

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 03/26/2024	Time of Crash 0558 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	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				31 I93SBR31 RAMP			
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			Crash Report ID# 24-93-AC							
Please Select One of the Following:			☒ Vehicle 1 #Occupants				☐ Hit/Run			
			☐ Moped							
License: 1 DOB/Age			Reg # 2YTW41				Reg Type PC			
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL			Veh Year 2017				Veh Make Jeep			
Operator LANGUASCO INOA, ALCIBIADES AGUSTIN			Owner LANGUASCO INOA, ALCIBIADES AGUSTIN				Veh Config. 1 21			
Address 46 FARNHAM ST APT A			Address 46 FARNHAM ST APT A				City LAWRENCE			
City LAWRENCE State MA Zip 01843-1521			City LAWRENCE State MA Zip 01843-1521				Vehicle Action Prior to Crash 1 22			
Insurance Company PROGRESSIVE DIRECT INSURA			Event Sequence 1 23 23 23 23				Damaged Area Code: 1 27 8 27 2 27			
Vehicle Travel Direction: N S X W Responding to Emergency? 2			Most Harmful Event 1 24				Test Status: 1 28			
Citation # (If Issued)			Driver Contributing Code 19 25 25				Type of Test: 0 29			
Viol. 1: Ch/Sec/Sub			Driver Distracted by 99 26 26				BAC Test Result: 30			
Viol. 2: Ch/Sec/Sub			Towed from scene? 1 33				Susp. Alcohol: 2 31 Susp. Drug: 2 32			
Viol. 3: Ch/Sec/Sub										
Viol. 4: Ch/Sec/Sub										
Please fill out for operator and all occupants involved										
Name (Last First Middle)			DOB/Age				Sex			
Operator			See Above				1 1 4 0 0 10 1			
Please Select One of the Following:			☒ Vehicle 21 #Occupants				☐ Hit/Run			
			☐ Moped				☐ Vulnerable User Complete the Vulnerable User section.			
License St DOB/Age			Reg # 2JWP95				Reg Type PC			
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL			Veh Year 2010				Veh Make FORD			
Operator GONZALEZ, JEAN CARLOS			Owner GONZALEZ, JEAN CARLOS				Veh Config. 1 21			
Address 163 FOSTER ST			Address 163 FOSTER ST				City LAWRENCE			
City LAWRENCE State MA Zip 01843-2208			City LAWRENCE State MA Zip 01843-2208				Vehicle Action Prior to Crash 2 22			
Insurance Company THE STANDARD FIRE INSURAN			Event Sequence 1 23 23 23 23				Damaged Area Code: 4 27 6 27 5 27			
Vehicle Travel Direction: N S X W Responding to Emergency? 2			Most Harmful Event 1 24				Test Status: 1 28			
Citation # (If Issued)			Driver Contributing Code 1 25 25				Type of Test: 0 29			
Viol. 1: Ch/Sec/Sub			Driver Distracted by 0 26 26				BAC Test Result: 30			
Viol. 2: Ch/Sec/Sub			Towed from scene? 2 33				Susp. Alcohol: 2 31 Susp. Drug: 2 32			
Viol. 3: Ch/Sec/Sub										
Viol. 4: Ch/Sec/Sub										
Please fill out for operator and all occupants involved										
Name (Last First Middle)			DOB/Age				Sex			
Operator/Occupants			See Above				1 1 4 0 0 10 1			

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○

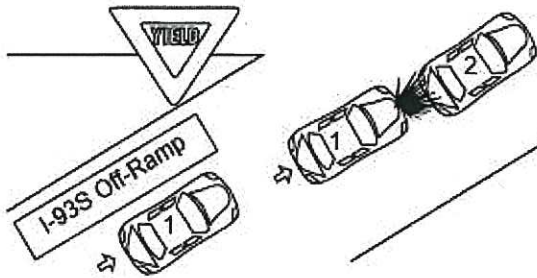
If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow



Lowell Street,
Wilmington, MA
(Route 129)



Crash Narrative:

MV 1 operator stated that he was coming off of I-93S, turning right onto Lowell Street and struck MV 2 while exiting the off-ramp. MV 1 operator said he believed MV 2 was going to turn right at the yield sign, but MV 2 stopped. When MV 2 stopped, MV 1 said, he rear ended MV 2. All involved stated no injuries. MV 1 was towed to A&S Towing due to leaking coolant. Paperwork exchange form completed.

