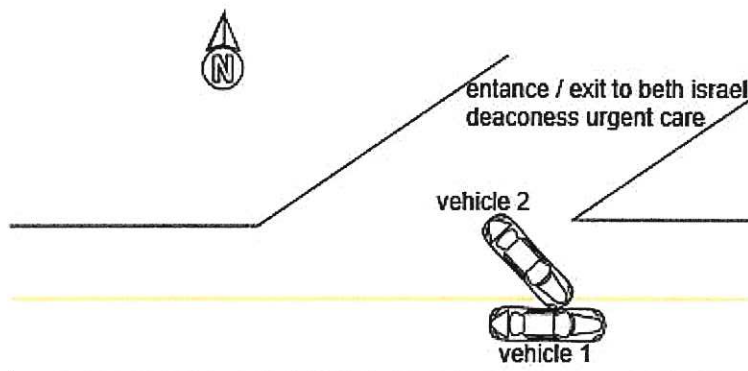


Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 08/12/2024	Time of Crash 1610 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 35 Latitude Longitude	State Police Local Police MBTA Police Campus Police Other					
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:								
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street										
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# 24-229-AC										
License: St. DOB/Age. Reg # 1MS766 Reg Type PC Reg State MA			Veh Year 2017 Veh Make MERCEDES-BENZ Veh Config. 1										
Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement			Owner MEHRA, NITIN										
Operator MEHRA, MAMTA			Address 3 PINE AVE										
Address 3 PINE AVE			City NORTH READING State MA Zip 01864										
City NORTH READING State MA Zip 01864-1627			Vehicle Action Prior to Crash 1 22										
Insurance Company SAFETY INSURANCE COMPANY			Event Sequence 1 23 23 23 23										
Vehicle Travel Direction: N S X W Responding to Emergency? 2			Most Harmful Event 1 24										
Citation # (If Issued)			Driver Contributing Code 1 25 25										
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Driver Distracted by 0 26 26										
Viol. 3: Ch/Sec/Sub Viol. 4: 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	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 # 1ABN83 Reg Type PC Reg State MA													
Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement													
Operator BAIG, FAIZA IRFAN													
Address 17 BATESON DR													
City ANDOVER State MA Zip 01810-3401													
Insurance Company LIBERTY MUTUAL PERSONAL I													
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													
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	

→ = 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:

see attached narrative

see attached 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 Seth A Mucha-Kangas

Police Officer Name (Please Print)

Signature

235

ID/Badge #

Wilmington Police Department

Department

Precinct/Barracks

08/12/2024

Date

Wilmington Police Department

Page: 1

NARRATIVE FOR PATROL OFFICER SETH A MUCHA-KANGAS

Ref: 24-229-AC

Entered: 08/12/2024 @ 2027 Entry ID: 235
Modified: 08/12/2024 @ 2029 Modified ID: 235
Approved: 08/13/2024 @ 0743 Approval ID: 174

Below is a brief summary of events of the motor vehicle crash that occurred on August 12, 2024.

On August 12, 2024, I was assigned to uniformed patrol, in the marked 32 cruiser, sector 2, on the 4:00 PM-12:00 PM shift. At approximately 4:11 PM, I was dispatched to 443 Salem St, for the report of a 2-car motor vehicle crash.

Upon my arrival, I spoke with the operators of both vehicles on scene, Mrs. Mamta Mehra (vehicle-1 MA-REG-1MS766), and Mrs. Faiza Irfan Baig (vehicle-2 MA-REG-1ABN83).

Mamta stated she was traveling eastbound straight ahead on Salem St. when she noticed vehicle-2 coming towards her, at this time vehicle-2's front bumper contacted vehicle-1's driver's side door. Mamta said vehicle-2 came out of the Beth Israel Urgent Care parking lot located at 500 Salem St.

Faiza stated she was driving out of the Beth Israel Urgent Care parking lot located at 500 Salem St. Faiza believed the road was clear and proceeded eastbound onto Salem St. Faiza said she realized she hit vehicle-1, further stating she never saw her car until she hit it.

Mamta and Faiza declined medical attention and had no apparent injuries. Both vehicle-1 and vehicle-2 were fully operational with minor damage when I arrived. Mamta and Faiza were advised to file a crash report with the Massachusetts R.M.V. and file a claim with their respective car insurance providers, they were further advised that they could request a copy of this report after approximately 10 business days.

