roadway/Street			Feet N S E W of Mile Marker Exit Number					
Also at Intersection with						Feet N S E W of Route# Intersecting Roadway/Street					
Route# Direction Name of Intersecting Roadway/Street						Feet N S E W of Landmark					
Please Select One of the Following:			☒ Vehicle 1 Occupants			☐ Hit/Run			☐ Moped		
			Crash Report ID# 24-31-AC								
License: S DOB/Agc			Reg # 5142845 Reg Type PC Reg State NH								
Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement			Veh Year 2022 Veh Make FORD Veh Config. 1 21								
Operator LADDIS, BLYTHE ANNE			Owner LADDIS, STEPHEN JOHN								
Address 125 SHERWOOD DR			Address 302 VARNEY RD								
City NORTH ANDOVER State MA Zip 01845-3254			City CENTER BARNSTEAD State NH Zip 032253377								
Insurance Company			Vehicle Action Prior to Crash 1 22			Damaged Area Code: 2 27 27 27					
Vehicle Travel Direction: N S E W Responding to Emergency? 2			Event Sequence 5 23 23 23 23			Test Status: 28					
Citation # (If Issued)			Most Harmful Event 5 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					
						Towed from scene? 1 33					
Please fill out for operator and all occupants involved											
Name (Last First Middle)			Address			DOB/Agc			Sex		
Operator			See Above			1			1		
Please Select One of the Following:			☐ Vehicle 2 Occupants			☐ Non-Motorist A			Type 15 Action 16 Location 17 Condition 18		
									☐ Hit/Run ☐ Moped		
License # St DOB/Agc			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 Viol. 2: Ch/Sec/Sub			Driver Contributing Code 25 25			BAC Test Result: 30					
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Distracted by 26			Susp. Alcohol: 31 Susp. Drug: 32					
						Towed from scene? 33					
Please fill out for operator/non-motorist and all occupants involved											
Name (Last First Middle)			Address			DOB/Agc			Sex		
Operator/Non-Motorist			See Above			1			1		

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○

Rt. 125



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 01/24/24 car 1 travelling Westbound on Rt. 125 crashed into a deer, causing front right damage to the MV. No airbag deployment, no injuries. Forest Towing towed the MV to their lot. There was blood/hair on scene, indicating a deer strike. After following the deer tracks through the woods for a few hundred feet the blood lessened to nothing, deer was GOA.

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 Dillon Halliday

205

Wilmington Police Department

01/24/2024

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 01/24/2024	Time of Crash 1414 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 35	Latitude	Longitude	State Police Local Police MBTA Police Campus Police Other
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
Route# Direction SHAWSHEEN AVE			Route# Direction Address # Name of Roadway/Street		2 10					
At			Feet N S E W of Mile Marker Exit Number		2 11					
Route# Direction JACQUITH RD			Route# Direction Address # Name of Roadway/Street		2 11					
Also at Intersection with			Feet N S E W of Route# Intersecting Roadway/Street		2 11					
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Landmark		2 11					
Please Select One of the Following:			☒ Vehicle 1 #Occupants		☐ Hit/Run		☐ Moped		Crash Report ID# 24-32-AC	
License # St. DOB/Age			Reg # 4XJ942 Reg Type PC Reg State MA		1 12					
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2012 Veh Make TOYOTA Veh Config. 1 21		1 12					
Operator CLIFFORD, DOUGLAS JAMES			Owner CLIFFORD, DOUGLAS JAMES		1 12					
Address 66 ALDRICH RD			Address 66 ALDRICH RD		1 12					
City WILMINGTON State MA Zip 01887-2276			City WILMINGTON State MA Zip 01887-2276		1 12					
Insurance Company GOVERNMENT EMPLOYEES INSU			Vehicle Action Prior to Crash 4 22		Damaged Area Code: 5 27 27 27		1 13			
Vehicle Travel Direction: N S E X Responding to Emergency? 2			Event Sequence 1 23 23 23 23		Test Status: 1 28		1 13			
Citation # (If Issued)			Most Harmful Event 1 24		Type of Test: 29		1 13			
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Driver Contributing Code 1 25 25		BAC Test Result: 1 30		1 13			
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Distracted by 0 26		Susp. Alcohol: 2 31 Susp. Drug: 2 32		1 13			
Please fill out for operator and all occupants involved			Towed from scene? 1 33		1 13					
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		1 13					
Operator See Above			1 1 4 0 0 10 1		1 13					
Please Select One of the Following:			☒ Vehicle 21 #Occupants		☐ Non-Motorist A Type 15 Action 16 Location 17 Condition 18		☐ Hit/Run		☐ Moped	
License # S DOB/Age			Reg # 5EHZ69 Reg Type PC Reg State MA		1 14					
Sex F Lic. Class D 19 19 Lic. Restrictions B 20 CDL Endorsement			Veh Year 2004 Veh Make CHEVROLET Veh Config. 2 21		1 14					
Operator BRAZELL, AMANDA MARIE			Owner BRAZELL, AMANDA MARIE		1 14					
Address 34 FAIRMEADOW RD			Address 34 FAIRMEADOW RD		1 14					
City WILMINGTON State MA Zip 01887-1650			City WILMINGTON State MA Zip 01887-1650		1 14					
Insurance Company GEICO			Vehicle Action Prior to Crash 1 22		Damaged Area Code: 1 27 27 27		1 14			
Vehicle Travel Direction: N S E X Responding to Emergency? 2			Event Sequence 1 23 23 23 23		Test Status: 1 28		1 14			
Citation # (If Issued)			Most Harmful Event 1 24		Type of Test: 29		1 14			
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Driver Contributing Code 22 25 25		BAC Test Result: 1 30		1 14			
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Distracted by 0 26		Susp. Alcohol: 2 31 Susp. Drug: 2 32		1 14			
Please fill out for operator/non-motorist and all occupants involved			Towed from scene? 1 33		1 14					
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		1 14					
Operator/Non-Motorist See Above			1 1 4 0 0 10 1		1 14					

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○

Shawsheen Ave

1

↓

2

Jacquith Rd

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 west on Shawsheen Ave and then stopped and waited to take a left turn onto Jacquith Rd. Vehicle 2 was traveling west on Shawsheen Ave behind vehicle 1. Vehicle 2's operator told me she saw vehicle 1 slowing down and then stopping and began to break. Vehicle 2's operator stated that she believes her breaks malfunctioned and locked up on her, causing the vehicle to slide on the wet pavement. Vehicle 2 slid into the rear of vehicle 1. Both operators signed medical refusals with the Wilmington Fire Department. Vehicle 1 was towed by Forrest Towing, and Vehicle 2 was towed by A&S Towing.

