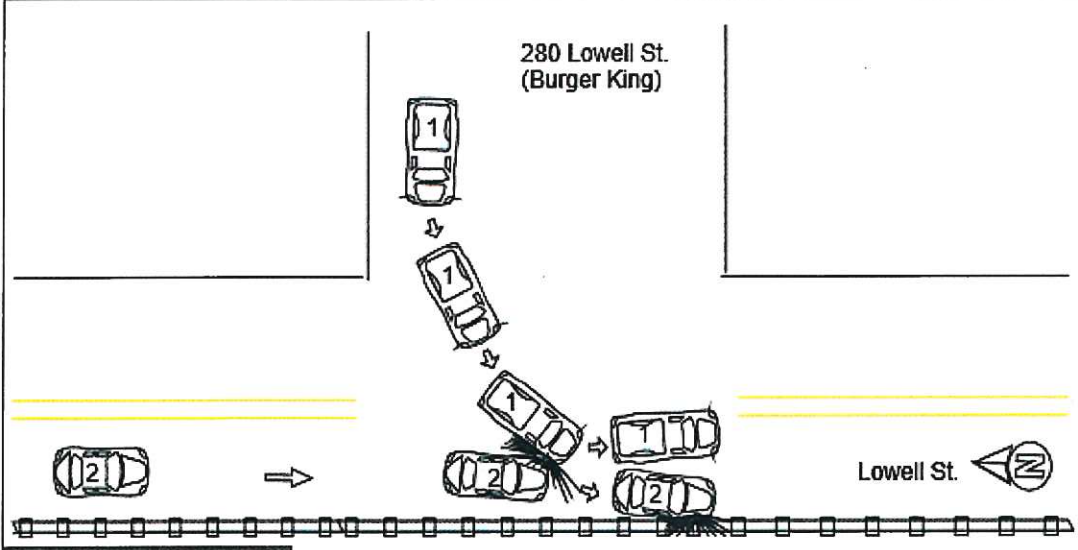


Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 08/05/2024	Time of Crash 1459 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 35	State Police Local Police MBTA Police Campus Police Other:					
AT 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 Route# Intersecting Roadway/Street											
Also at Intersection with			Landmark											
Route# Direction Name of Intersecting Roadway/Street														
Please Select One of the Following:			☒ Vehicle 11 #Occupants			☐ Hit/Run			☐ Moped			Crash Report ID# 24-219-AC		
License			DOB/Age			Reg # PH7105			Reg Type PC			Reg State MA		
Sex M Lic. Class D 19 19			Lic. Restrictions 20			Veh Year 2018			Veh Make FORD			Veh Config. 2		
Operator MEDUR, MICHAEL SISSON						Owner MEDUR, MICHAEL SISSON								
Address 13 CUMBERLAND CIR						Address 13 CUMBERLAND CIR								
City EAST LYNN State MA Zip 01904-1113						City EAST LYNN State MA Zip 01904-1113								
Insurance Company USAA GENERAL INDEMNITY CO						Vehicle Action Prior to Crash 4			Damaged Area Code: 3 27 27 27					
Vehicle Travel Direction: N X E 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 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						Towed from scene? 2 33								
Name (Last First Middle)			Address			DOB/Age			Sex			Medical Facility		
Operator			See Above			1			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 # 4HHX28			Reg Type PC			Reg State MA		
Sex Lic. Class D 19 19			Lic. Restrictions 20			Veh Year 2012			Veh Make TOYOTA			Veh Config. 1		
Operator						Owner BURKE, KERRI SULLIVAN								
Address						Address 15 DELL DR								
City State Zip						City WILMINGTON State MA Zip 01887-3122								
Insurance Company THE COMMERCE INSURANCE CO						Vehicle Action Prior to Crash 1			Damaged Area Code: 1 27 27 8 27					
Vehicle Travel Direction: N X E W			Responding to Emergency? 2			Event Sequence 1 23 23 23 23			Test Status: 28					
Citation # (If Issued) 816755AC						Most Harmful Event 1 24			Type of Test: 29					
Viol. 1: Ch/Sec/Sub 90 24			Viol. 2: Ch/Sec/Sub 90 24			Driver Contributing Code 10 25 2 25			BAC Test Result: 30					
Viol. 3: Ch/Sec/Sub 90 23			Viol. 4: Ch/Sec/Sub 90 17			Driver Distracted by 0 26 26			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			Medical Facility		
Operator/Occupants			See Above			1			0			4		

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

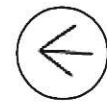
Crash Diagram:



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:

On 08/05/24 car 2 while travelling at an excessive rate of speed crashed into car 1. Car 1 stopped at Lowell St. then cautiously and with care entered onto the roadway (Lowell St.) taking a left hand turn from 280 Lowell St. (Burger King). The crash was observed by officer's (Ofc. Skinner, Sgt. Stavro and Ofc. Halliday) behind car 2. The first crash with car 1 made car 2 crash into the roadside guard rail. The operator of Car 2 then immediately fled the scene and was arrested soon after ref. All parties refused medical treatment and car 2 was towed to A&S towing. MA Uniform citation # issued to operator of car 2.

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 08/05/2024
Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

