

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 08/19/2024	Time of Crash 0809 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report				Number Vehicles 1	Number Injured 1	Speed Limit 40	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			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# 24-236-AC							
License # St DOB/Age			Reg # 5BVR68 Reg Type PC Reg State MA			7 12							
Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2010 Veh Make MERCURY Veh Config. 1 21										
Operator RUSSO, LISA M			Owner RUSSO, LISA M										
Address 15 MAIN ST APT 6			Address 15 MAIN ST APT 6										
City N READING State MA Zip 01864-2257			City N READING State MA Zip 01864-2257										
Insurance Company PILGRIM INSURANCE COMPANY			Vehicle Action Prior to Crash 1 22			Damaged Area Code: 1 27 27 27							
Vehicle Travel Direction: N S E W Responding to Emergency? 2			Event Sequence 22 23 23 23 23			Test Status: 1 28							
Citation # (If Issued) 842420AC			Most Harmful Event 22 24			Type of Test: 0 29							
Viol. 1: Ch/Sec/Sub 90 24 Viol. 2: Ch/Sec/Sub 90 24			Driver Contributing Code 14 25 25			BAC Test Result: 1 30							
Viol. 3: Ch/Sec/Sub 89 4A Viol. 4: Ch/Sec/Sub			Driver Distracted by 0 26 26			Susp. Alcohol: 2 31 Susp. Drug: 1 32			22 13				
Viol. 3: Ch/Sec/Sub			Towed from scene? 1 33										
Please fill out for operator and all occupants involved													
Name (Last First Middle)		Address		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator		See Above				1	99	3	0	0	7	2	Lahey Clinic
Please Select One of the Following:										Complete the Vulnerable User section.			
☐ Vehicle 2 #Occupants ☐ Hit/Run ☐ Moped ☐ Vulnerable User													
License # St DOB/Age										Reg # Reg Type Reg State			
Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement										Veh Year Veh Make Veh Config. 21			
Operator										Owner			
Address										Address			
City State Zip										City State Zip			
Insurance Company										Vehicle Action Prior to Crash 22			
Vehicle Travel Direction: N S E W Responding to Emergency?										Damaged Area Code: 27 27 27			
Citation # (If Issued)										Test Status: 28			
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub										Type of Test: 29			
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub										BAC Test Result: 30			
Viol. 3: Ch/Sec/Sub										Susp. Alcohol: 31 Susp. Drug: 32			
Viol. 3: Ch/Sec/Sub										Towed from scene? 33			
Please fill out for operator and all occupants involved													
Name (Last First Middle)		Address		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Occupants		See Above				1							

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

ie: → 1 → 2 → ○ → ○

Crash Diagram:

66
Concord
Street

Concord
Street

RMLD
Utility
Pole
109/46

Wooden
Fence

I93 NB
Off-
Ramp

If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow



Crash Narrative:

Vehicle 1 was exiting I93 Northbound onto Concord Street. The vehicle entered the right most eastbound travel lane heading toward North Reading. The vehicle then left the roadway to the right side, striking Reading Municipal Light Department (RMLD) Utility Pole 109/46. The operator was in and out of consciousness upon my arrival. Both front and side airbags deployed. The operator sustained injuries and was transported to Lahey Hospital by the Wilmington Fire Department. Cains Towing took control of the vehicle. Criminal charges are pending.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
PEREZ RAYMOND	153 BAILEY ST Apt. #FL2 LAWRENCE MA		

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
READING LIGHT DEPARTMENT	230 ASH ST READING MA 01867		4	WOODEN 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 Michael R DiLorenzo

217

Wilmington Police Department

08/19/2024

Police Officer Name (Please Print)

Signature

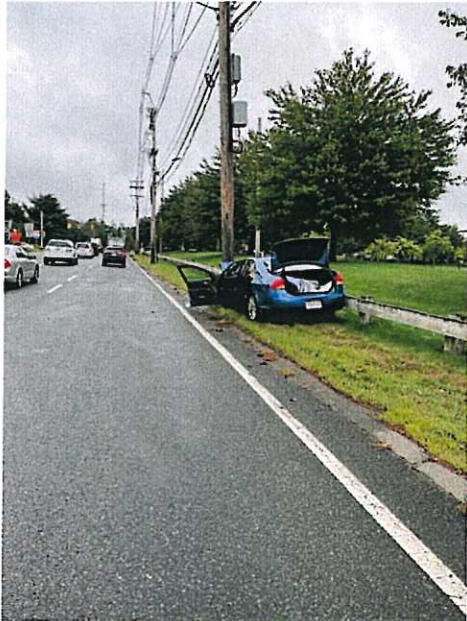
ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department
Images Associated with 24-236-AC