Respectfully Submitted,

Officer Kangas #235

Patrolman

Wilmington Police Department

Attachments for 24-229-AC

Description

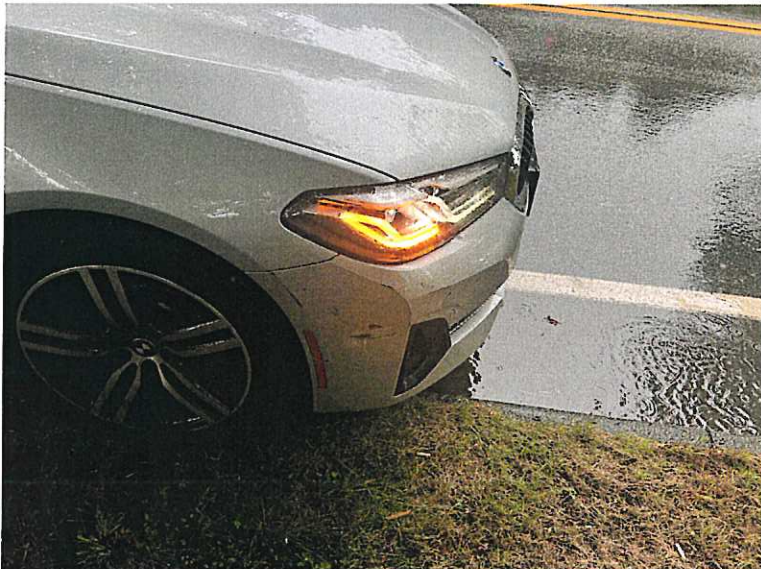
Type

FI BAIG OPER CRASH RPT

PDF

Attachment#: F45ED564181F4FE9882161975A6D3BC2

Wilmington Police Department
Images Associated with 24-229-AC



Wilmington Police Department
Images Associated with 24-229-AC

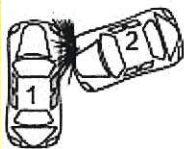


Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 08/13/2024	Time of Crash 0747 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit 35	Latitude	Longitude	State Police Local Police MBTA Police Campus Police Other	
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:						
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street										
At			Feet N S E W of or Mile Marker Exit Number										
Route# Direction Name of Intersecting Roadway/Street			Route# Intersecting Roadway/Street										
Also at Intersection with			Feet N S E W of Landmark										
Route# Direction Name of Intersecting Roadway/Street													
Please Select One of the Following:			☒ Vehicle 1 #Occupants			☐ Hit/Run			☐ Moped			Crash Report ID# 24-230-AC	
License S DOB/Age			Reg # 4VD479			Reg Type PC			Reg State MA				
Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2015			Veh Make Infinity			Veh Config. 1 21				
Operator CALANDRA, NICOLE SOPHIA			Owner CALANDRA, JOANNE										
Address 90 EUNICE CIR			Address 90 EUNICE CIR										
City WAKEFIELD State MA Zip 01880-4926			City WAKEFIELD State MA Zip 01880-4926										
Insurance Company AMICA MUTUAL INSURANCE CO			Vehicle Action Prior to Crash 1 22			Damaged Area Code: 2 27 3 27 4 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			Driver Contributing Code 1 25 25			BAC Test Result: 30							
Viol. 2: Ch/Sec/Sub			Driver Distracted by 0 26 26			Susp. Alcohol: 2 31 Susp. Drug: 2 32							
Viol. 3: Ch/Sec/Sub						Towed from scene? 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		See Above		X	X	1	1	4	0	0	10	0	
Please Select One of the Following:													
☒ Vehicle 2 1 #Occupants			☐ Hit/Run			☐ Moped			☐ Vulnerable User Complete the Vulnerable User section.				
License S DOB/Age			Reg # 3692445			Reg Type PC			Reg State NH				
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2021			Veh Make DODGE			Veh Config. 2 21				
Operator KINSVATER, JOHN WILLIAM			Owner KINSVATER, JOHN WILLIAM										
Address 53 LOOKAWAY LN			Address 53 LOOKAWAY LN										
City WENTWORTH State NH Zip 032822620			City WENTWORTH State NH Zip 032822620										
Insurance Company			Vehicle Action Prior to Crash 4 22			Damaged Area Code: 8 27 1 27 2 27							
Vehicle Travel Direction: N S X W Responding to Emergency? 2			Event Sequence 1 23 23 23 23			Test Status: 1 28							
Citation # (If Issued)			Most Harmful Event 1 24			Type of Test: 0 29							
Viol. 1: Ch/Sec/Sub			Driver Contributing Code 19 25 25			BAC Test Result: 30							
Viol. 2: Ch/Sec/Sub			Driver Distracted by 7 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	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	0	

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

Crash Diagram:

Ballardvale Street



MacKay
Construction

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 straight ahead on Ballardvale Street. MV 2 was turning left out of the MacKay parking lot onto Ballardvale Street. MV 2 stated he looked right but not left, turned on Ballardvale and hit MV 1 causing damage to the front, side, and rear of MV 1. MV 2 had damage to the front. Both operators declined medical and there were no injuries. MV 1 was towed from the scene 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 Alec S Masiello

Police Officer Name (Please Print)