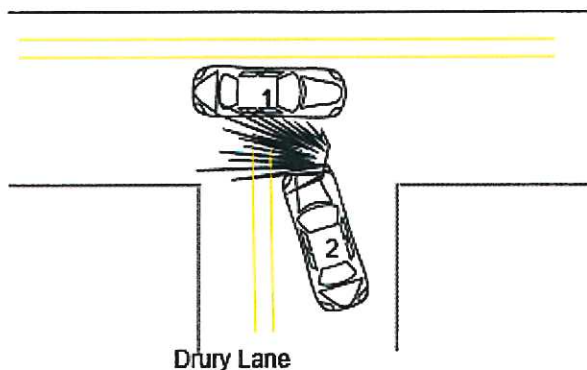
Police Use Only			Commonwealth of Massachusetts				RMV Document Number								
Date of Crash 08/05/2024		Time of Crash 1634 24HR		City/Town Wilmington		Motor Vehicle Crash Police Report		Number Vehicles 2		Number Injured 0		Speed Limit 25 Latitude Longitude		State Police Local Police MBTA Police Campus Police Other	
AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:									
Route# Direction Name of Roadway/Street At						Route# Direction Address # Name of Roadway/Street Feet N S E W of Mile Marker Exit Number									
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with						Route# Intersecting Roadway/Street 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# 24-220-AC									
License # St OB/Age Sex F Lic. Class 19 19 Lic. Restrictions 1 20 CDL Endorsement Operator NOEL, AIYANA MICHA Address 8 VERANDA AVE City WILMINGTON State MA Zip 01887-2003 Insurance Company SAFETY INSURANCE COMPANY Vehicle Travel Direction: N X E 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						Reg # 3WEZ86 Reg Type PC Reg State MA Veh Year 2000 Veh Make TOYOTA Veh Config 1 21 Owner NOEL, KAYLENE JASMINE Address 8 VERANDA AVE City WILMINGTON State MA Zip 01887-2003 Vehicle Action Prior to Crash 1 22 Event Sequence 1 23 23 23 23 Most Harmful Event 1 24 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: 0 29 BAC Test Result: 1 30 Susp. Alcohol 2 31 Susp. Drug 32 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															
Please Select One of the Following: ☒ Vehicle 2 Occupants ☐ Hit/Run ☐ Moped ☐ Vulnerable User Complete the Vulnerable User section.															
License # St DOB/Age Sex M Lic. Class 19 19 Lic. Restrictions 1 20 CDL Endorsement Operator CUSHING, JOHN PATRICK Address 7 GORHAM ST City WILMINGTON State MA Zip 01887-1836 Insurance Company GEICO GENERAL INSURANCE C Vehicle Travel Direction: X S E 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						Reg # 8JJ777 Reg Type PC Reg State MA Veh Year 2004 Veh Make HONDA Veh Config 1 21 Owner CUSHING, JOHN PATRICK Address 7 GORHAM ST City WILMINGTON State MA Zip 01887-1836 Vehicle Action Prior to Crash 4 22 Event Sequence 1 23 23 23 23 Most Harmful Event 1 24 Driver Contributing Code 4 25 25 Driver Distracted by 0 26 26 Damaged Area Code: 1 27 27 27 Test Status: 1 28 Type of Test: 0 29 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															

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○

17 Glen Road



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:

Motor Vehicle 1 was traveling South on Glen Road (public way), when motor vehicle 2 took a left onto Glen Road from Drury Lane and side swiped motor vehicle 1 (see images). There was significant damage to the right side of motor vehicle 1 and was towed off the scene by A&S. Motor vehicle 2 had minimal damage to the front right side of the vehicle and was in driveable condition. No injuries or air bag deployment.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
FOX PAUL FRANCIS	118 APACHE WAY TEWKSEBURY MA 01876-4618		

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 Zachary A Leighton

Police Officer Name (Please Print)

Signature

227

ID/Badge #

Wilmington Police Department

Department

Precinct/Barracks

08/05/2024

Date

Wilmington Police Department
Images Associated with 24-220-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 08/06/2024	Time of Crash 0807 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 1	Speed Limit 20	Latitude	Longitude	State Police Local Police MBTA Police Campus Police Other
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street							
At			Feet N S E W of 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:			☒ Vehicle 1 Occupants		☐ Hit/Run		☐ Moped		Crash Report ID# 24-221-AC	
License # St OB/Age			Reg # SAMPSON		Reg Type PC		Reg State MA			
Sex Lic. Class 19 19 Lic. Restrictions I CDL Endorsement			Veh Year 2013		Veh Make CHRYSLER		Veh Config. 1 21			
Operator. Last First Middle			Owner SAMPSON, SUSAN A		Last First Middle					
Address			Address 2 PATCHES POND LN		Last First Middle					
City State			City WILMINGTON		State MA Zip 01887-3919					
Insurance Company SAFETY INSURANCE COMPANY			Vehicle Action Prior to Crash 2 22		Damaged Area Code: 1 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: 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					
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 99 4		0 0 10 1					
Please Select One of the Following:			☒ Vehicle 2 Occupants		☐ Hit/Run		☐ Moped		☐ Vulnerable User Complete the Vulnerable User section.	
License # St DOB/Age			Reg # 3ANN44		Reg Type PC		Reg State MA			
Sex F Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement			Veh Year 2018		Veh Make CHEVROLET		Veh Config. 1 21			
Operator PAYNE, SUSAN MARIE			Owner PAYNE, SUSAN MARIE		Last First Middle					
Address 176 ALLEN RD			Address 176 ALLEN RD		Last First Middle					
City BILLERICA			City BILLERICA		State MA Zip 01821-5239					
Insurance Company ARBELLA MUTUAL INSURANCE			Vehicle Action Prior to Crash 2 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: 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 99 4		0 0 9 2		Lahey Clinic			

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○

226 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
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Crash Narrative:

MV2 was stopped in traffic, facing eastbound on Lowell St., in front of 226 Lowell St. MV1 was traveling eastbound on Lowell St. and slowing down due to traffic. The operator of MV1 stated she looked down briefly, and when she looked up, she attempted to stop. Due to the rain, the roadway was slick, and when MV1 braked, it slid on the roadway. MV1 collided with MV2 at a slow speed, less than 10 MPH, judging by the damage to the rear of MV2 and the front of MV1.

There was minor damage, and the operator of MV2 was transported to the hospital for minor neck and back pain.

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 Tavares

Police Officer Name (Please Print)

