

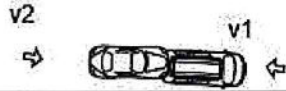
Police Use Only			Commonwealth of Massachusetts				RMV Document Number					
Date of Crash 05/12/2024	Time of Crash 1212 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 25 Latitude Longitude	State Police Local Police MBTA Police Campus Police 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 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 16 #Occupants		☐ Hit/Run		☐ Moped		Crash Report ID# 24-143-AC			
License #			DOB/Age		Reg # 3896SA		Reg Type PC		Reg State MA			
Sex F Lic. Class 19 19			Lic. Restrictions 1 20		Veh Year 2020		Veh Make TOYOTA		Veh Config. 2 21			
Operator SAHD, CHRISTINA M					Owner SAHD, CHRISTINA M							
Address 80 STONEHILL RD					Address 80 STONEHILL RD							
City EAST LONGMEADOW State MA Zip 01028-1367					City EAST LONGMEADOW State MA Zip 01028-1367							
Insurance Company THE HANOVER INSURANCE COM					Vehicle Action Prior to Crash 10 22		Damaged Area Code: 5 27 27 27					
Vehicle Travel Direction: N S E X Responding to Emergency? 2					Event Sequence 1 23 23 23 23		Test Status: 28					
Citation # (If Issued)					Most Harmful Event 1 24		Type of Test: 29					
Viol. 1: Ch/Sec/Sub			Viol. 2: Ch/Sec/Sub		Driver Contributing Code 14 25 25		BAC Test Result: 30					
Viol. 3: Ch/Sec/Sub			Viol. 4: Ch/Sec/Sub		Driver Distracted by 5 26 26		Susp. Alcohol: 31 Susp. Drug: 2 32					
Please fill out for operator and all occupants involved												
Name (Last First Middle)			Address		DOB/Age		Sex		Medical Facility			
Operator			See Above		1		1		Winchester Hospital			
ERIC HEIDELMARK			80 STONEHILL RD EAST LONGMEADOW, MA 01028		3		1					
					7		1					
					05/16/2		6		1			
Please Select One of the Following:			☒ Vehicle 1 #Occupants		☐ Hit/Run		☐ Moped		☐ Vulnerable User Complete the Vulnerable User section.			
License #			St DOB/Age		Reg # 3896SA		Reg Type		Reg State			
Sex Lic. Class 19 19			Lic. Restrictions 20		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 26		Susp. Alcohol: 31 Susp. Drug: 32					
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					
					4		3		10 1			
					9		1		10 1			

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 05/12/2024	Time of Crash 1212 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 At			Route# Direction Address # Name of Roadway/Street 195 SALEM ST							
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of Mile Marker Exit Number							
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Route# Intersecting Roadway/Street							
			Landmark							
Please Select One of the Following: ☒ Vehicle 21 #Occupants ☐ Hit/Run ☐ Moped			Crash Report ID# 24-143-AC							
License # St DOB/Age Sex F Lic. Class 19 19 Lic. Restrictions 1 20 CDL Endorsement			Reg # 2HGR38 Reg Type PC Reg State MA							
Operator GILMARTIN, NANCY J Last First Middle			Veh Year 2021 Veh Make HONDA Veh Config. 1 21							
Address 19 MCDONALD RD			Owner GILMARTIN, NANCY J Last First Middle							
City WILMINGTON State MA Zip 01887-3836			City WILMINGTON State MA Zip 01887-3836							
Insurance Company LIBERTY MUTUAL INSURANCE			Vehicle Action Prior to Crash 2 22							
Vehicle Travel Direction: N S E W Responding to Emergency? 2			Event Sequence 1 23 23 23 23							
Citation # (If Issued)			Most Harmful Event 1 24							
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Driver Contributing Code 1 25 25							
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Distracted by 0 26 26							
Please fill out for operator and all occupants involved			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 ☐ Hit/Run ☐ Moped ☐ Vulnerable User Complete the Vulnerable User section.			License # St DOB/Age Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement							
Operator Last First Middle			Reg # Reg Type Reg State							
Address			Veh Year Veh Make Veh Config. 21							
City State Zip			Owner Last First Middle							
Insurance Company			City State Zip							
Vehicle Travel Direction: N S E W Responding to Emergency?			Vehicle Action Prior to Crash 22							
Citation # (If Issued)			Event Sequence 23 23 23 23							
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Most Harmful Event 24							
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Contributing Code 25 25							
			Driver Distracted by 26 26							
Please fill out for operator and all occupants involved			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							