Police Use Only		Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 08/19/2024	Time of Crash 1136 24HR	City/Town Wilmington		Motor Vehicle Crash Police Report		Number Vehicles 1	Number Injured 0	Speed Limit 25	State Police Local Police MBTA Police Campus Police Other
AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:			
Route# Direction Name of Roadway/Street				Route# Direction Address # Name of Roadway/Street				2 10	
At				Feet N S E W of or				99 11	
Route# Direction Name of Intersecting Roadway/Street				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 10 #Occupants		☐ Hit/Run		☐ Moped	
				Crash Report ID# 24-237-AC					
License # St DOB/Age				Reg # 6BG333		Reg Type PC		Reg State MA	
Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement				Veh Year 2024		Veh Make HONDA		Veh Config 1 21	
Operator Driverless M.V.				Owner STEBBINS, MICHAEL WILLIAM					
Address				Address 10 MARCIA RD					
City State Zip				City WILMINGTON		State MA		Zip 01887-1465	
Insurance Company PROGRESSIVE DIRECT INSURA				Vehicle Action Prior to Crash 11 22		Damaged Area Code: 3 27 27 27			
Vehicle Travel Direction: N S E W Responding to Emergency?				Event Sequence 11 23 23 23 23		Test Status: 1 28			
Citation # (If Issued)				Most Harmful Event 11 24		Type of Test: 29			
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub				Driver Contributing Code 1 25 25		BAC Test Result: 30			
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub				Driver Distracted by 0 26 26		Susp. Alcohol: 2 31 Susp. Drug: 2 32		10 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
Operator		See Above				1			
Please Select One of the Following:				☐ Vehicle 2 #Occupants		☐ Hit/Run		☐ Moped	
				☐ Vulnerable User Complete the Vulnerable User section.					
License # St DOB/Age				Reg #		Reg Type		Reg State	
Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement				Veh Year		Veh Make		Veh Config 21	
Operator				Owner					
Address				Address					
City State Zip				City		State		Zip	
Insurance Company				Vehicle Action Prior to Crash 22		Damaged Area Code: 27 27 27			
Vehicle Travel Direction: N S E W Responding to Emergency?				Event Sequence 23 23 23 23		Test Status: 28			
Citation # (If Issued)				Most Harmful Event 24		Type of Test: 29			
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub				Driver Contributing Code 25 25		BAC Test Result: 30			
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub				Driver Distracted by 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
Operator/Occupants		See Above				1			

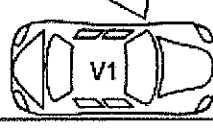
→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ○ = Pedestrian ○ = Bicycle

Crash Diagram:

ie: → 1 → 2 → ○ → ○

Marcia Rd

Damage done to Driver's side mirror



10 Marcia Rd

10 Marcia Rd Driveway

8 Marcia Rd Driveway

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Indicate North by Arrow



Crash Narrative:

V1 was parked. At somepoint the driver's side mirror was struck and left dangling off the vehicle. Hit and Run with no suspects. Owner did not have any video of the incident. No paint transfer on the mirror. See report 24-1001-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 Emily L McMeekin