Signature

229

ID/Badge #

Wilmington Police Department

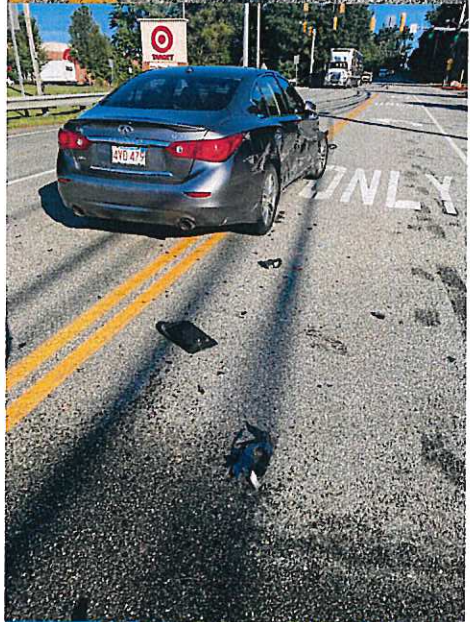
Department

Precinct/Barracks

08/13/2024

Date

Wilmington Police Department
Images Associated with 24-230-AC



Wilmington Police Department
Images Associated with 24-230-AC

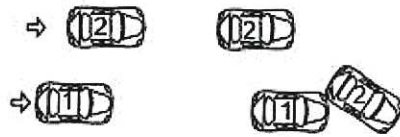


Police Use Only		Commonwealth of Massachusetts								RMV Document Number					
Date of Crash 08/13/2024	Time of Crash 1110 24HR	City/Town Wilmington		Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit 30	State Police _____ Local Police MBTA Police Campus Police Other.				
AT INTERSECTION:				<	LOCATION				>	NOT AT INTERSECTION:					
Route# Direction Name of Roadway/Street				At				Route# Direction Address # Name of Roadway/Street							
Route# Direction Name of Intersecting Roadway/Street				Also at Intersection with				Feet NSEW of Mile Marker Exit Number							
Route# Direction Name of Intersecting Roadway/Street								Feet NSEW of Route# Intersecting Roadway/Street							
								Landmark							
Please Select One of the Following: ☒ Vehicle 1 Occupants ☐ Hit/Run ☐ Moped				Crash Report ID# 24-231-AC											
License # St DOB/Age				Reg # 1JNB45 Reg Type PC Reg State MA				Veh Year 2023 Veh Make TOYOTA Veh Config. 1							
Sex F Lic. Class D Restrictions 1 CDL Endorsement				Owner FERRARI, JASMINE J				Address 356 ANDOVER RD							
Operator FERRARI, JASMINE J				City BILLERICA State MA Zip 01821-1440				Vehicle Action Prior to Crash 1				Damaged Area Code: 7 27 8 27 27			
Insurance Company THE COMMERCE INSURANCE CO				Event Sequence 1 23 23 23 23				Test Status: 1 28 29							
Vehicle Travel Direction: N X E W Responding to Emergency? 2				Most Harmful Event 1 24				Type of Test: 1 30							
Citation # (If Issued)				Driver Contributing Code 99 25 25				BAC Test Result: 1 30							
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub				Susp. Alcohol: 2 31 Susp. Drug: 2 32				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) Address DOB/Age Sex				34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code Medical Facility											
Operator See Above				X X 1 1 4 0 0 10 1											
Please Select One of the Following: ☒ Vehicle 2 Occupants ☐ Hit/Run ☐ Moped ☐ Vulnerable User Complete the Vulnerable User section.															
License # St DOB/Age				Reg # 1CNX56 Reg Type PC Reg State MA				Veh Year 2016 Veh Make HONDA Veh Config. 1							
Sex M Lic. Class D Restrictions 1 CDL Endorsement				Owner SALOMON, DENISE				Address 6 WHEELER ST							
Operator ABAD, ARIEL R				City PEABODY State MA Zip 01960-3001				Vehicle Action Prior to Crash 3				Damaged Area Code: 3 27 27 27			
Insurance Company SAFETY INSURANCE COMPANY				Event Sequence 1 23 23 23 23				Test Status: 1 28 29							
Vehicle Travel Direction: N X E W Responding to Emergency? 2				Most Harmful Event 1 24				Type of Test: 1 30							
Citation # (If Issued)				Driver Contributing Code 99 25 25				BAC Test Result: 1 30							
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub				Susp. Alcohol: 2 31 Susp. Drug: 2 32				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) Address DOB/Age Sex				34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code Medical Facility											
Operator/Occupants See Above				X X 1 1 4 0 0 10 1											

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

Crash Diagram:

205 Main St



Bridge Lane

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 driving south on Main St. MV 1 stated she was in the right hand lane. MV 2 stated he just turned right onto Main St from Cumberland Farms. MV 2 stated he was attempting to turn onto Bridge Lane to travel north on Main St since Cumberland Farms does not allow left hand turns. This section of roadway is difficult for motorists due to motorists treating the roadway as 2 lanes, but according to MASS DOT it does not turn into 2 lanes until after Bridge lane when driving southbound. 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