Crash Diagram:

ie: → 1 → 2 → ○ → ○

195 Salem Street



If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow



Crash Narrative:

The Driver of V1 had an unknown medical issue and temporarily passed out. She attempted to put her car into park, but put it in reverse. This was confirmed by two passengers. V1 then slowly backed up and struck v2. V2 stated that she saw V1 stop in the road, so she stopped. V1 slowly rolled backward. V2 beeped, but v1 still struck the front of her car.

The driver of v1 will be subject of an immediate medical threat form, to be sent to registry.

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 D Thornton

Police Officer Name (Please Print)

Signature

190

ID/Badge #

Wilmington Police Department

Department

Precinct/Barracks

05/12/2024

Date

Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 05/15/2024	Time of Crash 0744 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 1	Speed Limit 35	State Police Local Police MBTA Police Campus Police Other:		
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:						
1 MAIN ST			2								
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								
2 LAKE ST			2								
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Route# Intersecting Roadway/Street								
Also at Intersection with			Landmark								
2			2								
Route# Direction Name of Intersecting Roadway/Street											
Please Select One of the Following:			☒ Vehicle 1 #Occupants			☐ Hit/Run		☐ Moped		Crash Report ID# 24-144-AC	
License #			OB/Ag		Reg # 4END77		Reg Type PC		Reg State MA		
Se: Lic. Class 19 19			Lic. Restrictions B 20		Veh Year 2015		Veh Make GMC		Veh Config. 1 21		
Operator			CDL Endorsement		Owner THOMPSON, BRIAN KENNETH		Last First Middle				
4 1			Address		Address 70 SQUIRE LN						
City, State Zip			City TEWKSBURY		State MA		Zip 01876-2646				
Insurance Company THE COMMERCE INSURANCE CO			Vehicle Action Prior to Crash 1 22		Damaged Area Code: 1 27 27 27						
Vehicle Travel Direction: N X E W			Responding to Emergency? 2		Event Sequence 1 23 23 23 23		Test Status: 1 28				
Citation # (If Issued)			Most Harmful Event 1 24		Type of Test: 0 29		BAC Test Result: 1 30				
Viol. 1: Ch/Sec/Sub			Viol. 2: Ch/Sec/Sub		Driver Contributing Code 5 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 26		Towed from scene? 1 33				
6 2											
Please fill out for operator and all occupants involved											
Name (Last First Middle)			Address		DOB/Age		Sex		34 Seat Pos.		
Operator			See Above		X		X		1 1 4 0 0 10 1		
7 3											
Please Select One of the Following:			☒ Vehicle 2 #Occupants			☐ Hit/Run		☐ Moped		☐ Vulnerable User Complete the Vulnerable User section.	
License #			DOB/Age		Reg # X80592		Reg Type CO		Reg State MA		
Sex M Lic. Class 19 19			Lic. Restrictions 1 20		Veh Year 2020		Veh Make NISSAN		Veh Config. 2 21		
Operator SALDARRIAGA, JUAN CAMILO			CDL Endorsement		Owner AMERICAN GUTTER CLEANING AND INSTALLATIONS IN		Last First Middle				
8 1			Address 166 PUTMAN ST APT 3		Address 1023 EAST ST						
City EAST BOSTON			State MA		City TEWKSBURY		State MA		Zip 01876-1458		
Insurance Company TRAVELERS CASUALTY INSURA			Vehicle Action Prior to Crash 2 22		Damaged Area Code: 5 27 27 27						
Vehicle Travel Direction: N X E W			Responding to Emergency? 2		Event Sequence 1 23 23 23 23		Test Status: 1 28				
Citation # (If Issued)			Most Harmful Event 1 24		Type of Test: 0 29		BAC Test Result: 1 30				
Viol. 1: Ch/Sec/Sub			Viol. 2: Ch/Sec/Sub		Driver Contributing Code 1 25 25		Susp. Alcohol: 2 31		Susp. Drug: 2 32		
Viol. 3: Ch/Sec/Sub			Viol. 4: Ch/Sec/Sub		Driver Distracted by 0 26 26		Towed from scene? 2 33				
9 2											
Please fill out for operator and all occupants involved											
Name (Last First Middle)			Address		DOB/Age		Sex		34 Seat Pos.		
Operator/Occupants			See Above		X		X		1 1 4 0 0 8 1		
KEVIN CONTRERAS			11 WAVERLY ST EVERETT, MA 02149-2170		M		3		1 4 0 0 10 1		

