

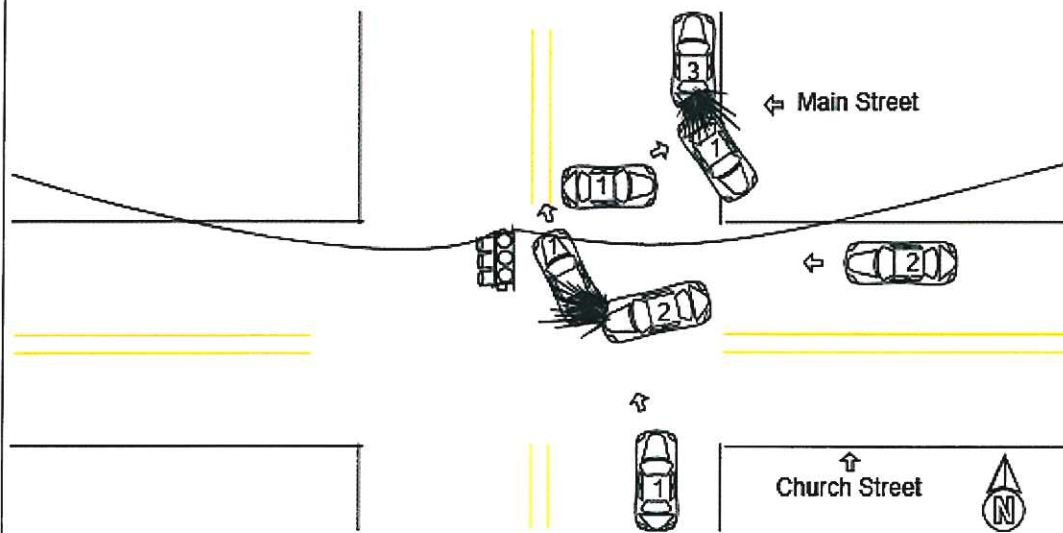
Police Use Only			Commonwealth of Massachusetts				RMV Document Number																																																																																																	
Date of Crash 05/05/2024	Time of Crash 1608 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 3	Number Injured 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			442 MAIN ST																																																																																																		
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# 24-135-AC																																																																																												
License			DOB/Age			Reg # 1JEH90			Reg Type PC			Reg State MA																																																																																												
Sex F Lic. Class D			Lic. Restrictions 1			CDL			Veh Year 2017			Veh Make Jeep			Veh Config. 1																																																																																									
Operator BURKE, CALLI EVELYN			Owner BURKE, MICHAEL PATRICK																																																																																																					
Address 95 WAMESIT RD			Address 95 WAMESIT RD																																																																																																					
City TEWKSBURY			State MA			Zip 01876-2148			City TEWKSBURY			State MA			Zip 01876-2148																																																																																									
Insurance Company SAFETY INSURANCE COMPANY			Vehicle Action Prior to Crash 1			Damaged Area Code: 8 27 4 27 5 27																																																																																																		
Vehicle Travel Direction: N S E X			Responding to Emergency? 2			Event Sequence 1 23 23 23 23			Test Status: 1 28																																																																																															
Citation # (If Issued)			Most Harmful Event 1 24			Type of Test: 29			BAC Test Result: 1 30																																																																																															
Viol. 1: Ch/Sec/Sub			Viol. 2: Ch/Sec/Sub			Driver Contributing Code 19 25 4 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																																																																																															
Please fill out for operator and all occupants involved																																																																																																								
Name (Last First Middle)		Address		DOB/Age		Sex		34 Seat Pos.		35 Safety System		36 Airbag Status		37 Eject Code		38 Trap Code		39 Injury Status		40 Transp. Code		Medical Facility																																																																																		
Operator		See Above		X		X		1		1		4		0		0		10		1																																																																																				
Please Select One of the Following:																																																																																																								
☒ Vehicle 2 Occupants															☐ Hit/Run								☐ Moped								☐ Vulnerable User Complete the Vulnerable User section.																																																																									
License															Reg # 828LF9															Reg Type PC															Reg State MA																																																											
Sex F Lic. Class D															Lic. Restrictions 1															CDL															Veh Year 2008															Veh Make HONDA															Veh Config. 1																													
Operator TWOMBLY, CYNTHIA ANN															Owner TWOMBLY, BRIAN MATTHEW																																																																																									
Address 92 REAR PINEDALE AVE															Address 5 CHARME RD																																																																																									
City BILLERICA															State MA															Zip 01821-0000															City TEWKSBURY															State MA															Zip 01876-3203																													
Insurance Company THE HANOVER INSURANCE COM															Vehicle Action Prior to Crash 1															Damaged Area Code: 2 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																																																											
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Viol. 3: Ch/Sec/Sub															Viol. 4: Ch/Sec/Sub															Driver Distracted by 0 26 26															Towed from scene? 1 33																																																											
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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																																																																																				

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 05/05/2024	Time of Crash 1608 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 3	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 30 #Occupants		☐ Hit/Run		☐ Moped		Crash Report ID# 24-135-AC	
License # St DOB/Age			Reg # 3ZFN79		Reg Type PC		Reg State MA			
Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement			Veh Year 2012		Veh Make TOYOTA		Veh Config. 1 21			
Operator Driverless M.V.			Owner BENSON-MORGAN, CHELSEA PAIGE							
Address			Address 1225 AMES HILL DR APT 5							
City State Zip			City TEWKSBURY		State MA		Zip 01876-1176			
Insurance Company PROGRESSIVE DIRECT INSURA			Vehicle Action Prior to Crash 11 22		Damaged Area Code: 5 27 27 27					
Vehicle Travel Direction: N S E W Responding to Emergency?			Event Sequence 1 23 23 23 23		Test Status: 1 28					
Citation # (If Issued)			Most Harmful Event 1 24		Type of Test: 29					
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			
Operator			See Above		1 0 5		3 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			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 26		Susp. Alcohol: 31 Susp. Drug: 32					
Please fill out for operator and all occupants involved										
Name (Last First Middle)			Address		DOB/Age		Sex			
Operator/Occupants			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:

Vehicle 1 was traveling north on Route 38 as it approached the intersection of Church street and Main street. Vehicle 2 was traveling west on Route 62 when they approached the intersection as well and saw that they had a green light. The operator of vehicle 1 stated they became distracted and did not see their light turn red at the intersection and kept on traveling straight through. Both vehicles did not see each other until it was too late and they both tried to swerve to avoid each other. The front of vehicle 2 collided with the rear of vehicle 1 causing vehicle 1 to spin out of control and collide with vehicle 3 which was parked on the side of the road at 442 Main Street. The operators of both vehicle 1 and 2 reported no injuries from the crash and vehicle 3 was unoccupied. Vehicle 1 suffered damage to its front passenger side and vehicle 2 suffered damage to the front and back of the vehicle. Both vehicle 1 and 2 were towed from the scene by AAA.

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

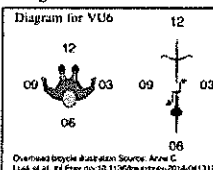
Hazmat Information:

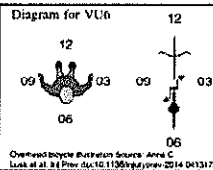
Placard ☐ 47 Material 1 digit # ☐ 48 Material Name _____ Material 4 digit # _____ Release code ☐ 49

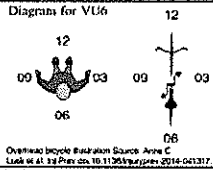
Patrol Officer Thomas Lawrenson 222 Wilmington Police Department 05/05/2024
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 05/06/2024	Time of Crash 1527 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 1	Number Injured 0	Speed Limit 10	Latitude	Longitude	State Police Local Police MBTA Police Campus Police Other
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:				
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street								
At			Feet N S E W of			Mile Marker Exit Number					
Route# Direction Name of Intersecting Roadway/Street			Route# Direction Name of Intersecting Roadway/Street								
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# 24-136-AC								
License #			DOB/Age			Reg # 898MT8			Reg Type PC Reg State MA		
Sex F Lic. Class D			Lic. Restrictions 1			Veh Year 2023			Veh Make SUBARU Veh Config. 1		
Operator CULLIVAN, KIMBERLY ANN			Owner CULLIVAN, KIMBERLY ANN								
Address 102 LOWELL RD APT 110			Address 102 LOWELL RD APT 110								
City NORTH READING State MA Zip 01864-1668			City NORTH READING State MA Zip 01864-1668								
Insurance Company THE COMMERCE INSURANCE CO			Vehicle Action Prior to Crash 3			Damaged Area Code: 2			27 27 27		
Vehicle Travel Direction: X S E W			Responding to Emergency? 2			Event Sequence 4			23 23 23 23		
Citation # (If Issued)			Most Harmful Event 4			Type of Test: 28			29		
Viol. 1: Ch/Sec/Sub			Viol. 2: Ch/Sec/Sub			BAC Test Result: 30			31		
Viol. 3: Ch/Sec/Sub			Viol. 4: Ch/Sec/Sub			Driver Contributing Code 1			25 25		
			Driver Distracted by 0			Susp. Alcohol: 31			Susp. Drug: 32		
						Towed from scene? 2			33		
Please fill out for operator and all occupants involved											
Name (Last First Middle)			Address			DOB/Age			Sex		
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 #			St			DOB/Age			Reg #		
Sex			Lic. Class			Lic. Restrictions			Reg Type		
Operator			Owner			Reg State					
Address			Address			Veh Year Veh Make 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			Responding to Emergency?			Event Sequence 23			23 23 23		
Citation # (If Issued)			Most Harmful Event 24			Type of Test: 28			29		
Viol. 1: Ch/Sec/Sub			Viol. 2: Ch/Sec/Sub			BAC Test Result: 30			31		
Viol. 3: Ch/Sec/Sub			Viol. 4: Ch/Sec/Sub			Driver Contributing Code 25			25		
			Driver Distracted by 26			Susp. Alcohol: 31			Susp. Drug: 32		
						Towed from scene? 2			33		
Please fill out for operator and all occupants involved											
Name (Last First Middle)			Address			DOB/Age			Sex		
Operator/Occupants			See Above			1			1 4 0 0 10 1		

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

Vulnerable User		Type	Action		Location	
		2	1		9	
VU: <u>SARAGOSA, CATHERINE</u> Last First Middle Address <u>25 MARCIA RD</u> City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887</u> License # _____ St _____ DOB/Age <u>01/01/2012</u> Traffic Control Device <u>0</u> Origin/Destination <u>97</u> Contact Point: <u>12</u>						
		Primary Injury Area: <u>97</u>		Test Status: <u>1</u> Type of Test: <u></u> BAC Test Result: <u></u> Susp. Alcohol: <u></u> Susp. Drug: <u>2</u>		
		Event Sequence <u>19</u> Contributing Code <u>15</u> Distracted by <u>99</u>		<u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u>		
		Diagram for VU6  Overhead Bicycle Illustration Source: Anne C. Look et al. 10/11/2009/10/11/2009/2014-04/13/17				
	Sex	VU16 Seat Pos.	VU17 Safety Equipment	VU18 Eject Code	VU19 Trap Code	VU20 Injury Status
Vulnerable User	F	8	6	2	0	8
						Medical Facility

