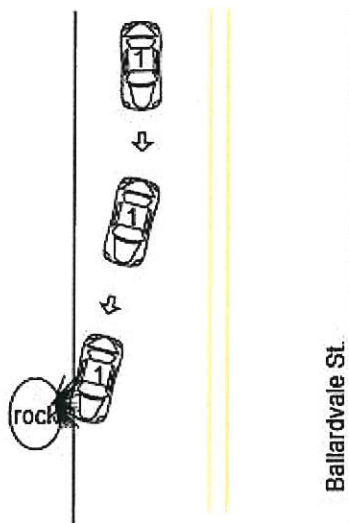


Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 07/30/2024	Time of Crash 1421 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 1	Number Injured 0	Speed Limit 35	Latitude	Longitude	State Police Local Police MBTA Police Campus Police Other
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street		331 BALLARDVALE ST					
At			Feet N S E W of		or					
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:		Crash Report ID# 24-214-AC					
☒ Vehicle 14 #Occupants			☐ Hit/Run		☐ Moped					
License # St DOB/Age			Reg # 9XC222 Reg Type PC Reg State MA		Veh Year 2011 Veh Make HONDA Veh Config. 1					
Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement			Owner CASTILLO YNIRIO, MARNI G		Address 1 HAVERHILL ST APT 1					
Operator CASTILLO YNIRIO, MARNI G			City LAWRENCE State MA Zip 01841-2858		Vehicle Action Prior to Crash 1					
Insurance Company PLYMOUTH ROCK ASSURANCE C			Event Sequence 40 23 23 23 23		Damaged Area Code: 2 27 3 27 27					
Vehicle Travel Direction: N X E W Responding to Emergency? 2			Most Harmful Event 10 24		Test Status: 28					
Citation # (If Issued)			Driver Contributing Code 21 25 19 25		Type of Test: 29					
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Driver Distracted by 0 26 26		BAC Test Result: 30					
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Towed from scene? 1 33		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			See Above		1 1 4 0 0 10 1					
JORGE PEREZ MELO			1 HAVERHILL ST LAWRENCE, MA 01841-2858		M 3 1 4 0 0 10 1					
					4 1 4 0 0 10 1					
					6 4 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 # Reg Type Reg State		Veh Year Veh Make Veh Config. 21					
Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement			Owner		Address					
Operator			City State Zip		Vehicle Action Prior to Crash 22					
Insurance Company			Event Sequence 23 23 23 23		Damaged Area Code: 27 27 27					
Vehicle Travel Direction: N S E W Responding to Emergency?			Most Harmful Event 24		Test Status: 28					
Citation # (If Issued)			Driver Contributing Code 25 25		Type of Test: 29					
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Driver Distracted by 26 26		BAC Test Result: 30					
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Towed from scene? 33		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

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 07/30/24 car 1 crashed into a rock outside of the roadway while travelling Southbound on Ballardvale St. After speaking with the operator she stated she was drowsy from overworking and veered off the road, striking the rock. The front right tire was blown and there was front and right side damage from the crash. All parties claimed no injury and refused medical treatment. A&S towed the MV to their lot.