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

Crash Diagram:

Main Street (Rt. 38)

Lake Street

Indicate North by Arrow

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Crash Narrative:

Vehicle 2 was traveling south on Main Street. Traffic in front of vehicle 2 began to slow down, as did vehicle 2. Vehicle 1 rear ended vehicle 2. Operator of vehicle 1 said he observed vehicle 2 slowing last minute and attempted to stop but couldnt stop in time. No airbags were deployed. Vehicle 1 was towed by Cains Towing due to damage and leaking fluid. Vehcile 2 sustained heavy rear end damage but was drive away from the scene. All parities signed a medical refusal with the Wilmington Fire Department.

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

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

Hazmat Information:

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

Patrol Officer Michael R DiLorenzo

Police Officer Name (Please Print)

Signature

217

ID/Badge #

Wilmington Police Department

Department

Precinct/Barracks

05/15/2024

Date

Wilmington Police Department
Images Associated with 24-144-AC

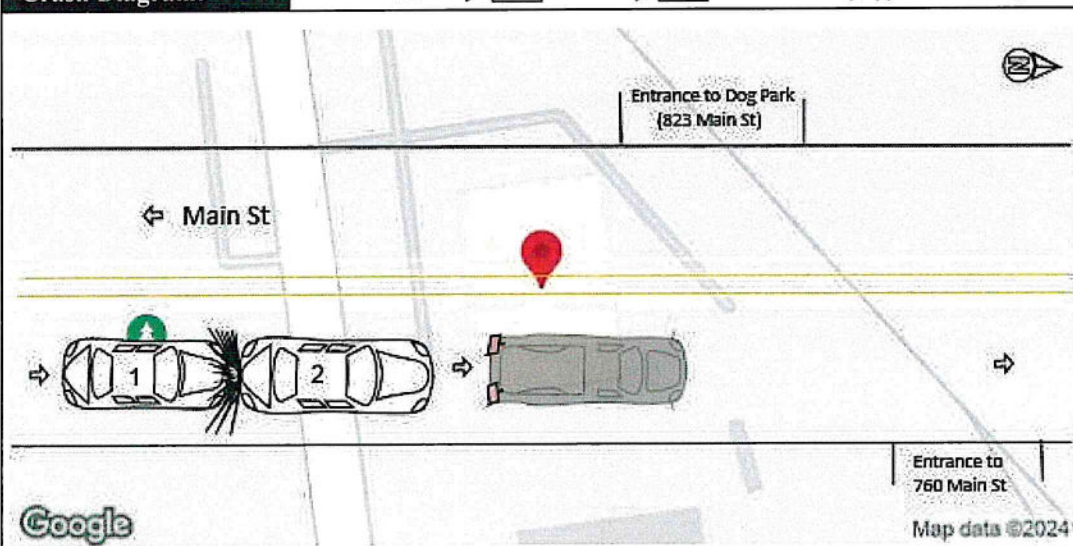


Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 05/15/2024	Time of Crash 0756 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 40 Latitude Longitude	State Police Local Police MBTA Police Campus Police Other:	
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
Route# Direction Name of Roadway/Street At			Route# Direction Address # Name of Roadway/Street 760 MAIN ST							
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of Mile Marker Exit Number							
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Route# Intersecting Roadway/Street							
Route# Direction Name of Intersecting Roadway/Street			Landmark							
Please Select One of the Following: ☒ Vehicle 1 Occupants ☐ Hit/Run ☐ Moped			Crash Report ID# 24-145-AC							
License OB/Ag Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement			Reg # 6CZC79 Reg Type PC Reg State MA							
Operator PEREIRA DOS REIS, JULIO CESAR Last First Middle			Veh Year 2002 Veh Make TOYOTA Veh Config. 1 21							