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

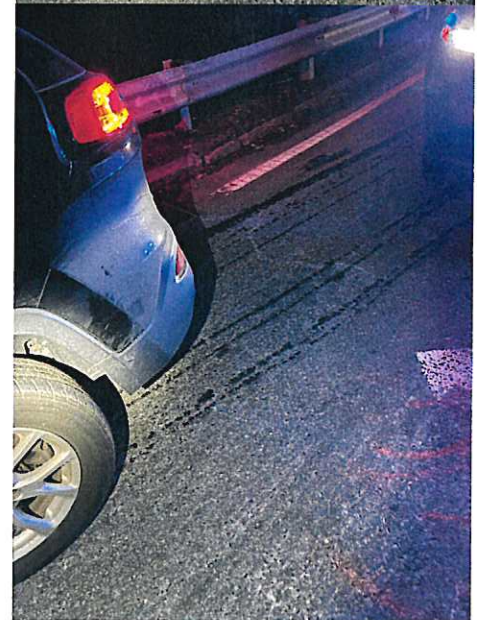
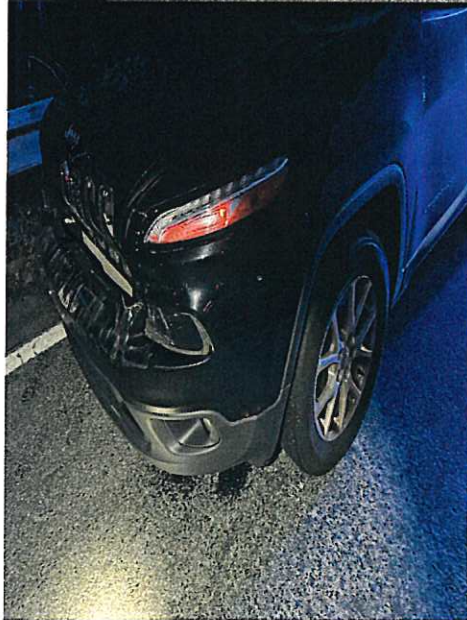
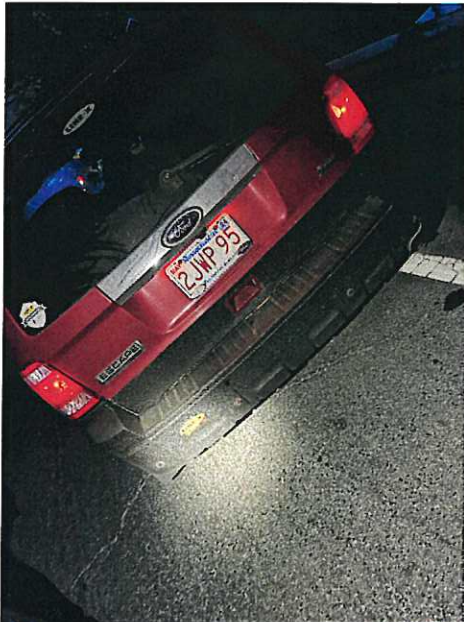
Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length ☐ 46

Hazmat Information:

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

Patrol Officer James R Hill 225 Wilmington Police Department 03/26/2024
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Images Associated with 24-93-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 03/26/2024	Time of Crash 1059 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 2	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										
At			Feet N S E W of or 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 11 #Occupants		☐ Hit/Run		☐ Moped		Crash Report ID# 24-94-AC				
License # St DOB/Ag			Reg # 1FEL91		Reg Type PC		Reg State MA						
Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement			Veh Year 2023		Veh Make TOYOTA		Veh Config. 1 21						
Operator MANCIA, FRANCISCO R			Owner MANCIA, FRANCISCO R										
Address 3 MARSHALL CIR LOWR			Address 3 MARSHALL CIR LOWR										
City PEABODY State MA Zip 01960-4548			City PEABODY State MA Zip 01960-4548										
Insurance Company GEICO GENERAL INSURANCE C			Vehicle Action Prior to Crash 1 22		Damaged Area Code: 1 27 8 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: 0 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 26		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/Ag	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:										Complete the Vulnerable User section.			
Please Select One of the Following:			☒ Vehicle 23 #Occupants		☐ Hit/Run		☐ Moped		☐ Vulnerable User				
License # St OB/Ag			Reg # MF86M		Reg Type DC		Reg State MA						
Sex M Lic. Class A 19 19 Lic. Restrictions 20 CDL Endorsement			Veh Year 2017		Veh Make		Veh Config. 97 21						
Operator ROBINSON, GEORGE MATHEW			Owner WILMINGTON TOWN OF FIRE DEPT										
Address 1 ADELAIDE ST			Address 121 GLEN RD										
City WILMINGTON State MA Zip 01887			City WILMINGTON State MA Zip 01887-3500										
Insurance Company MIAA			Vehicle Action Prior to Crash 4 22		Damaged Area Code: 7 27 27 27								
Vehicle Travel Direction: ☐ N ☒ 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: 0 29								
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Driver Contributing Code 4 25 25		BAC Test Result: 30								
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Distracted by 99 26 26		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/Ag	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/Occupants		See Above				1	99	4	0	0	10	1	
ERIC GRONEMEYER		1 ADELAIDE ST WILMINGTON, MA 01887			M	99	99	4	0	0	10	1	
ERIC ROBBINS		1 ADELAIDE ST WILMINGTON, MA 01887			M	99	99	4	0	0	10	1	

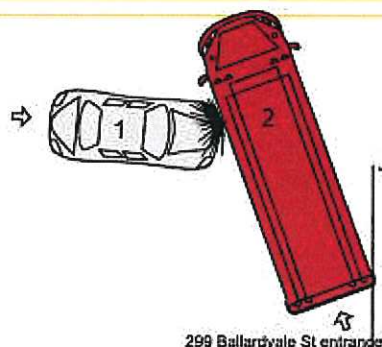
→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ○ = Pedestrian ○ = Bicycle
 ie: → 1 → 2 → ○ → ○

