

Police Use Only			Commonwealth of Massachusetts				RMV Document Number																																																													
Date of Crash 06/17/2024	Time of Crash 1226 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 30 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 Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street			2 10 Route# Direction Address # CROSS ST Feet NSEW of Mile Marker Exit Number Feet NSEW of Route# Intersecting Roadway/Street Feet NSEW of Landmark																																																																	
3 Please Select One of the Following: ☒ Vehicle 1 Occupants ☐ Hit/Run ☐ Moped Crash Report ID# 24-181-AC																																																																				
4 1 License # S DOB/Age 4 Sex M Lic. Class D Lic. Restrictions 1 CDL Endorsement Operator LA PIERRE, JEFFREY ALAN Address 1672 MASSACHUSETTS AVE City LUNENBURG State MA Zip 01462-1843 Insurance Company SAFETY INSURANCE COMPANY Vehicle Travel Direction: SEW 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			1 12 Reg # 8882WW Reg Type PC Reg State MA Veh Year 2008 Veh Make FORD Veh Config. 1 Owner LA PIERRE, JEFFREY ALAN Address 1672 MASSACHUSETTS AVE City LUNENBURG State MA Zip 01462-1843 Vehicle Action Prior to Crash 2 Event Sequence 1 23 23 23 23 Most Harmful Event 1 Driver Contributing Code 1 25 25 Driver Distracted by 0 26 26 Damaged Area Code: 3 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																																																																	
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Operator	See Above			1	1	4	0	0	10	1																																																										
7 1 Please Select One of the Following: ☒ Vehicle 2 Occupants ☐ Hit/Run ☐ Moped ☐ Vulnerable User Complete the Vulnerable User section.																																																																				
8 1 License # St. DOB/Age 1 Sex F Lic. Class D Lic. Restrictions 1 CDL Endorsement Operator THERIAULT, LISA ANN Address 59 LOWELL ST City WILMINGTON State MA Zip 01887-2910 Insurance Company THE COMMERCE INSURANCE CO Vehicle Travel Direction: NSE 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			1 14 Reg # 94CT98 Reg Type PC Reg State MA Veh Year 2023 Veh Make HYUNDAI Veh Config. 1 Owner THERIAULT, LISA ANN Address 59 LOWELL ST City WILMINGTON State MA Zip 01887-2910 Vehicle Action Prior to Crash 10 Event Sequence 1 23 23 23 23 Most Harmful Event 1 Driver Contributing Code 19 25 25 Driver Distracted by 99 26 26 Damaged Area Code: 5 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																																																																	
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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 → ○ → ○

LOWELL ST

STOP

59 LOWELL ST DRIVEWAY

N

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 was stopped in traffic at the stop sign. V2 was backing out of her driveway and did not see V1, for an unknown reason. V1 has damage to the passenger side. V2 has damage to the rear end. Both parties were wearing seatbelts. 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 Emily L McMeekin

210

Wilmington Police Department

06/17/2024

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department
Images Associated with 24-181-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 06/18/2024	Time of Crash 1524 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			19 ADAMS 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# 24-182-AC		
License # St DOB/Age			Reg # X1582 Reg Type PC Reg State MA											
Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2025 Veh Make HONDA Veh Config. 1 21											
Operator ASMUSSEN, JUNE A			Owner CROWLEY, JANICE											
Address 60 TAPLIN AVE			Address 60 TAPLIN AVE											
City WILMINGTON State MA Zip 01887-2065			City WILMINGTON State MA Zip 01887-2065											
Insurance Company THE COMMERCE INSURANCE CO			Vehicle Action Prior to Crash 2 22			Damaged Area Code: 5 27 27 27								
Vehicle Travel Direction: ☒ S ☐ E ☐ W Responding to Emergency? 2			Event Sequence 1 23 23 23 23			Test Status: 1 28								
Citation # (If Issued)			Most Harmful Event 1 24			Type of Test: 0 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/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											
JANICE CROWLEY 60 TAPLIN AVE WILMINGTON, MA 01887-2065			F 3 1 4 0 0 9 2			Lahey Clinic								
Please Select One of the Following:			☒ Vehicle 21 #Occupants			☐ Hit/Run			☐ Moped			☐ Vulnerable User Complete the Vulnerable User section.		
License # St DOB/Age			Reg # 953D Reg Type PC Reg State MA											
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2018 Veh Make FORD Veh Config. 1 21											
Operator RYAN, JAKE WILLIAM			Owner RYAN, WILLIAM LAWRENCE											
Address 41 ALBERT RD			Address 41 ALBERT RD											
City TEWKSBURY State MA Zip 01876-3303			City TEWKSBURY State MA Zip 01876-3303											
Insurance Company PROGRESSIVE DIRECT INSURA			Vehicle Action Prior to Crash 2 22			Damaged Area Code: 99 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 5 25 25			BAC Test Result: 1 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								
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 1 4 0 0 10 1											

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

Crash Diagram:

ie: → 1 → 2 → O → B

Church Street (Rt. 62)

Adams 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 slowing/stopping in traffic approaching the stop sign on Adams Street where it intersects with Church Street. Vehicle 2 rear ended vehicle 1. Both operators declined medical attention, and the passenger of vehicle 1 was transported by the Wilmington Fire Department to lahey Hospital. No airbags were deployed and both vehicles were driven from the scene. Vehicle 1 sustained a minor dent to the rear, and vehicle 2 had no identifiable damage.

