

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 05/25/2024	Time of Crash 0026 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 1	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			Landmark							
Route# Direction Name of Intersecting Roadway/Street										
Please Select One of the Following:			<input checked="" type="checkbox"/> Vehicle 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Crash Report ID# 24-154-AC	
License # S DOB/Age			Reg # 8BA533		Reg Type PC		Reg State MA			
Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement			Veh Year 2006		Veh Make DODGE		Veh Config. 2			
Operator			Owner HALL, RACHEL D							
Address			Address 7 FILLMORE DR							
City State Zip			City BILLERICA		State MA		Zip 01821-2103			
Insurance Company PLYMOUTH ROCK ASSURANCE C			Vehicle Action Prior to Crash 4		Damaged Area Code: 11 27 27 27					
Vehicle Travel Direction: N S E W Responding to Emergency? 2			Event Sequence 27 23 23 23 23		Test Status: 3 28					
Citation # (If Issued) 664724AC			Most Harmful Event 27 24		Type of Test: 2 29					
Viol. 1: Cl/Sec/Sub 90 24J Viol. 2: Cl/Sec/Sub 90 24E			Driver Contributing Code 10 25 25		BAC Test Result: 5 30					
Viol. 3: Cl/Sec/Sub 89 4A Viol. 4: Cl/Sec/Sub			Driver Distracted by 0 26 26		Susp. Alcohol: 1 31 Susp. Drug: 2 32					
Viol. 3: Cl/Sec/Sub 89 4A Viol. 4: Cl/Sec/Sub			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	
Operator			See Above				1	1	4	
							0	0	10	
							1			
Please Select One of the Following:										
<input type="checkbox"/> Vehicle 2 #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		<input type="checkbox"/> 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: Cl/Sec/Sub Viol. 2: Cl/Sec/Sub			Driver Contributing Code 25 25		BAC Test Result: 30					
Viol. 3: Cl/Sec/Sub Viol. 4: Cl/Sec/Sub			Driver Distracted by 26 26		Susp. Alcohol: 31 Susp. Drug: 32					
Viol. 3: Cl/Sec/Sub Viol. 4: Cl/Sec/Sub			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	
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:

MV 1 was traveling on Carter Lane and turned left onto Shawsheen Avenue. While turning left, MV 1 went off the road and crashed into the embankment in the front yard of 87 Shawsheen Avenue where it came to rest. The operator was under the influence of alcohol. due to the operator's impairment, he was unable to properly turn the vehicle and crashed. The operator refused medical treatment from WFD and there were no apparent injuries. The vehicle was towed by A&S.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
DAIGLE JEAN G	84A SHAWSHEEN AVE WILMINGTON MA 01887-2631		

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
DELLASCIO ALAN P	87 SHAWSHEEN AVE WILMINGTON MA 018			FRONT LAWN, ROCK WALL

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use ☐ 42

Address _____ City _____ St _____ Zip _____

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

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

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

Hazmat Information:

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

Patrol Officer Alec S Masiello

Police Officer Name (Please Print)

Signature

229

ID/Badge #

Wilmington Police Department

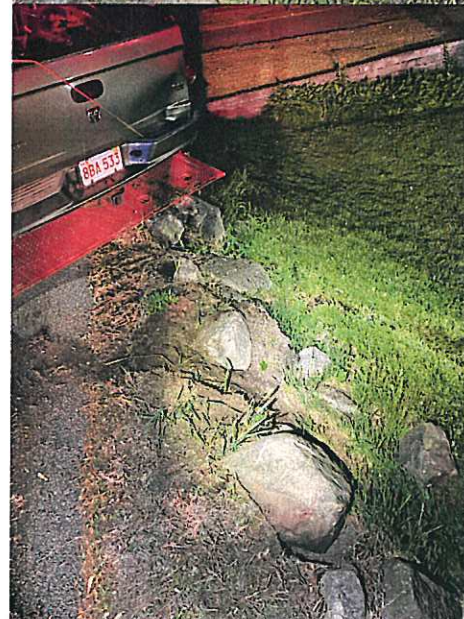
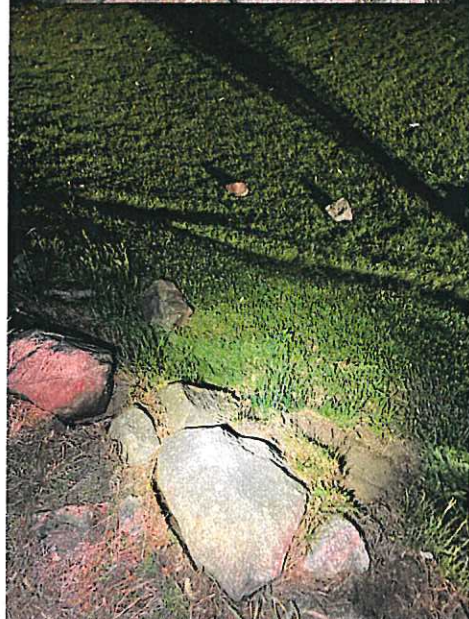
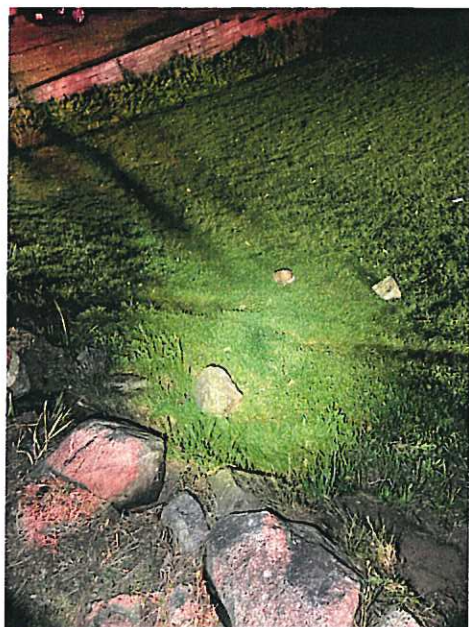
Department