Crash Diagram:

If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow



271 Ballardvale

299 Ballardvale St entrance

Crash Narrative:

MV 1 WAS TRAVELING NORTH ON BALLARDVALE STREET. MV 2 (FIRE ENGINE 4) WAS TURNING LEFT ONTO BALLARDVALE STREET FROM THE ENTRANCE OF 299 BALLARDVALE STREET. MV 1 COLIDDED WITH THE LEFT SIDE OF MV 2 AS IT WAS TURNING ONTO BALLARDVALE STREET. MV 1 HIT THE BRAKE AND TRIED TO BEAR TO THE RIGHT PRIOR TO IMPACT WITH MV 2. THERE WAS SIGNIFICANT DAMAGE TO THE FRONT END OF MV 1. THERE WAS DAMAGE TO THE LEFT SIDE OF MV 2, TO THE REAR OF THE DRIVERS DOOR. MV 1 WAS TOWED FROM THE SCENE BY A&S TOWING. NO AIRBAGS DEPLOYED, NO INJURIES REPORTED. SEE IMAGES.

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

03/26/2024

Date

Wilmington Police Department
Images Associated with 24-94-AC



Wilmington Police Department
Images Associated with 24-94-AC



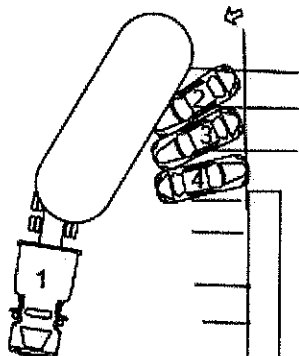
Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 03/26/2024	Time of Crash 1144 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 4	Number Injured 0	Speed Limit 10 Latitude Longitude	State Police Local Police MBTA Police Campus Police Other	
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street							
At			Feet N S E W of or 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# 24-95-AC	
License # 24 St. DOB/Age			Reg # PA80109		Reg Type AP		Reg State ON			
Sex M Lic. Class A M Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2024		Veh Make Other-not listed		Veh Config. 8 21			
Operator BOROS, CIPRIAN CONSTANTIN			Owner TRANSPRO FREIGHT SYSTEMS FLEET 1							
Address 417 TONELLI LN			Address 8600 ESCARPMENT WAY							
City MILTON State ON Zip L9TON4			City MILTON State ON Zip L9T 0M1							
Insurance Company ZURICH INSURANCE COMPANY			Vehicle Action Prior to Crash 4 22		Damaged Area Code: 7 27 27 27					
Vehicle Travel Direction: N S X W Responding to Emergency? 2			Event Sequence 2 23 23 23 23		Test Status: 1 28					
Citation # (If Issued)			Most Harmful Event 2 24		Type of Test: 1 29					
Viol. 1: Ch/Sec/Sub			Driver Contributing Code 9 25 25		BAC Test Result: 1 30					
Viol. 2: Ch/Sec/Sub			Driver Distracted by 0 26 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 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 20 Occupants		☐ Hit/Run		☐ Moped		☐ Vulnerable User Complete the Vulnerable User section.	
License # St. DOB/Age			Reg # 7XF141		Reg Type PC		Reg State MA			
Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement			Veh Year 2018		Veh Make HONDA		Veh Config. 1 21			
Operator Driverless M.V.			Owner WANDELL, KALEIGH N							
Address			Address 60 SALEM RD							
City State Zip			City DRACUT State MA Zip 01826-2820							
Insurance Company PROGRESSIVE CASUALTY INSU			Vehicle Action Prior to Crash 11 22		Damaged Area Code: 2 27 3 27 9 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 26		Susp. Alcohol: 31 Susp. Drug: 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)			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/Occupants			See Above		X		1			

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 03/26/2024	Time of Crash 1144 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report				Number Vehicles 4	Number Injured 0	Speed Limit 10	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				50 CONCORD ST			
At			Feet N S E W of or Exit Number				3			
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			Crash Report ID# 24-95-AC							
Please Select One of the Following:			☒ Vehicle 30 #Occupants				☐ Hit/Run			
			☐ Moped							
License # St DOB/Age			Reg # JF829V Reg Type PC Reg State MA							
Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement			Veh Year 2018 Veh Make Infinity Veh Config. 1 21							
Operator Driverless M.V.			Owner ABREU, COLLEEN P							
Address			Address 8 FOREST PARK RD							
City State Zip			City WOBURN State MA Zip 01801-2566							
Insurance Company GEICO GENERAL INSURANCE C			Vehicle Action Prior to Crash 11 22				Damaged Area Code: 1 27 7 27 3 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 26				Susp. Alcohol: 31 Susp. Drug: 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							
Please Select One of the Following:			☒ Vehicle 40 #Occupants				☐ Hit/Run			
			☐ Moped				☐ Vulnerable User Complete the Vulnerable User section.			
License # St DOB/Age			Reg # 1ZFC46 Reg Type PC Reg State MA							
Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement			Veh Year 2020 Veh Make VOLKSWAGEN Veh Config. 1 21							
Operator Driverless M.V.			Owner SHAHID, AMINA BANU							
Address			Address 2 HANCOCK ST APT 5							
City State Zip			City MALDEN State MA Zip							
Insurance Company FARMERS PROPERTY & CASUAL			Vehicle Action Prior to Crash 11 22				Damaged Area Code: 7 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 26				Susp. Alcohol: 31 Susp. Drug: 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/Occupants See Above			1							

