

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 08/26/2024	Time of Crash 1251 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 30	Latitude	Longitude	State Police Local Police MBTA Police Campus Police Other
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
1 WEST ST			2		10					
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street		Feet N S E W of Mile Marker Exit Number					
1 INDUSTRIAL WAY			3		11					
Route# Direction Name of Intersecting Roadway/Street			Route# Direction Address # Name of Roadway/Street		Feet N S E W of Mile Marker Exit Number					
2			3		11					
Route# Direction Name of Intersecting Roadway/Street			Route# Direction Address # Name of Roadway/Street		Feet N S E W of Mile Marker Exit Number					
3			3		11					
Please Select One of the Following:			☒ Vehicle 1 #Occupants		☐ Hit/Run		☐ Moped		Crash Report ID# 24-245-AC	
License # St. DOB/A			Reg # 5208715		Reg Type PC		Reg State NH		1	
Sex M Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement			Veh Year 2013		Veh Make Kenworth		Veh Config. 8		21	
Operator MCCOURT, JOSHUA B			Owner EQUIPMENT EAST LLC		Last First Middle		City BOW		State NH Zip 03304	
Address 288 BRADFORD RD			Address 1474 ROUTE APT 3A		Last First Middle		City BOW		State NH Zip 03304	
City HENNIKER			City BOW		State NH		Zip 03304		1	
Insurance Company ENCOVA INSURANCE			Vehicle Action Prior to Crash 1		Damaged Area Code: 8		27 27 27		1	
Vehicle Travel Direction: N S X W			Event Sequence 1 23 23 23 23		Test Status: 1		28 29		1	
Citation # (If Issued)			Most Harmful Event 1		Type of Test: 1		30 31		1	
Viol. 1: Ch/Sec/Sub			Driver Contributing Code 1		BAC Test Result: 1		30 31		1	
Viol. 2: Ch/Sec/Sub			Driver Distracted by 0		Susp. Alcohol: 2		31 32		1	
Viol. 3: Ch/Sec/Sub			Driver Distracted by 0		Susp. Drug: 2		32 33		1	
Viol. 4: Ch/Sec/Sub			Driver Distracted by 0		Towed from scene? 1		33 34		1	
Please fill out for operator and all occupants involved			Name (Last First Middle)		Address		DOB/Age		Sex	
Operator			See Above		DOB/Age		Sex		1	
Operator			See Above		DOB/Age		Sex		1	
Operator			See Above		DOB/Age		Sex		1	
Operator			See Above		DOB/Age		Sex		1	
Please Select One of the Following:			☒ Vehicle 2 #Occupants		☐ Hit/Run		☐ Moped		Complete the Vulnerable User section.	
License # St. DOB/A			Reg # W176		Reg Type PC		Reg State MA		1	
Sex F Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement			Veh Year 2023		Veh Make CHEVROLET		Veh Config. 1		21	
Operator MORGAN, PATRICIA JEAN			Owner MORGAN, RICHARD JAMES		Last First Middle		City WOBURN		State MA Zip 01801-1709	
Address 65 SCHOOL ST			Address 65 SCHOOL ST		Last First Middle		City WOBURN		State MA Zip 01801-1709	
City WOBURN			City WOBURN		State MA		Zip 01801-1709		1	
Insurance Company THE STANDARD FIRE INSURAN			Vehicle Action Prior to Crash 4		Damaged Area Code: 7		27 27 27		1	
Vehicle Travel Direction: N S E X			Event Sequence 1 23 23 23 23		Test Status: 1		28 29		1	
Citation # (If Issued)			Most Harmful Event 1		Type of Test: 1		30 31		1	
Viol. 1: Ch/Sec/Sub			Driver Contributing Code 4		BAC Test Result: 1		30 31		1	
Viol. 2: Ch/Sec/Sub			Driver Distracted by 99		Susp. Alcohol: 2		31 32		1	
Viol. 3: Ch/Sec/Sub			Driver Distracted by 99		Susp. Drug: 2		32 33		1	
Viol. 4: Ch/Sec/Sub			Driver Distracted by 99		Towed from scene? 1		33 34		1	
Please fill out for operator and all occupants involved			Name (Last First Middle)		Address		DOB/Age		Sex	
Operator/Occupants			See Above		DOB/Age		Sex		1	
AUGUSTUS PATTON			***UNKNOWN*** WILMINGTON, MA 01887		DOB/Age		Sex		1	
AUGUSTUS PATTON			***UNKNOWN*** WILMINGTON, MA 01887		DOB/Age		Sex		1	
AUGUSTUS PATTON			***UNKNOWN*** WILMINGTON, MA 01887		DOB/Age		Sex		1	
AUGUSTUS PATTON			***UNKNOWN*** WILMINGTON, MA 01887		DOB/Age		Sex		1	