Signature

206

ID/Badge #

Wilmington Police Department

Department

Precinct/Barracks

08/06/2024

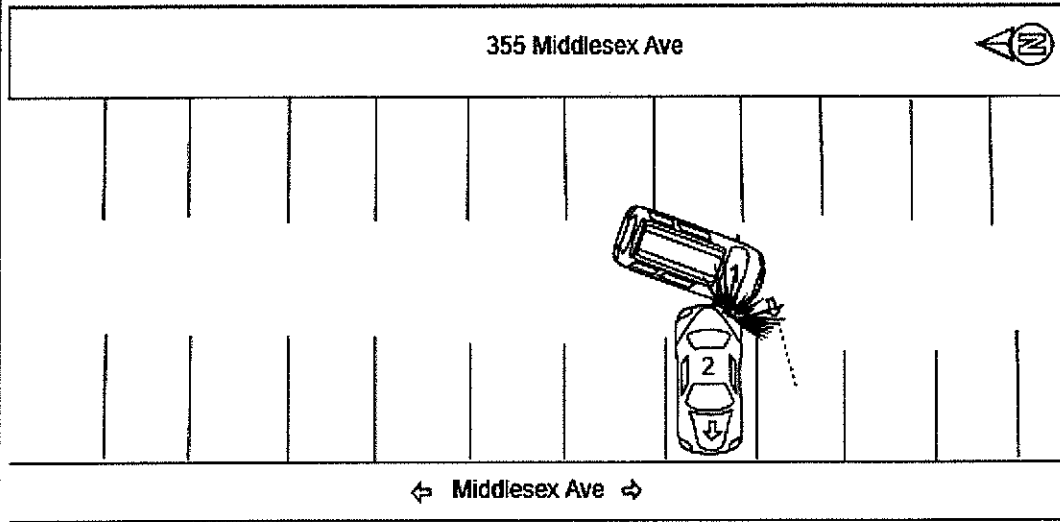
Date

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 08/06/2024	Time of Crash 1509 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 15 Latitude Longitude	State Police Local Police MBTA Police Campus Police Other:					
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:								
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street					2 10					
At			Feet N S E W of or Mile Marker Exit Number					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:			☒ Vehicle 1 Occupants		☐ Hit/Run		☐ Moped		Crash Report ID# 24-222-AC				
License # St DOB/Age			Reg # 5SRT27		Reg Type PC		Reg State MA		7 12				
Sex M Lic. Class 99 19 19 Lic. Restrictions 20 CDL Endorsement			Veh Year 2005		Veh Make NISSAN		Veh Config. 2		21				
Operator NJUAKOM, DENZEL			Owner NJUAKOM, DENZEL										
Address 290 MISHAWUM RD			Address 290 MISHAWUM RD										
City WOBURN State MA Zip 01801			City WOBURN State MA Zip 01801										
Insurance Company PROGRESSIVE DIRECT INSURA			Vehicle Action Prior to Crash 3		Damaged Area Code: 2 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 29								
Citation # (If Issued)			Most Harmful Event 1 24		Type of Test: 30								
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Driver Contributing Code 12 25 25		BAC Test Result: 2 31		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				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	99	4	0	0	10	1	
Please Select One of the Following:										Complete the Vulnerable User section.			
☒ Vehicle 2 Occupants										☐ Hit/Run			
☐ Moped										☐ Vulnerable User			
License # St DOB/Age										Reg # 3TFP26 Reg Type PC Reg State MA			
Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement										Veh Year 2020 Veh Make VOLKSWAGEN Veh Config. 2			
Operator Driverless M.V.										Owner GRASSO, KATELYN ROSE			
Address										Address 112 W EMERSON ST APT 4			
City State Zip										City MELROSE State MA Zip 02176-3162			
Insurance Company AMICA MUTUAL INSURANCE CO										Vehicle Action Prior to Crash 11		Damaged Area Code: 6 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 29	
Citation # (If Issued)										Most Harmful Event 1 24		Type of Test: 30	
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub										Driver Contributing Code 1 25 25		BAC Test Result: 2 31	
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub										Driver Distracted by 0 26 26		Susp. Alcohol: 2 31	
										Towed from scene? 2 33		Susp. Drug: 2 32	
Please fill out for operator and all occupants involved													
Name (Last First Middle)		Address		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Occupants		See Above				1		4	0	0	10	1	

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

Crash Diagram:

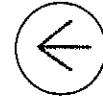
ie: → 1 → 2 → ○ → ○



If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow



Crash Narrative:

MV1 WAS PARKED, FRONT END IN, UNOCCUPIED, IN A PARKING SPOT AT 355 MIDDLESEX AVE. MV2 WAS ATTEMPTING TO PARK IN A PARKING SPOT NEXT TO MV1, BUT WAS UNABLE TO MAKE THE TURN PROPERLY. THE FRONT PASSENGER SIDE (RIGHT) FENDER OF MV1 STRUCK THE REAR LEFT OF MV2. THERE WAS SCRATCH DAMAGE ON BOTH VEHICLES (SEE PHOTOS). NO INJURIES REPORTED, NO AIRBAGS DEPLOYED, NO TOWS NECESSARY.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
PORTER JOHN A	5A BEACON ST WOBURN MA 01801		

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use ☐ 42

Address _____ City _____ St _____ Zip _____

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

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

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

Hazmat Information:

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

Patrol Officer Kayla M Hanson

230

Wilmington Police Department

08/06/2024

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department
Images Associated with 24-222-AC



Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash
08/06/2024

Time of Crash
1651
24HR

City/Town
Wilmington

Motor Vehicle Crash
Police Report

Number Vehicles
2

Number Injured
0

Speed Limit
10

Latitude

Longitude

State Police
Local Police
MBTA Police
Campus Police
Other

AT INTERSECTION:

LOCATION

NOT AT INTERSECTION:

Route# Direction Name of Roadway/Street

At

Route# Direction Name of Intersecting Roadway/Street

Also at Intersection with

Route# Direction Name of Intersecting Roadway/Street

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

Please Select One of the Following:

☒ Vehicle 1 Occupants☐ Hit/Run☐ Moped

Crash Report ID# 24-223-AC

License # S JOB/Age

Sex F Lic. Class 19 19 Lic. Restrictions 1 20 CDL Endorsement

Operator HEALY, MONICA

Address 231 FOX HILL RD

City BURLINGTON State MA Zip 01803-1515

Insurance Company GEICO GENERAL INSURANCE C

Vehicle Travel Direction: N S E 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

Reg # 3RNF28 Reg Type PC Reg State MA

Veh Year 2023 Veh Make HONDA Veh Config. 1 21

Owner HEALY, JAMES ANTHONY

Address 231 FOX HILL RD

City BURLINGTON State MA Zip 01803-1515

Vehicle Action Prior to Crash 11 22 Damaged Area Code: 7 27 27 27

Event Sequence 2 23 23 23 23 Test Status: 1 28

Most Harmful Event 2 24 Type of Test: 0 29

Driver Contributing Code 1 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

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 Trip Code	39 Injury Status	40 Transp. Code	Medical Facility
--------------------------	---------	---------	-----	--------------	------------------	------------------	---------------	--------------	------------------	-----------------	------------------

Operator

See Above

Please Select One of the Following:

☐ Vehicle 2 Occupants☒ Hit/Run☐ Moped☐ Vulnerable User Complete the Vulnerable User section.

License # St DOB/Age

Sex Lic. Class 99 19 Lic. Restrictions 20 CDL Endorsement

Operator unknown

Address

City State Zip

Insurance Company

Vehicle Travel Direction: N S E W Responding to Emergency?