Vulnerable User		Type	Action		Location	
		VU1	VU2		VU3	
VU: _____ Last First Middle Address _____ City _____ State _____ Zip _____ License # _____ St _____ DOB/Age _____ Traffic Control Device <u>VU4</u> Origin/Destination <u>VU5</u> Contact Point: <u>VU6</u>						
		Primary Injury Area: <u>VU7</u>		Test Status: <u>VU11</u> Type of Test: <u>VU12</u> BAC Test Result: <u>VU13</u> Susp. Alcohol: <u>VU14</u> Susp. Drug: <u>VU15</u>		
		Event Sequence <u>VU8</u> Contributing Code <u>VU9</u> Distracted by <u>VU10</u>		<u>VU8</u> <u>VU8</u> <u>VU8</u> <u>VU8</u> <u>VU9</u> <u>VU9</u> <u>VU10</u> <u>VU10</u>		
		Diagram for VU6  Overhead Bicycle Illustration Source: Anne C. Look et al. 10/11/2009/10/11/2009/2014-04/13/17				
	Sex	VU16 Seat Pos.	VU17 Safety Equipment	VU18 Eject Code	VU19 Trap Code	VU20 Injury Status
Vulnerable User						
						Medical Facility

Vulnerable User		Type	Action		Location	
		VU1	VU2		VU3	
VU: _____ Last First Middle Address _____ City _____ State _____ Zip _____ License # _____ St _____ DOB/Age _____ Traffic Control Device <u>VU4</u> Origin/Destination <u>VU5</u> Contact Point: <u>VU6</u>						
		Primary Injury Area: <u>VU7</u>		Test Status: <u>VU11</u> Type of Test: <u>VU12</u> BAC Test Result: <u>VU13</u> Susp. Alcohol: <u>VU14</u> Susp. Drug: <u>VU15</u>		
		Event Sequence <u>VU8</u> Contributing Code <u>VU9</u> Distracted by <u>VU10</u>		<u>VU8</u> <u>VU8</u> <u>VU8</u> <u>VU8</u> <u>VU9</u> <u>VU9</u> <u>VU10</u> <u>VU10</u>		
		Diagram for VU6  Overhead Bicycle Illustration Source: Anne C. Look et al. 10/11/2009/10/11/2009/2014-04/13/17				
	Sex	VU16 Seat Pos.	VU17 Safety Equipment	VU18 Eject Code	VU19 Trap Code	VU20 Injury Status
Vulnerable User						
						Medical Facility

→ = 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



381 middlesex

Crash Narrative:

v1 was attempting to turn right from 381 Middlesex. V1 pulled to road and stopped, as the bike came down the sidewalk against traffic, and hit the side of v1. there were bushes blocking the view of the bike and car.

The bike caused the accident by not observing bicycle law. no injuries

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

190

Wilmington Police Department

05/06/2024

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 05/07/2024	Time of Crash 1156 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			Route# Direction Address # Name of 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# 24-137-AC	
License#			Reg # 9VK447		Reg Type PC		Reg State MA			
Sex F Lic. Class 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2019		Veh Make NISSAN		Veh Config. 1 21			
Operator DILULLO, ANITA MARIE			Owner DILULLO, ANITA MARIE							
Address 64 MARSHLAND ST			Address 64 MARSHLAND ST							
City HAVERHILL State MA Zip 01830-3317			City HAVERHILL State MA Zip 01830-3317							
Insurance Company THE COMMERCE INSURANCE CO			Vehicle Action Prior to Crash 4 22		Damaged Area Code: 7 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 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			See Above		X		X			
Please Select One of the Following:			☒ Vehicle 2 #Occupants		☐ Hit/Run		☐ Moped		☐ Vulnerable User Complete the Vulnerable User section.	
License #			Reg # 3C2339		Reg Type MC		Reg State MA			
Sex M Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement			Veh Year 2007		Veh Make HARLEY-DAVIDSON		Veh Config. 3 21			
Operator DELUCA, PAUL JAMES			Owner DELUCA, PAUL JAMES							
Address 55 CALL ST			Address 55 CALL ST							
City NORTH BILLERICA State MA Zip 01862-1524			City NORTH BILLERICA State MA Zip 01862-1524							
Insurance Company PROGRESSIVE CASUALTY INSU			Vehicle Action Prior to Crash 1 22		Damaged Area Code: 3 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 19 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)			Address		DOB/Age		Sex		Medical Facility	
Operator/Occupants			See Above		X		X			

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

Crash Diagram:

ie: →

1

→ 2

→ ○

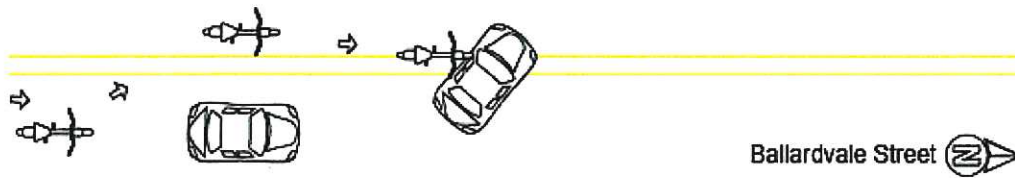
→ ○

North Intermediate School
Parking Lot

If Crash Did Not Occur
on a Public Way:

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

Indicate North by Arrow



Ballardvale Street

Crash Narrative:

MV 1 and MV 2 were driving north on Ballardvale Street. MV 1 stated she was attempting to turn left into the school parking lot and used her turn signal. She stated a vehicle struck the driver side area of the vehicle and didn't know what happened until she saw MV 2 after the accident. MV 2 (motorcycle) stated MV 1 pulled to the right hand side of the roadway with no turn signal on. MV 2 attempted to pass MV 1 when MV 1 began turning left into the parking lot and the two collided. MV 2 sustained damage to the right hand side of the bike. No injuries. All operators declined medical attention. No tow.