Precinct/Barracks

05/25/2024

Date

Wilmington Police Department
Images Associated with 24-154-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 05/25/2024	Time of Crash 0954 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		222 MAIN ST					
At			Feet N S E W of		or Exit Number					
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of		Route# Intersecting Roadway/Street					
Also at Intersection with			Feet N S E W of		Landmark					
Route# Direction Name of Intersecting Roadway/Street										
Please Select One of the Following:			<input checked="" type="checkbox"/> Vehicle 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Crash Report ID# 24-155-AC	
License #			St. DOB/Ag		Reg # W43137		Reg Type CO		Reg State MA	
Sex M Lic. Class D 19 19			Lic. Restrictions 2 20		Veh Year 2012		Veh Make VOLKSWAGEN		Veh Config. 1 21	
Operator LIMA, SAMOEL P					Owner LIMA, SAMOEL P					
Address 8 CREST AVE					Address 8 CREST AVE					
City WILMINGTON State MA Zip 01887-3002					City WILMINGTON State MA Zip 01887-3002					
Insurance Company THE COMMERCE INSURANCE CO					Vehicle Action Prior to Crash 1 22		Damaged Area Code: 5 27 27 27			
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input checked="" type="checkbox"/> E <input checked="" type="checkbox"/> W			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: 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 0 26 26		Susp. Alcohol: 2 31 Susp. Drug: 2 32			
Viol. 5: Ch/Sec/Sub			Viol. 6: Ch/Sec/Sub		Towed from scene? 2 33					
Please fill out for operator and all occupants involved										
Name (Last First Middle)			Address		DOB/Age		Sex		Medical Facility	
Operator			See Above		1		1		1	
Please Select One of the Following:			<input checked="" type="checkbox"/> Vehicle 21 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		<input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.	
License #			St. DOB/Ag		Reg # 2HHH65		Reg Type PC		Reg State MA	
Sex F Lic. Class D 19 19			Lic. Restrictions 1 20		Veh Year 2017		Veh Make HONDA		Veh Config. 1 21	
Operator KEELEY, MICHELLE V					Owner KEELEY, RYAN A					
Address 14 GOVERNOR HUTCHINSON RD					Address 35 CALLAHAN ST					
City BILLERICA State MA Zip 01821-2017					City BILLERICA State MA Zip 01821-0000					
Insurance Company THE COMMERCE INSURANCE CO					Vehicle Action Prior to Crash 1 22		Damaged Area Code: 1 27 27 27			
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input checked="" type="checkbox"/> E <input checked="" type="checkbox"/> 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			
Viol. 5: Ch/Sec/Sub			Viol. 6: Ch/Sec/Sub		Towed from scene? 2 33					
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		1	

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○

Dollar Tree Plaza Entrance

CVS Plaza Entrance

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:

MV 1 and MV 2 were stopping/slowing in traffic on Route 38 (Main Street). MV 2 stated she rear-ended MV 1. MV 1 sustained rear bumper damage. MV 2 sustained front bumper damage. No injuries. 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

05/25/2024

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

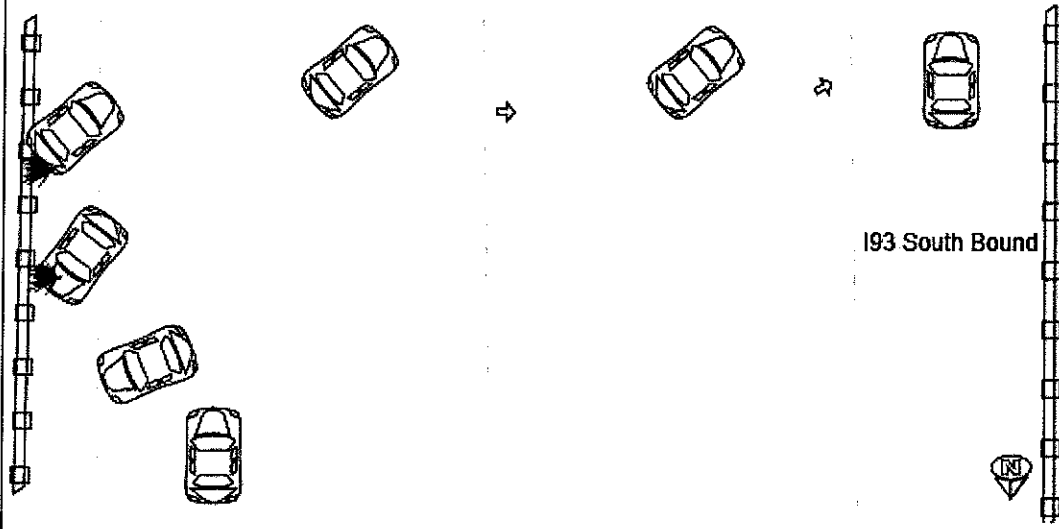
Precinct/Barracks

Date

Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 05/26/2024	Time of Crash 0606 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 1	Number Injured 0	Speed Limit 65	Latitude	Longitude	State Police <input type="checkbox"/>	Local Police <input checked="" type="checkbox"/>	MBTA Police <input type="checkbox"/>	Campus Police <input type="checkbox"/>	Other <input type="checkbox"/>
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:									
Route# Direction Name of Roadway/Street					Route# Direction Address # Name of Roadway/Street									
At					Feet <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W of Mile Marker Exit Number									
Route# Direction Name of Intersecting Roadway/Street					Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of Route# Intersecting Roadway/Street									
Also at Intersection with					Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of Landmark									
Route# Direction Name of Intersecting Roadway/Street														
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 1 #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped					Crash Report ID# 24-156-AC									
License # S DOB/Age					Reg # 2BLF23 Reg Type PC Reg State MA									
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement					Veh Year 2011 Veh Make LEXUS Veh Config. 1 21									
Operator ANTWINE, CHRISTOPHER LEE					Owner ANTWINE, CHRISTOPHER LEE									
Address 9 ROCKMERE GDNS APT 2					Address 9 ROCKMERE GDNS APT 2									
City LYNN State MA Zip 01905-2554					City LYNN State MA Zip 01905-2554									
Insurance Company ELECTRIC INSURANCE COMPAN					Vehicle Action Prior to Crash 1 22 Damaged Area Code: 5 27 4 27 2 27									
Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? 2					Event Sequence 24 23 23 23 23 Test Status: 1 28									
Citation # (If Issued)					Most Harmful Event 24 24 Type of Test: 29									
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub					Driver Contributing Code 1 25 11 25 BAC Test Result: 1 30									
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub					Susp. Alcohol: 2 31 Susp. Drug: 2 32									
Viol. 5: Ch/Sec/Sub Viol. 6: Ch/Sec/Sub					Driver Distracted by 0 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				1	1	4	0	0	10	1		
Please Select One of the Following: <input type="checkbox"/> Vehicle 2 #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped <input type="checkbox"/> 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: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency?					Event Sequence 23 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					Susp. Alcohol: 31 Susp. Drug: 32									
Viol. 5: Ch/Sec/Sub Viol. 6: Ch/Sec/Sub					Driver Distracted by 26 26 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				1								

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

Crash Diagram:



If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow



Crash Narrative:

MV1 stated they were traveling south on I93 in the far left lane. At this time it was raining outside and the road conditions were wet. MV1 stated they hydro planed and then over corrected causing them to lose control of the vehicle. MV1 stated they hit the guardrail closest to the far left lane twice, striking the front center and right side and the center rear of the vehicle. When they gained control of the vehicle they were in the middle lane of travel. At this time MV1 was able to move the vehicle to the right break down lane. MV1 had no apparent injuries and refused medical treatment. State Police were unavailable at this time, so Wilmington dispatch was notified to contact a towing company. Shortly after Caody's Towing arrived and towed the vehicle away. The operator of MV1 went with the tow company.