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

Crash Diagram:

50
Concord
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 attempting to make a left turn around the parked vehicles to exit the parking lot. Vehicle 1 is a full size 53FT trailer and tractor. Vehicle 1 took the turn to sharp and contacted vehicle 2 with the rear left side of the trailer. This then pushed vehicle 2 into vehicle 3 and then vehicle 3 into vehicle 4. Vehicles 2,3,and 4 were all unoccupied at the time of the crash. No airbags deployed. Vehicle 1 sustained damage to the rear left side of the trailer. Vehicle 2 sustained damage to the windshield, right side, hood, and left side. Vehicle 3 sustained damage to both the left and right sides. Vehicle 4 sustained damage to the rear left. Vehicle 2 was towed by A&S Towing. All other vehicles were 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 # **PA80109** (From Vehicle Section)

Carrier Name **TransPro Freight Systems**

Bus Use **0** ⁴²

Address **8600 ESCARPMENT WAY**

City **MILTON**

St **ON**

Zip **L9T0M1**

US DOT #: **567829**

State Number

Issuing State

MC/MX/ACC #: **277475**

Interstate ⁴³

Cargo Body Type Code ⁴⁴

GVWR/GCWR ⁴⁵

3

Trailer Reg #: **S9070P**

Reg Type **TR**

Reg State **ON**

Reg Year **2020**

Trailer Length ⁴⁶

4

Hazmat Information:

Placard ⁴⁷

Material 1 digit # ⁴⁸

Material Name

Material 4 digit #

Release code ⁴⁹

0

Patrol Officer **Michael R DiLorenzo**

217

Wilmington Police Department

03/26/2024

Police Officer Name (Please Print)

Signature

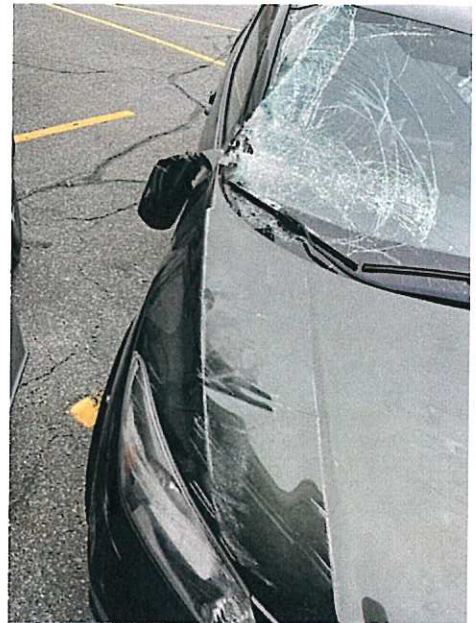
ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department
Images Associated with 24-95-AC



Wilmington Police Department
Images Associated with 24-95-AC

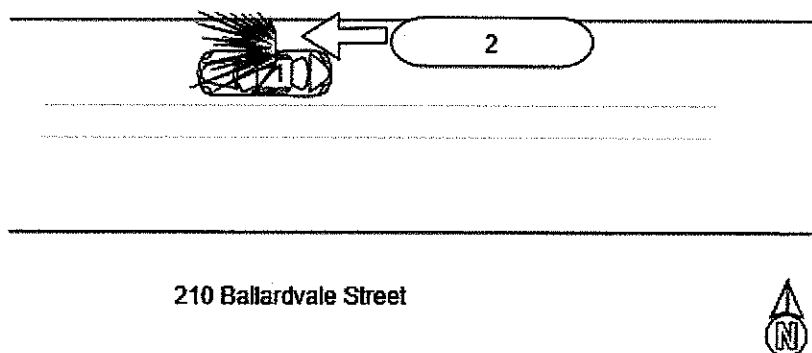


Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 03/29/2024	Time of Crash 0630 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 40	State Police Local Police MBTA Police Campus Police Other		
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street							
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:			☒ Vehicle 1 Occupants		☐ Hit/Run		☐ Moped		Crash Report ID# 24-96-AC	
License # S DOB/Age 5			Reg # 17B760		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 ESTEVEZ, MARTHA I			Owner ESTEVEZ, MARTHA I							
Address 13 GRANITE ST APT 24			Address 13 GRANITE ST APT 24							
City METHUEN State MA Zip 01844-3782			City METHUEN State MA Zip 01844-3782							
Insurance Company PILGRIM INSURANCE COMPANY			Vehicle Action Prior to Crash 1 22		Damaged Area Code: 6 27 7 27 9 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: 0 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 26		Susp. Alcohol: 2 31 Susp. Drug: 2 32					
Please fill out for operator and all occupants involved			Driver Distracted by 0 26 26		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										
Please Select One of the Following:			☒ Vehicle 2 Occupants		☐ Hit/Run		☐ Moped		☐ Vulnerable User Complete the Vulnerable User section.	
License S DOB/Age 1			Reg # TF8063		Reg Type ZZ		Reg State MB			
Sex M Lic. Class B 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2022		Veh Make Other-not listed		Veh Config. 1 21			
Operator MASIH, VINAY			Owner FRONTLINE LOGISTICS LIMITED							
Address 17 BOAT ST			Address 56 BILLINGHAM ROW W							
City BRAMPTON State ON Zip L7A5C9			City ST PAUL MANITOBA State MB Zip R4A0B4							
Insurance Company			Vehicle Action Prior to Crash 1 22		Damaged Area Code: 0 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: 0 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 26		Susp. Alcohol: 2 31 Susp. Drug: 2 32					
Please fill out for operator and all occupants involved			Driver Distracted by 0 26 26		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/Occupants See Above										