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 217 Wilmington Police Department 01/24/2024
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Images Associated with 24-32-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 01/23/2024	Time of Crash 1311 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 35	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: ☒ Vehicle 1 Occupants ☐ Hit/Run ☐ Moped			Crash Report ID# 24-33-AC							
License # Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement			Reg # 6CY961 Reg Type PC Reg State MA							
Operator CIAMPA, JEAN			Veh Year 2017 Veh Make NISSAN Veh Config. 1 21							
Address 7 FLETCHER LN			Owner CIAMPA, JEAN							
City WILMINGTON State MA Zip 01887-3003			Address 7 FLETCHER LN							
Insurance Company VERMONT MUTUAL INSURANCE			City WILMINGTON State MA Zip 01887-3003							
Vehicle Travel Direction: N X E W Responding to Emergency? 2			Vehicle Action Prior to Crash 2 22 Damaged Area Code: 7 27 27 27							
Citation # (If Issued)			Event Sequence 1 23 23 23 23 Test Status: 1 28							
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Type of Test: 29							
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			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			1 99 4 0 0 10 1							
Please Select One of the Following: ☒ Vehicle 2 1 Occupants ☐ Non-Motorist A Type 15 Action 16 Location 17 Condition 18 ☐ Hit/Run ☐ Moped										
License # Sex M Lic. Class D M 19 19 Lic. Restrictions 1 20 CDL Endorsement			Reg # WOLFEN Reg Type PC Reg State MA							
Operator SULLIVAN, WALTER L			Veh Year 2014 Veh Make GMC Veh Config. 1 21							
Address 12 BEAVER PL			Owner SULLIVAN, WALTER L							
City BILLERICA State MA Zip 01821-3750			Address 12 BEAVER PL							
Insurance Company SAFETY INSURANCE COMPANY			City BILLERICA State MA Zip 01821-3750							
Vehicle Travel Direction: N X E W Responding to Emergency? 2			Vehicle Action Prior to Crash 1 22 Damaged Area Code: 97 27 27 27							
Citation # (If Issued)			Event Sequence 1 23 23 23 23 Test Status: 1 28							
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Type of Test: 29							
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			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			1 99 4 0 0 10 1							

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○

Route 129/
Lowell St.

Route 38 / Main St.

Z & S Gas Station (603 Main St)

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 AND MV2 WERE TRAVELING SOUTH ON ROUTE 38/MAIN ST. MV1 WAS STOPPED AHEAD OF MV2 AT THE TRAFFIC LIGHT THAT SPLITS TO LOWELL STREET. BOTH VEHICLES WERE IN THE FAR RIGHT LANE, SOUTHBOUND ON MAIN ST. THE OPERATOR OF MV1 OPENED HER DOOR AND EXITED HER VEHICLE. THE OPERATOR OF MV1 OPENED HER DRIVERS SIDE DOOR AND EXITED THE VEHICLE, LEAVING THE DOOR OPEN. AT THIS TIME, MV2 BACKED UP SLIGHTLY, AND WENT AROUND MV1, ON THE LEFT SIDE OF THE VEHICLE. MV1 CLAIMS MV2 STRUCK THE DRIVERS SIDE DOOR OF HER VEHICLE WHILE TRYING TO PASS HER VEHICLE ON THE LEFT SIDE. MV2 CLAIMS HE DID NOT STRIKE MV1 AND DID NOT CAUSE ANY DAMAGE. MV2 TRAVELED A LITTLE OVER 2 MILES DOWN THE ROAD INTO WOBURN, WHEN HE REALIZED HE HAD A FLAT REAR PASSENGER SIDE TIRE. IT IS POSSIBLE THAT THE OPENED DRIVERS SIDE OF MV1 COLIDED WITH THE TIRE OF MV2, CAUSING DAMAGE TO BOTH THE DOOR OF MV1 AND THE TIRE OF MV2. NO AIRBAGS, NO TOWS, NO INJURIES REPORTED. SEE SUPPLEMENTAL NARRATIVE.

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

Police Officer Name (Please Print)

Signature

230

ID/Badge #

Wilmington Police Department

Department

Precinct/Barracks

01/25/2024

Date

INCIDENT DESCRIPTION

Ref: 24-33-AC

Entered: 01/28/2024 @ 0943	Entry ID: 230
Modified: 01/28/2024 @ 1223	Modified ID: 230
Approved: 01/30/2024 @ 2308	Approval ID: 184

The following is a brief summary of facts.

On Tuesday, January 23, 2024, I, Officer Hanson, was working my assigned 8:00 AM to 4:00 PM shift as the station officer at the Wilmington Police Department. At approximately 1:10 PM, Jean Ciampa, a resident of Wilmington walked into the Police Station to report a hit and run accident that happened earlier in the day.