210

Wilmington Police Department

08/19/2024

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Form No. 10364 CRA-65 08/23



Police Use Only			Commonwealth of Massachusetts				RMV Document Number																
Date of Crash 08/20/2024	Time of Crash 0857 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				10 11																
Route# Direction Name of Intersecting Roadway/Street			Route# Direction Name of Intersecting Roadway/Street																				
Also at Intersection with			Feet N S E W of Route# Intersecting Roadway/Street																				
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Landmark																				
Please Select One of the Following:			☒ Vehicle 1 #Occupants			☐ Hit/Run			☐ Moped			Crash Report ID# 24-238-AC											
License St DOB/Age			Reg # 9EE188 Reg Type PC Reg State MA			Veh Year 2015 Veh Make Jeep Veh Config. 1 21			1 12														
Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement			Owner LEARY, MEGHAN MAE			Address 67 PURITAN RD APT 2			City SOMERVILLE State MA Zip 02145-1013			1 13											
Operator LEARY, MEGHAN MAE			Vehicle Action Prior to Crash 10 22			Damaged Area Code: 4 27 27 27			Test Status: 1 28														
Address 67 PURITAN RD APT 2			Event Sequence 1 23 23 23 23			Type of Test: 0 29			BAC Test Result: 1 30														
City SOMERVILLE State MA Zip 02145-1013			Most Harmful Event 1 24			Susp. Alcohol: 2 31 Susp. Drug: 2 32			Towed from scene? 2 33														
Insurance Company SAFETY INSURANCE COMPANY			Driver Contributing Code 4 25 25																				
Vehicle Travel Direction: N X E W Responding to Emergency? 2			Driver Distracted by 0 26 26																				
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		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 # 5ADE19 Reg Type PC Reg State MA		Veh Year 2010 Veh Make HONDA Veh Config. 1 21		1 14							
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement												Owner FRANKLIN, DARIUS J		Address 85 GROVELAND ST APT 1		City HAVERHILL State MA Zip 01830-6449							
Operator FRANKLIN, DARIUS J												Vehicle Action Prior to Crash 1 22		Damaged Area Code: 3 27 4 27 27		Test Status: 1 28							
Address 85 GROVELAND ST APT 1												Event Sequence 1 23 23 23 23		Type of Test: 0 29		BAC Test Result: 1 30							
City HAVERHILL State MA Zip 01830-6449												Most Harmful Event 1 24		Susp. Alcohol: 2 31 Susp. Drug: 2 32		Towed from scene? 2 33							
Insurance Company SAFETY INSURANCE COMPANY												Driver Contributing Code 1 25 25											
Vehicle Travel Direction: N S E X Responding to Emergency? 2												Driver Distracted by 0 26 26											
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		X		X		1		1		4		0		0		10		1			

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○

Parking
Lot of 66
Concord
Street



If Crash Did Not Occur
on a Public Way:

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

Indicate North by Arrow



Crash Narrative:

Vehicle 1 (V1) was parked, forward facing into a parking spot in the parking lot of 66 Concord Street. Vehicle 2 (V2) entered the lot and began to drive west towards the businesses. V1 began to back out of the spot and backing into the right side of V2 as it went by the rear of V1. V1's operator stated that she was looking left, and didnt see V2 coming from her right side. Both operators declined injuries and no airbags deployed. Both vehicles were driven from the scene.

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use ☐ 42

Address _____ City _____ St _____ Zip _____

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

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

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

Hazmat Information:

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

Patrol Officer Michael R DiLorenzo

217

Wilmington Police Department

08/20/2024

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department
Images Associated with 24-238-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number								
Date of Crash 08/22/2024		Time of Crash 0854 24HR		City/Town Wilmington		Motor Vehicle Crash Police Report		Number Vehicles 2		Number Injured 0		Speed Limit +042.5700 Latitude -071.181 Longitude		State Police Local Police MBTA Police Campus Police Other	
AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:									
1 Route# Direction FAULKNER AVE At Route# Direction EVERETT AVE Also at Intersection with 2 Route# Direction				2 Route# Direction Address # Name of Roadway/Street Feet NSEW of or Mile Marker Exit Number Feet NSEW of Route# Intersecting Roadway/Street Feet NSEW of Landmark											
3 Please Select One of the Following: ☒ Vehicle 1 Occupants ☐ Hit/Run ☐ Moped				Crash Report ID# 24-239-AC											
4 License # St DOB/Age Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement Operator HANSON, KAYLA Address 1 ADELAIDE ST City WILMINGTON State MA Zip 01887 Insurance Company MIIA Vehicle Travel Direction: N S X W Responding to Emergency? 2 Citation # (If Issued) Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub				1 Reg # MPM299 Reg Type DC Reg State MA Veh Year 2023 Veh Make FORD Veh Config. 1 21 Owner WILMINGTON TOWN OF DEPT POLICE Address 121 GLEN RD City WILMINGTON State MA Zip 01887-3542 Vehicle Action Prior to Crash 3 22 Damaged Area Code: 8 27 27 27 Event Sequence 1 23 23 23 23 Test Status: 1 28 Most Harmful Event 1 24 Type of Test: 0 29 Driver Contributing Code 19 25 9 25 BAC Test Result: 1 30 Driver Distracted by 5 26 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Towed from scene? 2 33											
6 Please fill out for operator and all occupants involved				1 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											
7 Please Select One of the Following: ☒ Vehicle 2 Occupants ☐ Hit/Run ☐ Moped ☐ Vulnerable User Complete the Vulnerable User section.															
8 License # S DOB/Age Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement Operator GRINOVICH, KATHLEEN Address 29 ARLENE AVE City WILMINGTON State MA Zip 01887-1111 Insurance Company THE COMMERCE INSURANCE CO Vehicle Travel Direction: N S E X Responding to Emergency? 2 Citation # (If Issued) Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub				1 Reg # 3BEM63 Reg Type PC Reg State MA Veh Year 2022 Veh Make NISSAN Veh Config. 1 21 Owner GRINOVICH, KATHLEEN Address 29 ARLENE AVE City WILMINGTON State MA Zip 01887-1111 Vehicle Action Prior to Crash 1 22 Damaged Area Code: 8 27 27 27 Event Sequence 1 23 23 23 23 Test Status: 1 28 Most Harmful Event 1 24 Type of Test: 0 29 Driver Contributing Code 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											
9 Please fill out for operator and all occupants involved				1 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:

30 Everett Ave

Everett Ave

Faulkner Ave

V1

V2

North Arrow

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Indicate North by Arrow

North Arrow

Crash Narrative:

V1 was traveling north on Faulker Ave and turned east onto Everett Ave. V2 was traveling west on Everett Ave. V1 took a wide right turn on to Everett Ave and crossed into the oncoming lane. V1 crashed into v2. V1 sustained moderate left front damage. v2 sustained moderate front left damage. No parties complained of injury. Both vehicles were able to be driven from the scene.

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use ☐ 42

Address _____ City _____ St _____ Zip _____

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

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

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

Hazmat Information:

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

Sergeant Matthew D Stavro

Police Officer Name (Please Print)

Signature

180

ID/Badge #

Wilmington Police Department

Department

Precinct/Barracks

08/22/2024

Date

Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash
08/22/2024

Time of Crash
0949

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

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

113 WEST ST

Feet N S E W of . or

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# 24-240-AC

License # St. OB/Agg

Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement

Operator MCMANUS, MICHAEL J

Address 1792 PONDHILL RD

City LUNENBURG State VT Zip 05906

Insurance Company ARBELLA

Vehicle Travel Direction: ☒ 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 # 479A987 Reg Type PC Reg State VT

Veh Year 2021 Veh Make DODGE Veh Config. 2

Owner MCMANUS, MICHAEL J

Address 1792 PONDHILL RD

City LUNENBURG State VT Zip 05906

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: 2 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	See Above			1	3	4	0	0	10	1	

Please Select One of the Following:

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

License # St. DOB/Age

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

Operator BARBER, CAROLINE MARIE SZUM

Address 11114 INWOOD DR

City WOBURN State MA Zip 01801-5168

Insurance Company ARBELLA MUTUAL INSURANCE

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 # 5TLE39 Reg Type PC Reg State MA

Veh Year 2020 Veh Make NISSAN Veh Config. 1

Owner BARBER, CAROLINE MARIE SZUM

Address 11114 INWOOD DR

City WOBURN State MA Zip 01801-5168

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: 7 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			1	3	4	0	0	10	1	
			M	6	4	4	0	0	10	1	

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

Crash Diagram:

WEST ST

V2

V1

INDUSTRIAL WAY

If Crash Did Not Occur on a Public Way:
☐ Off-Street Parking Lot
☐ Garage
☐ Mall/Shopping Center
☐ Other Private Way

Indicate North by Arrow

Crash Narrative:

V1 was turning left on to West Street from Industrial Way. V2 was traveling west on West Street. V1 struck the left rear tire of V2.V1 sustained minor front left damage. V2 sustained a damaged tire rim and a flat tire. No parties complained of injuries.

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

Sergeant Matthew D Stavro	180	Wilmington Police Department	08/22/2024
Police Officer Name (Please Print)	Signature	ID/Badge #	Department
		Precinct/Barracks	Date

Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash
08/23/2024Time of Crash
0003
24HRCity/Town
WilmingtonMotor Vehicle Crash
Police ReportNumber
Vehicles
1Number
Injured
0Speed Limit 30
Latitude
LongitudeState Police
Local Police
MBTA Police
Campus Police
Other

0000

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
431 ANDOVER ST
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 13 #Occupants☐ Hit/Run☐ Moped

Crash Report ID# 24-241-AC

License OB/Ag
Sex M Lic. Class 19 19 Lic. Restrictions 1 20 CDL Endorsement

Operator DIMECO, CHASE LI
Last First Middle

Address 10 BLUEBERRY CIR

City ANDOVER State MA Zip 01810-5032

Insurance Company AMICA MUTUAL INSURANCE CO

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 # 4ZYX57 Reg Type PC Reg State MA