Owner PEREIRA DOS REIS, JULIO CESAR Last First Middle			Address 100 WINN ST							
City BURLINGTON State MA Zip 01803-3101			City BURLINGTON State MA Zip 01803-3101							
Insurance Company THE COMMERCE INSURANCE CO			Vehicle Action Prior to Crash 1 22							
Vehicle Travel Direction: ☒ S ☐ E ☐ W Responding to Emergency? 2			Event Sequence 1 23 23 23 23							
Citation # (If Issued)			Most Harmful Event 1 24							
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Driver Contributing Code 19 25 25							
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Distracted by 0 26 26							
Please fill out for operator and all occupants involved			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 Occupants ☐ Hit/Run ☐ Moped ☐ Vulnerable User Complete the Vulnerable User section.			Reg # 21572 Reg Type PC Reg State MA							
License OB/Ag Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2021 Veh Make MERCEDES-BENZ Veh Config. 1 21							
Operator MCNAMARA, ROBERT K Last First Middle			Owner MCNAMARA, ROBERT K Last First Middle							
Address 103 FOLLEN RD			Address 103 FOLLEN RD							
City LEXINGTON State MA Zip 02421-5918			City LEXINGTON State MA Zip 02421-5918							
Insurance Company THE COMMERCE INSURANCE CO			Vehicle Action Prior to Crash 1 22							
Vehicle Travel Direction: ☒ S ☐ E ☐ W Responding to Emergency? 2			Event Sequence 1 23 23 23 23							
Citation # (If Issued)			Most Harmful Event 1 24							
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Driver Contributing Code 1 25 25							
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Distracted by 0 26 26							
Please fill out for operator and all occupants involved			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 99 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:

VEHICLES WERE TRAVELING NORTH ON MAIN ST/RT 38 IN WILMINGTON. IN THE AREA OF 760 MAIN STREET, A WHITE PICK-UP TRUCK TRAVELING IN FRONT OF MV2 CAME TO A STOP TO TAKE A TURN. MV2 CAME TO A STOP. MV1 DID NOT STOP, AND COLLIDED WITH THE REAR OF MV2. MV1 SUSTAINED DAMAGE TO ITS WHOLE FRONT END, MV2 SUSTAINED DAMAGE TO ITS REAR. MV1 WAS TOWED FROM THE SCENE. NO AIRBAGS DEPLOYED, NO INJURIES REPORTED.