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use ☐ 42

Address _____ City _____ St _____ Zip _____

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

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

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

Hazmat Information:

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

Patrol Officer Joshua I DeBarros

234

Wilmington Police Department

05/26/2024

Police Officer Name (Please Print)

Signature

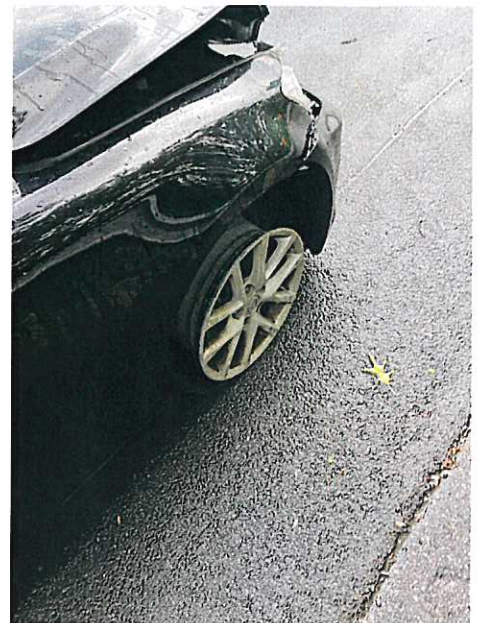
ID/Badge #

Department

Precinct/Barracks

Date

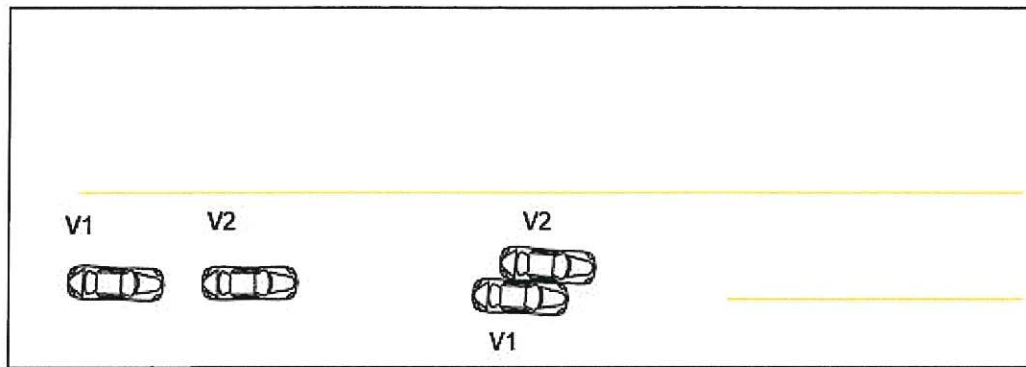
Wilmington Police Department
Images Associated with 24-156-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 05/28/2024	Time of Crash 0611 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			Route# Direction Address # Name of Roadway/Street			2 10								
At			Feet N S E W of or Exit Number			4 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								
Route# Direction Name of Intersecting Roadway/Street														
Please Select One of the Following:			<input checked="" type="checkbox"/> Vehicle 1 Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Crash Report ID# 24-157-AC		
License # St. DOB/Ag			Reg # 1MKP77 Reg Type PC Reg State MA			1 12								
Sex M Lic. Class D 19 19 Lic. Restrictions 99 20 CDL Endorsement			Veh Year 2007 Veh Make TOYOTA Veh Config. 1 21											
Operator CINGANELLI, NICHOLAS J			Owner CINGANELLI, LOREEN PATRICIA											
Address 36 CHARNWOOD RD			Address 36 CHARNWOOD RD											
City MEDFORD State MA Zip 02155-5409			City MEDFORD State MA Zip 02155-5409											
Insurance Company THE COMMERCE INSURANCE CO			Vehicle Action Prior to Crash 1 22			Damaged Area Code: 7 27 27 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: 0 29								
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Driver Contributing Code 5 25 19 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			1 13					
Towed from scene? 2 33														
Please fill out for operator and all occupants involved														
Name (Last First Middle)		Address		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility	
Operator		See Above				1	99	4	0	0	10	1		
Please Select One of the Following:														
<input checked="" type="checkbox"/> Vehicle 23 Occupants														
<input type="checkbox"/> Hit/Run														
<input type="checkbox"/> Moped														
<input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.														
License # St. DOB/Ag														
Reg # 3TKV18 Reg Type PC Reg State MA														
Sex M Lic. Class D 19 19 Lic. Restrictions 99 20 CDL Endorsement														
Veh Year 2010 Veh Make TOYOTA Veh Config. 1 21														
Operator PEREZ DE LEON, NELSON ELY														
Owner PEREZ DE LEON, RONALD ADIN														
Address 47 WESTERN AVE														
Address 47 WESTERN AVE														
City LYNN State MA Zip 01904-2121														
City LYNN State MA Zip 01904-0000														
Insurance Company PLYMOUTH ROCK ASSURANCE C														
Vehicle Action Prior to Crash 1 22														
Damaged Area Code: 3 27 27 27														
Vehicle Travel Direction: N S E X Responding to Emergency? 2														
Event Sequence 1 23 23 23 23														
Test Status: 1 28														
Type of Test: 0 29														
Citation # (If Issued)														
Most Harmful Event 1 24														
BAC Test Result: 1 30														
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub														
Driver Contributing Code 9 25 19 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														
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		
ADER BARRIOS SOTO		104 ALLEY ST LYNN, MA 01902-4405			M	99	99	4	0	0	10	1		
ALEXANDER DE JESUS		47 WESTERN AVE LYNN, MA 01901			M	99	99	4	0	0	10	1		

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

Crash Diagram:



Mobil Gas
Station
316 Lowell
Street



If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow



Crash Narrative:

On Tuesday May 28, 2024 at approximately 6:11am I was dispatched to a report of a two car motor vehicle crash in the area of the Mobil Gas Station. Upon arrival I observed Op1 and Op2 standing by their vehicles along with Op2s two passengers. V1 had damage to the drivers side and V2 had damage to the passenger side. Op1 stated he was traveling west on Lowell Street and attempted to merge right just prior to where it divides into two marked lanes prior to the light and contact was made with V2. Op2 stated the same but he was initially in front of V1 and the vehicle came up beside him and contact was made. All parties involved declined medical and information was exchanged. Both vehicles were driveable and all parties cleared from the scene.