Jean reported that around 9:00/9:15 AM this morning, she was traveling South on Route 38 in Wilmington, stopped at the traffic lights at the intersection with Route 62. Jean was traveling in the far-right lane, and another vehicle (Jean described as a black SUV) was also traveling South and in the lane to her left. Both lanes of travel allow vehicles to continue straight on Route 38, however the lanes merge shortly after the intersection, in front of 442 Main Street. Jean reported that the SUV to her left tried to cut into her lane at the merge, but she did not allow the vehicle to merge in front of her. Jean believed this upset the other driver because the other driver and his female passenger proceeded to give her the middle finger. At the next set of traffic lights, where Route 129 splits to Lowell Street, and Route 38 continues straight as Main Street, Jean was stopped at the traffic light, heading southbound on Route 38/Main St, with this SUV traveling behind her. Jean opened her car door, and exited the vehicle while it was stopped at the light, to try to get the registration plate of the SUV. The SUV, in an attempt to pass Jeans stopped vehicle, drove around the driver's side of Jean's vehicle, striking her drivers side door as it passed. The vehicle continued driving South on Main Street. Jean followed the vehicle's direction into Woburn, although a couple vehicles were now between her and the SUV. She came across the vehicle in Woburn, which had pulled into a lot just after Mountain Street in Woburn. The operator was outside of the vehicle, circling the vehicle, appearing to Jean to be searching for damage. She did not have any engagement with the operator of the SUV but did obtain a plate she believes to be "WDLFEN".

A CJIS query of the registration given does not come back to any registered vehicle, however, a partial plate search returns the registration "WOLFEN" which comes back to a GMC Yukon belonging to a male party out of Billerica.

Jeans driver side door of her vehicle was damaged as a result of the incident (see attached photos).

Respectfully Submitted,

Officer Kayla Hanson #230
Wilmington Police Department

INCIDENT DESCRIPTION

Ref: 24-33-AC

Entered: 01/28/2024 @ 0943	Entry ID: 230
Modified: 01/28/2024 @ 1223	Modified ID: 230
Approved: 01/30/2024 @ 2308	Approval ID: 184

On Thursday, January 25, 2024, I, Officer Hanson, reached out to the registered owner of MA REG "WOLFEN", Walter Sullivan, via telephone, in regards to the road rage incident that happened on Tuesday.

I asked Mr. Sullivan if he was involved in a hit and run accident in Wilmington on Tuesday. Mr. Sullivan stated that there was no accident, but that there was a road rage incident with an elderly female driving a gray sedan. Mr. Sullivan described the same merging incident, where he ended up behind the gray sedan, who he believes was unhappy about him being too close to her because she "brake tested" him after the merge in front of 442 Main St, almost causing him to collide with the rear of her vehicle. He continued to describe the incident at the Route 129/Route 38 split, stating that the female party got out of her car while at the traffic light, and was standing beside her car when he had to slightly back his vehicle up in order to drive around her vehicle at the traffic light. Mr. Sullivan described the female party as an elderly, white, shorter female who was possibly in her 70's. Mr. Sullivan said there was no contact with this female's car, and claims he would have heard any collision. Mr. Sullivan continued driving into Woburn when he realized there was an issue with his rear right (passenger side) tire. He pulled over into a lot of an elementary school to check on the tire, which seemed to have a slit in it from a sharp object, and was now flat. He then had to call for a tow and had Hogan Tire replace his tire. Mr. Sullivan said that the female party drove by him while he was in the lot of the elementary school examining the tire, and shouted "That's what you get" to him. Mr. Sullivan suggested that the female could have had a knife or box cutter of some sort in her hand and got his tired while he drove by. I asked if he saw anything in the female's hands, and Mr. Sullivan said he believes she had a cell phone, but could not see what else. Mr. Sullivan reported there is no other damage to his SUV, and because he did not feel or hear any collision, he does not believe his vehicle had any contact with the silver sedan. Mr. Sullivan said there was a passenger in the silver sedan, but was unable to provide a description. When asked why he did not call the police after the incident, Mr. Sullivan reported he was late to his mother's eye surgery appointment at Lahey Clinic, and did not obtain any information from the gray sedan's vehicle.

Mr. Sullivan came to the Wilmington Police Station after we spoke, at around 2:45 PM. There were no obvious signs of damage on his vehicle.

Based on the damage to the bottom of the Nissan's side door, and the damage to rear passenger tire of the SUV, it is possible that the tire of the SUV and collided with the door of the Nissan sedan in passing, causing the damage on both vehicles.

Respectfully Submitted,

Officer Kayla Hanson #230
Wilmington Police Department

INCIDENT DESCRIPTION

Ref: 24-33-AC

Entered: 01/28/2024 @ 0943	Entry ID: 230
Modified: 01/28/2024 @ 1223	Modified ID: 230
Approved: 01/30/2024 @ 2308	Approval ID: 184

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Respectfully Submitted,

Officer Kayla Hanson #230
Wilmington Police Department

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 01/26/2024	Time of Crash 1445 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 3	Number Injured 1	Speed Limit 25	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							
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			Feet N S E W of			Landmark				
Route# Direction Name of Intersecting Roadway/Street										
Please Select One of the Following:			☒ Vehicle 12 #Occupants			☐ Hit/Run		☐ Moped		Crash Report ID# 24-34-AC
License # St DOB/Age			Reg # 5FCX19 Reg Type PC Reg State MA							
Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2019 Veh Make HYUNDAI Veh Config. 1 21							
Operator MACDONALD, MOLLY JOHANNA			Owner MACDONALD, BRIAN JAMES							
Address 3 BAKER ST			Address 3 BAKER ST							
City WILMINGTON State MA Zip 01887-2008			City WILMINGTON State MA Zip 01887-2008							
Insurance Company THE COMMERCE INSURANCE CO			Vehicle Action Prior to Crash 2 22			Damaged Area Code: 5 27 6 27 4 27				
Vehicle Travel Direction: N S E X Responding to Emergency? 2			Event Sequence 1 23 1 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: 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						Towed from scene? 2 33				
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 1 4 0 0 10 1							
			3 1 4 0 0 10 1							
Please Select One of the Following:			☒ Vehicle 21 #Occupants			☐ Non-Motorist A Type 15 Action 16 Location 17 Condition 18		☐ Hit/Run		☐ Moped
License # St DOB/Age			Reg # 2HHB62 Reg Type PC Reg State MA							
Se: Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2016 Veh Make FORD Veh Config. 1 21							
Operator			Owner ROONEY, BETH ANN							
Address			Address 285 CHESTNUT ST							
City State Zip			City WILMINGTON State MA Zip 01887-3303							
Insurance Company SAFETY INSURANCE COMPANY			Vehicle Action Prior to Crash 2 22			Damaged Area Code: 1 27 5 27 6 27				
Vehicle Travel Direction: N S E X Responding to Emergency? 2			Event Sequence 1 23 1 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: 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						Towed from scene? 1 33				
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 4 0 0 8 1							