Police Officer Name (Please Print)

Signature

200

ID/Badge #

Wilmington Police Department

Department

08/13/2024

Date

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 08/14/2024	Time of Crash 0809 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:					
1 Route# Direction <u>LOWELL ST</u> Name of Roadway/Street At Route# Direction <u>WOBURN ST</u> Name of Intersecting Roadway/Street Also at Intersection with 2 1 Route# Direction Name of Intersecting Roadway/Street			2 10 Route# Direction Address # Name of Roadway/Street Feet <u>N S E W</u> of _____ or _____ Mile Marker Exit Number Feet <u>N S E W</u> of _____ Route# Intersecting Roadway/Street Feet <u>N S E W</u> of _____ Landmark							
Please Select One of the Following: ☒ Vehicle <u>12</u> #Occupants ☐ Hit/Run ☐ Moped			Crash Report ID# <u>24-232-AC</u>							
License # _____ St _____ DOB/Age _____ Sex <u>F</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL Endorsement Operator <u>EVANS, KELLY JEANNE CAVANAU</u> Last First Middle Address <u>4 RING AVE</u> City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-4012</u> Insurance Company <u>SAFETY INSURANCE COMPANY</u> Vehicle Travel Direction: <u>N X E W</u> Responding to Emergency? <u>2</u> Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____			Reg # <u>HR515</u> Reg Type <u>CO</u> Reg State <u>MA</u> Veh Year <u>2014</u> Veh Make <u>HONDA</u> Veh Config. <u>1</u> <u>21</u> Owner <u>NICHOLS FUNERAL HOME INC</u> Last First Middle Address <u>187 MIDDLESEX AVE</u> City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-2732</u> Vehicle Action Prior to Crash <u>4</u> <u>22</u> Damaged Area Code: <u>5</u> <u>27</u> <u>27</u> <u>27</u> Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u> Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u> Driver Contributing Code <u>1</u> <u>25</u> <u>25</u> BAC Test Result: <u>1</u> <u>30</u> Driver Distracted by <u>0</u> <u>26</u> <u>26</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u> Towed from scene? <u>2</u> <u>33</u>							
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 <u>21</u> #Occupants ☐ Hit/Run ☐ Moped ☐ Vulnerable User Complete the Vulnerable User section.										
License # _____ St _____ DOB/Age _____ Sex <u>F</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>B</u> <u>20</u> CDL Endorsement Operator <u>BENNETT, TONI NICOLE</u> Last First Middle Address <u>42 MYSTIC AVE</u> City <u>TEWKSBURY</u> State <u>MA</u> Zip <u>01876-4307</u> Insurance Company <u>USAA CASUALTY INSURANCE C</u> Vehicle Travel Direction: <u>N X E W</u> Responding to Emergency? <u>2</u> Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____			Reg # <u>4DJA83</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2011</u> Veh Make <u>FORD</u> Veh Config. <u>1</u> <u>21</u> Owner <u>BENNETT, LINDSAY MARIE</u> Last First Middle Address <u>42 MYSTIC AVE</u> City <u>TEWKSBURY</u> State <u>MA</u> Zip <u>01876-4307</u> Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>1</u> <u>27</u> <u>27</u> <u>27</u> Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u> Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u> Driver Contributing Code <u>19</u> <u>25</u> <u>25</u> BAC Test Result: <u>1</u> <u>30</u> Driver Distracted by <u>99</u> <u>26</u> <u>26</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u> Towed from scene? <u>2</u> <u>33</u>							
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

ie: → 1 → 2 → ○ → ○

Crash Diagram:

Lowell St

Woburn 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:

MV1 was in the process of making a left turn onto Lowell St. from Woburn St. when the traffic light turned green. MV1 began to proceed with the turn, but at that moment, MV2 accelerated and collided into the rear of MV1.