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (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

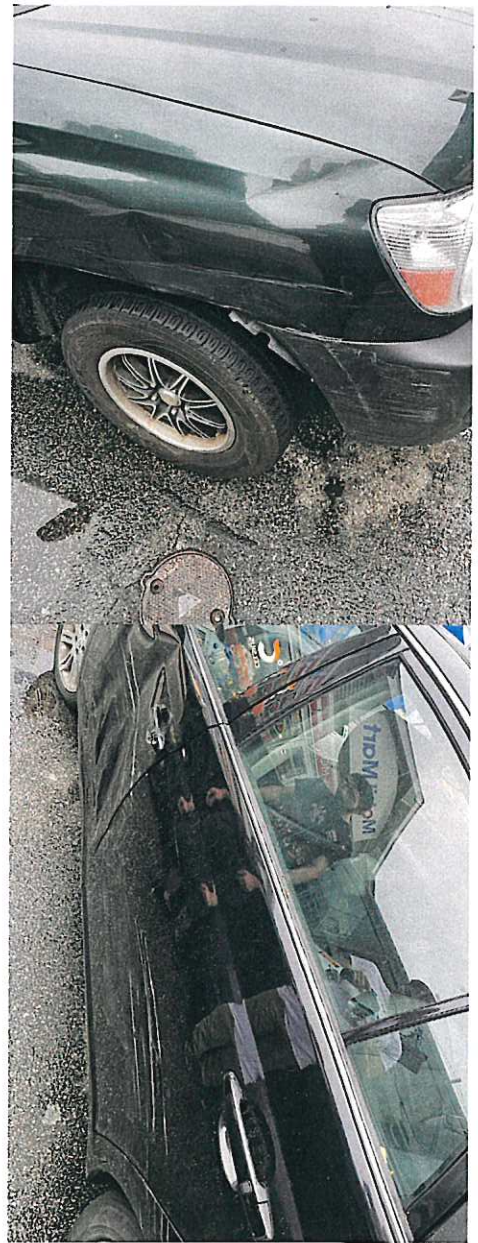
Department

Precinct/Barracks

05/28/2024

Date

Wilmington Police Department
Images Associated with 24-157-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 05/28/2024	Time of Crash 1321 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit 5	State Police <input type="checkbox"/>
							Latitude		Local Police <input type="checkbox"/>	
							Longitude		MBTA Police <input type="checkbox"/>	
									Campus Police <input type="checkbox"/>	
									Other: <input type="checkbox"/>	
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:			
Route# Direction Name of Roadway/Street			38 260 MAIN ST				2 10			
At			Route# Direction Address # Name of Roadway/Street				3 11			
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Mile Marker Exit Number							
Also at Intersection with			Feet N S E W of Route# Intersecting Roadway/Street							
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of WILM PLAZA LOT RW 2A				Landmark			
Please Select One of the Following:			<input checked="" type="checkbox"/> Vehicle 10 #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped				Crash Report ID# 24-158-AC			
License # St DOB/Age			Reg # 1PJ786 Reg Type PC Reg State MA				1 12			
Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement			Veh Year 2016 Veh Make GMC Veh Config. 1 21							
Operator Driverless M.V.			Owner BALDWIN, JILLENE S							
Address			Address 4 FRANKLIN AVE							
City State Zip			City WILMINGTON State MA Zip 01887							
Insurance Company THE HANOVER INSURANCE COM			Vehicle Action Prior to Crash 11 22				Damaged Area Code: 6 27 27 27			
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input checked="" type="checkbox"/> E <input checked="" type="checkbox"/> 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							2 13			
Name (Last First Middle) Address DOB/Age Sex 34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code Medical Facility										
Operator See Above			1							
Please Select One of the Following:			<input checked="" type="checkbox"/> Vehicle 21 #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped <input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.							
License # 1 S DOB/Age			Reg # 5138509 Reg Type PC Reg State NH				1 14			
Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement			Veh Year 2007 Veh Make DODGE Veh Config. 2 21							
Operator MILLER, KARL F			Owner LEDUC, THERESA A							
Address 9 DEMING WAY			Address 164 PILLSBURY RD							
City WILMINGTON State MA Zip 01887-1429			City LONDONDERRY State NH Zip 03053							
Insurance Company NOT INSURED (NH MV)			Vehicle Action Prior to Crash 4 22				Damaged Area Code: 2 27 27 27			
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input checked="" type="checkbox"/> E <input checked="" type="checkbox"/> W Responding to Emergency? 2			Event Sequence 1 23 23 23 23				Test Status: 1 28			
Citation # (If Issued) T3379023			Most Harmful Event 1 24				Type of Test: 29			
Viol. 1: Ch/Sec/Sub 90 23 Viol. 2: Ch/Sec/Sub 90 24			Driver Contributing Code 19 25 97 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							2 13			
Name (Last First Middle) Address DOB/Age Sex 34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code Medical Facility										
Operator/Occupants See Above			1 99 4 0 0 10 1							

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

Crash Diagram:

Market Basket Wilmington Plaza
 260 Main Street

Store front thruway

Row 4A



V2 moved
 here after
 crash damage

Row 2A

V1 Parked
 unattended



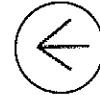
V2



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 (MA-1PJ786) parked unattended. V2 (NH-5138509) opr. Karl Miller attempted to pull in adjacent space and collided with V1 rear left bumper. V2 sustained front right bumper damage. Independent witness (Sheehan) saw collision occur and witnessed V2 back up and move away from V1. Witness contacted R/O V1 Baldwin when she returned to car to report damage. Baldwin called E911 to report incident. V2 opr identified upon returning to pick-up truck he was operating. V2 registered in NH to Miller's girlfriend. V2 opr admitted hitting V1 and moving away to avoid being responsible for damage. No effort to contact owner or police. Opr. Miller cited issue with license status and no insurance on V2 as reason for doing so. Opr. Miller issued criminal citation for motor vehicle charges. Refer WPD report 24-259-AR.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
SHEEHAN EDWARD T JR	1428 DONNY MARTEL WAY TEWKSBURY MA 01876-4589		