→ = 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:

While traveling Northbound on Ballardvale Street, a public way in Wilmington, motor vehicle 2 side swiped motor vehicle number 1. While motor vehicle 2 was attempting to cut in front of motor vehicle 1 on 210 Ballardvale Street, motor vehicle 2 caused damage to the left side of the vehicle, including taking out the passenger's side window (see images). Motor vehicle 1 followed motor vehicle 2 into the parking lot of the Market Basket warehouse located on 340 Ballardvale Street for the exchange of paperwork. No injuries or air bag deployment.

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 Zachary A Leighton 227 Wilmington Police Department 03/29/2024
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Images Associated with 24-96-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 03/29/2024	Time of Crash 1246 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 1	Number Injured 0	Speed Limit 5	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											
Route# Direction Name of Intersecting 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# 24-97-AC					
License			DOB/Ag			Reg # 6DG490			Reg Type PC Reg State MA		
Sex F Lic. Class 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2013 Veh Make HYUNDAI Veh Config. 1 21								
Operator REDGATE, KATHERINE RUTH			Owner REDGATE, KATHERINE RUTH								
Address 36 GLEN RD			Address 36 GLEN RD								
City WILMINGTON State MA Zip 01887-1915			City WILMINGTON State MA Zip 01887-1915								
Insurance Company			Vehicle Action Prior to Crash 1 22			Damaged Area Code: 2 27 27 27					
Vehicle Travel Direction: ☒ S ☐ E ☐ W Responding to Emergency? 2			Event Sequence 3 23 23 23 23			Test Status: 1 28					
Citation # (If Issued)			Most Harmful Event 3 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: 1 30					
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Distracted by 0 26 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/Ag			Sex		
Operator			See Above			1			1		
Please Select One of the Following:			☐ Vehicle 2 #Occupants ☐ Hit/Run ☐ Moped			☒ Vulnerable User Complete the Vulnerable User section.					
License #			St			DOB/Ag			Reg #		
Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement			Veh Year			Veh Make			Veh Config. 21		
Operator			Owner								
Address			Address								
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 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 26			Susp. Alcohol: 31 Susp. Drug: 32					
Please fill out for operator and all occupants involved						Towed from scene? 33					
Name (Last First Middle)			Address			DOB/Ag			Sex		
Operator/Occupants			See Above			1			1		

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

Crash Diagram:

ie: →

1

→

2

→

○

→

○



↔ Parking Lot ↔

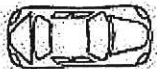
V1



V1



V1



M1

↔ Ace Hardware/Market Basket Storefronts ↔

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:

This report involves a single-vehicle crash, in which a male pedestrian was struck in the parking lot in front of the Ace Hardware/Market Basket Plaza. V1 was traveling north in the storefront roadway in the parking lot when the male (M1) accidentally backed into the vehicle. M1 is an employee of Market Basket and he was collecting shopping carts from the parking lot at the time of the collision. M1 was walking backwards into the lot roadway as he was pulling carts when he backed into V1. His left foot was struck by V1. M1 was evaluated by Wilmington FD and signed a transport refusal. V1 sustained minor damage to the front right side from the shopping carts hitting it. The operator of V1 stayed on scene and made sure that M1 was okay and safe. The operator exhibited no improper driving, as M1 was inattentive and distracted with his Mart Basket Duties. Please see attached CCTV footage from the camera in front of Ace Hardware.

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 W Powers

231

Wilmington Police Department

03/29/2024

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Please complete a section for each vulnerable user involved in the crash.

Vulnerable User		Type 1 VU1		Action 2 VU2		Location 97 VU3	
VU: <u>DOODY, MARK J</u> Last First Middle							
Address 4 ASHLAND ST				Primary Injury Area: 4 VU7			
City MEDFORD State MA Zip 02155-3215				Test Status: 1 VU11			
License # _____ St _____ DOB/Age _____		Event Sequence 13 VU8 10 VU8 19 VU8 VU8		Type of Test: VU12			
Traffic Control Device 0 VU4		Contributing Code 11 VU9 12 VU9		BAC Test Result: 1 VU13			
Origin/Destination 97 VU5		Distracted by 6 VU10 VU10		Susp. Alcohol: 2 VU14			
Contact Point: 09 VU6				Susp. Drug: 2 VU15			
	Sex	VU16 Seat Pos.	VU17 Safety Equipment	VU18 Eject Code	VU19 Trap Code	VU20 Injury Status	VU21 Transp. Code
Vulnerable User	M	97	8	0	0	10	0
Medical Facility							