Citation # (If Issued)

Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub

Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub

Reg # unknown Reg Type Reg State

Veh Year Veh Make Veh Config. 21

Owner

Address

City State Zip

Vehicle Action Prior to Crash 22 Damaged Area Code: 27 27 27

Event Sequence 23 23 23 23 Test Status: 28

Most Harmful Event 24 Type of Test: 29

Driver Contributing Code 25 25 BAC Test Result: 30

Driver Distracted by 26 26 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 Trip Code	39 Injury Status	40 Transp. Code	Medical Facility
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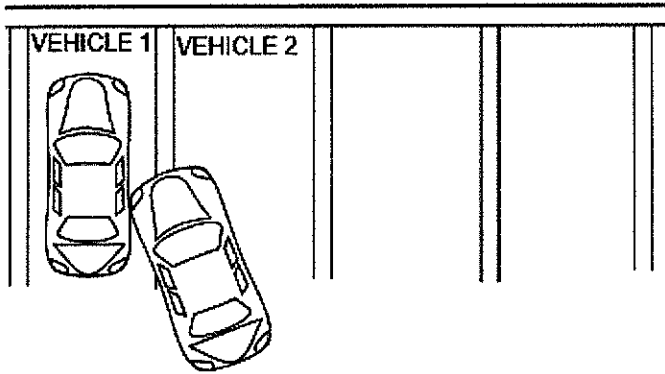
Operator/Occupants

See Above

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

Crash Diagram:

ie: → 1 → 2 → O → B



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:

SEE ATTACHED NARRATIVE. ALSO SEE 24-954-OF.

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 Seth A Mucha-Kangas

235

Wilmington Police Department

08/06/2024

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department
Images Associated with 24-223-AC



NARRATIVE FOR PATROL OFFICER SETH A MUCHA-KANGAS

Ref: 24-223-AC

Entered: 08/06/2024 @ 1910	Entry ID: 235
Modified: 08/06/2024 @ 1928	Modified ID: 235
Approved: 08/08/2024 @ 1217	Approval ID: 181

On Tuesday, August 6, 2024, I, Officer Kangas was assigned to uniformed patrol, sector 2, in marked cruiser 32, on the 4:00 PM-12:00 AM shift. Below is a brief summary of facts involving the hit and run motor vehicle crash reported at 210 Ballardvale St.

At approximately 4:51 PM, I was dispatched to 210 Ballardvale St. for the report of a past hit and run in the Target parking lot. Upon my arrival, I spoke with the reporting party Mrs. Monica Healy, who stated she went into target at approximately 4:26 PM and returned to her vehicle, (MA REG 3RNF28-vehicle-1) at approximately 4:45 PM. At this time Monica noticed damage to her passenger side rear door which hadn't been there prior, (images attached to report).

Monica made note that her vehicle was parked evenly in between the lines, which I confirmed. It appeared that vehicle 2 must have taken too sharp of a turn when backing out of thier parking spot, making contact with vehicle 1 and causing minimal damage to the lower left passenger side door. I attempted to get camera footage of the incident from a Target employee, but they were unavailable. I will attempt to contact a Target Loss Prevention member at a later time in order to gain camera footage of the incident.

Respectfully Submitted,

Officer Kangas #235

Patrolman

Wilmington Police Department

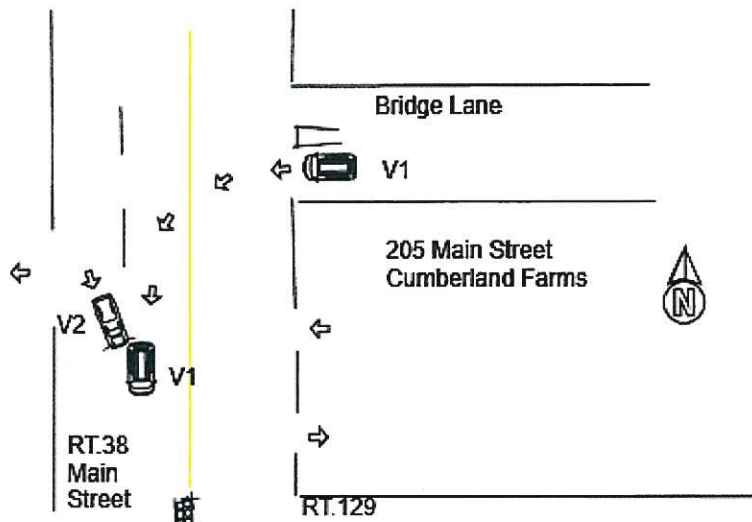
Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 08/07/2024	Time of Crash 1403 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 1	Speed Limit 35	Latitude	Longitude	State Police Local Police MBTA Police Campus Police Other	
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:						
Route# Direction Name of Roadway/Street			38 N 212 MAIN ST								
At			Feet N S E W of or Mile Marker Exit Number								
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Route# Intersecting Roadway/Street								
Also at Intersection with			Feet N S E W of MCDONALD'S								
Route# Direction Name of Intersecting Roadway/Street			Landmark								
Please Select One of the Following:			☒ Vehicle 12 #Occupants			☐ Hit/Run		☐ Moped		Crash Report ID# 24-224-AC	
License			JOB/Age		Reg # 7NW386		Reg Type PC		Reg State MA		
Sex M Lic. Class D 19 19			Lic. Restrictions 20 CDL Endorsement		Veh Year 2016 Veh Make TOYOTA		Veh Config. 2		21		
Operator THOMAS, RONALD EUGENE			Owner THOMAS, JOAN FRANCES		Last First Middle		Last First Middle		Middle		
Address 1 KENDALL RD			Address 1 KENDALL RD		City TEWKSBURY		State MA		Zip 01876-1915		
City TEWKSBURY State MA Zip 01876			City TEWKSBURY State MA Zip 01876-1915		Vehicle Action Prior to Crash 1 22		Damaged Area Code: 4 27 27 27		Test Status: 1 28		
Insurance Company SAFETY INSURANCE COMPANY			Event Sequence 1 23 23 23 23		Most Harmful Event 1 24		Type of Test: 30		BAC Test Result: 30		
Vehicle Travel Direction: S E W Responding to Emergency? 2			Driver Contributing Code 1 25 25		Driver Distracted by 1 26 26		Susp. Alcohol: 2 31		Susp. Drug: 2 32		
Citation # (If Issued)			Towed from scene? 2 33		Viol. 1: Ch/Sec/Sub		Viol. 2: Ch/Sec/Sub		Viol. 3: Ch/Sec/Sub		
Viol. 1: Ch/Sec/Sub			Viol. 2: Ch/Sec/Sub		Viol. 3: Ch/Sec/Sub		Viol. 4: Ch/Sec/Sub		Viol. 4: Ch/Sec/Sub		
Please fill out for operator and all occupants involved			Name (Last First Middle)		Address		DOB/Age		Sex		
Operator			See Above		DOB/Age		Sex		34 Seat Pos.		
JOAN THOMAS			1 KENDALL RD TEWKSBURY, MA 01876-1915		F		3		1 1 4 0 0 10 1		
									35 Safety System		
									36 Airbag Status		
									37 Eject Code		
									38 Trap Code		
									39 Injury Status		
									40 Transp. Code		
									Medical Facility		
Please Select One of the Following:			☒ Vehicle 21 #Occupants			☐ Hit/Run		☐ Moped		☐ Vulnerable User Complete the Vulnerable User section.	
License			DOB/Age		Reg # 3NVM28		Reg Type PC		Reg State MA		
Sex F Lic. Class D 19 19			Lic. Restrictions 20 CDL Endorsement		Veh Year 2019 Veh Make FORD		Veh Config. 2		21		
Operator KOCZERGA, JAYME M			Owner KOCZERGA, JOHN MICHAEL		Last First Middle		Last First Middle		Middle		
Address 54 MAPLE RD			Address 54 MAPLE RD		City TEWKSBURY		State MA		Zip 01876-4020		
City TEWKSBURY State MA Zip 01876-4020			City TEWKSBURY State MA Zip 01876-4020		Vehicle Action Prior to Crash 5 22		Damaged Area Code: 2 27 27 27		Test Status: 1 28		
Insurance Company THE COMMERCE INSURANCE CO			Event Sequence 1 23 23 23 23		Most Harmful Event 1 24		Type of Test: 30		BAC Test Result: 30		
Vehicle Travel Direction: S E W Responding to Emergency? 2			Driver Contributing Code 5 25 19 25		Driver Distracted by 99 26 26		Susp. Alcohol: 2 31		Susp. Drug: 2 32		
Citation # (If Issued)			Towed from scene? 1 33		Viol. 1: Ch/Sec/Sub		Viol. 2: Ch/Sec/Sub		Viol. 3: Ch/Sec/Sub		
Viol. 1: Ch/Sec/Sub			Viol. 2: Ch/Sec/Sub		Viol. 3: Ch/Sec/Sub		Viol. 4: Ch/Sec/Sub		Viol. 4: Ch/Sec/Sub		
Please fill out for operator and all occupants involved			Name (Last First Middle)		Address		DOB/Age		Sex		
Operator/Occupants			See Above		DOB/Age		Sex		34 Seat Pos.		
					1		1		1 1 1 0 0 8 2		
									35 Safety System		
									36 Airbag Status		
									37 Eject Code		
									38 Trap Code		
									39 Injury Status		
									40 Transp. Code		
									Medical Facility		