Veh Year 2017 Veh Make Other-not listed Veh Config. 1 21

Owner DIMECO, LELAND EDWARD
Last First Middle

Address 10 BLUEBERRY CIR

City ANDOVER State MA Zip 01810-5032

Vehicle Action Prior to Crash 1 22 Damaged Area Code: 1 27 2 27 8 27

Event Sequence 40 23 21 23 23 23 Test Status: 1 28

Most Harmful Event 21 24 Type of Test: 0 29

Driver Contributing Code 2 25 11 25 BAC Test Result: 30

Driver Distracted by 7 26 26 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	See Above			1	1	3	0	0	10	1	
				6	1	3	0	0	10	1	
				3	1	3	0	0	10	1	

Please Select One
of the Following:☐ Vehicle 2 #Occupants☐ Hit/Run☐ Moped☐ Vulnerable User Complete the Vulnerable User section.

License # St DOB/Age

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

Operator Last First Middle

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 Last First Middle

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 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Occupants	See Above			1							

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Indicate North by Arrow

Crash Narrative:

MV 1 was traveling South on Andover St. The operator of MV 1 stated he was traveling approximately 50MPH around a curve when a deer ran across the road, causing him to swerve off the road to his right. The operator was unable to swerve back onto the road and crashed head on into a tree. There were 2 passengers, one in the front and back. All parties involved in the crash denied medical attention by the WFD and were driven home by legal gaurdians. The vehicle was towed by A&S.

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

229

Wilmington Police Department

08/23/2024

Police Officer Name (Please Print)

Signature

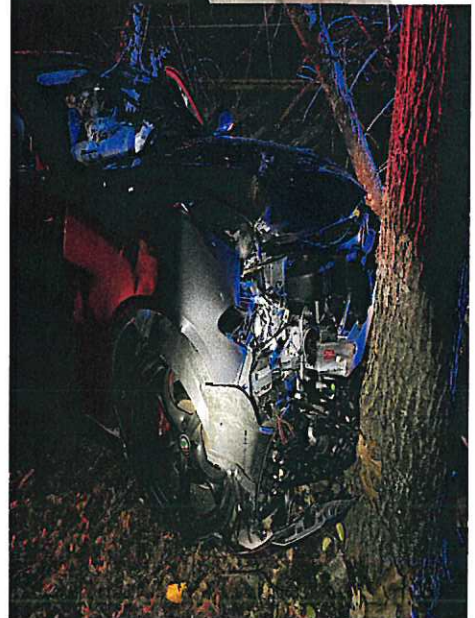
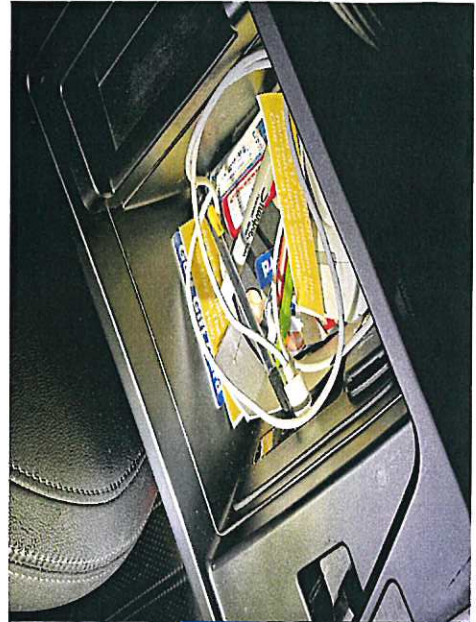
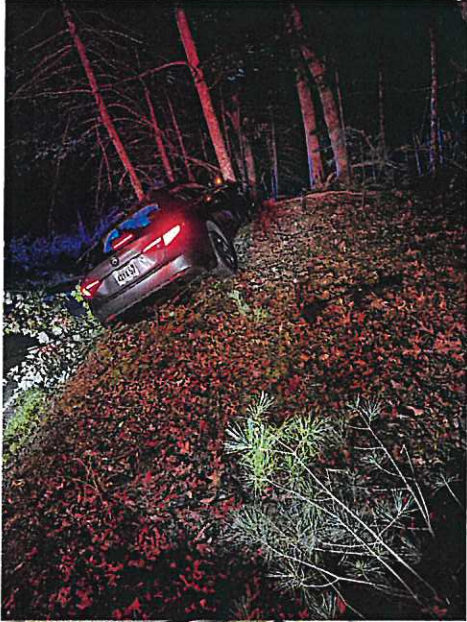
ID/Badge #