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

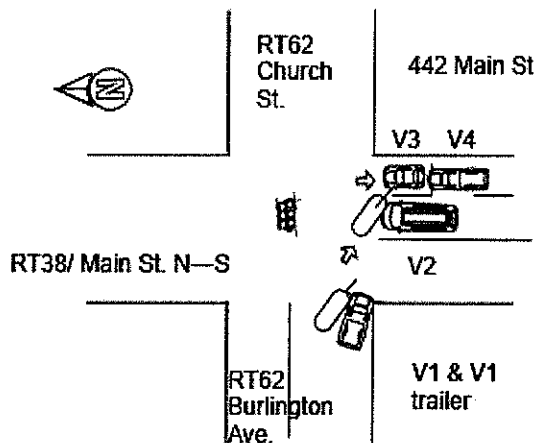
08/14/2024

Date

Police Use Only			Commonwealth of Massachusetts Motor Vehicle Crash Police Report				RMV Document Number _____ State Police Local Police MBTA Police Campus Police Other:			
Date of Crash 08/15/2024	Time of Crash 1229 24HR	City/Town Wilmington	Number Vehicles 4	Number Injured 1	Speed Limit 30 Latitude Longitude					
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street							
At										
Route# Direction Name of Intersecting Roadway/Street			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			Landmark							
Please Select One of the Following: ☒ Vehicle 31 Occupants ☐ Hit/Run ☐ Moped			Crash Report ID# 24-233-AC							
License DOB/Age Sex F Lic. Class D Restrictions 1 CDL Endorsement Operator MACK JUDITH C Last First Middle Address 23 WINTER ST City BURLINGTON State MA Zip 01803-3228 Insurance Company LIBERTY MUTUAL INSURANCE Vehicle Travel Direction: XSEW Responding to Emergency? 2 Citation # Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Reg # UFFDA Reg Type PC Reg State MA Veh Year 2016 Veh Make SUBARU Veh Config. 1 Owner MACK JUDITH C Last First Middle Address 23 WINTER ST City BURLINGTON State MA Zip 01803-3228 Vehicle Action Prior to Crash Damaged Area Code Event Sequence Test Status Type of Test BAC Test Result Susp. Alcohol Susp. Drug Driver Contributing Code Driver Distracted by Towed from scene?							
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	M	1	1	4	0	0	10	1
Please Select One of the Following: ☒ Vehicle 41 Occupants ☐ Hit/Run ☐ Moped ☐ Vulnerable User Complete the Vulnerable User section.										
License DOB/Age Sex F Lic. Class D Restrictions B CDL Endorsement Operator COPP CATHERINE NAOMI Last First Middle Address 29 FAIRMONT AVE City WILMINGTON State MA Zip 01887-2960 Insurance Company SAFETY INSURANCE COMPANY Vehicle Travel Direction: XSEW Responding to Emergency? 2 Citation # Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Reg # 2LH740 Reg Type PC Reg State MA Veh Year 2015 Veh Make LEXUS Veh Config. 2 Owner COPP STEPHEN MYLES Last First Middle Address 29 FAIRMONT AVE City WILMINGTON State MA Zip 01887-2960 Vehicle Action Prior to Crash Damaged Area Code Event Sequence Test Status Type of Test BAC Test Result Susp. Alcohol Susp. Drug Driver Contributing Code Driver Distracted by Towed from scene?							
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	F	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:

See supplemental narrative.-173

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 # R73490 (From Vehicle Section)

Carrier Name MT Mayo Corporation Bus Use ☐ 42

Address PO BOX 3054 City WOBURN St MA Zip 01801

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

Interstate ☐ 43 Cargo Body Type Code ☐ 12 44 GVWR/GCWR ☐ 45

Trailer Reg #: TZ64066 Reg Type TR Reg State MA Reg Year 2018 Trailer Length ☐ 46

Hazmat Information:

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

Patrol Officer Richard DiPerri 173 Wilmington Police Department 08/15/2024
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

NARRATIVE FOR PATROL OFFICER RICHARD DIPERRI

Ref: 24-233-AC

Entered: 08/15/2024 @ 1938 Entry ID: 173
Modified: 08/15/2024 @ 1940 Modified ID: 173
Approved: 08/16/2024 @ 1520 Approval ID: 180

V1 (MA-R73490, M.T. Mayo Corp) was towing utility trailer (MA-TZ64066) on RT62E on the Burlington Ave bridge. Upon slowing to stop at the intersection stop line of Burlington Ave/RT62(a declined slope) and RT38 Main Street, the utility trailer dislodged from the trailer hitch of V1 and propelled forward striking/damaging the front left driver's door and tire of V1. V1 OPR Mayo, was attempting to free trailer as police were arriving to investigate incident as a disabled vehicle blocking traffic.

V1 was essentially preventing truck from rolling forward. When OPR Mayo pried free trailer, it rolled forward uncontrolled into two lanes of North bound traffic on RT38 Main St. that was stopped at the intersection. In doing so the trailer struck the front bumper of V2 (MA-V48240, Gentle Giant Moving truck) parked in the left turn lane. The trailer continued rolling and then and then struck V3 (MA-UFFDA) which was parked in the right portion of the North Bound lane damaging the left front quarter/side. V3 OPR Mack saw trailer rolling and attempted to back up in traffic and hit front end of V4 (MA-2LH740, OPR Copp).

No injuries observed or reported in V2, V3, and V4. Vehicle 1 OPR was reported by co-worker, to have been hit and or run over by trailer as rolled uncontrolled into NB traffic. V1 OPR denied he was injured in any way and refused medical treatment (waiver) with responding WFD personnel. V1 damaged to left driver door and flattened front left tire. V2 damaged (metal bumper possibly pushed in?). V3 damaged on front left fender (gouged metal), and its rear bumper backing into V4. V4 damaged on front bumper.