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 01/26/2024	Time of Crash 1445 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 3	Number Injured 1	Speed Limit 25	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			Feet N S E W of Landmark							
Route# Direction Name of Intersecting Roadway/Street										
Please Select One of the Following: ☒ Vehicle 1 #Occupants ☐ Hit/Run ☐ Moped			Crash Report ID# 24-34-AC							
License # St DOB/Age			Reg # 2BBB53 Reg Type PC Reg State MA							
Sex M Lic. Class 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2017 Veh Make CHEVROLET Veh Config. 1 21							
Operator SPENCER, NICHOLAS JAMES			Owner SPENCER, MICHAEL PATRICK							
Address 398R CHESTNUT ST			Address 398R CHESTNUT ST							
City WILMINGTON State MA Zip 01887-3486			City WILMINGTON State MA Zip 01887-3486							
Insurance Company THE HANOVER INSURANCE COM			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 1 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			BAC Test Result: 1 30							
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Contributing Code 99 25 25 Susp. Alcohol: 2 31 Susp. Drug: 2 32							
Driver Distracted by 99 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			1 1 4 0 0 10 1							
Please Select One of the Following: ☐ Vehicle 4 #Occupants ☐ Non-Motorist A Type 15 Action 16 Location 17 Condition 18 ☐ Hit/Run ☐ 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 Viol. 2: Ch/Sec/Sub			BAC Test Result: 30							
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Contributing Code 25 25 Susp. Alcohol: 31 Susp. Drug: 32							
Driver Distracted by 26			Towed from scene? 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			1							

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○

School Street Middlesex Av V1 V2 V3		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:

Sir, on January 26, 2004 I (Officer MacGilvray) was assigned as the SRO at the HS for my tour (7am-3pm). At approximately 2:45pm I was in the crosswalk in front of the HS and heard a noise consistent with a MV crash. I immediately looked to my right and saw the three vehicles involved in the crash - MAREG 5FCX19 (V1) MAREG 2HHB62 (V2) MAREG 2BBB53 (V3). I spoke to all operators involved. V1 stated while travelling straight ahead she was struck in the rear by V2. V2 stated while travelling straight ahead V3 hit him from the rear causing him to strike V1. V3 stated he was struck in the rear causing him to strike V2. When I looked to the direction of the crash there was no vehicle behind V3. V3 showed damage only in the front. No damage showed on the rear part of the vehicle. V2 was towed from the scene by A&S Tow. No injuries reported on scene.

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

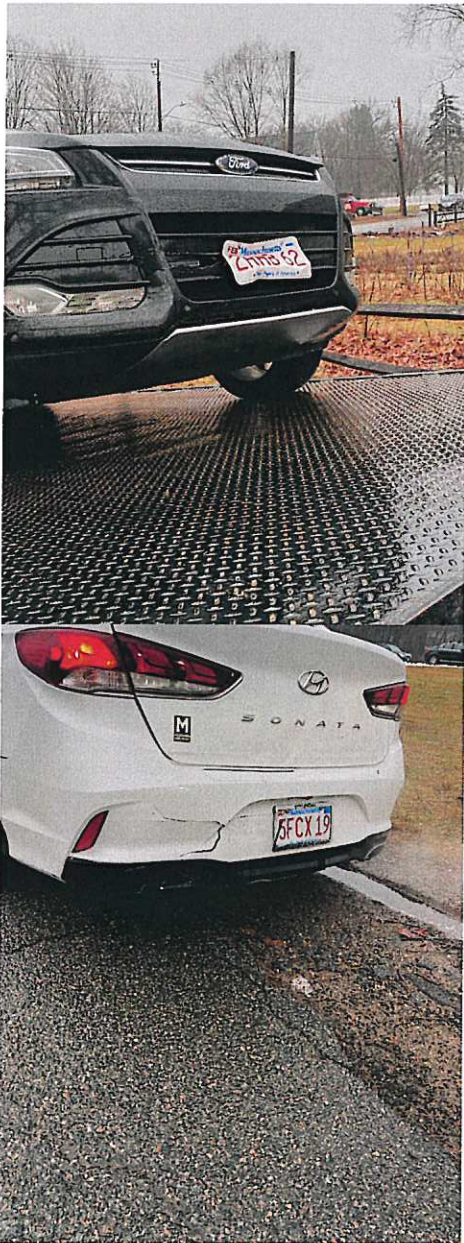
Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length ☐ 46

Hazmat Information:

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

Patrol Officer Paul Macgilvray 221 Wilmington Police Department 01/26/2024
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Images Associated with 24-34-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number								
Date of Crash 01/26/2024		Time of Crash 1657 24HR		City/Town Wilmington		Motor Vehicle Crash Police Report		Number Vehicles 2		Number Injured 1		Speed Limit 20 Latitude Longitude		State Police Local Police MBTA Police Campus Police Other	
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:							
Route# Direction <u>GLEN RD</u> Name of Roadway/Street At Route# Direction <u>FAULKNER AVE</u> Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street						Route# Direction Address # Name of Roadway/Street Feet <u>N S E W</u> of Mile Marker Exit Number Feet <u>N S E W</u> of Route# Intersecting Roadway/Street Feet <u>N S E W</u> of Landmark									
Please Select One of the Following: ☒ Vehicle <u>1</u> #Occupants ☐ Hit/Run ☐ Moped						Crash Report ID# <u>24-35-AC</u>									
License # Se. Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>I</u> <u>20</u> CDL Endorsement Operat Last First Middle Address City Stat Zip Insurance Company <u>PROGRESSIVE DIRECT INSURA</u> Vehicle Travel Direction: <u>N S E W</u> Responding to Emergency? <u>2</u> Citation # (If Issued) Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Reg # <u>5204NP</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2018</u> Veh Make <u>KIA</u> Veh Config. <u>1</u> <u>21</u> Owner <u>WILLIAMS, STEPHANIE ANNE</u> Address <u>139 GLEN RD</u> City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-3535</u> Vehicle Action Prior to Crash <u>4</u> <u>22</u> Damaged Area Code: <u>2</u> <u>27</u> <u>27</u> <u>27</u> Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u> Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u> Driver Contributing Code <u>1</u> <u>25</u> <u>25</u> BAC Test Result: <u>30</u> Driver Distracted by <u>0</u> <u>26</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u> Towed from scene? <u>1</u> <u>33</u>									
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: ☒ Vehicle <u>2</u> #Occupants ☐ Non-Motorist A Type <u>15</u> Action <u>16</u> Location <u>17</u> Condition <u>18</u> ☐ Hit/Run ☐ Moped															
License # Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL Endorsement Operator <u>HOOPER, GREGG WARREN</u> Address <u>532 WHIDDY LOOP</u> City <u>CONWAY</u> State <u>SC</u> Zip <u>29526</u> Insurance Company <u>AMICA MUTUAL</u> Vehicle Travel Direction: <u>N S E W</u> Responding to Emergency? <u>2</u> Citation # (If Issued) Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Reg # <u>2ZKF85</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2020</u> Veh Make <u>FORD</u> Veh Config. <u>1</u> <u>21</u> Owner <u>HOOPER, GEORGE WALTER</u> Address <u>12 ALLEN PARK DR</u> City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-2939</u> Vehicle Action Prior to Crash <u>3</u> <u>22</u> Damaged Area Code: <u>8</u> <u>27</u> <u>27</u> <u>27</u> Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u> Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u> Driver Contributing Code <u>1</u> <u>25</u> <u>25</u> BAC Test Result: <u>30</u> Driver Distracted by <u>0</u> <u>26</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u> Towed from scene? <u>3</u> <u>33</u>									
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															
GEORGE HOOPER 12 ALLEN PARK DR WILMINGTON, MA 01887-2939															

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

Crash Diagram:

Glen Road



Faulkner AVE



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:

Motor Vehicle one was traveling East on Glen Road and stopped at the intersection of Glen Road and Faulkner Avenue. Motor Vehicle two was traveling West on Glen Road and stopped at the intersection of Glen Road and Faulkner Avenue. Motor Vehicle one stated that they were turning left onto Faulkner Avenue when Motor Vehicle two slowed down to turn right onto Faulkner Avenue as well. Motor Vehicle one stated they believed Motor Vehicle two was allowing them to turn first due to Motor Vehicle two slowing down. Both vehicles then turned onto Faulkner Avenue at the same time causing the collision. The front airbags in Motor Vehicle one deployed. The occupants of Motor Vehicle two were transported by WFD to Lahey Medical Center. Both vehicles were towed by A&S Towing company.

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 Joshua I DeBarros

234

Wilmington Police Department

01/26/2024

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 01/26/2024	Time of Crash 1834 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 2	Speed Limit 30	Latitude	Longitude	State Police Local Police MBTA Police Campus Police Other:
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
Route# Direction ROUTE 125 HWY			Name of Roadway/Street		Route# Direction Address # Name of Roadway/Street					
At					Feet N S E W of Mile Marker Exit Number					
Route# Direction I93NBR35 RAMP			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:			☒ Vehicle 12 #Occupants		☐ Hit/Run		☐ Moped		Crash Report ID# 24-36-AC	
License #			St DOB/Agc		Reg # 2TSZ28		Reg Type PC		Reg State MA	
Sex F Lic. Class D 19 19			Lic. Restrictions 1 20 CDL Endorsement		Veh Year 2015 Veh Make TOYOTA		Veh Config. 1 21			
Operator MARTYN, CHRISTINE F			Owner MARTYN, CHRISTINE F							
Address 216 FOREST ST			Address 216 FOREST ST							
City NORTH ANDOVER State MA Zip 01845-3208			City NORTH ANDOVER State MA Zip 01845-3208							
Insurance Company SAFETY INSURANCE COMPANY			Vehicle Action Prior to Crash 2 22		Damaged Area Code: 5 27 27 27					
Vehicle Travel Direction: X 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			Driver Contributing Code 1 25 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/Agc		Sex		Medical Facility	
Operator			See Above		X		X		Lahey Clinic	
KEELY MARTYN			216 FOREST ST NORTH ANDOVER, MA 01845-3208		F		3		Lahey Clinic	
Please Select One of the Following:			☒ Vehicle 21 #Occupants		☐ Non-Motorist A		Type 15 Action 16 Location 17 Condition 18		☐ Hit/Run ☐ Moped	
License #			J DOB/Agc		Reg # 2291T		Reg Type		Reg State MA	
Sex M Lic. Class D 19 19			Lic. Restrictions 1 20 CDL Endorsement		Veh Year 2022 Veh Make Other-not listed		Veh Config. 6 21			
Operator NAVAS FLORIAN, YEFRY BYRON ENRIQUE			Owner PRO TECH TOWING & RECOVERY INC							
Address 38 GORDON ST APT 4			Address 205 WILLOW ST							
City FRAMINGHAM State MA Zip 01702-7317			City WALTHAM State MA Zip 02453-8332							
Insurance Company PILGRIM INSURANCE COMPANY			Vehicle Action Prior to Crash 1 22		Damaged Area Code: 2 27 1 27 27					
Vehicle Travel Direction: X 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			Driver Contributing Code 5 25 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? 2 33					
Viol. 4: Ch/Sec/Sub										
Please fill out for operator/non-motorist and all occupants involved										
Name (Last First Middle)			Address		DOB/Agc		Sex		Medical Facility	
Operator/Non-Motorist			See Above		X		X			

→ = 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

←

193 NB Off Ramp

Crash Narrative:

Vehicle 1 and vehicle 2 were exiting Interstate 93 Northbound at Rt. 125, vehicle 2 traveling directly behind vehicle 1. They were approaching the light at the intersection of the Off Ramp and Rt.125. The light began to turn red and vehicle 1 slowed and stopped for the red light. Vehicle 2 rear ended vehicle 1. Neither vehicles had airbags deployed. Operator and passenger of vehicle 1 were transported by the Wilmington Fire Department to Lahey Hospital. Operator of vehicle 2 signed a medical refusal. Vehicle 1 was towed from the scene by A&S Towing, vehicle 2 was able to be driven from the scene.