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 Kevin J Skinner

200

Wilmington Police Department

05/07/2024

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

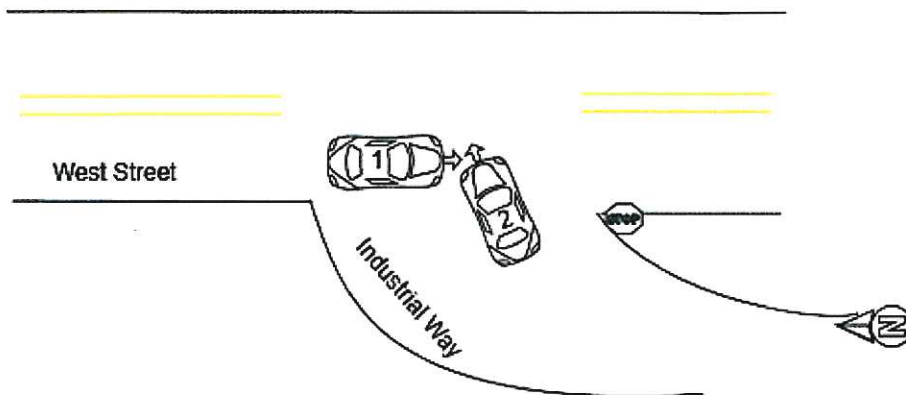
Date

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 05/08/2024	Time of Crash 1714 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 3	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		113 WEST ST					
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 12 #Occupants		☐ Hit/Run		☐ Moped		Crash Report ID# 24-138-AC	
License			OB/Ag.		Reg # W67986		Reg Type CO		Reg State MA	
Sex F Lic. Class D 19 19			Lic. Restrictions 97 20		Veh Year 2013		Veh Make VOLKSWAGEN		Veh Config. 1 21	
Operator XU, SIWEI			Owner ANDYS DRIVING SCHOOL LLC							
Address 8405 INWOOD DR			Address 100 CORPORATE PL ST APT 201							
City WOBURN State MA Zip 01801-5163			City PEABODY State MA Zip 01960-3809							
Insurance Company PROGRESSIVE CASUALTY INSU			Vehicle Action Prior to Crash 1 22		Damaged Area Code: 1 27 8 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					
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 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		Winchester Hospital	
WILLIAM HIGGINS			5 ROWLEY COUNTRY CLUB RD ROWLEY, MA 01969-2144		M 3		1 3		Lahey Clinic	
Please Select One of the Following:			☒ Vehicle 21 #Occupants		☐ Hit/Run		☐ Moped		☐ Vulnerable User Complete the Vulnerable User section.	
License			OB/Ag.		Reg # 4EEA43		Reg Type PC		Reg State MA	
Sex M Lic. Class D 19 19			Lic. Restrictions 1 20		Veh Year 2017		Veh Make CHEVROLET		Veh Config. 1 21	
Operator LANE, DEREK FRANCIS			Owner LANE, DEREK FRANCIS							
Address 43 HANCOCK ST			Address 43 HANCOCK ST							
City STONEHAM State MA Zip 02180-2636			City STONEHAM State MA Zip 02180-2636							
Insurance Company GEICO GENERAL INSURANCE C			Vehicle Action Prior to Crash 4 22		Damaged Area Code: 1 27 8 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 4 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? 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/Occupants			See Above		1		99			

→ = 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:

V#1 was traveling southbound on West Street. V#2 was attempting to take a left hand turn from Industrial Way onto West Street, resulting in V#1 and V#2 colliding. Both V#1 and V#2 sustained major front end damage. Both occupants from V#1 were transported to the hospital for evaluation due to complaints of minor injuries. Both V#1 and V#2 were towed by Cains Towing.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
DULONG GINA LEE	115 EATON ST READING MA 01867-2735		

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

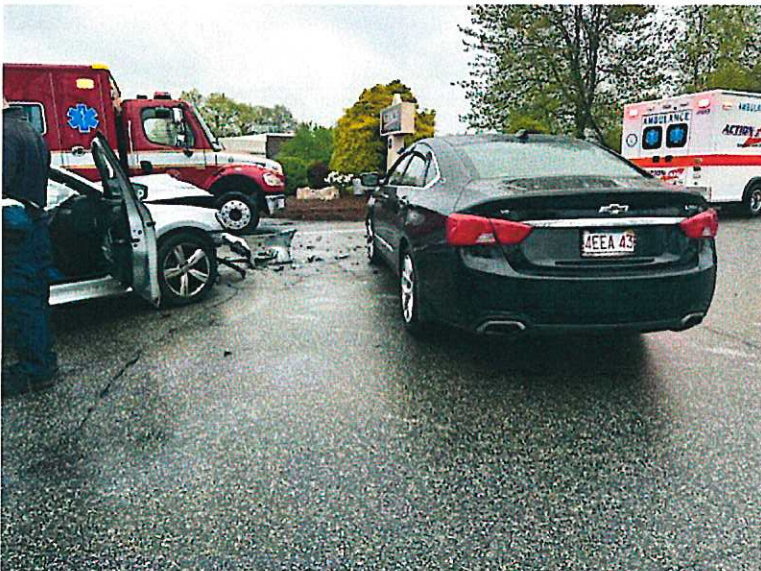
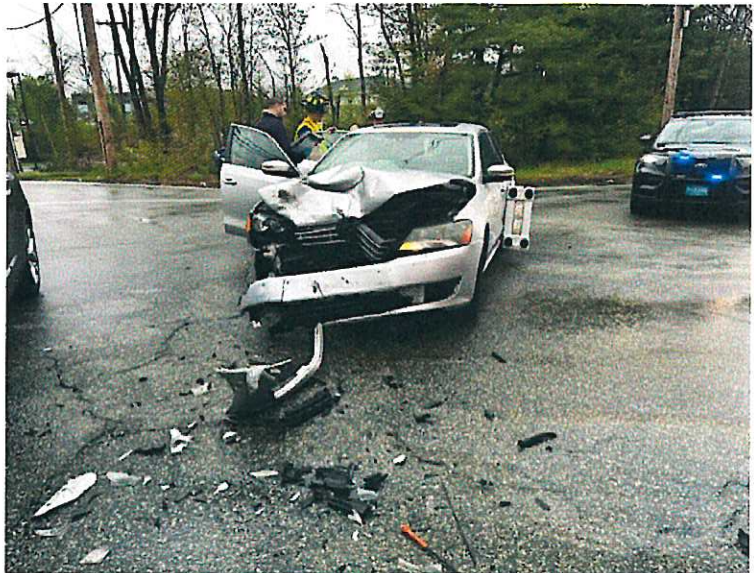
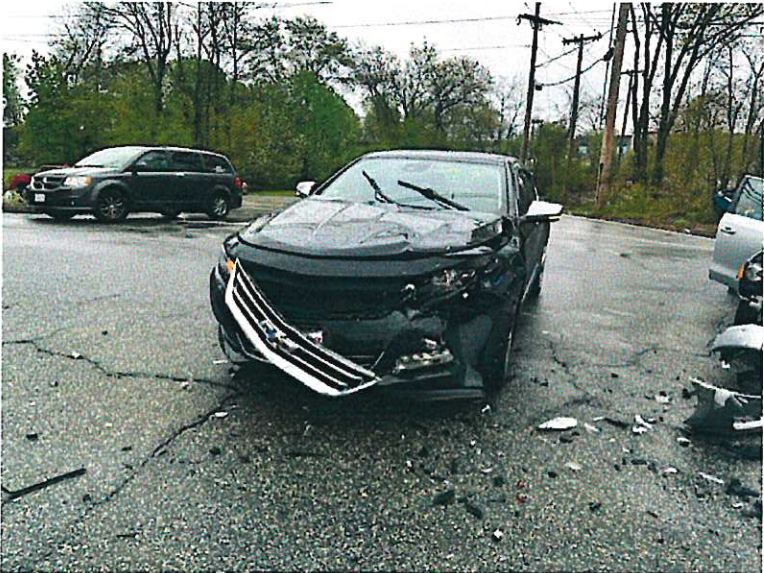
Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length ☐ 46