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

205

Wilmington Police Department

07/30/2024

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

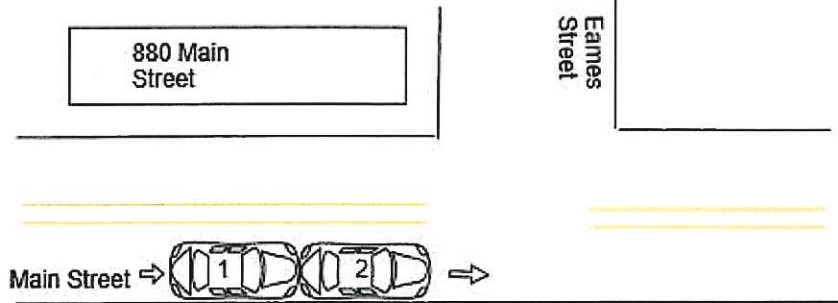
Precinct/Barracks

Date

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 07/31/2024	Time of Crash 1719 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 2	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		2 10					
At			Feet N S E W of or Exit Number		2 11					
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Route# Intersecting Roadway/Street		2 11					
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 14 #Occupants		☐ Hit/Run		☐ Moped		Crash Report ID# 24-215-AC	
License #			DOB/Age		Reg # 3SC646		Reg Type PC		Reg State MA	
Sex M Lic. Class D 19 19			Lic. Restrictions 1 20		Veh Year 2016		Veh Make Jeep		Veh Config. 1 21	
Operator D ICENSO, D AMIANO V					Owner D ICENSO, D AMIANO V					
Address 27 ST PAUL ST					Address 27 ST PAUL ST					
City WILMINGTON State MA Zip 01887-1858					City WILMINGTON State MA Zip 01887-1858					
Insurance Company SAFETY INSURANCE COMPANY					Vehicle Action Prior to Crash 1 22		Damaged Area Code: 1 27 27 27			
Vehicle Travel Direction: N X E W			Responding to Emergency? 2		Event Sequence 1 23 23 23 23		Test Status: 1 28			
Citation # (If Issued)					Most Harmful Event 1 24		Type of Test: 0 29			
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		1 13	
Viol. 5: Ch/Sec/Sub			Viol. 6: Ch/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 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code	
Operator			See Above		X		X		1 1 4 0 0 10 1	
CHRISTINA DICENSO			27 ST PAUL ST WILMINGTON, MA 01887-1858		F				3 0 4 0 0 10 1	
									4 1 4 0 0 10 1	
									6 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 #			DOB/Age		Reg # 117TV3		Reg Type PC		Reg State MA	
Sex M Lic. Class D 19 19			Lic. Restrictions 1 20		Veh Year 2023		Veh Make TOYOTA		Veh Config. 1 21	
Operator O UELLETTE, G REGORY FRANCIS					Owner O UELLETTE, G REGORY FRANCIS					
Address 0 SHARON ST					Address 0 SHARON ST					
City TEWKSBURY State MA Zip 01876-3233					City TEWKSBURY State MA Zip 01876-3233					
Insurance Company THE COMMERCE INSURANCE CO					Vehicle Action Prior to Crash 1 22		Damaged Area Code: 5 27 27 27			
Vehicle Travel Direction: N X E W			Responding to Emergency? 2		Event Sequence 1 23 23 23 23		Test Status: 1 28			
Citation # (If Issued)					Most Harmful Event 1 24		Type of Test: 0 29			
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		97 14	
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		34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code	
Operator/Occupants			See Above		X		X		1 1 4 0 0 10 1	

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

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 south on Main Street behind V#2. V#2 began to come to a stop when V#1 failed to stop and struck the rear of V#2. V#1 sustained front-end damage. V#2 sustained rear end damage. Both operators and passengers refused medical treatment and sustained no injuries from the crash. V#1 was towed by Cains Towing.

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

Police Officer Name (Please Print)