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 # **2291T** (From Vehicle Section)

Carrier Name **Pro-Tech Towing**

Bus Use **0** ⁴²

Address **205 WILLOW ST** City **WALTHAM** St **MA** Zip _____

US DOT #: **473394** 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

217

Wilmington Police Department

01/26/2024

Police Officer Name (Please Print)

Signature

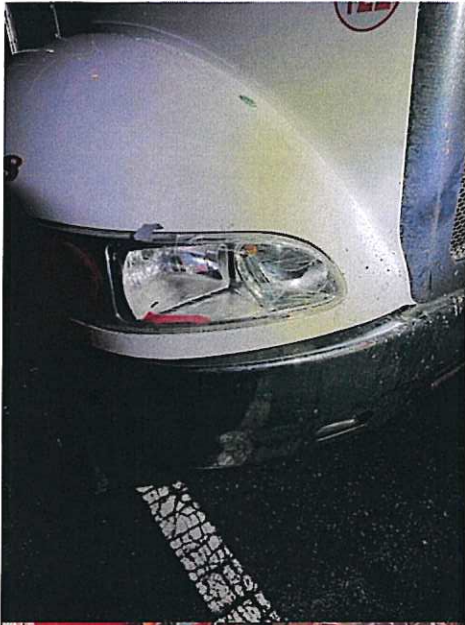
ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department
Images Associated with 24-36-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 01/27/2024	Time of Crash 0105 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:					
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			Feet N S E W of Landmark							
Route# Direction Name of Intersecting Roadway/Street										
Please Select One of the Following:			☒ Vehicle 10 #Occupants		☐ Hit/Run		☐ Moped		Crash Report ID# 24-37-AC	
License # St DOB/Age			Reg # 2CKG95		Reg Type PC		Reg State MA			
Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement			Veh Year 2011		Veh Make FORD		Veh Config. 1			
Operator Driverless M.V.			Owner DOYLE, STEPHEN DOMENIC							
Address			Address 5 LEDGEWOOD RD							
City State Zip			City WILMINGTON		State MA		Zip 01887-3409			
Insurance Company THE HANOVER INSURANCE COM			Vehicle Action Prior to Crash 11 22		Damaged Area Code 2 27 3 27 27					
Vehicle Travel Direction: N S E W Responding to Emergency? 2			Event Sequence 1 23 31 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: 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 Sent 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	
Please Select One of the Following:			☒ Vehicle 21 #Occupants		☐ Non-Motorist A		Type 15 Action 16 Location 17 Condition 18		☒ Hit/Run ☐ Moped	
License # St DOB/Age			Reg # 2FBY76		Reg Type PC		Reg State MA			
Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement			Veh Year 2021		Veh Make MAZDA		Veh Config. 1			
Operator KEBADJIAN, EDWARD A			Owner KEBADJIAN, EDWARD A							
Address 43 POMWORTH ST APT 44			Address 43 POMWORTH ST APT 44							
City STONEHAM			City STONEHAM		State MA		Zip 02180-1279			
Insurance Company GOVERNMENT EMPLOYEES INSU			Vehicle Action Prior to Crash 1 22		Damaged Area Code: 11 27 27 27					
Vehicle Travel Direction: N S X W Responding to Emergency? 2			Event Sequence 1 23 43 23 23 23		Test Status: 3 28					
Citation # (If Issued)			Most Harmful Event 1 24		Type of Test: 1 29					
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Driver Contributing Code 14 25 25		BAC Test Result: 6 30					
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Distracted by 99 26		Susp. Alcohol: 1 31 Susp. Drug: 1 32					
Please fill out for operator/non-motorist and all occupants involved										
Name (Last First Middle)			Address		DOB/Age		Sex		34 Sent 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 3 0 0 10 2 Lahey Clinic	

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

Crash Diagram:

ie: →

1

2

→

→

94 Minkrun

96 Minkrun

Vehicle 1 ending point

Driveway

Mailbox

Vehicle 1 starting point

Minkrun Rd

Chisolm Way



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 parked in front of 96 Minkrun Rd, in front of its mailbox, and was unoccupied at the time of the crash. Vehicle 2 was traveling East on Minkrun and crashed head on into Vehicle 1, causing damage to the front right and right side of Vehicle 1. Due to the crash, Vehicle 1 was pushed approximately 15 feet, ending up in front of 94 Minkrun Rd and damaging the mailbox of 96 Minkrun Rd. After colliding with Vehicle 1, Vehicle 2 then rolled over and its final resting spot was on its roof. There was damage to all parts of Vehicle 2. The operator of Vehicle 2 then got out of his vehicle and left the scene on foot. The operator was then found on another street. The operator had no apparent injuries but requested to be transported to Lahey Clinic in Burlington, MA. The operator was transported and both vehicle were towed by A&S Towing.