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

Crash Diagram:

ie: → 1 → 2 → O → B

128 West St.

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:

MV1 WAS TRAVELING EASTBOUND ON WEST ST. MV2 WAS ATTEMPTING TO MAKE A LEFT HAND TURN ON TO WEST ST. FROM INDUSTRIAL WAY. WHILE MV2 WAS TURNING ONTO WEST ST. IT COLLIDED INTO MV1.

WITNESS ON SCENE STATED THAT MV2 PULLED OUT OF INDUSTRIAL ONTO WEST ST. RIGHT IN FRONT OF MV1 AND THE TWO COLLIDED. WITNESS STATED HE WAS BEHIND MV1.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
GREENE JOHN JOSEPH	26 ANAWON RD PLYMOUTH MA 02360-4937		1

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

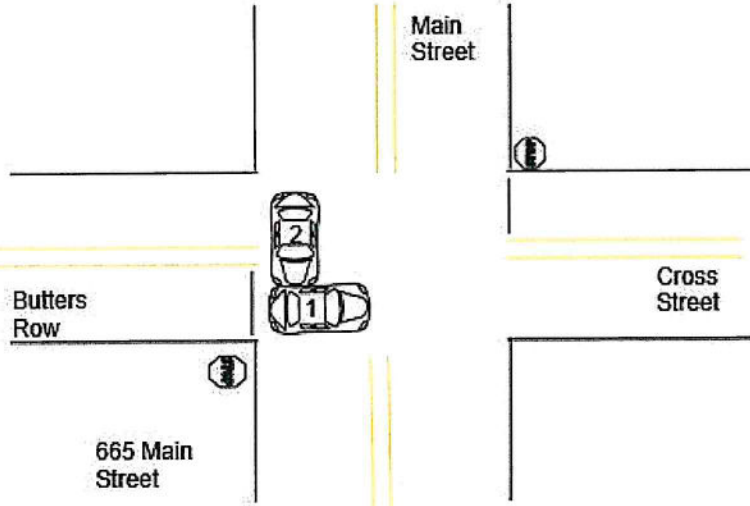
08/26/2024

Date

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 08/27/2024	Time of Crash 0735 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 2	Speed Limit 40	State Police Local Police MBTA Police Campus Police Other
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:			
1 MAIN ST			2				10			
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 BUTTERSROW			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							
6 Route# Direction Name of Intersecting Roadway/Street			Landmark							
3 Please Select One of the Following:			Crash Report ID# 24-246-AC							
☒ Vehicle 1 #Occupants			☐ Hit/Run				☐ Moped			
License S DOB/Ag			Reg # 460GCF Reg Type PC Reg State MA				12			
Sex Lic. Class 19 19 Lic. Restrictions B 20 CDL Endorsement			Veh Year 2015 Veh Make HONDA Veh Config. 1 21				1			
Operator			Owner MORETTI, LEAH							
Address:			Address 131 MARION ST							
City State Zip			City WILMINGTON State MA Zip 01887-4700							
Insurance Company PLYMOUTH ROCK ASSURANCE C			Vehicle Action Prior to Crash 6 22				Damaged Area Code: 6 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: 0 29			
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Driver Contributing Code 4 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 Please fill out for operator and all occupants involved			13							
Name (Last First Middle) Address			DOB/Age Sex				34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code Medical Facility			
Operator See Above			X X 1 1 2 0 0 8 0							
7 2 Please Select One of the Following:			Complete the Vulnerable User section.							
☒ Vehicle 2 #Occupants			☐ Hit/Run				☐ Moped			
License # S DOB/Ag			Reg # 3MD828 Reg Type PC Reg State MA							
Sex F Lic. Class 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2015 Veh Make TOYOTA Veh Config. 1 21							
Operator KNIBBS, CONNIE FRANCES			Owner KNIBBS, CONNIE FRANCES							
Address 66 BOUTWELL ST			Address 66 BOUTWELL ST							
City WILMINGTON State MA Zip 01887-2605			City WILMINGTON State MA Zip 01887-2605				14			
Insurance Company THE HANOVER INSURANCE COM			Vehicle Action Prior to Crash 1 22				Damaged Area Code: 1 27 27 27			
Vehicle Travel Direction: N X E W Responding to Emergency? 2			Event Sequence 1 23 23 23 23				Test Status: 1 28			
Citation # (If Issued)			Most Harmful Event 1 24				Type of Test: 0 29			
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Driver Contributing Code 1 25 25				BAC Test Result: 1 30			
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Distracted by 0 26 26				Susp. Alcohol: 2 31 Susp. Drug: 2 32			
9 2 Please fill out for operator and all occupants involved			14							
Name (Last First Middle) Address			DOB/Age Sex				34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code Medical Facility			
Operator/Occupants See Above			X X 1 1 4 0 0 8 2				Lahey HOSPITAL			