Upon examination, V1 truck hitch was undamaged and did not fail. V1 OPR Mayo admitted his responsibility in failing to secure trailer on the trailer hitch properly with the hitch lock, and that he did not use safety chains. This is the suspected reason for trailer separation that damaged V1. OPR Mayo failing to use care in freeing trailer without proper wheel chocks or assistance, was proximate cause of all subsequent damage to V2, V3, and V4. V3 only backed up into V4 to avoid rolling trailer.

V1 OPR was cited on scene for c90/7 failing to use safety chains and or properly hitch trailer. Refer Citation T3379040.

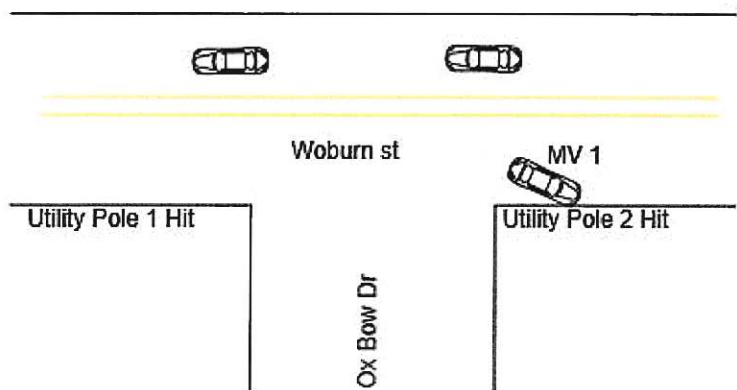
Trailer belonging to M.T. Mayo Corp was towed from scene by Forrest towing.

Attachments for 24-233-AC	
Description	Type
CITATION T3379040	PDF
Attachment#: 698060E50E464782A65151E586B37F81	
JC MACK OPER CRASH RPT	PDF
Attachment#: B0A054BDCCFA407FAB025404B75B7AEB	
CRASH PHOTOS 24-233-AC	PDF
Attachment#: B6AA9E5C28AE42178754B8E2C854B3FA	

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 08/16/2024	Time of Crash 0325 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 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# 24-234-AC							
License St DOB/Age Sex M Lic. Class 19 19 Lic. Restrictions 1 20 CDL Endorsement Operator DANGELO, JOSHUA MICHAEL Address 18 DENAULT DR City WILMINGTON State MA Zip 01887-3408 Insurance Company ARBELLA MUTUAL INSURANCE Vehicle Travel Direction: ☒ S ☐ E ☐ W Responding to Emergency? 2 Citation # (If Issued) 836840AC Viol. 1: Ch/Sec/Sub 90 24 Viol. 2: Ch/Sec/Sub 90 24 Viol. 3: Ch/Sec/Sub 90 18 Viol. 4: Ch/Sec/Sub			Reg # 86H580 Reg Type PC Reg State MA Veh Year 2015 Veh Make HYUNDAI Veh Config. 1 21 Owner SKEIRIK, CATHERINE MARIE Address 18 DENAULT DR City WILMINGTON State MA Zip 01887-3408 Vehicle Action Prior to Crash 1 22 Event Sequence 22 23 22 23 23 Most Harmful Event 22 24 Driver Contributing Code 7 25 10 25 Driver Distracted by 0 26 26 Damaged Area Code: 1 27 2 27 9 27 Test Status: 3 28 Type of Test: 97 29 BAC Test Result: 1 30 Susp. Alcohol: 1 31 Susp. Drug: 2 32 Towed from scene? 1 33							
Please fill out for operator and all occupants involved			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			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			Operator See Above							
Please Select One of the Following: ☐ Vehicle 2 #Occupants ☐ Hit/Run ☐ Moped ☐ Vulnerable User Complete the Vulnerable User section.			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 19 19 Lic. Restrictions 20 CDL Endorsement Operator 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 # Reg Type Reg State Veh Year Veh Make Veh Config. 21 Owner Address City State Zip Vehicle Action Prior to Crash 22 Event Sequence 23 23 23 23 Most Harmful Event 24 Driver Contributing Code 25 25 Driver Distracted by 26 26 Damaged Area Code: 27 27 27 Test Status: 28 Type of Test: 29 BAC Test Result: 30 Susp. Alcohol: 31 Susp. Drug: 32 Towed from scene? 33							
Please fill out for operator and all occupants involved			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			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			Operator/Occupants See Above							

→ = 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:

Operator stated that while traveling on Woburn St he was traveling approximately 45mph to 50mph in a marked zone of 35mph. Operator hit and damaged two utility poles owned by Verizon. The vehicle sustained heavy front end damage. The operator was transported to Lahey Hospital. During the investigation into the crash, it was determined the operator was intoxicated. The operator is being summoned for OUI Liquor, Negligent Operation, and Speed. See arrest report 24-374-AR.