Hazmat Information:

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

Patrol Officer Jonathan L Morales 224 Wilmington Police Department 05/08/2024
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Images Associated with 24-138-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 05/08/2024	Time of Crash 1455 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			Route# Intersecting Roadway/Street							
Also at Intersection with			Feet N S E W of							
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of WILMINGTON CROSSING INTERSECTION							
Landmark										
Please Select One of the Following:			☒ Vehicle 12 #Occupants		☐ Hit/Run		☐ Moped		Crash Report ID# 24-139-AC	
License # St OB/Age			Reg # 2YHV13		Reg Type PC		Reg State MA			
Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement			Veh Year 2020		Veh Make TOYOTA		Veh Config. 1			
Operator NEWELL, DANIELLE LYNNE			Owner NEWELL, DANIELLE LYNNE							
Address 51 REBECCA LN			Address 51 REBECCA LN							
City TEWKSBURY State MA Zip 01876-3106			City TEWKSBURY State MA Zip 01876-3106							
Insurance Company GOVERNMENT EMPLOYEES INSU			Vehicle Action Prior to Crash 2		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 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					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		X		X		1 1 4 0 0 10 1	
					F		3		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 OB/Age			Reg # 2717050		Reg Type PC		Reg State ME			
Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement			Veh Year 2023		Veh Make Jeep		Veh Config. 1			
Operator VARNEY, LINDSEY A			Owner VARNEY, LINDSEY A							
Address 352 NECK RD			Address 352 NECK RD							
City SOUTH CHINA State ME Zip 04358			City SOUTH CHINA State ME Zip 04358							
Insurance Company PROGRESSIVE			Vehicle Action Prior to Crash 1		Damaged Area Code: 1 27 27 27					
Vehicle Travel Direction: X S E W Responding to Emergency? 2			Event Sequence 1 23 23 23 23		Test Status: 3 28					
Citation # (If Issued) T3378835			Most Harmful Event 1 24		Type of Test: 97 29					
Viol. 1: Ch/Sec/Sub 90 24 Viol. 2: Ch/Sec/Sub 90 24			Driver Contributing Code 14 25 5 25		BAC Test Result: 5 30					
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Distracted by 0 26 26		Susp. Alcohol: 1 31 Susp. Drug: 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/Occupants			See Above		X		X		1 3 4 0 0 10 1	

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

ie: → 1 → 2 → ○ → ○

Crash Diagram:

Starbucks

Wilmington Crossing Plaza 207-253 Main Street

Vehicles pulled into lot here

RT-38/ Main Street S—N

Wilmington Plaza 240 Main Street

CVS 222 Main Street

V2 (Varney) V1(Newell)

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 (Newell) was traveling Main Street/RT-38N and was stopped in the left hand turn lane waiting to make left turn into Wilmington Crossing Plaza. V2 (Varney) traveling straight in the same lane rear-ended V1 in minor collision. Parties pulled into Wilmington Crossing parking lot where V1 opr called police because V2 opr (Varney) was unruly with her. No injuries observed or reported. V1 sustained damage to rear bumper area (gouge/dent, and mis-aligned bumper cover over hitch. V2 damaged to center front bumper scuffing/ possible dent. Subsequent investigation into crash, resulted in V2 opr (Varney) being arrested for criminal motor vehicle charge(s) for impaired, and negligent operation. Opr. Varney impaired, operation and following too close by V2 opr Varney was probable cause of 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

Police Officer Name (Please Print)