Department

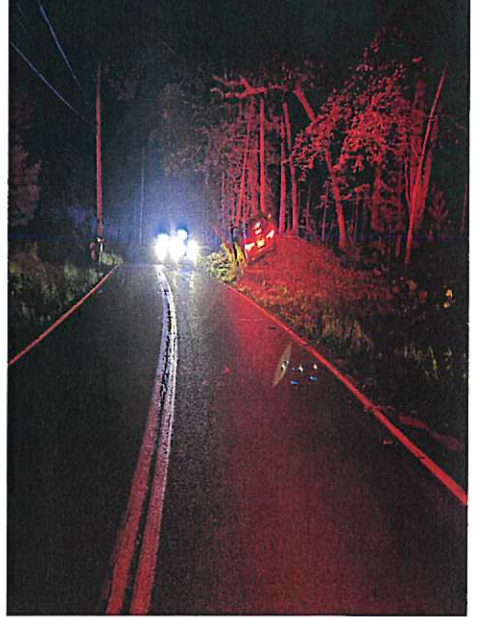
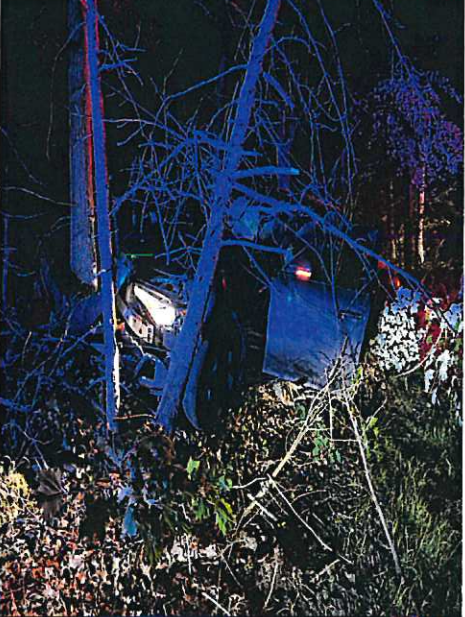
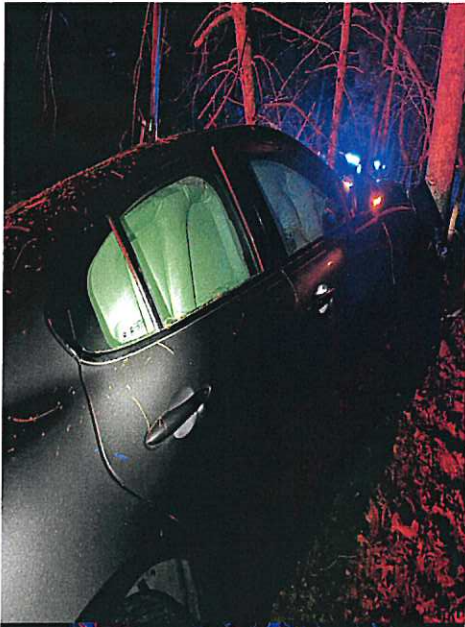
Precinct/Barracks

Date

Wilmington Police Department
Images Associated with 24-241-AC



Wilmington Police Department
Images Associated with 24-241-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 08/23/2024	Time of Crash 0705 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 40	Latitude	Longitude	State Police Local Police MBTA Police Campus Police Other
AT INTERSECTION:			< LOCATION >			NOT AT INTERSECTION:					
Route# Direction ANDOVER ST			Route# Direction Address # Name of Roadway/Street			2 10					
Route# Direction ROUTE 125 HWY			Route# Direction Address # Name of Roadway/Street			2 11					
Route# Direction			Route# Direction			2 13					
Please Select One of the Following:			Crash Report ID# 24-242-AC			1 12					
License #			Reg # 3JAN47			1 13					
Sex M Lic. Class D			Veh Year 2014			1 14					
Operator MURRAY, JOHN JAMES			Owner MURRAY, JOHN JAMES			1 15					
Address 204 BIRCHBARK DR			Address 204 BIRCHBARK DR			1 16					
City HANSON State MA Zip 02341-2107			City HANSON State MA Zip 02341-2107			1 17					
Insurance Company SAFETY INSURANCE COMPANY			Vehicle Action Prior to Crash			1 18					
Vehicle Travel Direction: XSEW			Event Sequence			1 19					
Citation # (If Issued)			Most Harmful Event			1 20					
Viol. 1: Ch/Sec/Sub			Driver Contributing Code			1 21					
Viol. 2: Ch/Sec/Sub			Driver Distracted by			1 22					
Viol. 3: Ch/Sec/Sub			Viol. 4: Ch/Sec/Sub			1 23					
Please fill out for operator and all occupants involved			Please fill out for operator and all occupants involved			1 24					
Operator			See Above			1 25					
MELISSA MURRAY			204 BIRCHBARK DR			1 26					
TIMOTHY BROWN			68 CARLETON ST			1 27					
Please Select One of the Following:			Complete the Vulnerable User section.			1 28					
License #			Reg # T71751			1 29					
Sex M Lic. Class D			Veh Year 2012			1 30					
Operator FERNANDEZ-CONCE, SHYNE			Owner EG SYSTEMS INC			1 31					
Address 117 BENNINGTON ST			Address 149 RIVER ST			1 32					
City LAWRENCE State MA Zip 01841-1143			City ANDOVER State MA Zip 01810-5935			1 33					
Insurance Company AIU INSURANCE COMPANY			Vehicle Action Prior to Crash			1 34					
Vehicle Travel Direction: XSEW			Event Sequence			1 35					
Citation # (If Issued)			Most Harmful Event			1 36					
Viol. 1: Ch/Sec/Sub			Driver Contributing Code			1 37					
Viol. 2: Ch/Sec/Sub			Driver Distracted by			1 38					
Viol. 3: Ch/Sec/Sub			Viol. 4: Ch/Sec/Sub			1 39					
Please fill out for operator and all occupants involved			Please fill out for operator and all occupants involved			1 40					
Operator/Occupants			See Above			1 41					