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

Precinct/Barracks

05/28/2024

Date

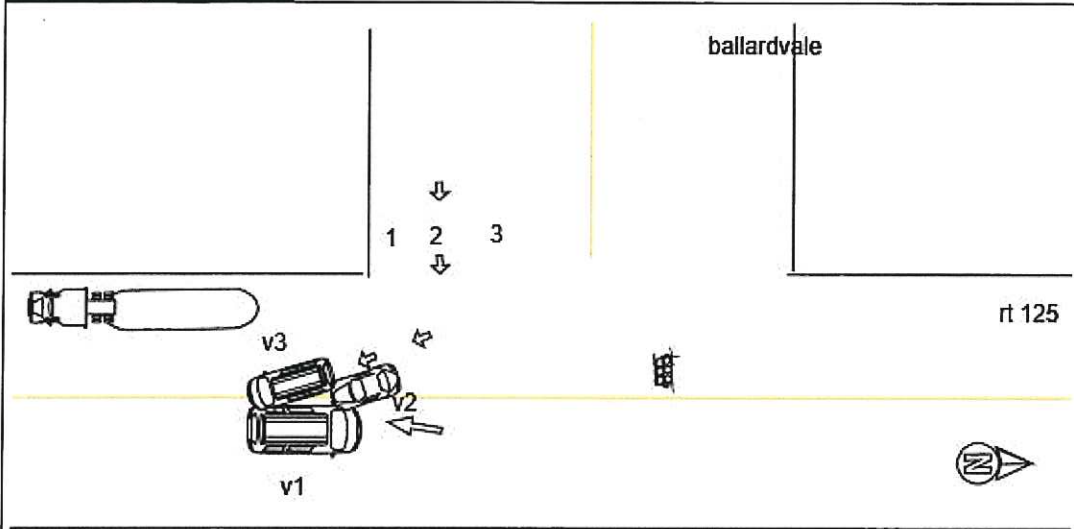
Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 05/30/2024	Time of Crash 1202 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 3	Number Injured 0	Speed Limit 20	Latitude	Longitude	State Police Local Police MBTA Police Campus Police Other		
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:						
1 Ballardvale 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										
Route# Direction Name of Intersecting Roadway/Street			5										
Also at Intersection with			Feet N S E W of Route# Intersecting Roadway/Street										
Route# Direction Name of Intersecting Roadway/Street			Landmark										
Please Select One of the Following:			<input checked="" type="checkbox"/> Vehicle 1 #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Crash Report ID# 24-159-AC			
License # St DOB/Age			Reg # 29TM72			Reg Type PC		Reg State MA		1			
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2012			Veh Make HONDA		Veh Config. 2 21		1			
Operator HILL, GREGORY PETER			Owner HILL, SUZANNE										
Address 133 ELM ST			Address 133 ELM ST										
City WAKEFIELD State MA Zip 01880-1409			City WAKEFIELD State MA Zip 01880-1409										
Insurance Company GOVERNMENT EMPLOYEES INSU			Vehicle Action Prior to Crash 2 22			Damaged Area Code: 7 27 27 27							
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W 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			Driver Contributing Code 1 25 25			BAC Test Result: 30							
Viol. 2: Ch/Sec/Sub			Susp. Alcohol: 31			Susp. Drug: 32				1			
Viol. 3: Ch/Sec/Sub			Driver Distracted by 0 26 26			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	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:													
<input checked="" type="checkbox"/> Vehicle 2 1 #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		<input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.						
License # 8 St DOB/Age			Reg # 5309899			Reg Type PC		Reg State NH		1			
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2012			Veh Make NISSAN		Veh Config. 1 21		1			
Operator ALAVALA, NAGAMALLESWARA RAO			Owner ALAVALA, NAGAMALLESWARA RAO										
Address 139 PALM ST APT 202			Address 139 PALM ST APT 202										
City NASHUA State NH Zip 03060			City NASHUA State NH Zip 03060										
Insurance Company STATE FARM			Vehicle Action Prior to Crash 3 22			Damaged Area Code: 8 27 27 27							
Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? 2			Event Sequence 1 23 23 23 23			Test Status: 28							
Citation # (If Issued) T3378809			Most Harmful Event 1 24			Type of Test: 29							
Viol. 1: Ch/Sec/Sub			Driver Contributing Code 4 25 9 25			BAC Test Result: 30							
Viol. 2: Ch/Sec/Sub			Susp. Alcohol: 31			Susp. Drug: 32							
Viol. 3: Ch/Sec/Sub			Driver Distracted by 99 26 26			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	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 05/30/2024	Time of Crash 1202 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 3	Number Injured 0	Speed Limit 20	Latitude	Longitude	State Police <input type="checkbox"/>	Local Police <input type="checkbox"/>	MBTA Police <input type="checkbox"/>	Campus Police <input type="checkbox"/>	Other <input type="checkbox"/>
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:									
Route# Direction <u>BALLARDVALE ST</u> Name of Roadway/Street					Route# Direction Address # Name of Roadway/Street									
At					Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____									
Route# Direction <u>ROUTE 125 HWY</u> Name of Intersecting Roadway/Street					Mile Marker Exit Number									
Also at Intersection with					Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____									
Route# Direction _____ Name of Intersecting Roadway/Street					Route# Intersecting Roadway/Street									
					Landmark									
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 31 #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped					Crash Report ID# 24-159-AC									
License # _____ S DOB/Age _____					Reg # 24946 Reg Type PC Reg State MA									
Sex M Lic. Class <input type="checkbox"/> 19 <input type="checkbox"/> 19 Lic. Restrictions <input type="checkbox"/> 1 <input type="checkbox"/> 20 CDL _____					Veh Year 2019 Veh Make ROVER Veh Config. 2 21									
Operator CUTONE, CRAIG RICHARD Last First Middle					Owner CUTONE, CRAIG RICHARD Last First Middle									
Address 77 MACARTHUR RD					Address 77 MACARTHUR RD									
City STONEHAM State MA Zip 02180-3409					City STONEHAM State MA Zip 02180-3409									
Insurance Company PLYMOUTH ROCK ASSURANCE C					Vehicle Action Prior to Crash 3 22 Damaged Area Code: 6 27 27 27									
Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W 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 99 25 25 BAC Test Result: 30									
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____					Susp. Alcohol: 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 See Above					1 1 4 0 0 10 1									
Please Select One of the Following: <input type="checkbox"/> Vehicle 4 #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped <input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.														
License # _____ St _____ DOB/Age _____					Reg # _____ Reg Type _____ Reg State _____									
Sex _____ Lic. Class <input type="checkbox"/> 19 <input type="checkbox"/> 19 Lic. Restrictions <input type="checkbox"/> 20 CDL _____					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 Damaged Area Code: 27 27 27									
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> 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 _____					Susp. Alcohol: 31 Susp. Drug: 32									
Please fill out for operator and all occupants involved					Towed from scene? 33									
Name (Last First Middle) Address DOB/Age Sex 34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code Medical Facility														
Operator/Occupants See Above					1									

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

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:

Ballardvale has three lanes turning onto 125. Two right turn lanes, third is left turn only lane. V1 stated he was stopped on 125. He saw v2 directly in front of him for several seconds stopped, even flashed his lights. After the TT unit passed V2 proceeded around him, colliding with v3. V3 states he was behind the TT unit in the middle right turn lane. He turned right, when v2 who was stopped merged into him from his left side, not a lane. V2 states has in middle lane, and the TT was in the far right lane. As he turned right, he stopped in his lane due to the TT unit. When he proceeded, v3 collided with him. The video depicts v3 in middle right lane, tuning right behind TT unit. V3 tuns right, when a stopped v2 merges into him, appears outside the lane. V2 cited failure to yield V2 does not appear to be behind TT unit, he was likely in left only lane. see video t3378809 failure to yield , marked lanes v2

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 05/30/2024
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Attachments for 24-159-AC