Witnesses:

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

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
GAMBALE ALFONSO FRANK JR	96 MINKRUN RD WILMINGTON MA 01887-		97	MAILBOX

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 Alec S Masiello

229

Wilmington Police Department

01/27/2024

Police Officer Name (Please Print)

Signature

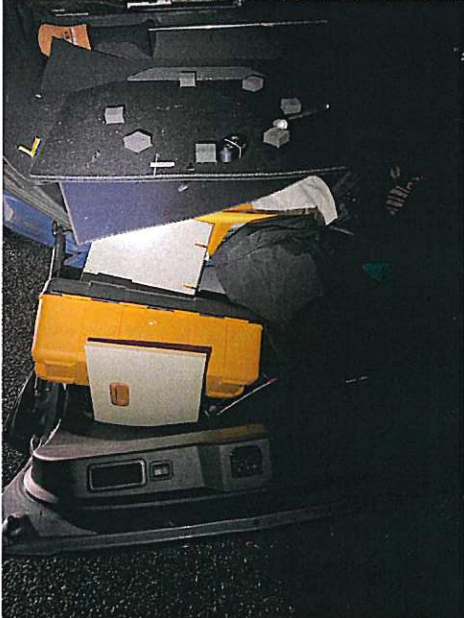
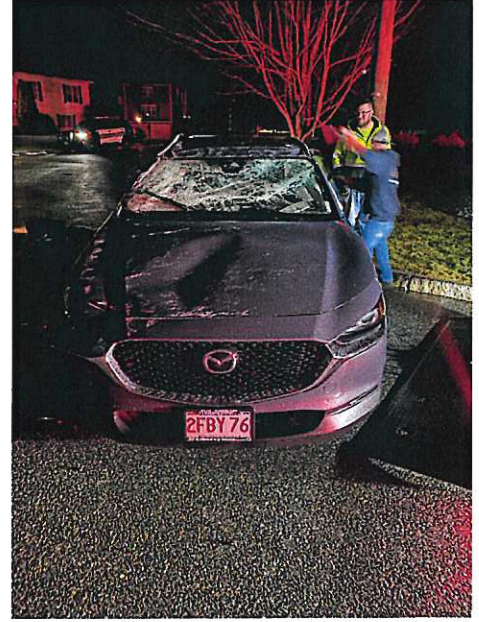
ID/Badge #

Department

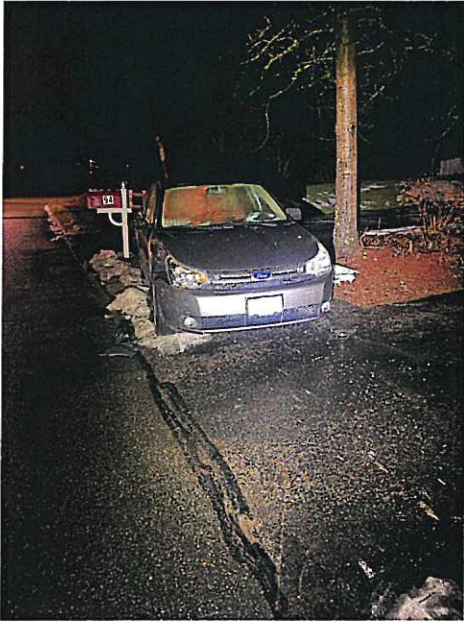
Precinct/Barracks

Date

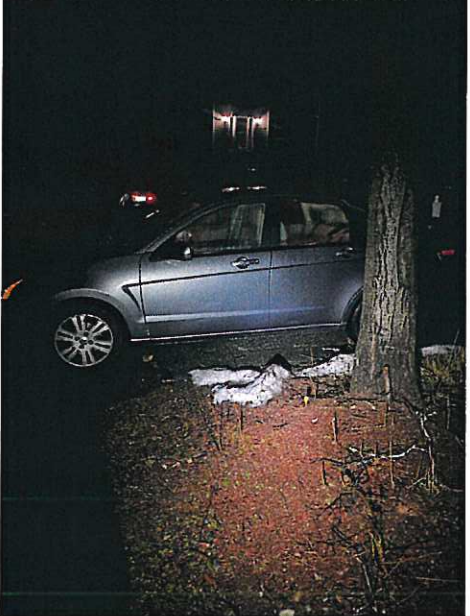
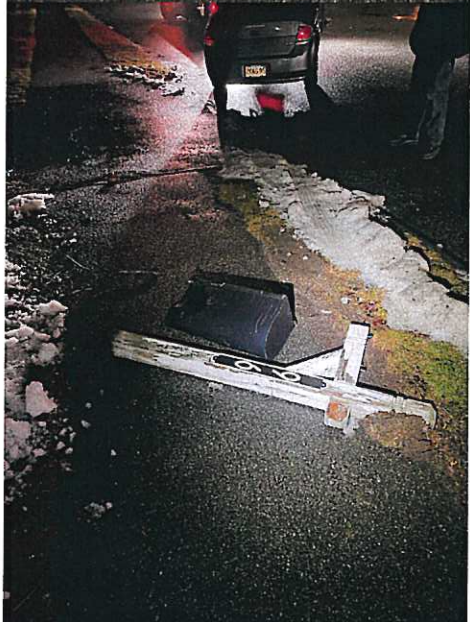
Wilmington Police Department
Images Associated with 24-37-AC



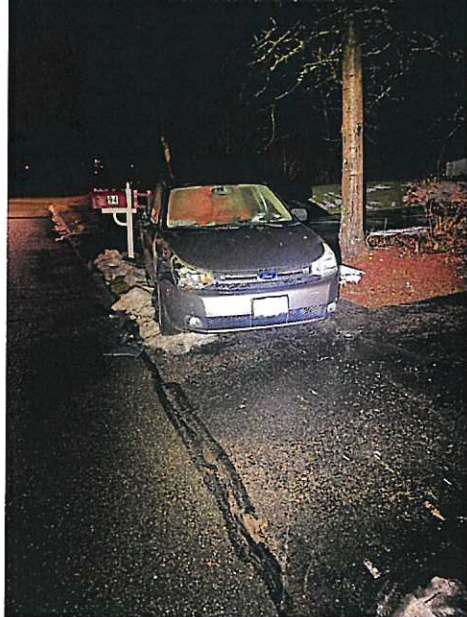
Wilmington Police Department
Images Associated with 24-37-AC