Signature

173

ID/Badge #

Wilmington Police Department

Department

05/10/2024

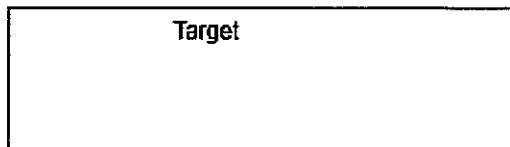
Date

Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 05/10/2024	Time of Crash 1408 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 15	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			210 BALLARDVALE ST					
At			Feet N S E W of			Feet N S E W of					
Route# Direction Name of Intersecting Roadway/Street			Route# Direction Name of Intersecting Roadway/Street			Route# Intersecting Roadway/Street					
Also at Intersection with			Feet N S E W of			Feet N S E W of					
Route# Direction Name of 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# 24-140-AC								
License: S DOB/Age			Reg # 5CEN47 Reg Type PC Reg State MA								
Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2016 Veh Make FORD Veh Config. 1 21								
Operator NEWELL, CHLOE YVONNE			Owner NEWELL, CHLOE YVONNE								
Address 180 SHAWSHEEN RD			Address 180 SHAWSHEEN RD								
City ANDOVER State MA Zip 01810-2914			City ANDOVER State MA Zip 01810-2914								
Insurance Company GOVERNMENT EMPLOYEES INSU			Vehicle Action Prior to Crash 10 22			Damaged Area Code: 6 27 5 27 4 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			Driver Contributing Code 19 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					
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		
Operator			See Above			1 1 4 0 0 10 1			Medical Facility		
Please Select One of the Following:			☒ Vehicle 2 #Occupants			☐ Hit/Run			☐ Moped		
			Complete the Vulnerable User section.								
License: St OB/Ag			Reg # 34855 Reg Type PC Reg State NH								
Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2019 Veh Make LEXUS Veh Config. 1 21								
Operator OKEEFE, MICHELE LEE			Owner OKEEFE, BRIAN NEIL								
Address 23 LINDAHL RD			Address 23 LINDAHL RD								
City BEDFORD State NH Zip 03110			City BEDFORD State NH Zip 03110								
Insurance Company			Vehicle Action Prior to Crash 10 22			Damaged Area Code: 6 27 5 27 4 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 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		
Operator/Occupants			See Above			1 1 4 0 0 10 1			Medical Facility		

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

Crash Diagram:

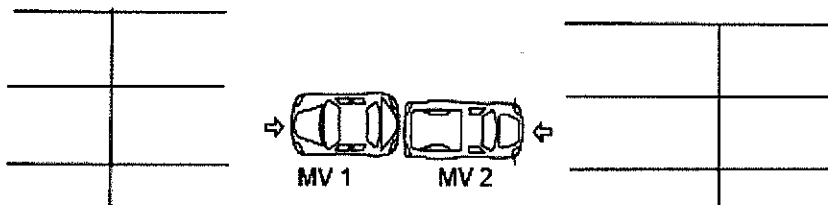
ie: → 1 → 2 → ○ → ○



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:

The operators of both MV 1 and MV 2 were in the parking lot of Target. Both operators said that they were backing up attempting to exit the parking lot. Both operators stated that they did not notice one another and backed into each other.

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

Police Officer Name (Please Print)

Signature

211

ID/Badge #

Wilmington Police Department

Department

Precinct/Barracks

05/10/2024

Date

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 05/10/2024	Time of Crash 1631 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 3	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			Route# Direction Address # Name of Roadway/Street		332 LOWELL ST					
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 12 #Occupants		☐ Hit/Run		☐ Moped		Crash Report ID# 24-141-AC	
License: St DOB/Ag			Reg # 9138YF		Reg Type PC		Reg State ME			
Sex F Lic. Class C 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2019		Veh Make Jeep		Veh Config. 1 21			
Operator MCQUAID, SARA A			Owner MCQUAID, SARA A							
Address 89 DOUGLASS ST APT 1			Address 89 DOUGLASS ST APT 1							
City PORTLAND State ME Zip 04012			City PORTLAND State ME Zip 04012							
Insurance Company GEICO			Vehicle Action Prior to Crash 1 22		Damaged Area Code: 1 27 27 27					
Vehicle Travel Direction: N S E W Responding to Emergency? 2			Event Sequence 1 23 23 23 23		Test Status: 1 28					
Citation # (If Issued) T3281996			Most Harmful Event 1 24		Type of Test: 29					
Viol. 1: Ch/Sec/Sub 90 10A 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/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										
HALEY ALBERT 21 HARVARD ST READING, MA 01867										
Please Select One of the Following:			☒ Vehicle 21 #Occupants		☐ Hit/Run		☐ Moped		☐ Vulnerable User Complete the Vulnerable User section.	
License: S DOB/Ag			Reg # 4WRL21		Reg Type PC		Reg State MA			
Sex F Lic. Class D 19 19 Lic. Restrictions B 20 CDL Endorsement			Veh Year 2011		Veh Make TOYOTA		Veh Config. 1 21			
Operator FRECHETTE, ABIGAIL GRACE			Owner FRECHETTE, ABIGAIL GRACE							
Address 51 RUSTIC LN			Address 51 RUSTIC LN							
City READING State MA Zip 01867-0000			City READING State MA Zip 01867-0000							
Insurance Company SAFETY INSURANCE COMPANY			Vehicle Action Prior to Crash 1 22		Damaged Area Code: 1 27 27 27					
Vehicle Travel Direction: N S E W Responding to Emergency? 2			Event Sequence 1 23 23 23 23		Test Status: 1 28					
Citation # (If Issued)			Most Harmful Event 1 24		Type of Test: 29					
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Driver Contributing Code 1 25 25		BAC Test Result: 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/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										

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

Crash Diagram:

Route 129 / Lowell Street

⚡

⚡

MV1

MV2

STOP

N

I93 north bound
exit 31 ramp

**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 motor vehicle 1, Sara McQuaid, stated she was traveling west on Route 129 (Lowell Street). She stated that MV2, was driving from the I93 north bound exit 31 off ramp, pulled out in front of her vehicle, and they collided. Her front seat passenger, Haley Albert, corroborated the same statements. Op. of MV2, Abigail Frechette, stated she was traveling south, driving from the I93 north bound exit 31 off ramp, pulled out attempting to turn left onto Route 129 (Lowell St.). All parties stated minor injuries, were evaluated by members of the Wilmington Fire Department, and then refused transport to a hospital. Sgt. Furbush took photographs of the scene and completed motor vehicle tow and inventory reports (See images and attachments). Both vehicles were towed by Forrest towing. Due to Mrs. McQuaid's suspended Maine license status, she will be summons to Woburn District Court for unlicensed operation of a motor vehicle (See report 24-232-AR).