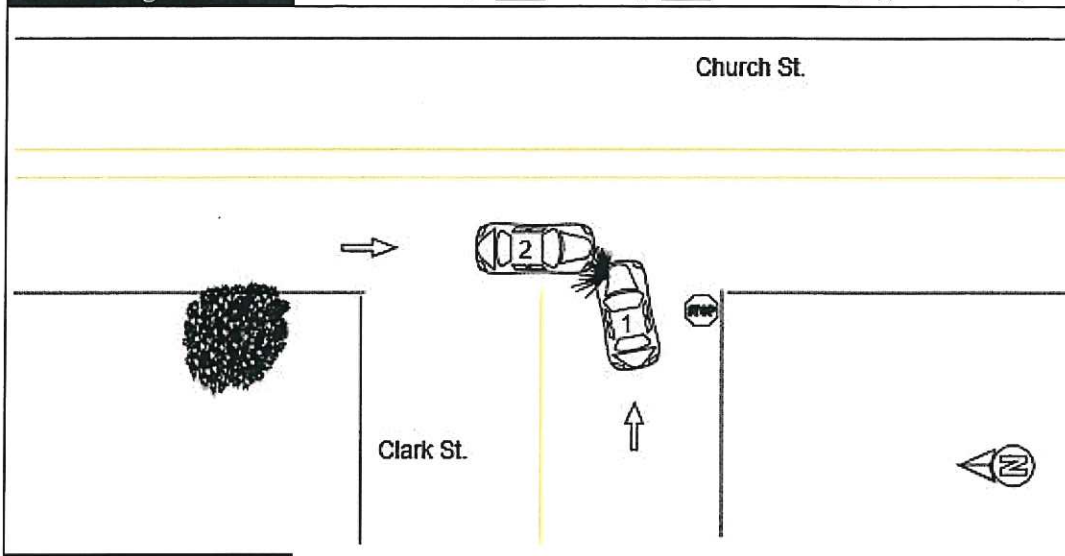
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Attachment#: E6D91733457F4F19A44E61CC078D0E67	
VIDEO MVA	MP4
Attachment#: FF0FB10B986C4E73BD78B00463068228	



Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 05/31/2024	Time of Crash 0743 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit 35	State Police <input type="checkbox"/>	Local Police <input type="checkbox"/>	MBTA Police <input type="checkbox"/>	Campus Police <input type="checkbox"/>	Other <input type="checkbox"/>
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:							
1 CLARK 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											
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Route# Intersecting Roadway/Street											
Also at Intersection with			Landmark											
Route# Direction Name of Intersecting Roadway/Street														
Please Select One of the Following:			Crash Report ID# 24-160-AC											
<input checked="" type="checkbox"/> Vehicle 1 #Occupants			<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped											
License # 5 St DOB/Age			Reg # 1230WB Reg Type PC Reg State MA											
Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement			Veh Year 1998 Veh Make SATURN Veh Config. 1 21											
Operator STRONG, CHRISTOPHER J			Owner STRONG, JANET DOROTHY											
Address 33 CHARME RD			Address 33 CHARME RD											
City BILLERICA State MA Zip 01821-2122			City BILLERICA State MA Zip 01821-2122											
Insurance Company ALLSTATE INSURANCE COMPAN			Vehicle Action Prior to Crash 4 22 Damaged Area Code: 1 27 2 27 8 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 18 25 25 BAC Test Result: 1 30											
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			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? 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				1	1	4	0	0	10	1		
Please Select One of the Following:														
<input checked="" type="checkbox"/> Vehicle 2 1 #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped <input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.														
License DOB/Age														
Reg # 3TBH83 Reg Type PC Reg State MA														
Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement														
Veh Year 2020 Veh Make HONDA Veh Config. 1 21														
Operator WIERZBICKI, JAYNE ROSE														
Owner WIERZBICKI, JAYNE ROSE														
Address 8 PADDOCK ST														
Address 8 PADDOCK ST														
City WILMINGTON State MA Zip 01887-2925														
City WILMINGTON State MA Zip 01887-2925														
Insurance Company THE HANOVER INSURANCE COM														
Vehicle Action Prior to Crash 1 22 Damaged Area Code: 2 27 3 27 27														
Vehicle Travel Direction: N X E W Responding to Emergency? 2														
Event Sequence 1 23 23 23 23 Test Status: 1 28														
Most Harmful Event 1 24 Type of Test: 0 29														
Driver Contributing Code 1 25 25 BAC Test Result: 1 30														
Susp. Alcohol: 2 31 Susp. Drug: 2 32														
Towed from scene? 2 33														
Please fill out for operator and all occupants involved														
Name (Last First Middle)		Address		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility	
Operator/Occupants		See Above				1	1	4	0	0	10	1		

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

Crash Diagram:



If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow



Crash Narrative:

MV 1 was turning left on Church Street. MV 2 was traveling south on Church Street. MV 1 was turning onto Church Street and crashed into the front right of MV 2. The operator of MV 1 stated that he could not see MV 2 due to trees obstructing his vision. Both parties did not have any apparent injuries and denied medical attention by WFD. MV 1 was towed by A&S. MV 2 was driven from the scene.

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use ☐ 42

Address _____ City _____ St _____ Zip _____

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

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

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

Hazmat Information:

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

Patrol Officer Alec S Masiello

Police Officer Name (Please Print)