Signature

224

ID/Badge #

Wilmington Police Department

Department

Precinct/Barracks

07/31/2024

Date

Wilmington Police Department
Images Associated with 24-215-AC

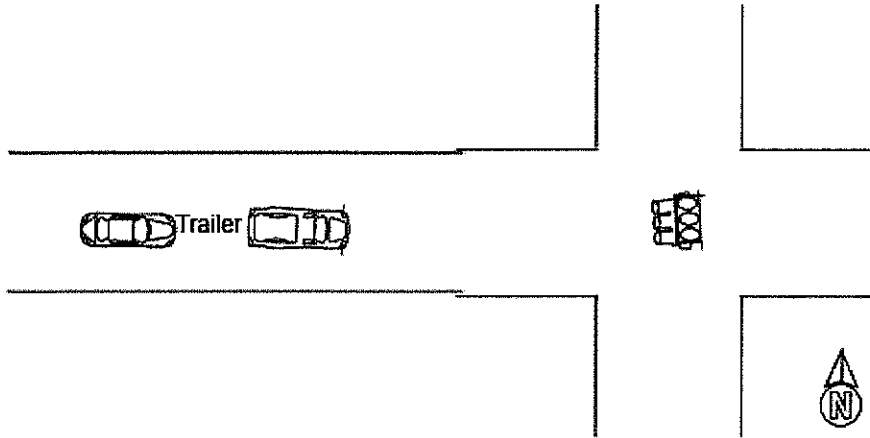


Police Use Only		Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 08/01/2024	Time of Crash 0703 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 30	Latitude	Longitude	State Police Local Police MBTA Police Campus Police Other
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
1 1 MIDDLESEX AVE Route# Direction Name of Roadway/Street At SALEM ST Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street			2 10 Route# Direction Address # Name of Roadway/Street Feet N S E W of Mile Marker Exit Number Feet N S E W of Route# Intersecting Roadway/Street Feet N S E W of Landmark							
2 1 Please Select One of the Following: ☒ Vehicle 1 #Occupants ☐ Hit/Run ☐ Moped			Crash Report ID# 24-216-AC							
3 1 License: S OB/Age: Reg # 2KXG55 Reg Type PC Reg State MA Sex M Lic. Class D 19 19 Lic. Restrictions 99 20 CDL Endorsement Operator LEKAS, ANDREW Address 65 RANDOLPH DR APT 65 City TEWKSBURY State MA Zip 01876-1966 Insurance Company THE COMMERCE INSURANCE CO Vehicle Travel Direction: N S X W Responding to Emergency? 2 Citation # (If Issued) Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			1 12 Veh Year 2022 Veh Make FORD Veh Config. 1 21 Owner LEKAS, ANDREW Address 65 RANDOLPH DR APT 65 City TEWKSBURY State MA Zip 01876-1966 Vehicle Action Prior to Crash 1 22 Damaged Area Code: 1 27 27 27 Event Sequence 1 23 23 23 23 Test Status: 1 28 Most Harmful Event 1 24 Type of Test: 0 29 Driver Contributing Code 19 25 25 BAC Test Result: 1 30 Driver Distracted by 0 26 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Towed from scene? 2 33							
5 1 Please fill out for operator and all occupants involved			1 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 X X 1 99 4 0 0 10 1							
7 2 Please Select One of the Following: ☒ Vehicle 2 1 #Occupants ☐ Hit/Run ☐ Moped ☐ Vulnerable User Complete the Vulnerable User section.			1 14 License: S OB/Age: Reg # C85577 Reg Type TR Reg State MA Sex M Lic. Class D M 19 19 Lic. Restrictions 99 20 CDL Endorsement Operator SZYMKOWSKI, ROMAN SEAIN JR Address 8 SENNA TER City BILLERICA State MA Zip 01821-1450 Insurance Company ARBELLA MUTUAL INSURANCE Vehicle Travel Direction: N S X W Responding to Emergency? 2 Citation # (If Issued) Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub							
8 2 Please fill out for operator and all occupants involved			1 14 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 99 4 0 0 10 1							

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○



If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow



Crash Narrative:

On Thursday August 1, 2024 I, Officer Fortes responded to a motor vehicle crash in the area of the Salem Street and Middlesex Ave intersection. Op1 stated he took his foot off the break thinking his automatic break was on and his vehicle slowly rolled into the trailer in front of him striking it. Op2 stated he was stopped in traffic and felt the slight impact from the crash. V1 had minor damage to the front and the trailer had minor damage to the rear center. The vehicle pulling the trailer is a Ford F350 bearing MA Commercial REG S82030 registered to Op2 and suffered no 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 John A Fortes

Police Officer Name (Please Print)