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○

Route 125 Andover 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:

Mv 1 was stopped at a traffic light. Mv 2 was also stopped at the light. Mv 2 stated he saw a green light, pressed on the gas, and rear ended MV 1. Both vehicles pulled over onto Andover Street after the crash. There were no injuries and no airbag deployment. Both vehicles were driven from the scene.

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

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

Hazmat Information:

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

Patrol Officer Alec S Masiello

229

Wilmington Police Department

08/23/2024

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department
Images Associated with 24-242-AC



Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash	Time of Crash	City/Town	Motor Vehicle Crash Police Report		Number Vehicles	Number Injured	Speed Limit	Latitude	Longitude	State Police	Local Police	MBTA Police	Campus Police	Other																					
08/23/2024	1347 24HR	Wilmington			1	0	25																												
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:																														
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street																																
At			Feet N S E W of			Mile Marker Exit Number																													
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of			Route# Intersecting Roadway/Street																													
Also at Intersection with			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# 24-243-AC																							
License # St. DOB/Age			Reg # Y86XER Reg Type PC Reg State FL																																
Sex M Lic. Class D Lic. Restrictions 1 CDL Endorsement			Veh Year 2022 Veh Make FORD Veh Config. 1																																
Operator ROMANE, HUNTER WILLIAM			Owner FULTON, KAITLIN GRACE																																
Address 4 MOSELY ST			Address 413 DELLWOOD AVE																																
City BILLERICA State MA Zip 01821			City DAYTONA BEACH State FL Zip 32117-0000																																
Insurance Company GEICO CASUALTY COMPANY			Vehicle Action Prior to Crash 1			Damaged Area Code: 2 27 3 27 27																													
Vehicle Travel Direction: ☒ S ☐ E ☐ W Responding to Emergency? 2			Event Sequence 22 23 23 23			Test Status: 1 28																													
Citation # (If Issued)			Most Harmful Event 22 24			Type of Test: 0 29																													
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Driver Contributing Code 1 25 25			BAC Test Result: 1 30																													
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Distracted by 0 26 26			Susp. Alcohol: 2 31 Susp. Drug: 2 32																													
Please fill out for operator and all occupants involved						Towed from scene? 1 33																													
Name (Last First Middle)			Address			DOB/Age			Sex			34 Seat Pos.			35 Safety System			36 Airbag Status			37 Eject Code			38 Trap Code			39 Injury Status			40 Transp. Code			Medical Facility		
Operator			See Above			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 # Reg Type Reg State																																
Sex Lic. Class Lic. Restrictions CDL Endorsement			Veh Year Veh Make Veh Config.																																
Operator			Owner																																
Address			Address																																
City State Zip			City State Zip																																
Insurance Company			Vehicle Action Prior to Crash 22			Damaged Area Code: 27 27 27																													
Vehicle Travel Direction: ☐ N ☐ S ☐ E ☐ W Responding to Emergency?			Event Sequence 23 23 23 23			Test Status: 28																													
Citation # (If Issued)			Most Harmful Event 24			Type of Test: 29																													
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Driver Contributing Code 25 25			BAC Test Result: 30																													
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Distracted by 26 26			Susp. Alcohol: 31 Susp. Drug: 32																													
Please fill out for operator and all occupants involved						Towed from scene? 33																													
Name (Last First Middle)			Address			DOB/Age			Sex			34 Seat Pos.			35 Safety System			36 Airbag Status			37 Eject Code			38 Trap Code			39 Injury Status			40 Transp. Code			Medical Facility		
Operator/Occupants			See Above			X			X			1																							