Signature

229

ID/Badge #

Wilmington Police Department

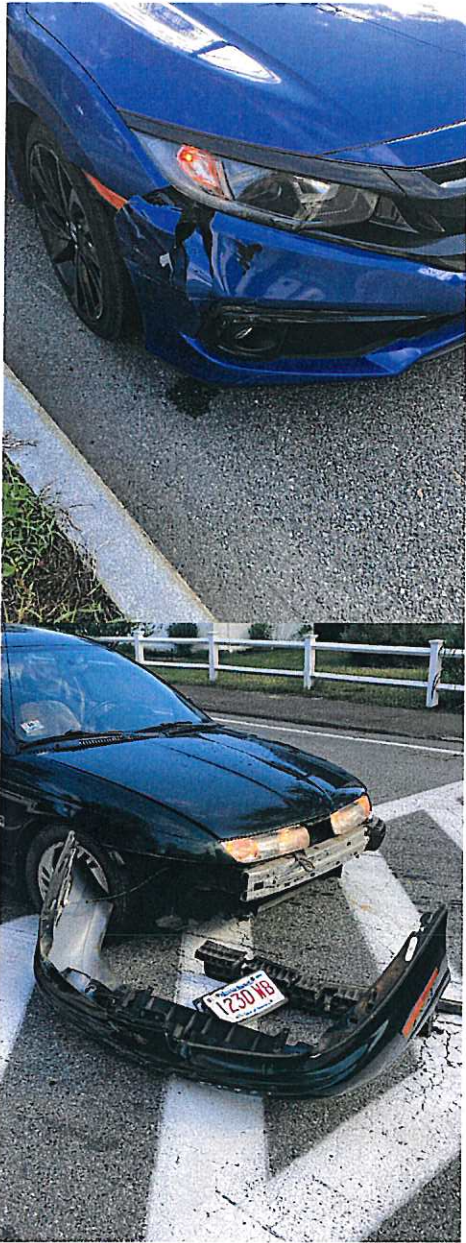
Department

Precinct/Barracks

05/31/2024

Date

Wilmington Police Department
Images Associated with 24-160-AC

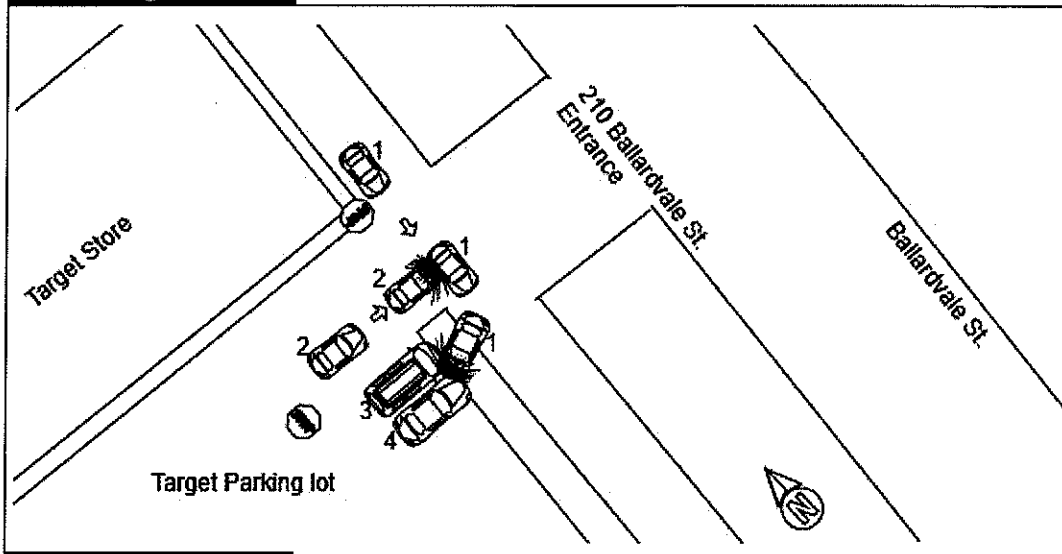


Police Use Only			Commonwealth of Massachusetts				RMV Document Number																
Date of Crash 05/31/2024	Time of Crash 1222 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 4	Number Injured 0	Speed Limit 15	Latitude	Longitude	State Police Local Police MBTA Police Campus 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			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																	
Also at Intersection with			Route# Direction Address # Name of Roadway/Street			Feet N S E W of																	
Route# Direction Name of Intersecting Roadway/Street			Route# Direction Address # Name of Roadway/Street			Landmark																	
Please Select One of the Following:			<input checked="" type="checkbox"/> Vehicle 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Crash Report ID# 24-161-AC											
License			DOB/Ag			Reg # 4430331			Reg Type PC			Reg State NH											
Sex M Lic. Class D 19 19			Lic. Restrictions 20			Veh Year 2018			Veh Make NISSAN			Veh Config. 1											
Operator COUTURE, KEVIN J			Owner COUTURE, SUSAN L			Address 109 S BROADWAY			Address 109 S BROADWAY			City SALEM State NH Zip 03079-3025											
Insurance Company			Vehicle Action Prior to Crash 1 22			Damaged Area Code: 3 27 1 27 27			Test Status: 28			Type of Test: 29											
Vehicle Travel Direction: N X E W			Responding to Emergency? 2			Event Sequence 1 23 23 23 23			Most Harmful Event 1 24			BAC Test Result: 30											
Citation # (If Issued)			Viol. 1: Ch/Sec/Sub			Viol. 2: Ch/Sec/Sub			Driver Contributing Code 99 25 25			Susp. Alcohol: 31 Susp. Drug: 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/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		X		X		1		1		4		0		0		10		1			
Please Select One of the Following:			<input checked="" type="checkbox"/> Vehicle 2 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			<input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.											
License			DOB/Ag			Reg # 2PRM94			Reg Type PC			Reg State MA											
Sex F Lic. Class D 19 19			Lic. Restrictions 20			Veh Year 2020			Veh Make CHEVROLET			Veh Config. 1											
Operator GATTA, KERRY			Owner WHITE, PHILIP M			Address 14 WATSON ST APT 20			Address 14 WATSON ST APT 20			City LOWELL State MA Zip 01852-3580											
Insurance Company PLYMOUTH ROCK ASSURANCE C			Vehicle Action Prior to Crash 1 22			Damaged Area Code: 1 27 27 27			Test Status: 28			Type of Test: 29											
Vehicle Travel Direction: N S X W			Responding to Emergency? 2			Event Sequence 1 23 23 23 23			Most Harmful Event 1 24			BAC Test Result: 30											
Citation # (If Issued)			Viol. 1: Ch/Sec/Sub			Viol. 2: Ch/Sec/Sub			Driver Contributing Code 99 25 25			Susp. Alcohol: 31 Susp. Drug: 32											
Viol. 3: Ch/Sec/Sub			Viol. 4: Ch/Sec/Sub			Driver Distracted by 99 26 26			Towed from scene? 2 33														
Please fill out for operator and all occupants involved																							
Name (Last First Middle)		Address		DOB/Ag		Sex		34 Seat Pos.		35 Safety System		36 Airbag Status		37 Eject Code		38 Trap Code		39 Injury Status		40 Transp. Code		Medical Facility	
Operator/Occupants		See Above		X		X		1		1		4		0		0		10		1			