Signature

228

ID/Badge #

Wilmington Police Department

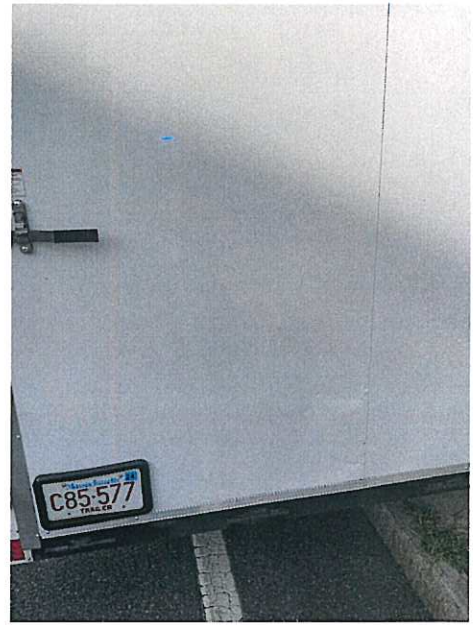
Department

Precinct/Barracks

08/01/2024

Date

Wilmington Police Department
Images Associated with 24-216-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 08/03/2024	Time of Crash 0241 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 Exit Number							
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Mile Marker Exit Number							
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:			☒ Vehicle 13 #Occupants		☐ Hit/Run		☐ Moped		Crash Report ID# 24-217-AC	
License S: DOB/Age:			Reg # 951CY4		Reg Type PC		Reg State MA			
Sex M Lic. Class 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2020		Veh Make CHEVROLET		Veh Config 1 21			
Operator BOCHETTI, JOSEPH M II			Owner BOCHETTI, JOSEPH M II							
Address 12 GLINES ST			Address 12 GLINES ST							
City HAVERHILL State MA Zip 01830-6550			City HAVERHILL State MA Zip 01830-6550							
Insurance Company QUINCY MUTUAL FIRE INSURA			Vehicle Action Prior to Crash 7 22		Damaged Area Code: 4 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: 1 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		1		1		4	
KYLE PHILLIPS			41 CASTLEWOOD DR SARATOGA SPRINGS, NY 12866		M 3		1		4	
MICHAEL DONOGHUE			76 PROSPECT ST BARTON, VT 05822		M 6		1		4	
Please Select One of the Following:			☐ Vehicle 21 #Occupants		☒ Hit/Run		☐ Moped		☐ Vulnerable User Complete the Vulnerable User section.	
License # St: DOB/Age:			Reg # unknown		Reg Type		Reg State			
Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement			Veh Year		Veh Make		Veh Config. 21			
Operator unknown			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			Driver Contributing Code 25 25		BAC Test Result: 30					
Viol. 2: Ch/Sec/Sub			Driver Distracted by 26 26		Susp. Alcohol: 31 Susp. Drug: 32					
Viol. 3: Ch/Sec/Sub					Towed from scene? 33					
Viol. 4: Ch/Sec/Sub										
Please fill out for operator and all occupants involved										
Name (Last First Middle)			Address		DOB/Age		Sex		Medical Facility	
Operator/Occupants			See Above		1		1		4	

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

Crash Diagram:

Lowell Street

Vehicle 1

Unknown Vehicle

316 Lowell St

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Indicate North by Arrow

→

Crash Narrative:

On Saturday, August 3, 2024, at approximately 2:30AM, Vehicle 1 was traveling west on Lowell Street and was turning right into the parking lot of Sonny's Mobile on the Run. At this time an unknown vehicle hit the rear of Vehicle 1 and continued driving. The collision caused damage to the right rear side of vehicle 1.

All parties denied medical treatment.

Photos of the damage attached.