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

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

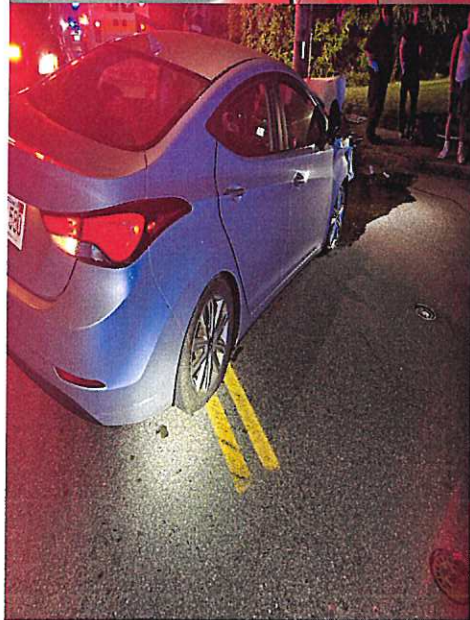
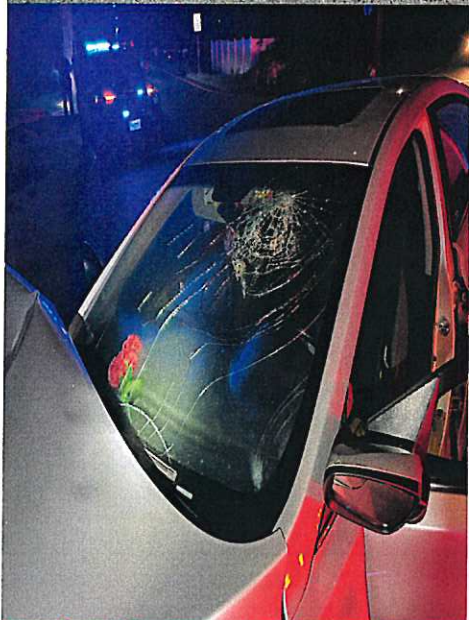
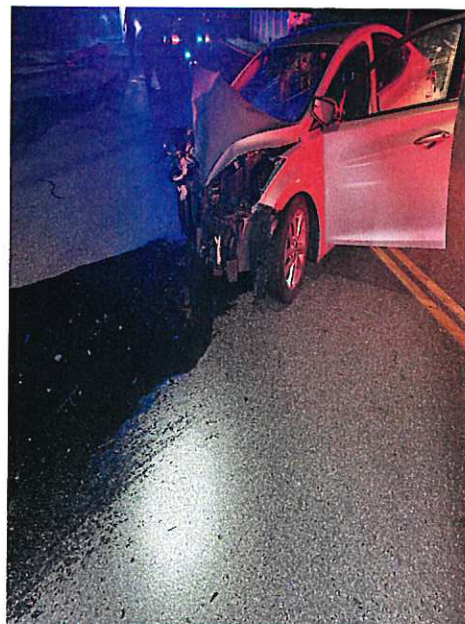
Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length ☐ 46

Hazmat Information:

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

Patrol Officer Robert M DeGregorio III 223 Wilmington Police Department 08/16/2024
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Images Associated with 24-234-AC