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

ie: → 1 → 2 → ○ → ○

Crash Diagram:

212 Main Street, McDonald's



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:

See Supplemental Narrative.

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use ☐ 42

Address _____ City _____ St _____ Zip _____

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

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

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

Hazmat Information:

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

Patrol Officer Richard DiPerri

Police Officer Name (Please Print)

Signature

173

ID/Badge #

Wilmington Police Department

Department

08/07/2024

Date

NARRATIVE FOR PATROL OFFICER RICHARD DIPERRI

Ref: 24-224-AC

Entered: 08/08/2024 @ 1018 Entry ID: 173
Modified: 08/08/2024 @ 1128 Modified ID: 173

V1 (Thomas) turned left from Bridge Lane on to Main Street RT.38N into left portion of northbound lane on Main Street. V1 was in the lane and moving into right portion of split lane returning to Tewksbury, when it collided with V2 (Koczerga). V2 OPR (Koczerga) vehicle was stopped in between travel lanes in front of Mcdonald's at 212 Main Street pointed inward towards the left travel lane. She complained of possible lower body injury and was subsequently transported to hospital by WFD. V1 had pulled into parking lot at 212 Main Street. No injuries to OPR/PASS V1 (Thomas). V1 had substantial damage to right rear bumper (pushed in) and crumpled right quarter. V2 had damage to right front end and hood.

Prior to transport, OPR Koczerga claimed V1 suddenly turned in front of her. She also stated she was heading towards left turn at nearby intersection of RT.38/129 (requiring left lane). The collision location was 40+ feet north from Bridge Lane and indicative that V1 was (at minimum) already in left lane as opposed to direct collision from left hand turn attempt from Bridge Lane. V1 OPR Thomas stated he was heading home to Tewksbury via RT.38 and was heading straight (requiring right lane merge). V1 Towed by AAA.

On 08/08/2024, arrived at station for paperwork. She advised she was traveling in left hand lane already and not merging from right. This did not agree with V2 collision location as being between lanes and pointing left suggesting merge. Damage also appeared to be pushing left into V1 and opposed to to the left on V2.

Most probable explanation for crash is V2 (Koczerga) rear ending V1 (Thomas) while merging into left lane, or both vehicle attempting lane change at same time in which case V2 (Koczerga) still rear ended V1. Refer images.

V2 towed by Cain's Towing.