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use ☐ 42

Address _____ City _____ St _____ Zip _____

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

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

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

Hazmat Information:

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

Patrol Officer Michael R DiLorenzo

217

Wilmington Police Department

06/18/2024

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department
Images Associated with 24-182-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number								
Date of Crash 06/18/2024		Time of Crash 1745 24HR		City/Town Wilmington		Motor Vehicle Crash Police Report		Number Vehicles 3		Number Injured 0		Speed Limit 35 Latitude Longitude		State Police Local Police MBTA Police Campus Police Other	
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:							
Route# Direction Name of Roadway/Street At						Route# Direction 173 CHURCH ST Address # Name of Roadway/Street									
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# 24-183-AC									
License # St DOB/Age Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement						Reg # YONDU+ Reg Type PC Reg State NH Veh Year 2024 Veh Make TOYOTA Veh Config. 1 21									
Operator LILLEY, PETER THOMAS Last First Middle						Owner LILLEY, PETER THOMAS Last First Middle									
Address 55 KELLY BROOK LN						Address 55 KELLY BROOK LN									
City EAST HAMPSTEAD State NH Zip 038262444						City EAST HAMPSTEAD State NH Zip 038262444									
Insurance Company GEICO						Vehicle Action Prior to Crash 1 22 Damaged Area Code: 5 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 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: 1 31 Susp. Drug: 2 32									
Please fill out for operator and all occupants involved						Towed from scene? 2 33									
Name (Last First Middle) Address DOB/Age Sex 34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code Medical Facility															
Operator See Above						1 1 4 0 0 10 1									
Please Select One of the Following: ☒ Vehicle 2 Occupants ☐ Hit/Run ☐ Moped ☐ Vulnerable User Complete the Vulnerable User section.															
License # St DOB/Age Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement						Reg # 4LZS27 Reg Type PC Reg State MA Veh Year 2020 Veh Make HONDA Veh Config. 1 21									
Operator TAYLOR, JAYNE H Last First Middle						Owner TAYLOR, JAYNE H Last First Middle									
Address 67 HIGH ST						Address 67 HIGH ST									
City WILMINGTON State MA Zip 01887-1484						City WILMINGTON State MA Zip 01887-1484									
Insurance Company QUINCY MUTUAL FIRE INSURA						Vehicle Action Prior to Crash 1 22 Damaged Area Code: 1 27 5 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 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/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									

Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 06/18/2024	Time of Crash 1745 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 3	Number Injured 0	Speed Limit 35	Latitude	Longitude	State Police Local Police MBTA Police Campus Police Other			
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:							
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street											
At														
Route# Direction Name of Intersecting Roadway/Street			Route# Direction Address # Name of Roadway/Street											
Also at Intersection with														
Route# Direction Name of Intersecting Roadway/Street			Route# Direction Address # Name of Roadway/Street											
Please Select One of the Following:			☒ Vehicle 31 #Occupants			☐ Hit/Run			☐ Moped					
			Crash Report ID# 24-183-AC											
License # St DOB/Age			Reg # 4JBS98 Reg Type PC Reg State MA											
Sex Lic. Class 19 19 Lic. Restrictions 99 20 CDL Endorsement			Veh Year 2014 Veh Make FORD Veh Config. 1 21											
Operator Last First Middle			Owner DELANO, DAVID M Last First Middle											
Address			Address 337 WATER ST APT 6											
City State Zip			City WAKEFIELD State MA Zip 01880-3467											
Insurance Company THE COMMERCE INSURANCE CO			Vehicle Action Prior to Crash 1 22			Damaged Area Code: 2 27 1 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 Viol. 2: Ch/Sec/Sub			Driver Contributing Code 19 25 25			BAC Test Result: 1 30								
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Distracted by 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/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	3	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											Reg # Reg Type Reg State			
Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement											Veh Year Veh Make Veh Config. 21			
Operator Last First Middle											Owner Last First Middle			
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?											Damaged Area Code: 27 27 27			
Citation # (If Issued)											Test Status: 28			
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub											Type of Test: 29			
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub											BAC Test Result: 30			
											Susp. Alcohol: 31 Susp. Drug: 32			
											Towed from scene? 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/Occupants			See Above		X	X	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:

V#1, V#2, and V#3 were traveling eastbound on Church Street. V#1 was the front vehicle, V#2 was in the middle, and V#3 was behind V#2. V#1 and V#2 began to stop when V#3 collided into the rear of V#2, causing V#2 to hit the rear of V#1. V#1 sustained center rear damage. V#2 sustained center front and center rear damage. V#3 sustained center/right front damage. All operators sustained no injuries from the crash and all vehicles were in drivable condition.

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 Jonathan L Morales

224

Wilmington Police Department

06/18/2024

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department
Images Associated with 24-183-AC