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

05/15/2024

Date

Wilmington Police Department
Images Associated with 24-145-AC

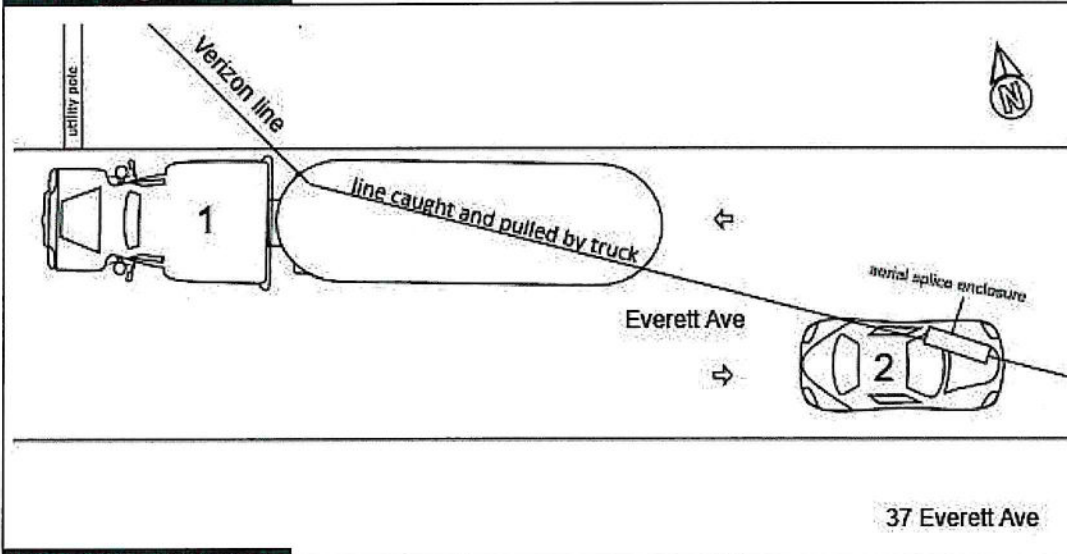


Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 05/15/2024	Time of Crash 1327 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 30	State Police Local Police MBTA Police Campus Police Other: _____	
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
Route# Direction Name of Roadway/Street At			Route# Direction Address # Name of Roadway/Street 36 EVERETT AVE							
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of _____ or _____ Mile Marker Exit Number							
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of _____ Route# Intersecting Roadway/Street							
Route# Direction Name of Intersecting Roadway/Street			Landmark							
Please Select One of the Following: ☒ Vehicle 1 Occupants ☐ Hit/Run ☐ Moped			Crash Report ID# 24-146-AC							
License # _____ S: _____ DOB/Age: _____ Sex M Lic. Class A 19 19 Lic. Restrictions B 20 CDL T Endorsement			Reg # 3CE520 Reg Type AP Reg State OK Veh Year 2018 Veh Make _____ Veh Config. 8 21							
Operator OCONNOR, MICHAEL E Last First Middle			Owner ABF FREIGHT SYSTEM INC Last First Middle							
Address 161 BLAKE RD			Address PO BOX 10048							
City EPPING State NH Zip 03042			City FORT SMITH State AR Zip 72917-0048							
Insurance Company SELF - ABF FREIGHT SYSTEM			Vehicle Action Prior to Crash 1 22 Event Sequence 97 23 23 23 23 Most Harmful Event 97 24 Driver Contributing Code 19 25 25 Driver Distracted by 0 26 26							
Vehicle Travel Direction: N S E W Responding to Emergency? 2			Damaged Area Code: 0 27 27 27 Test Status: 1 28 Type of Test: 29 BAC Test Result: 30 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Towed from scene? 2 33							
Citation # (If Issued) _____			Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____							
Please fill out for operator and all occupants involved										
Name (Last First Middle) Address DOB/Age Sex 34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code Medical Facility										
Operator See Above			1 99 4 0 0 10 1							
Please Select One of the Following: ☒ Vehicle 2 Occupants ☐ Hit/Run ☐ Moped ☐ Vulnerable User Complete the Vulnerable User section.										
License # _____ S: _____ DOB/Age: _____ Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL _____ Endorsement			Reg # 8DR815 Reg Type PC Reg State MA Veh Year 2013 Veh Make TOYOTA Veh Config. 1 21							
Operator MEREDITH, LINDSAY E Last First Middle			Owner MEREDITH, LINDSAY E Last First Middle							
Address 47 ARGILLA RD			Address 47 ARGILLA RD							
City ANDOVER State MA Zip 01810-4750			City ANDOVER State MA Zip 01810-4750							
Insurance Company NORFOLK & DEDHAM MUTUAL F			Vehicle Action Prior to Crash 1 22 Event Sequence 97 23 23 23 23 Most Harmful Event 97 24 Driver Contributing Code 1 25 25 Driver Distracted by 0 26 26							
Vehicle Travel Direction: N S E W Responding to Emergency? 2			Damaged Area Code: 97 27 27 27 Test Status: 1 28 Type of Test: 29 BAC Test Result: 30 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Towed from scene? 2 33							
Citation # (If Issued) _____			Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____							
Please fill out for operator and all occupants involved										
Name (Last First Middle) Address DOB/Age Sex 34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code Medical Facility										
Operator/Occupants See Above			1 99 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 WEST ON EVERETT AVE. MV2 WAS TRAVELING EAST ON EVERETT AVE. MV1 IS A TT UNIT, TOO TALL TO CLEAR THE UTILITY LINES. A VERIZON LINE WAS CAUGHT BY THE CORNER OF THE TRAILER AND PULLED, PULLING THE LINE DOWN. THE LINE HAD AN AERIAL SPLICE ENCLOSURE, WHICH FELL ONTO MV2 WHILE IT WAS IN TRAVEL. NO INJURIES REPORTED. NO AIRBAGS DEPLOYED. NO TOWS. RMLD AND VERIZON NOTIFIED. FIBER CABLE TO #37 EVERETT NEEDS REPAIR.