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 Julio J Quiles

Police Officer Name (Please Print)

Signature

197

ID/Badge #

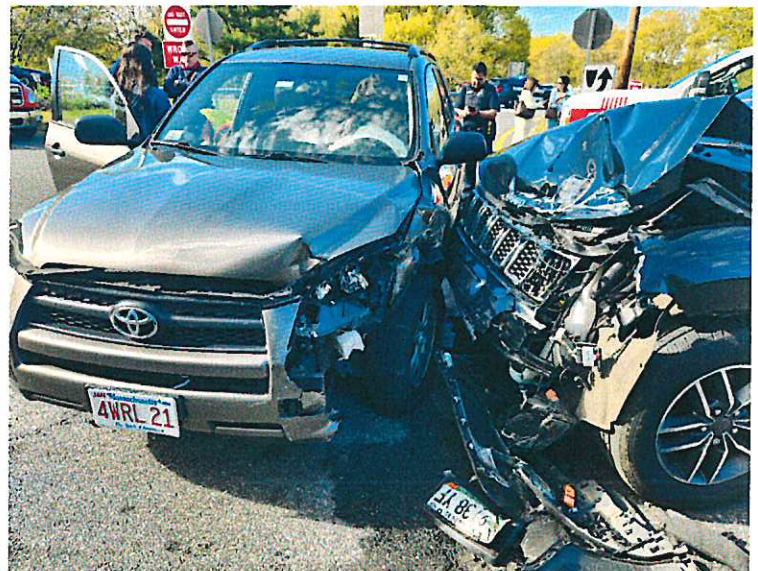
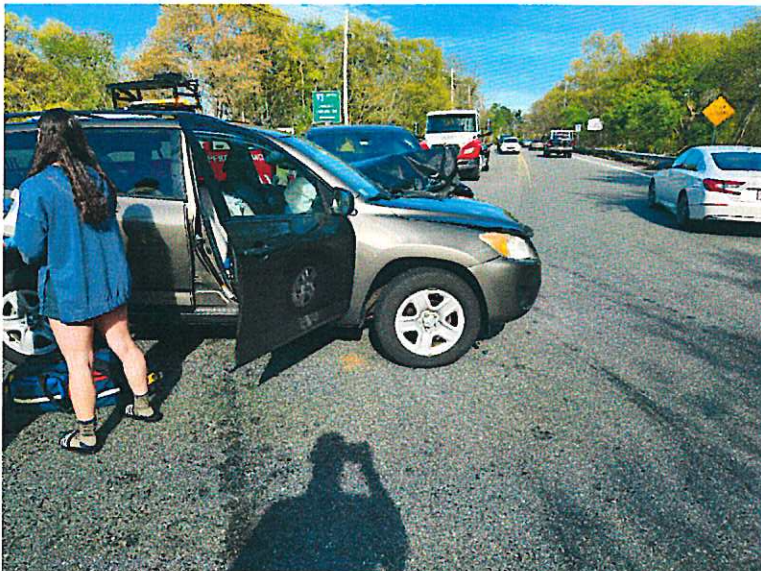
Wilmington Police Department