Respectfully Submitted,
Rich DiPerri-173

Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 08/07/2024	Time of Crash 2348 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 1	Number Injured 0	Speed Limit 30	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 Mile Marker Exit Number			1 11								
Route# Direction Name of Intersecting Roadway/Street			Route# Direction Name of Intersecting Roadway/Street			1 11								
Also at Intersection with			Feet N S E W of Route# Intersecting Roadway/Street			1 11								
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Route# Intersecting Roadway/Street			1 11								
Landmark						1 11								
Please Select One of the Following:			☒ Vehicle 1 #Occupants			☐ Hit/Run			☐ Moped			Crash Report ID# 24-225-AC		
License St. OB/Age			Reg # QJN101 Reg Type PC Reg State CO			Veh Year 2015 Veh Make NISSAN Veh Config. 1 21			1 12					
Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement			Owner MESKE, LAURA			Address 34 NEWHALL ST			City LOWELL State MA Zip 01852-4133			1 12		
Operator WILKINS, TIFFANY AMBER			Address 34 NEWHALL ST			City LOWELL State MA Zip 01852-4133			Vehicle Action Prior to Crash 1 22			Damaged Area Code: 1 27 27 27		
Insurance Company NONE			Event Sequence 22 23 23 23 23			Type of Test: 1 28			Test Status: 1 28			1 12		
Vehicle Travel Direction: ☒ S ☐ E ☐ W Responding to Emergency? 2			Most Harmful Event 22 24			BAC Test Result: 1 30			Type of Test: 1 29			1 12		
Citation # (If Issued)			Driver Contributing Code 19 25 25			Susp. Alcohol: 2 31			Susp. Drug: 2 32			22 13		
Viol. 1: Ch/Sec/Sub			Driver Distracted by 1 26 26			Towed from scene? 1 33						22 13		
Viol. 2: Ch/Sec/Sub												22 13		
Viol. 3: Ch/Sec/Sub												22 13		
Viol. 4: Ch/Sec/Sub												22 13		
Please fill out for operator and all occupants involved												22 13		
Name (Last First Middle)			Address			DOB/Age			Sex			22 13		
Operator			See Above			1 1 1 0 0 10 1						22 13		
												22 13		
												22 13		
												22 13		
												22 13		
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			21					
Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement			Owner			Address			City State Zip			21		
Operator			Address			City State Zip			Vehicle Action Prior to Crash 22			Damaged Area Code: 27 27 27		
Insurance Company			Event Sequence 23 23 23 23			Type of Test: 28			Test Status: 28			21 14		
Vehicle Travel Direction: N S E W Responding to Emergency?			Most Harmful Event 24			BAC Test Result: 30			Type of Test: 29			21 14		
Citation # (If Issued)			Driver Contributing Code 25 25			Susp. Alcohol: 31			Susp. Drug: 32			21 14		
Viol. 1: Ch/Sec/Sub			Driver Distracted by 26 26			Towed from scene? 33						21 14		
Viol. 2: Ch/Sec/Sub												21 14		
Viol. 3: Ch/Sec/Sub												21 14		
Viol. 4: Ch/Sec/Sub												21 14		
Please fill out for operator and all occupants involved												21 14		
Name (Last First Middle)			Address			DOB/Age			Sex			21 14		
Operator/Occupants			See Above			1 1 1 0 0 10 1						21 14		
												21 14		
												21 14		
												21 14		
												21 14		

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

Crash Diagram:

Serenoa Lane

349

Woburn Street

Vehicle 1

Utility Pole

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:

On Wednesday, August 7, 2024 at approximately 11:45PM, the operator of vehicle 1 pulled over to the side of the road in front of 349 Woburn Street to look up directions on their cell phone. After they got the directions needed, the operator pulled forward and collided with the utility pole in front of 349 Woburn Street causing damage to the front of vehicle 1.

The operator refused medical treatment.

Vehicle 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

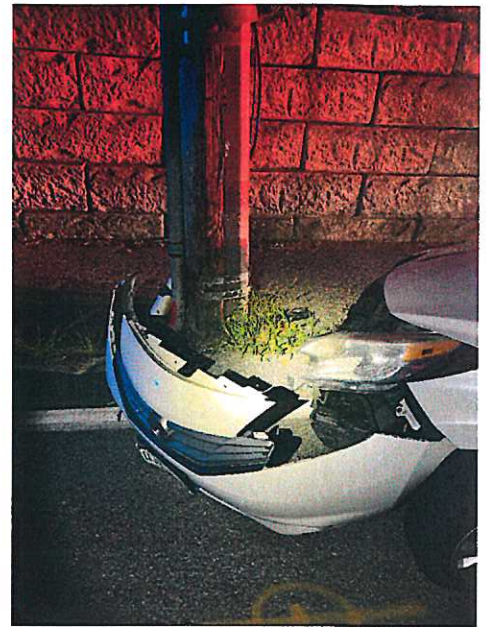
Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 46

Hazmat Information:

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

Patrol Officer Christopher k Miccichi 232 Wilmington Police Department 08/08/2024
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Images Associated with 24-225-AC

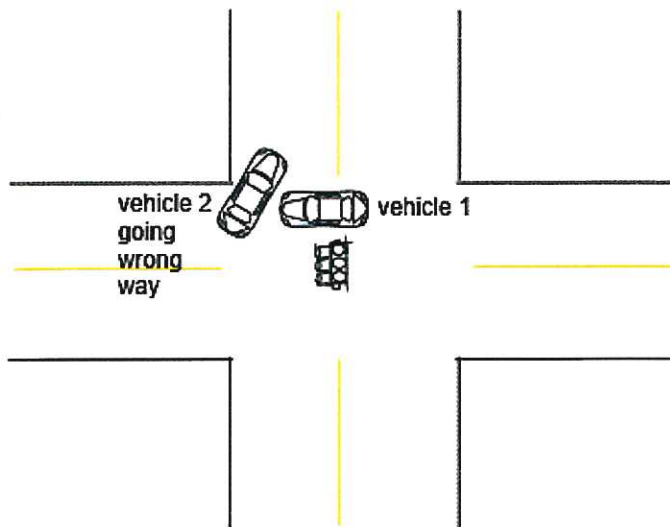


Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 08/08/2024	Time of Crash 1324 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 35	Latitude	Longitude	State Police Local Police MBTA Police Campus Police Other
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
1 1			CONCORD ST		2 10					
Route# Direction			Name of Roadway/Street		Route# Direction			Address # Name of Roadway/Street		
At					Feet N S E W of			Mile Marker or Exit Number		
2 2			FORDHAM RD		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:			☒ Vehicle 1 #Occupants		☐ Hit/Run		☐ Moped		Crash Report ID# 24-226-AC	
License			DOB/Age		Reg # 6GD576		Reg Type PC		Reg State MA	
Sex F Lic. Class D 19 19			Lic. Restrictions 1 20		Veh Year 2016		Veh Make MERCEDES-BENZ		Veh Config. 1 21	
Operator AGGARWAL, NISHI B					Owner AGGARWAL, RAKESH K					
Address 3 STONEHILL CIR					Address 3 STONEHILL CIR					
City BURLINGTON			State MA Zip 01803-1419		City BURLINGTON			State MA Zip 01803-1419		
Insurance Company ARBELLA MUTUAL INSURANCE					Vehicle Action Prior to Crash 1 22		Damaged Area Code: 1 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 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	
Please fill out for operator and all occupants involved										
Name (Last First Middle)			Address		DOB/Age		Sex		Medical Facility	
Operator			See Above		X		X			
Please Select One of the Following:			☒ Vehicle 2 #Occupants		☐ Hit/Run		☐ Moped		☐ Vulnerable User Complete the Vulnerable User section.	
License #			DOB/Age		Reg # 4JYM53		Reg Type PC		Reg State MA	
Sex M Lic. Class D 19 19			Lic. Restrictions B 20		Veh Year 2005		Veh Make Jeep		Veh Config. 1 21	
Operator CROTEAU, CHRISTIAN MICHAEL					Owner CROTEAU, TAMMY JO ANN					
Address 38 FERRY LN					Address 38 FERRY LN					
City LOWELL			State MA Zip 01850-1936		City LOWELL			State MA Zip 01850-1936		
Insurance Company THE HANOVER INSURANCE COM					Vehicle Action Prior to Crash 4 22		Damaged Area Code: 3 27 27 27			
Vehicle Travel Direction: X S E W			Responding to Emergency? 2		Event Sequence 1 23 23 23 23		Test Status: 1 28			
Citation # (If Issued)					Most Harmful Event 1 24		Type of Test: 0 29			
Viol. 1: Ch/Sec/Sub			Viol. 2: Ch/Sec/Sub		Driver Contributing Code 6 25 8 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		1 14	
Please fill out for operator and all occupants involved										
Name (Last First Middle)			Address		DOB/Age		Sex		Medical Facility	
Operator/Occupants			See Above		X		X			