Wilmington Police Department
Images Associated with 24-37-AC



Wilmington Police Department
Images Associated with 24-37-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 01/27/2024	Time of Crash 1904 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 35	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			Feet N S E W of Landmark							
Route# Direction Name of Intersecting Roadway/Street										
Please Select One of the Following:			☒ Vehicle 1 #Occupants		☐ Hit/Run		☐ Moped		Crash Report ID# 24-38-AC	
License # S DOB/Age			Reg # 454Z20		Reg Type PC		Reg State MA			
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2010		Veh Make AUDI		Veh Config. 1 21			
Operator PEABODY, AARON CHRISTOPHER			Owner PEABODY, ELIZABETH ANN							
Address 67 BURLINGTON AVE			Address 67 BURLINGTON AVE							
City WILMINGTON State MA Zip 01887-3906			City WILMINGTON State MA Zip 01887-3906							
Insurance Company GOVERNMENT EMPLOYEES INSU			Vehicle Action Prior to Crash 4 22		Damaged Area Code: 1 27 8 27 2 27					
Vehicle Travel Direction: X 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 4 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)			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		1 1 4 0 0 10 1			
Please Select One of the Following:			☒ Vehicle 21 #Occupants		☐ Non-Motorist A Type 15 Action 16 Location 17 Condition 18		☐ Hit/Run		☐ Moped	
License # S DOB/Age			Reg # X36714		Reg Type PC		Reg State MA			
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2020		Veh Make CHEVROLET		Veh Config. 1 21			
Operator GONCALVES DEFRANCA, JOAO			Owner ANGEL RENTAL CAR CORP							
Address 12A SHERIDAN ST			Address 255 THACHER ST							
City WOBURN State MA Zip 01801			City MILTON State MA Zip 02186-3219							
Insurance Company ARBELLA PROTECTION INSURA			Vehicle Action Prior to Crash 1 22		Damaged Area Code: 1 27 2 27 8 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) T3282170			Most Harmful Event 1 24		Type of Test: 29					
Viol. 1: Ch/Sec/Sub 90 23 Viol. 2: Ch/Sec/Sub			Driver Contributing Code 1 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)			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		1 1 4 0 0 10 1			

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 O = Pedestrian B = Bicycle
 ie: → 1 → 2 → O → B

Crash Diagram:

Main St

Burlington Ave

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 travelling southbound on Main St when he approached the intersection of Main St at Burlington Ave. When I spoke to the operator of MV 1 he stated that he had a green light and attempted to go through the intersection. MV 2 was travelling northbound on Main St when he approached the intersection. He stated that he had a yellow light but beleived he would be able to make the left hand turn without issue. The operator of MV 2 was unable to make the turn onto Burlinton Ave and collided into MV 1.

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 Shane A Foley 211 Wilmington Police Department 01/27/2024
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 01/27/2024	Time of Crash 1857 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 2	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 Mile Marker or 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:			☒ Vehicle 1 Occupants		☐ Hit/Run		☐ Moped		Crash Report ID# 24-39-AC	
License # S OB/Age			Reg # 413FA7		Reg Type PC		Reg State MA			
Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2010		Veh Make TOYOTA		Veh Config. 1 21			
Operator NGUYEN, HOA THI			Owner NGUYEN, HOA THI							
Address 141 FRANKLIN ST			Address 141 FRANKLIN ST							
City MELROSE State MA Zip 02176-1833			City MELROSE State MA Zip 02176-1833							
Insurance Company PROGRESSIVE CASUALTY INSU			Vehicle Action Prior to Crash 1 22		Damaged Area Code: 5 27 4 27 6 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: 2 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 99 26		Susp. Alcohol: 2 31 Susp. Drug: 2 32					
Please fill out for operator and all occupants involved					Towed from scene? 1 33					
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 8 1	
Please Select One of the Following:			☒ Vehicle 2 Occupants		☐ Non-Motorist A		Type 15 Action 16 Location 17 Condition 18		☐ Hit/Run ☐ Moped	
License # St OB/Age			Reg # 3CXV71		Reg Type PC		Reg State MA			
Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2019		Veh Make CADILLAC		Veh Config. 1 21			
Operator CORAPI, CYNTHIA ROSA			Owner CORAPI, CYNTHIA ROSA							
Address 5 HIGHCLIFF TER			Address 5 HIGHCLIFF TER							
City STONEHAM State MA Zip 02180-3039			City STONEHAM State MA Zip 02180-3039							
Insurance Company THE HANOVER INSURANCE COM			Vehicle Action Prior to Crash 1 22		Damaged Area Code: 1 27 8 27 2 27					
Vehicle Travel Direction: ☒ N ☒ S ☐ E ☐ W Responding to Emergency? 2			Event Sequence 1 23 23 23 23		Test Status: 3 28					
Citation # (If Issued) 411486AC-CN			Most Harmful Event 1 24		Type of Test: 2 29					
Viol. 1: Ch/Sec/Sub 90 24 Viol. 2: Ch/Sec/Sub			Driver Contributing Code 5 25 25		BAC Test Result: 5 30					
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Distracted by 99 26		Susp. Alcohol: 1 31 Susp. Drug: 2 32					
Please fill out for operator/non-motorist and all occupants involved					Towed from scene? 3 33					
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	

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○

Lowell 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:

MV1 was stopped in traffic East on Lowell Street when they were struck from behind by MV2. MV2 stated that MV1 stopped short in traffic causing them to rear end MV1. MV1 suffered rear end damage and MV2 suffered front end damage as a result of the crash. Both vehicles were disabled and were towed by Cain's Towing Company. Airbags were not deployed in either vehicle. Both parties were evaluated by Wilmington Fire Department and signed refusal for treatment forms.

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 Joshua I DeBarros

234

Wilmington Police Department

01/27/2024

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date