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 05/31/2024	Time of Crash 1222 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 4	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			2 10				
At			Feet N S E W of or			3 11				
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of			Route# Intersecting Roadway/Street				
Also at Intersection with			Feet N S E W of			Landmark				
Route# Direction Name of Intersecting Roadway/Street										
Please Select One of the Following:			<input checked="" type="checkbox"/> Vehicle 30 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Crash Report ID# 24-161-AC	
License # St DOB/Age			Reg # BC32CD		Reg Type PC		Reg State MA		7 12	
Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement			Veh Year 2019		Veh Make VOLKSWAGEN		Veh Config. 1 21			
Operator Driverless M.V.			Owner DE OLIVEIRA, DIOGO ALVES							
Address			Address 11 DRAPER DR							
City State Zip			City WILMINGTON		State MA		Zip 01887-1515			
Insurance Company GEICO GENERAL INSURANCE C			Vehicle Action Prior to Crash 11 22		Damaged Area Code: 1 27 27 27					
Vehicle Travel Direction: N S E W Responding to Emergency?			Event Sequence 2 23 23 23 23		Test Status: 28					
Citation # (If Issued)			Most Harmful Event 2 24		Type of Test: 29					
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Driver Contributing Code 1 25 25		BAC Test Result: 30					
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Distracted by 0 26 26		Susp. Alcohol: 31 Susp. Drug: 32				1 13	
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					
Please Select One of the Following:			<input checked="" type="checkbox"/> Vehicle 40 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		<input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.	
License # St DOB/Age			Reg # YUGO55		Reg Type PC		Reg State MA			
Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement			Veh Year 2021		Veh Make HONDA		Veh Config. 1 21			
Operator Driverless M.V.			Owner MITROVIC, ZELJKO							
Address			Address 14 BOSTON RD							
City State Zip			City ANDOVER		State MA		Zip 01810-6107		1 14	
Insurance Company THE STANDARD FIRE INSURAN			Vehicle Action Prior to Crash 11 22		Damaged Area Code: 1 27 27 27					
Vehicle Travel Direction: N S E W Responding to Emergency? 2			Event Sequence 2 23 23 23 23		Test Status: 28					
Citation # (If Issued)			Most Harmful Event 2 24		Type of Test: 29					
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Driver Contributing Code 1 25 25		BAC Test Result: 30					
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Distracted by 0 26 26		Susp. Alcohol: 31 Susp. Drug: 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					

→ = 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 05/31/24 Car 1 while driving south bound at the 210 Ballardvale St. parking lot was crashed into by Car 2 travelling Eastbound. Car 2 struck the right rear side of car 1, causing car 1 to go over the curb and into Car 3 (parked) and Car 4 (parked) Car 3&4 were unoccupied. Operator of car 2 stated she hit her head and refused transport from EMS. Car 1 was towed by A&S towing. Operator of Car 1 stated he stopped at the stop sign and proceeded forward. Operator of car 2 stated car 1 "came out of nowhere." I have attached the Target camera footage from that day in attachments.

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

05/31/2024

Date

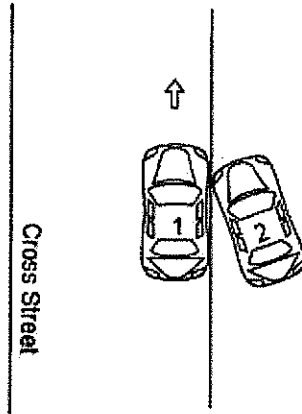
Attachments for 24-161-AC

Description	Type
EXTERIOR TARGET CAMERA FOOTAGE OF CRASH	MP4
Attachment#: 2863DB2028E740CA8B51CB4FD02B541F	

Police Use Only			Commonwealth of Massachusetts				RMV Document Number								
Date of Crash 05/31/2024		Time of Crash 1820 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						2 10			
At						Feet N S E W of or						4 11			
Route# Direction Name of Intersecting Roadway/Street						Feet N S E W of									
Also at Intersection with						Route# Intersecting Roadway/Street									
Route# Direction Name of Intersecting Roadway/Street						Feet N S E W of						Landmark			
Please Select One of the Following:						<input checked="" type="checkbox"/> Vehicle 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Crash Report ID# 24-162-AC			
License #						S		DOB/Ag		Reg # GURU		Reg Type PC		Reg State MA	
Sex F						Lic. Class D		Lic. Restrictions 99		CDL		Veh Year 2023		Veh Make TOYOTA	
Operator THAIN, NICOLE						Last		First		Middle		Veh Config. 1		21	
Address 25 NICKERSON AVE						Last		First		Middle		Owner THAIN, NICOLE			
City WILMINGTON						State MA		Zip 01887-3006		City WILMINGTON					
Insurance Company AMICA MUTUAL INSURANCE CO						State MA		Zip 01887-3006		Vehicle Action Prior to Crash					
Vehicle Travel Direction: X S E W						Responding to Emergency? 2		Event Sequence		1 23 23 23 23		Damaged Area Code: 2 27 3 27 27			
Citation # (If Issued)						Most Harmful Event		1 24		Type of Test:		1 28			
Viol. 1: Ch/Sec/Sub						Viol. 2: Ch/Sec/Sub		Driver Contributing Code		1 25 25		BAC Test Result:			
Viol. 3: Ch/Sec/Sub						Viol. 4: Ch/Sec/Sub		Driver Distracted by		0 26 26		Susp. Alcohol: 2 31			
												Susp. Drug: 2 32			
												Towed from scene? 2 33			
Please fill out for operator and all occupants involved						DOB/Age		Sex		34 Seat Pos.		35 Safety System		36 Airbag Status	
Name (Last First Middle)						Address				37 Eject Code		38 Trap Code		39 Injury Status	
Operator						See Above		X		1		1		4	
								X		0		0		10	
										0		0		1	
Please Select One of the Following:						<input checked="" type="checkbox"/> Vehicle 2 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		<input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.			
License #						St		DOB/Ag		Reg # 5TGT99		Reg Type PC		Reg State MA	
Sex F						Lic. Class D		Lic. Restrictions I		CDL		Veh Year 2015		Veh Make TOYOTA	
Operator IMTIAZ, MARINA ANN						Last		First		Middle		Veh Config. 1		21	
Address 15 IRVING ST APT 2						Last		First		Middle		Owner IMTIAZ, KHURRAM			
City WINCHESTER						State MA		Zip 01890-1217		City WILMINGTON					
Insurance Company GEICO GENERAL INSURANCE C						State MA		Zip 01887-6227		Vehicle Action Prior to Crash					
Vehicle Travel Direction: X S E W						Responding to Emergency? 2		Event Sequence		1 23 23 23 23		Damaged Area Code: 7 27 8 27 27			
Citation # (If Issued) 680057AC						Most Harmful Event		1 24		Type of Test:		1 28			
Viol. 1: Ch/Sec/Sub 90 10						Viol. 2: Ch/Sec/Sub 90 11		Driver Contributing Code		4 25 25		BAC Test Result:			
Viol. 3: Ch/Sec/Sub 90 11						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						DOB/Age		Sex		34 Seat Pos.		35 Safety System		36 Airbag Status	
Name (Last First Middle)						Address				37 Eject Code		38 Trap Code		39 Injury Status	
Operator/Occupants						See Above		X		1		99		4	
MERIEM IKHELF						112 CHESTNUT ST WILMINGTON, MA 01887		F		3		99		4	
										0		0		10	
										0		0		1	

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

Crash Diagram:



Yentile Park

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 north bound on Cross Street towards Lowell Street when V#2 attempted to pull out of a parking space resulting in the two vehicles colliding. V#1 sustained right front and side damage. V#2 sustained left front and side damage. Both operators sustained no injuries from the crash and both vehicles were in drivable condition. Operator #2 did not hold a valid drivers license, refer to 24-265-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 Jonathan L Morales

224

Wilmington Police Department

05/31/2024

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department
Images Associated with 24-162-AC