Vulnerable User		Type VU1		Action VU2		Location VU3	
VU: _____ Last First Middle							
Address _____				Primary Injury Area: VU7			
City _____ State _____ Zip _____				Test Status: VU11			
License # _____ St _____ DOB/Age _____		Event Sequence VU8 VU8 VU8 VU8		Type of Test: VU12			
Traffic Control Device VU4		Contributing Code VU9 VU9		BAC Test Result: VU13			
Origin/Destination VU5		Distracted by VU10 VU10		Susp. Alcohol: VU14			
Contact Point: VU6				Susp. Drug: VU15			
	Sex	VU16 Seat Pos.	VU17 Safety Equipment	VU18 Eject Code	VU19 Trap Code	VU20 Injury Status	VU21 Transp. Code
Vulnerable User							
Medical Facility							

Vulnerable User		Type VU1		Action VU2		Location VU3	
VU: _____ Last First Middle							
Address _____				Primary Injury Area: VU7			
City _____ State _____ Zip _____				Test Status: VU11			
License # _____ St _____ DOB/Age _____		Event Sequence VU8 VU8 VU8 VU8		Type of Test: VU12			
Traffic Control Device VU4		Contributing Code VU9 VU9		BAC Test Result: VU13			
Origin/Destination VU5		Distracted by VU10 VU10		Susp. Alcohol: VU14			
Contact Point: VU6				Susp. Drug: VU15			
	Sex	VU16 Seat Pos.	VU17 Safety Equipment	VU18 Eject Code	VU19 Trap Code	VU20 Injury Status	VU21 Transp. Code
Vulnerable User							
Medical Facility							

Wilmington Police Department
Images Associated with 24-97-AC

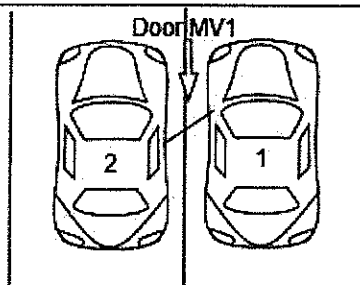


Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 03/29/2024	Time of Crash 2128 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit _____ Latitude _____ Longitude _____	State Police Local Police MBTA Police Campus Police Other: _____			
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:						
1 Route# Direction Name of Roadway/Street At			2 Route# Direction Address # Name of Roadway/Street 260 MAIN ST										
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of _____ or _____ Exit Number										
2 Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of _____ Route# Intersecting Roadway/Street										
			Landmark										
3 Please Select One of the Following:			☒ Vehicle 1 #Occupants			☐ Hit/Run		☐ Moped		Crash Report ID# 24-98-AC			
License St DOB/Age			Reg # 4LVV17			Reg Type PC		Reg State MA					
Sex M Lic. Class D 19 19 Lic. Restrictions B 20 CDL Endorsement			Veh Year 2020			Veh Make SUBARU		Veh Config. 1 21					
Operator DUDLEY, STEPHEN M			Owner DUDLEY, STEPHEN M										
Address 6 BIRCH RD			Address 6 BIRCH RD										
City WILMINGTON State MA Zip 01887-2676			City WILMINGTON State MA Zip 01887-2676										
Insurance Company ARBELLA MUTUAL INSURANCE			Vehicle Action Prior to Crash 11 22			Damaged Area Code: 0 27 27 27							
Vehicle Travel Direction: N X E W Responding to Emergency? 2			Event Sequence 2 23 23 23 23			Test Status: 1 28							
Citation # (If Issued) _____			Most Harmful Event 2 24			Type of Test: 29							
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____			Driver Contributing Code 97 25 25			BAC Test Result: 30							
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____			Driver Distracted by 0 26 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	
7 Please Select One of the Following:			☒ Vehicle 21 #Occupants			☐ Hit/Run		☐ Moped		☐ Vulnerable User Complete the Vulnerable User section.			
License # S DOB/Age			Reg # 8307ML			Reg Type PC		Reg State MA					
Sex M Lic. Class D 19 19 Lic. Restrictions 1 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 11 22			Damaged Area Code: 7 27 27 27							
Vehicle Travel Direction: N X E W Responding to Emergency? 2			Event Sequence 2 23 23 23 23			Test Status: 1 28							
Citation # (If Issued) _____			Most Harmful Event 2 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 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/Occupants		See Above				1	0	4	0	0	10	1	

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

Crash Diagram:

Parking Lot 280 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:

OP2 walk-in found note on MV2 stating saw MV1 hit MV2 with door then drive off. MV2 was unoccupied at time. Entered OP1 to link with MV. OP1 showed damage to pass door. Orange pain scrape. (see images) WIT1 provided plate MA:4LVV17. OP1 is RO of MV1. Called OP1. Admitted at MB and opened door. It was windy and door got away from him and struck MV2.

Called WIT1, stated appx 3:10pm, MV1 pulled next to MV2. OP2 opened driver door, stated it was windy and saw door strike MV1. Stated appeared hard enough to cause damage. Left note.