Wilmington Police Department
Images Associated with 24-234-AC



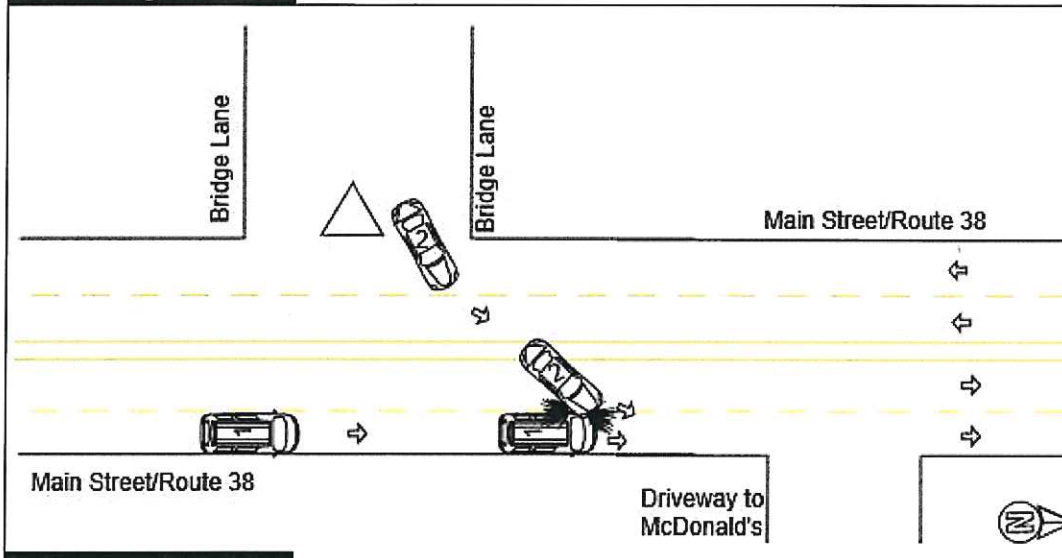
Wilmington Police Department
Images Associated with 24-234-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 08/17/2024	Time of Crash 1702 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 1	Speed Limit 25	Latitude	Longitude	State Police Local Police MBTA Police Campus Police Other
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:				
1 MAIN 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								
2 BRIDGE LN			3								
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Route# Intersecting Roadway/Street								
Also at Intersection with			Landmark								
2			2								
Route# Direction Name of Intersecting Roadway/Street											
Please Select One of the Following:			Crash Report ID# 24-235-AC								
☒ Vehicle 12 #Occupants			☐ Hit/Run								
☐ Moped											
License #			Reg # 79WR87 Reg Type PC Reg State MA								
Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement			Veh Year 2004 Veh Make HONDA Veh Config. 1 21								
Operator TRUDEAU, JULIETTE A			Owner TRUDEAU, JOLYNN								
Address 5127 W PENN PL			Address 161 MOUNT PLEASANT ST								
City PITTSBURGH State PA Zip 15224			City LOWELL State MA Zip 01850								
Insurance Company SAFECO INSURANCE COMPANY			Vehicle Action Prior to Crash 1 22								
Vehicle Travel Direction: ☒ S ☐ E ☐ W Responding to Emergency? 2			Damaged Area Code: 8 27 7 27 27								
Citation # (If Issued)			Event Sequence 1 23 23 23 23								
Viol. 1: Ch/Sec/Sub			Most Harmful Event 1 24								
Viol. 2: Ch/Sec/Sub			Driver Contributing Code 1 25 25								
Viol. 3: Ch/Sec/Sub			Driver Distracted by 99 26 26								
Viol. 4: Ch/Sec/Sub			Type of Test: 1 28								
			BAC Test Result: 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			See Above								
CLAIRE TRUDEAU			139 CADDY CT TEWKSBURY, MA 01876-4530 F 3 1 4 0 0 10 1 Lowell General hospital								
Please Select One of the Following:			☒ Vehicle 22 #Occupants								
☐ Hit/Run			☐ Moped								
☐ Vulnerable User			Complete the Vulnerable User section.								
License #			Reg # 3GX333 Reg Type PC Reg State MA								
Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement			Veh Year 2008 Veh Make TOYOTA Veh Config. 1 21								
Operator HARMASH, VIKTORIIA			Owner PRYTCHAK, YURIY								
Address 8123 ARBOR DR			Address 545 CENTRE ST APT 501								
City SHREWSBURY State MA Zip 01545-6020			City JAMAICA PLAIN State MA Zip 02130-2033								
Insurance Company GOVERNMENT EMPLOYEES INSU			Vehicle Action Prior to Crash 6 22								
Vehicle Travel Direction: ☐ N ☒ S ☐ W Responding to Emergency? 2			Damaged Area Code: 2 27 3 27 27								
Citation # (If Issued)			Event Sequence 1 23 23 23 23								
Viol. 1: Ch/Sec/Sub			Most Harmful Event 1 24								
Viol. 2: Ch/Sec/Sub			Driver Contributing Code 19 25 4 25								
Viol. 3: Ch/Sec/Sub			Driver Distracted by 99 26 26								
Viol. 4: Ch/Sec/Sub			Type of Test: 1 28								
			BAC Test Result: 30								
			Susp. Alcohol: 2 31 Susp. Drug: 2 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/Occupants			See Above								
			1 1 4 0 0 10 1								
			3 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:

MV1 was traveling northbound on Main Street/Route 38 towards Richmond Street in the outside northbound travel lane. MV2 was exiting Bridge Lane onto Main Street/Route 38 northbound. MV1 was traveling straight ahead. MV2 was attempting to merge and enter the outside northbound travel lane on Main Street. The southbound traffic had stopped to allow MV2 to merge, but the outside lane of northbound traffic was still traveling. The front of MV2 collided with front of MV1. MV2 suffered front right side damage and was disabled by the crash. MV1 suffered front left side damage, but was able to be driven from the scene. A&S Towing arrived and towed MV2 from the scene. The front seat passenger was transported to Lowell General Hospital for treatment by the WFD. MV1 was parked and secured in the parking lot of McDonald's by the operator.

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use ☐ 42

Address _____ City _____ St _____ Zip _____

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

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

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

Hazmat Information:

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

Patrol Officer Michael A Wilson

Police Officer Name (Please Print)

Signature

209

ID/Badge #

Wilmington Police Department

Department

Precinct/Barracks

08/17/2024

Date

Wilmington Police Department
Images Associated with 24-235-AC