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 # **3CE520** (From Vehicle Section)

Carrier Name _____ Bus Use **42**

Address **1117 E GRAND BLVD** City **OKLAHOMA CITY** St **OK** Zip **73129**

US DOT #: **082866** State Number _____ Issuing State **OK** MC/MX/ICC #: _____

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

Trailer Reg #: **8891LV** Reg Type **TL** Reg State **OK** Reg Year **2017** Trailer Length **4** **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

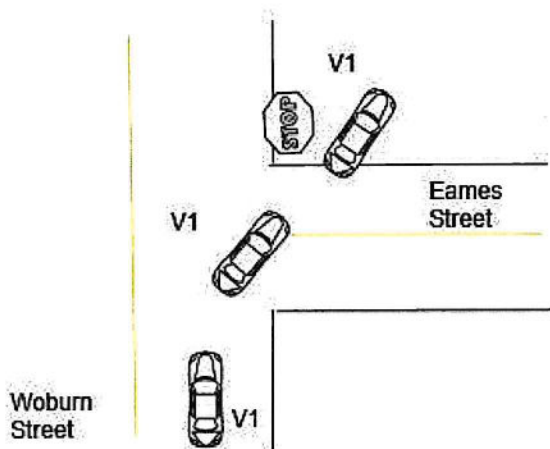
05/15/2024

Date

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 05/17/2024	Time of Crash 0600 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 1	Number Injured 0	Speed Limit 30	State Police Local Police MBTA Police Campus Police Other:		
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
1 1			WOBURN ST		2 10					
Route# Direction			Name of Roadway/Street		Route# Direction Address # Name of Roadway/Street					
			At		Feet N S E W of Mile Marker Exit Number					
1 1			EAMES ST		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 Landmark					
2 1			Route# Direction Name of Intersecting Roadway/Street							
3			Please Select One of the Following: ☒ Vehicle 12 #Occupants ☐ Hit/Run ☐ Moped		Crash Report ID# 24-147-AC					
1			License # St DOB/Age		Reg # 4VKH48 Reg Type PC Reg State MA					
4 1			Sex M Lic. Class 99 19 19 Lic. Restrictions 99 20 CDL Endorsement		Veh Year 2002 Veh Make TOYOTA Veh Config. 1 21					
5			Operator GILLES, JUNIOR		Owner GILLES, JUNIOR					
6 1			Address 4 REGENT PL APT 1		Address 4 REGENT PL APT 1					
			City LYNN State MA Zip 01905-2315		City LYNN State MA Zip 01905-2315					
			Insurance Company ARBELLA MUTUAL INSURANCE		Vehicle Action Prior to Crash 1 22					
			Vehicle Travel Direction: ☒ S ☐ E ☐ W Responding to Emergency? 2		Event Sequence 35 23 23 23 23					
			Citation # (If Issued)		Most Harmful Event 35 24					
			Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub		Driver Contributing Code 12 25 25					
			Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub		Driver Distracted by 99 26 26					
			Please fill out for operator and all occupants involved		Damaged Area Code: 1 27 8 27 10 27					
			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		Test Status: 1 28					
			Operator See Above		Type of Test: 0 29					
			ENOCK GILLES 4 REGENT PL LYNN, MA 01901		BAC Test Result: 1 30					
					Susp. Alcohol: 2 31 Susp. Drug: 2 32					
					Towed from scene? 1 33					
7 3			Please Select One of the Following: ☐ Vehicle 2 #Occupants ☐ Hit/Run ☐ Moped ☐ Vulnerable User Complete the Vulnerable User section.							
8 2			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					
			Vehicle Travel Direction: N S E W Responding to Emergency?		Event Sequence 23 23 23 23					
			Citation # (If Issued)		Most Harmful Event 24					
			Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub		Driver Contributing Code 25 25					
			Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub		Driver Distracted by 26 26					
			Please fill out for operator and all occupants involved		Damaged Area Code: 27 27 27					
			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		Test Status: 28					
			Operator/Occupants See Above		Type of Test: 29					
					BAC Test Result: 30					
					Susp. Alcohol: 31 Susp. Drug: 32					
					Towed from scene? 33					

→ = 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



Crash Narrative:

On Firday May 17, 2024 at approximately 6:00am I, Officer Fortes was dispatched to a single car motor vehicle crash on the corner of Eames Street and Woburn Street. Upon arrival I observed V1 crashed off the roadway on a small rock wall. I was able to identify Op1 from his Haitian drivers license. Op1 stated he was turning onto Eames Street from Woburn Street and while on Eames Street a black sedan was driving towards him in his lane of travel so he had to swearve across the opposite lane of travel to avoid it and crashed off the roadway. A witness was on scene and he stated he saw V1 traveling down Woburn Street and make the turn on to Eames, stating he lost control and crashed off the roadway. This witness stated there was no other vehicle involved in this crash. Op1 and his passenger both declined medical attention and refused to sign the refusal form in my presence. V1 was towed by Forest Towing and brought back to their yard.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
MCLOD BYRON	80 DOWNES AVE PAWTUCKET RI 02861		

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use ☐ 42
Address _____ City _____ St _____ Zip _____
US DOT #: _____ State Number _____ Issuing State _____ MC/MX/ICC #: _____
Interstate ☐ 43 Cargo Body Type Code ☐ 44 GVWR/GCWR ☐ 45
Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length ☐ 46

Hazmat Information:

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

Patrol Officer John A Fortes

Police Officer Name (Please Print)

Signature

228

ID/Badge #

Wilmington Police Department

Department

Precinct/Barracks

05/17/2024

Date

Wilmington Police Department
Images Associated with 24-147-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 05/17/2024	Time of Crash 1423 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							
At			Feet N S E W of Mile Marker Exit Number							
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Route# Intersecting Roadway/Street							
Also at Intersection with			Feet N S E W of Landmark							
Route# Direction Name of Intersecting Roadway/Street										
Please Select One of the Following:			☒ Vehicle 1 #Occupants ☐ Hit/Run ☐ Moped		Crash Report ID# 24-148-AC					
License # St DOB/Age			Reg # J84255 Reg Type CO Reg State MA							
Sex M Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement			Veh Year 2017 Veh Make DODGE Veh Config. 2							
Operator PIPER, ETHAN JOSEPH			Owner TECH MECHANICAL SYSTEMS INC							
Address 21 2ND AVE APT 1			Address 420 WEST ST							
City LEOMINSTER State MA Zip 01453-4786			City WEST BRIDGEWATER State MA Zip 02379-1015							
Insurance Company ARBELLA PROTECTION INSURA			Vehicle Action Prior to Crash 4		Damaged Area Code: 2 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 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										
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 ☐ Hit/Run ☐ Moped ☐ Vulnerable User Complete the Vulnerable User section.							
License # S DOB/Age			Reg # 4FAV65 Reg Type PC Reg State MA							
Sex M Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement			Veh Year 2020 Veh Make CHEVROLET Veh Config. 1							
Operator MORRISON, CHARLES A			Owner MORRISON, CHARLES A							
Address 5 CHAMPION ST			Address 5 CHAMPION ST							
City TEWKSBURY State MA Zip 01876-3901			City TEWKSBURY State MA Zip 01876-3901							
Insurance Company USAA GENERAL INDEMNITY CO			Vehicle Action Prior to Crash 9		Damaged Area Code: 8 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 Viol. 2: Ch/Sec/Sub			Driver Contributing Code 3 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										
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 1 4 0 0 10 1							

Crash Diagram:

ie: → 1 → 2 → ○ → ○

Grove Ave

↓

94 Main Street

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Indicate North by Arrow

↑

Crash Narrative:

Vehicle 1 was traveling north on Main street when it came to a stop at the intersection of Main Street and Grove Ave preparing to turn left. Vehicle 2 was traveling in the same direction when it pulled up behind vehicle 1. When the light at the intersection had turned green vehicle 1 had not yet turned onto Grove Ave as the operator saw oncoming traffic coming further up the road and decided to wait. Vehicle 2 attempted to pass vehicle 1 on the right side but due to there close proximity there side mirrors had collided damaging the glass as well pieces from the car that had fell off as a result. Neither party was injured and both vehicles were still in drivable condition after the 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 Thomas Lawrenson

Police Officer Name (Please Print)

Signature

222

ID/Badge #

Wilmington Police Department

Department

Precinct/Barracks

05/17/2024

Date