There is a long paint scrape the lenght of pass front and rear door. After speaking to OP1 and WIT1, do not think from this MVC

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
SCHUNDLER HANNAH K	98 CHARLES ST Apt. #16 BOSTON MA 02114-4629		

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 Joseph A Fitzgerald

215

Wilmington Police Department

03/29/2024

Police Officer Name (Please Print)

Signature

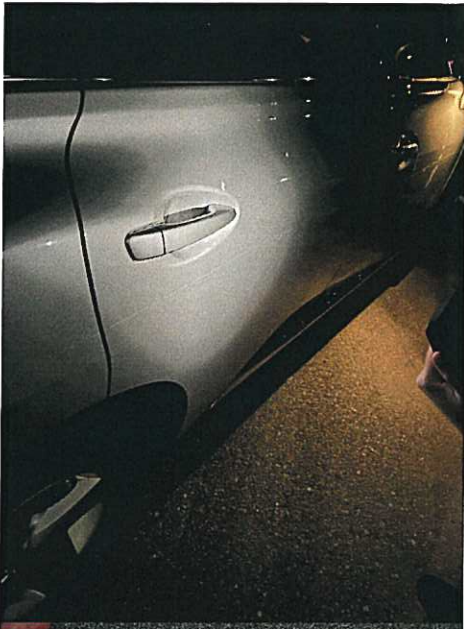
ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department
Images Associated with 24-98-AC



Hello,

I was in the parking lot +
saw a car park next to you.
The wind blew its door open
+ hit your car - orange car.
The driver immediately drove
away.

MA Plate
License plate was 4LUV17.
orange subaru. wanted to let
you know.

My number (not the driver)
is 908.285.2757 in
case you want more info.



Hello,

I was in the parking lot +
saw a car park next to you.
The wind blew its door open
+ hit your car - orange car.
The driver immediately drove
away.

MA Plate
License plate was 4LUV17.
orange subaru. wanted to let
you know.

My number (not the driver)
is 908.285.2757 in
case you want more info.



Wilmington Police Department
Images Associated with 24-98-AC



Police Use Only

Date of Crash

03/30/2024

Time of Crash

0914

24HR

City/Town

Wilmington

Commonwealth of Massachusetts

Motor Vehicle Crash

Police Report

RMV Document Number

Speed Limit

30

State Police

Local Police

MBTA Police

Campus Police

Other:

Number Vehicles

2

Number Injured

0

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

129

E

1

RICHMOND ST

Route#

Direction

Address #

Name of Roadway/Street

Feet

NSEW

of

Mile Marker

or

Exit Number

Feet

NSEW

of

Route#

Intersecting Roadway/Street

Feet

NSEW

of

205 MAIN STREET

Landmark

Please Select One of the Following:

☒ Vehicle 13 #Occupants

☐ Hit/Run

☐ Moped

Crash Report ID# 24-99-AC

License #

St

DOB/Age

Sex

F

Lic. Class

D

M

Lic. Restrictions

1

20

CDL

Endorsement

Operator

RADONCIC, MAUREEN KILROY

Last

First

Middle

Address

32 ALLENDALE AVE

City

BILLERICA

State

MA

Zip

01821-6237

Insurance Company

PROGRESSIVE DIRECT INSURA

Vehicle Travel Direction:

N

S

X

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 #

8XW463

Reg Type

PC

Reg State

MA

Veh Year

2015

Veh Make

MERCEDES-BENZ

Veh Config.

1

21

Owner

RADONCIC, MAUREEN KILROY

Last

First

Middle

Address

32 ALLENDALE AVE

City

BILLERICA

State

MA

Zip

01821-6237

Vehicle Action Prior to Crash

2

22

Damaged Area Code:

5

27

27

27

Event Sequence

1

23

23

23

23

Test Status:

1

28

29

30

Type of Test:

BAC Test Result:

30

Susp. Alcohol:

2

31

Susp. Drug:

2

32

Towed from scene?

2

33

Most Harmful Event

1

24

Driver Contributing Code

1

25

25

Driver Distracted by

0

26

26

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

3

1

4

0

0

10

1

6

4

4

0

0

10

1

Please Select One of the Following:

☒ Vehicle 21 #Occupants

☐ Hit/Run

☐ Moped

☐ Vulnerable User

Complete the Vulnerable User section.

License #

S

DOB/Age

Sex

M

Lic. Class

D

Lic. Restrictions

1

20

CDL

Endorsement

Operator

NEDOMA, JIRI

Last

First

Middle

Address

34 HOPKINS ST

City

WILMINGTON

State

MA

Zip

01887-4527

Insurance Company

THE HANOVER INSURANCE COM

Vehicle Travel Direction:

N

S

X

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 #

3MAH78

Reg Type

PC

Reg State

MA

Veh Year

2023

Veh Make

KIA

Veh Config.

1

21

Owner

NARLA, LALITHYA

Last

First

Middle

Address

34 HOPKINS ST

City

WILMINGTON

State

MA

Zip

01887-4527

Vehicle Action Prior to Crash

1

22

Damaged Area Code:

5

27

27

27

Event Sequence

1

23

23

23

23

Test Status:

1

28

29

30

Type of Test:

BAC Test Result:

30

Susp. Alcohol:

2

31

Susp. Drug:

2

32

Towed from scene?