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○



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:

see attached narrative

see attached video of incident

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 Seth A Mucha-Kangas

Police Officer Name (Please Print)

Signature

235

ID/Badge #

Wilmington Police Department

Department

Precinct/Barracks

08/08/2024

Date

NARRATIVE FOR PATROL OFFICER SETH A MUCHA-KANGAS

Ref: 24-226-AC

Entered: 08/10/2024 @ 1806 Entry ID: 235
Modified: 08/10/2024 @ 1838 Modified ID: 235

Below is a brief summary of events of the motor vehicle crash that occurred on August 8, 2024.

On August 8, 2024, I was assigned to uniformed patrol, in the marked 32 cruiser, sector 2, on the 8:00 AM-4:00 PM shift. At approximately 11:24 PM, I was dispatched to Concord St at Fordham Rd, for the report of a 2-car motor vehicle crash.

Upon my arrival, I spoke with the operators of both vehicles on scene, Mrs. Nishi B. Aggarwal (vehicle-1 MA-REG-6GD576), and Mr. Christian Michael Croteau (vehicle-2 MA-REG-4JYM53).

Nishi stated she was traveling West on Concord St. when Christian took a left turn in front of her to head north onto Fordham Rd. Christian turned into the opposite lane of travel. It should be noted Fordham Rd. is divided by a concrete barrier.

Christian stated he was heading East on Concord St, turning left (northbound) onto Fordham Rd. Christian Stated he did not realize he was going into the opposite lane of travel until his vehicle was struck. Christian was able to provide me with a video taken by an unidentified passer by which clearly shows Christian's vehicle turning into the opposite lane of travel onto Fordham Rd. at which time his vehicle was struck by Nishi's vehicle.

Neither Christian or Nishi claimed to have any injuries and both vehicles were still operable after the crash. Both parties were advised to submit Motor vehicle crash reports to the Massachusetts R.M.V. and to submit claims with their motor vehicle insurance companies. I further advised both parties that I would be writing this report and that they would be able to request a copy in approximately 10 days.

Respectfully Submitted,

Officer Kangas #235

Patrolman

Wilmington Police Department

Attachments for 24-226-AC

Description	Type
INCIDENT VIDEO	MOV
Attachment#: 1A7C2D1212A84CAA9EB0FF65E26FBAAF	

Wilmington Police Department
Images Associated with 24-226-AC



Wilmington Police Department
Images Associated with 24-226-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 08/09/2024	Time of Crash 1457 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 1	Speed Limit 30	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								
Also at Intersection with			Feet N S E W of								
Route# Direction Name of Intersecting Roadway/Street			Landmark								
Please Select One of the Following:			☒ Vehicle 1 Occupants		☐ Hit/Run		☐ Moped		Crash Report ID# 24-227-AC		
License # 19 19 DOB/Ag. 20			Reg # 3KRN24		Reg Type PC		Reg State MA		1 12		
Sex M Lic. Class D Lic. Restrictions 20 CDL Endorsement			Veh Year 2009		Veh Make HONDA		Veh Config. 1 21				
Operator NOLLI, CHRISTOPHER R			Owner NOLLI, RENO RICHARD								
Address 17 WESTWOOD RD			Address 17 WESTWOOD RD								
City SHREWSBURY State MA Zip 01545-1827			City SHREWSBURY State MA Zip 01545-1827								
Insurance Company LIBERTY MUTUAL INSURANCE			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: 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 19 25 25		BAC Test Result: 30						
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Distracted by 4 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			X		1 1 1 0 0 10 1						
Please Select One of the Following:			☒ Vehicle 2 Occupants		☐ Hit/Run		☐ Moped		☐ Vulnerable User Complete the Vulnerable User section.		
License # 19 19 DOB/Ag. 20			Reg # 4XBP41		Reg Type PC		Reg State MA		1 12		
Sex F Lic. Class D Lic. Restrictions 20 CDL Endorsement			Veh Year 2013		Veh Make KIA		Veh Config. 1 21				
Operator MARCELLIN, MARIE JONIE			Owner MARCELLIN, MARIE JONIE								
Address 14 BEACONSFIELD ST			Address 14 BEACONSFIELD ST								
City LAWRENCE State MA Zip 01843-2410			City LAWRENCE State MA Zip 01843-2410		2 14						
Insurance Company GEICO GENERAL INSURANCE C			Vehicle Action Prior to Crash 2 22		Damaged Area Code: 5 27 27 27						
Vehicle Travel Direction: N X E W Responding to Emergency? 2			Event Sequence 1 23 23 23 23		Test Status: 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: 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			X		1 1 4 0 0 8 2		Lahey Clinic				

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○

Salem 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 08/09/24 car two while travelling southbound on Salem St. slowed down to stop for traffic. Car 1 also travelling southbound, crashed into the rear of car 2. Car 1's airbag deployed. The operator of car 1 stated he was following a mounted GPS and looked at it for too long causing the crash. Operator of car 2 was transported to Lahey Hospital by Wilmington FD/EMS ambulance for reported chest pain from hitting her steering wheel. Both MVs were towed by Forest Towing to their yard.