Department

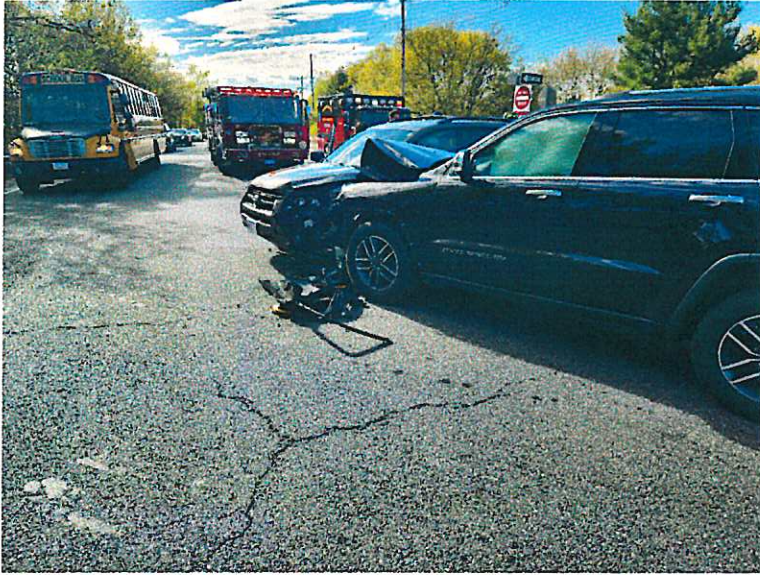
05/10/2024

Date

Wilmington Police Department
Images Associated with 24-141-AC



Wilmington Police Department
Images Associated with 24-141-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number															
Date of Crash 05/11/2024	Time of Crash 1205 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit <u>25</u> Latitude _____ Longitude _____	State Police ☐ Local Police ☐ MBTA Police ☐ Campus Police ☐ Other: ☐												
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:															
1 1 Route# Direction <u>CAROLYN RD</u> Name of Roadway/Street At Route# Direction <u>NORTH ST</u> Name of Intersecting Roadway/Street Also at Intersection with 2 1 Route# Direction _____ Name of Intersecting Roadway/Street			2 10 Route# Direction Address # _____ Name of Roadway/Street ____ Feet <u>N S E W</u> of _____ • _____ or _____ Mile Marker _____ Exit Number 3 11 ____ Feet <u>N S E W</u> of _____ Route# _____ Intersecting Roadway/Street ____ Feet <u>N S E W</u> of _____ Landmark																			
3 Please Select One of the Following: ☒ Vehicle <u>1</u> #Occupants ☐ Hit/Run ☐ Moped			Crash Report ID# 24-142-AC																			
4 2 License _____ DOB/Age _____ Sex <u>F</u> Lic. Class <u>D</u> 19 19 Lic. Restrictions <u>20</u> CDL _____ Operator <u>NARANJO-HAGERTY, ANITA LUISA</u> Address <u>23 LINDA RD</u> City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-1440</u> Insurance Company <u>QUINCY MUTUAL FIRE 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 _____			1 12 Reg # <u>5218VO</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2018</u> Veh Make <u>Jeep</u> Veh Config. <u>1</u> 21 Owner <u>NARANJO-HAGERTY, ANITA LUISA</u> Address <u>23 LINDA RD</u> City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-1440</u> Vehicle Action Prior to Crash <u>4</u> 22 Event Sequence <u>1</u> 23 23 23 23 Most Harmful Event <u>1</u> 24 Driver Contributing Code <u>1</u> 25 25 Driver Distracted by <u>0</u> 26 26 1 13 Damaged Area Code: <u>8</u> 27 27 27 Test Status: <u>28</u> Type of Test: <u>29</u> BAC Test Result: <u>30</u> Susp. Alcohol: <u>31</u> Susp. Drug: <u>32</u> Towed from scene? <u>2</u> 33																			
6 1 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		1		1		4		0		0		10		1			
7 3 Please Select One of the Following: ☒ Vehicle <u>2</u> #Occupants ☐ Hit/Run ☐ Moped ☐ Vulnerable User Complete the Vulnerable User section.																						
8 1 License _____ DOB/Age _____ Sex <u>M</u> Lic. Class <u>D</u> 19 19 Lic. Restrictions <u>20</u> CDL _____ Operator <u>PICARIELLO, BRIAN VINCENT</u> Address <u>4 CAROLYN RD</u> City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-1438</u> Insurance Company <u>LIBERTY MUTUAL INSURANCE</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 _____			1 14 Reg # <u>5TD541</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2016</u> Veh Make <u>HONDA</u> Veh Config. <u>1</u> 21 Owner <u>PICARIELLO, BRIAN VINCENT</u> Address <u>4 CAROLYN RD</u> City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-1438</u> Vehicle Action Prior to Crash <u>3</u> 22 Event Sequence <u>1</u> 23 23 23 23 Most Harmful Event <u>1</u> 24 Driver Contributing Code <u>1</u> 25 25 Driver Distracted by <u>0</u> 26 26 Damaged Area Code: <u>1</u> 27 27 27 Test Status: <u>28</u> Type of Test: <u>29</u> BAC Test Result: <u>30</u> Susp. Alcohol: <u>31</u> Susp. Drug: <u>32</u> Towed from scene? <u>2</u> 33																			
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Operator/Occupants			See Above		X		1		1		4		0		0		10		1			
							F		6		4		4		0		0		10		1	

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

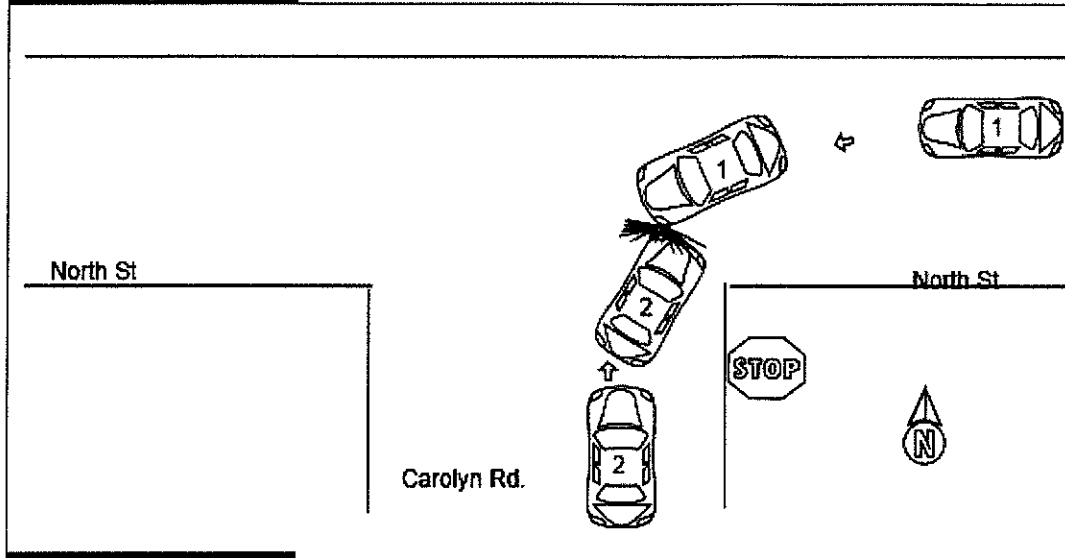
Crash Diagram:

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:

On 05/11/24 car 1 while travelling westbound on North Street attempted to turn left onto Carolyn Rd. Car 2 having stopped for the stop sign at the end of Carolyn Rd. to North St. attempted to take a right hand turn. Both operators stories differ as to what happened. Operator 1 stated car 2 rolled through the stop sign so she turned sooner trying to avoid car 2. Car 2's operator stated he came to a full stop, looked left and was attempting to turn right when he was crashed into. No injuries reported other than a scratch on operator 1's hand, she refused needing medical aid. Neither car needed to be towed.

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

Police Officer Name (Please Print)

Signature

205

ID/Badge #

Wilmington Police Department

Department

Precinct/Barracks

05/11/2024

Date