2

33

Most Harmful Event

1

24

Driver Contributing Code

5

25

19

25

Driver Distracted by

0

26

26

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/Occupants

See Above

X

X

1

1

4

0

0

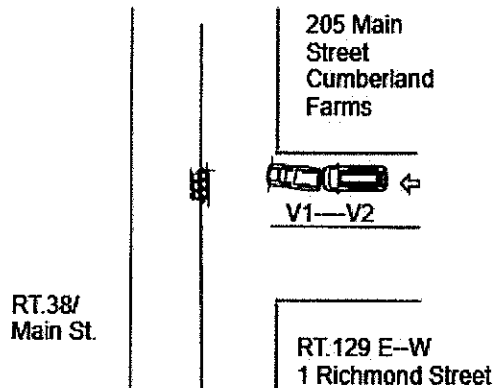
10

1

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

ie: → 1 → 2 → O → B

Crash Diagram:



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:

V1 (Radonicic) was stopped at the end of Richmond Street (RT.129) at Main Street (Rt.38). V1 started to proceed but needed to stop for traffic on Main Street. V2 opr (Nedoma) saw V1 proceed and continued straight. V2 then rear-ended V1 in minor rear-end collision. No injuries observed or reported for all occupants. V1 damaged on read bumper. V2 damaged on front end. V2 Opr (Nedoma) inattention and following too close is probable factor in crash.

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 Richard DiPerri

173

Wilmington Police Department

03/30/2024

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 03/30/2024	Time of Crash 1306 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 2	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		2 10					
At										
Route# Direction Name of Intersecting Roadway/Street			Feet [N][S][E][W] of Mile Marker Exit Number		2 11					
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 13 #Occupants		☐ Hit/Run		☐ Moped		Crash Report ID# 24-100-AC	
License / S DOB/Age			Reg # 9MF742 Reg Type PC Reg State MA		1 12					
Sex F Lic. Class 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2022 Veh Make Jeep Veh Config. 1 21							
Operator MOREIRA GARZON, MARTHA LUCIA			Owner QUEZADA IMAICELA, CRISTHIAN A							
Address 32 NEWHILL RD			Address 32 NEWHILL RD							
City METHUEN State MA Zip 01844-2223			City METHUEN State MA Zip 01844-2223							
Insurance Company LIBERTY MUTUAL PERSONAL I			Vehicle Action Prior to Crash 2 22		Damaged Area Code 6 27 5 27 4 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: 0 29					
Viol. 1: Ch/Sec/Sub			Driver Contributing Code 1 25 25		BAC Test Result: 30					
Viol. 2: Ch/Sec/Sub			Driver Distracted by 0 26 26		Susp. Alcohol: 2 31 Susp. Drug: 2 32		1 13			
Viol. 3: Ch/Sec/Sub					Towed from scene? 2 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		Lahey Clinic	
CRISTHIAN QUEZADA IMAICELA			32 NEWHILL RD METHUEN, MA 01844-2223		11/08/1989 M		3 1 4 0 0 10 1			
MATEO MOREIRA			32 NEWHILL RD METHUEN, MA 01844		01/04/2008 M		6 1 4 0 0 10 1			
Please Select One of the Following:			☒ Vehicle 22 #Occupants		☐ Hit/Run		☐ Moped		☐ Vulnerable User Complete the Vulnerable User section.	
License # St DOB/Age			Reg # 1RCT73 Reg Type PC Reg State MA		1 14					
Sex M Lic. Class 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2023 Veh Make TOYOTA Veh Config. 1 21							
Operator BRINT, JOEL			Owner BRINT, JOEL							
Address 50 S COMMON ST APT 311			Address 50 S COMMON ST APT 311							
City LYNN State MA Zip 01902-4449			City LYNN State MA Zip 01902-4449							
Insurance Company THE STANDARD FIRE INSURAN			Vehicle Action Prior to Crash 1 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: 1 28					
Citation # (If Issued)			Most Harmful Event 1 24		Type of Test: 0 29					
Viol. 1: Ch/Sec/Sub			Driver Contributing Code 5 25 19 25		BAC Test Result: 30					
Viol. 2: Ch/Sec/Sub			Driver Distracted by 99 26 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 and all occupants involved										
Name (Last First Middle)			Address		DOB/Age		Sex		Medical Facility	
Operator/Occupants			See Above		1		1			
MARIA BRINT			50 S COMMON ST LYNN, MA 01902-4449		F 3		1 4 0 0 10 1			

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

Crash Diagram:

Lowell Street, Wilmington, MA (RTE 129)

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 stated they were exiting I-93S yielding right onto Lowell Street and were rear-ended by MV 2. MV 2 stated that MV 1 started to turn right onto Lowell Street and stopped because another car was coming. MV 2 stated they then rear ended MV 1.

MV 1 operator transported to Lahey Hospital by Wilmington FD out of concern for her pregnancy and recent back surgery. All others involved stated no injuries. Both vehicles were in driveable condition. Paperwork exchange form completed and handed to responsible parties.

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 James R Hill

225

Wilmington Police Department

03/30/2024

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department
Images Associated with 24-100-AC