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

08/09/2024

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Police Use Only			Commonwealth of Massachusetts				RMV Document Number								
Date of Crash 08/09/2024		Time of Crash 2131 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:							
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				Feet N S E W of							
Route# Direction Name of Intersecting Roadway/Street				Route# Direction Address # Name of Roadway/Street				Route# Direction Address # Name of Roadway/Street							
Also at Intersection with				Feet N S E W of				Feet N S E W of							
Route# Direction Name of Intersecting Roadway/Street				Route# Direction Address # Name of Roadway/Street				Route# Direction Address # Name of Roadway/Street							
Route# Direction Name of Intersecting Roadway/Street				Route# Direction Address # Name of Roadway/Street				Route# Direction Address # Name of Roadway/Street							
Please Select One of the Following:				☒ Vehicle 1 #Occupants				☐ Hit/Run				☐ Moped			
Crash Report ID#				24-228-AC											
License #				Reg # M92005				Reg Type CO				Reg State MA			
Sex M Lic. Class 19 19				Veh Year 2014				Veh Make International				Veh Config. 97 21			
Lic. Restrictions 1 20				Veh Year 2014				Veh Make International				Veh Config. 97 21			
CDL Endorsement				Veh Year 2014				Veh Make International				Veh Config. 97 21			
Operator EGO, ROBERT FRANCIS				Owner READING TOWN OF MUNICIPAL LIGHT DEPT				Owner READING TOWN OF MUNICIPAL LIGHT DEPT				Owner READING TOWN OF MUNICIPAL LIGHT DEPT			
Address 17 CONANT ST APT 291				Address 230 ASH ST				Address 230 ASH ST				Address 230 ASH ST			
City DANVERS State MA Zip 01923-7011				City READING State MA Zip 01867-3623				City READING State MA Zip 01867-3623				City READING State MA Zip 01867-3623			
Insurance Company LIBERTY MUTUAL FIRE INSUR				Vehicle Action Prior to Crash 3 22				Damaged Area Code: 6 27 5 27 27				Damaged Area Code: 6 27 5 27 27			
Vehicle Travel Direction: N X E W				Event Sequence 1 23 23 23 23				Test Status: 1 28				Test Status: 1 28			
Responding to Emergency? 2				Most Harmful Event 1 24				Type of Test: 1 29				Type of Test: 1 29			
Citation # (If Issued)				Driver Contributing Code 1 25 25				BAC Test Result: 1 30				BAC Test Result: 1 30			
Viol. 1: Ch/Sec/Sub				Driver Distracted by 26 26				Susp. Alcohol: 2 31				Susp. Drug: 2 32			
Viol. 2: Ch/Sec/Sub				Driver Distracted by 26 26				Towed from scene? 2 33				Towed from scene? 2 33			
Viol. 3: Ch/Sec/Sub															
Viol. 4: Ch/Sec/Sub															
Please fill out for operator and all occupants involved															
Name (Last First Middle)				DOB/Age				Sex				34 Seat Pos			
Operator				See Above				1				1			
Please Select One of the Following:				☒ Vehicle 2 #Occupants				☐ Hit/Run				☐ Moped			
Crash Report ID#				24-228-AC											
License #				Reg # 1GWD64				Reg Type PC				Reg State MA			
Sex M Lic. Class 19 19				Veh Year 2013				Veh Make CADILLAC				Veh Config. 1 21			
Lic. Restrictions 1 20				Veh Year 2013				Veh Make CADILLAC				Veh Config. 1 21			
CDL Endorsement				Veh Year 2013				Veh Make CADILLAC				Veh Config. 1 21			
Operator TULLY, JOHN SCOTT				Owner TULLY, JOHN SCOTT				Owner TULLY, JOHN SCOTT				Owner TULLY, JOHN SCOTT			
Address 3 SAGAMORE TRL				Address 3 SAGAMORE TRL				Address 3 SAGAMORE TRL				Address 3 SAGAMORE TRL			
City LITTLETON State MA Zip 01460-1306				City LITTLETON State MA Zip 01460-1306				City LITTLETON State MA Zip 01460-1306				City LITTLETON State MA Zip 01460-1306			
Insurance Company PROGRESSIVE DIRECT INSURA				Vehicle Action Prior to Crash 1 22				Damaged Area Code: 1 27 8 27 2 27				Damaged Area Code: 1 27 8 27 2 27			
Vehicle Travel Direction: N X E W				Event Sequence 1 23 23 23 23				Test Status: 1 28				Test Status: 1 28			
Responding to Emergency? 2				Most Harmful Event 1 24				Type of Test: 1 29				Type of Test: 1 29			
Citation # (If Issued)				Driver Contributing Code 19 25 25				BAC Test Result: 1 30				BAC Test Result: 1 30			
Viol. 1: Ch/Sec/Sub				Driver Distracted by 99 26 26				Susp. Alcohol: 2 31				Susp. Drug: 2 32			
Viol. 2: Ch/Sec/Sub				Driver Distracted by 99 26 26				Towed from scene? 1 33				Towed from scene? 1 33			
Viol. 3: Ch/Sec/Sub															
Viol. 4: Ch/Sec/Sub															
Please fill out for operator and all occupants involved															
Name (Last First Middle)				DOB/Age				Sex				34 Seat Pos			
Operator/Occupants				See Above				1				1			

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

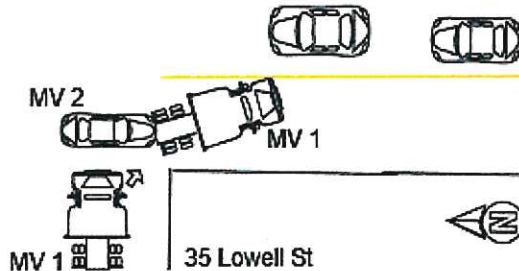
Crash Diagram:

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 attempting to take a right hand turn out of the parking lot of 35 Lowell St onto Lowell St, which is a public way in the town of Wilmington. MV 1 is a large RMLD truck and because of the tight turn, the operator had to take a wide turn in order to complete the turn. The operator of MV 1 observed two cars travelling northbound on Lowell St and he thought it would be safer if he allowed those vehicles to pass before he completed the turn. As those two vehicles were travelling past his stopped vehicle MV 2, who was travelling southbound on Lowell St was not paying close enough attention and rear ended MV 1 with enough force that caused air bag deployment and significant front end damage resulting in the vehicle being towed. (See Images)

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use ☐ 42

Address _____ City _____ St _____ Zip _____

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

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

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

Hazmat Information:

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

Patrol Officer Shane A Foley

Police Officer Name (Please Print)

Signature

211

ID/Badge #

Wilmington Police Department

Department

Precinct/Barracks

08/09/2024

Date

Wilmington Police Department
Images Associated with 24-228-AC