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○

72 Glen Road

Utility Pole #28

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 he was traveling northbound on Glen Road when a large landscaping truck and trailer was traveling southbound on Glen Road over the center yellow line. He stated that in order to avoid a collision with this landscaping truck he swerved to the right which cause him to side swipe Utility Pole #28. The operator declined any injuries and the airbags did not deploy. The vehicle sustained front right side damage to the body, headlight, tire, and side view mirror. The vehicle was towed by A&S 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 Michael R DiLorenzo

217

Wilmington Police Department

08/23/2024

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department
Images Associated with 24-243-AC



Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash
08/24/2024Time of Crash
1047
24HRCity/Town
WilmingtonMotor Vehicle Crash
Police ReportNumber
Vehicles
2Number
Injured
3Speed Limit 30
Latitude
LongitudeState Police
Local Police
MBTA Police
Campus Police
Other:

0000

AT INTERSECTION:

< LOCATION >

NOT AT INTERSECTION:

INDUSTRIAL WAY

Route# Direction Name of Roadway/Street

At

WEST ST

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 or 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# 24-244-AC

License #

DOB/Age

Sex M

Lic. Class

D

19

19

Lic. Restrictions

20

CDL

Endorsement

Operator MAYER, CHRISTOPHER F

Last

First

Middle

Address 1100 INWOOD DR APT 1122

City WOBURN

State MA

Zip

01801-5181

Insurance Company GEICO GENERAL INSURANCE C

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

Reg # 2KRL65

Reg Type PC

Reg State MA

Veh Year 2017

Veh Make TOYOTA

Veh Config.

1

21

Owner MAYER, CHRISTOPHER F

Last

First

Middle

Address 1100 INWOOD DR APT 1122

City WOBURN

State MA

Zip

01801-5181

Vehicle Action Prior to Crash

1

22

Event Sequence

1

23

23

23

23

Most Harmful Event

1

24

Driver Contributing Code

99

25

25

Driver Distracted by

0

26

26

Damaged Area Code:

1

27

2

27

27

Test Status:

1

28

Type of Test:

1

29

BAC Test Result:

1

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

35

36

37

38

39

40

Medical Facility

Operator

See Above

1

1

3

0

0

10

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

License #

Sex

DOB/Age

Sex F

Lic. Class

C

19

19

Lic. Restrictions

1

CDL

Endorsement

Operator BOBEA, DANIELLY M

Last

First

Middle

Address 545 PAGE ST APT 301

City STOUGHTON

State MA

Zip

02072-6025

Insurance Company FOREMOST INSURANCE COMPAN

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 # 4CZM26

Reg Type PC

Reg State MA

Veh Year 2016

Veh Make Infinity

Veh Config.

1

21

Owner BOBEA, DANIELLY M

Last

First

Middle

Address 545 PAGE ST APT 301

City STOUGHTON

State MA

Zip

02072-6025

Vehicle Action Prior to Crash

3

22

Event Sequence

1

23

23

23

23

Most Harmful Event

1

24

Driver Contributing Code

4

25

25

Driver Distracted by

99

26

26

Damaged Area Code:

7

27

8

27

27

Test Status:

1

28

Type of Test:

1

29

BAC Test Result:

1

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

35

36

37

38

39

40

Medical Facility

Operator/Occupants

See Above

1

1

2

0

0

9

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

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

Crash Diagram:

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

128 West St.

Indicate North by Arrow

Crash Narrative:

MV1 was traveling eastbound on West St. MV2 was on Industrial Way, attempting to turn left onto West St. While MV2 was in the middle of the intersection of West St. and Industrial Way, both vehicles collided. The operator of MV1 stated that MV2 did not stop, while the operator of MV2 claimed that MV1 was traveling at a high speed.

There was moderate damage, and both vehicles were towed from the scene by Cain's. No injuries were reported.

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

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

Hazmat Information:

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

Patrol Officer Brian Tavares

Police Officer Name (Please Print)

Signature

206

ID/Badge #

Wilmington Police Department

Department

Precinct/Barracks

08/24/2024

Date