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 Christopher k Miccichi

232

Wilmington Police Department

08/03/2024

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

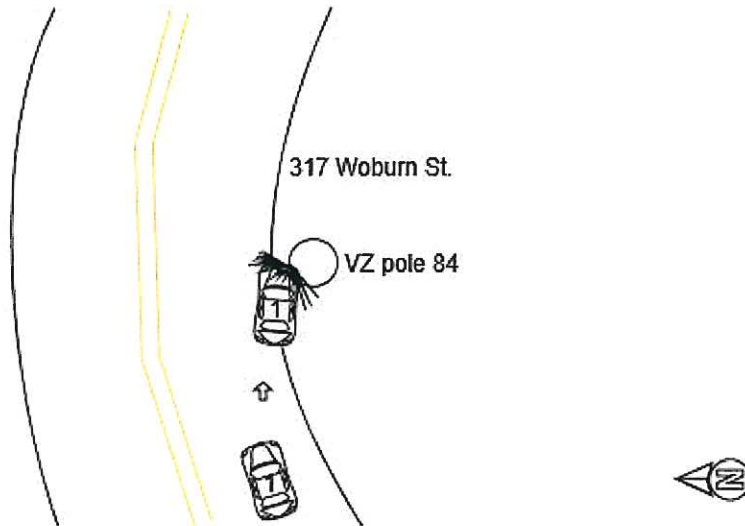
Wilmington Police Department
Images Associated with 24-217-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number								
Date of Crash 08/03/2024		Time of Crash 0826 24HR		City/Town Wilmington		Motor Vehicle Crash Police Report		Number Vehicles 1		Number Injured 0		Speed Limit 25 Latitude Longitude		State Police Local Police MBTA Police Campus Police Other:	
AT INTERSECTION:				< LOCATION >				NOT AT INTERSECTION:							
Route# Direction Name of Roadway/Street				Route# Direction Address # Name of Roadway/Street				Route# Direction Address # Name of Roadway/Street							
At								Feet N S E W of or				Mile Marker		Exit Number	
Route# Direction Name of Intersecting Roadway/Street								Feet N S E W of				Route# Intersecting Roadway/Street			
Also at Intersection with								Feet N S E W of				Landmark			
Route# Direction Name of Intersecting Roadway/Street															
Please Select One of the Following:				☒ Vehicle 1 #Occupants		☐ Hit/Run		☐ Moped		Crash Report ID# 24-218-AC					
License # NHL17844103 St NH DOB/Age 05/18/2005				Reg # 696HR6 Reg Type PC Reg State MA											
Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement				Veh Year 2011 Veh Make HONDA Veh Config. 1 21											
Operator MACGILVRAY, AVA LOUISE				Owner MAC GILVRAY, PAUL STEPHEN											
Address 23 TREETOP CIR APT 226				Address 2 ALLGROVE LN											
City LACONIA State NH Zip 03246				City WILMINGTON State MA Zip 01887-2156											
Insurance Company NORFOLK & DEDHAM MUTUAL F				Vehicle Action Prior to Crash 1 22				Damaged Area Code: 1 27 2 27 3 27							
Vehicle Travel Direction: N S E W Responding to Emergency? 2				Event Sequence 22 23 23 23				Test Status: 28							
Citation # (If Issued)				Most Harmful Event 22 24				Type of Test: 29							
Viol. 1: Ch/Sec/Sub				Driver Contributing Code 9 25 25				BAC Test Result: 30							
Viol. 2: Ch/Sec/Sub				Susp. Alcohol: 31 Susp. Drug: 32				Towed from scene? 1 33							
Viol. 3: Ch/Sec/Sub				Driver Distracted by 5 26 26											
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			
Please Select One of the Following:				☐ Vehicle 2 #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				Driver Contributing Code 25 25				BAC Test Result: 30							
Viol. 2: Ch/Sec/Sub				Susp. Alcohol: 31 Susp. Drug: 32				Towed from scene? 33							
Viol. 3: Ch/Sec/Sub				Driver Distracted by 26 26											
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			

→ = 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 08/03/24 car 1 while travelling Eastbound on Woburn Street crashed into Verizon utility police VZ84. Front and side airbags were deployed. Operator of car 1 stating she was wiping her nose from a sneeze and went off the road. Forest Towing towed the MV to their lot. She signed a refusal from Wilmington FD/EMS.

Witnesses:

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

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
VERIZON	28 DIANA LN DRACUT MA 01826		4	UTILITY POLE 84

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

08/03/2024

Date