→ = 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:

Vehicle 1 (V1) was stopped at the stop sign on Butters Row where it intersects with Main Street. Vehicle 2 (V2) was traveling southbound on Main Street. V1's operator stated that she observed V2's right turn signal to be on, and thought the vehicle was turning right. She proceeded straight through the intersection, and V2 proceeded south on Main Street, striking the left rear of V1. V2's operator stated that her turn signal was not on. V2 came to rest in the southbound lane facing southbound. V1 came to rest in the northbound lane facing west. V1 had side airbag deployment, and V2 had no airbags deployed. V1's operator signed a medical refusal, and V2's operator was transported to Lahey Hospital by the Wilmington Fire Department. Both vehicles were towed by Forrest 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

08/27/2024

Police Officer Name (Please Print)

Signature

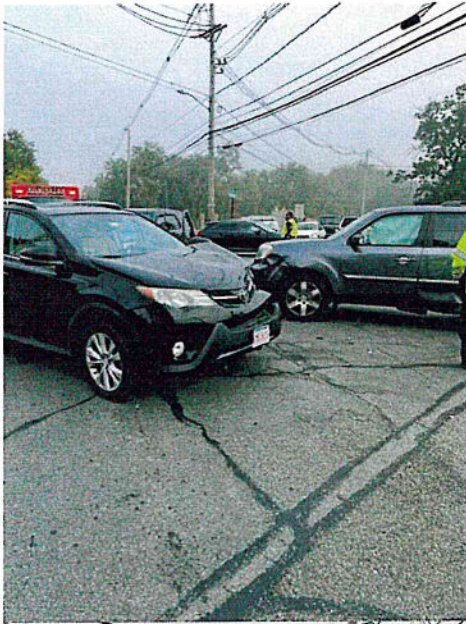
ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department
Images Associated with 24-246-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 08/27/2024	Time of Crash 2119 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 1	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					1 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# 24-247-AC	
License			DOB/Age		Reg # 2S1305		Reg Type MC		Reg State MA	
Sex F Lic. Class D M Lic. Restrictions 20 CDL Endorsement			Veh Year 2007		Veh Make HARLEY-DAVIDSON		Veh Config. 3		1 12	
Operator DITOMASO, ALICHA MARIE			Owner DITOMASO, ALICHA MARIE							
Address 13 GREENE ST			Address 13 GREENE ST							
City NORTH READING State MA Zip 01864-2011			City NORTH READING State MA Zip 01864-2011							
Insurance Company THE COMMERCE INSURANCE CO			Vehicle Action Prior to Crash 1		Damaged Area Code: 7 27 27 27					
Vehicle Travel Direction: ☒ S ☐ E ☐ W Responding to Emergency? 2			Event Sequence 97 23 23 23 23		Test Status: 1 28					
Citation # (If Issued)			Most Harmful Event 97 24		Type of Test: 29					
Viol. 1: Ch/Sec/Sub			Driver Contributing Code 1 25 25		BAC Test Result: 30					
Viol. 2: Ch/Sec/Sub			Driver Distracted by 0 26 26		Susp. Alcohol: 2 31 Susp. Drug: 2 32		97 13			
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			See Above		1		0 5		3 0 8 2 Winchester Hospital	
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 D M Lic. Restrictions 20 CDL Endorsement			Veh Year		Veh Make		Veh Config. 21			
Operator			Owner							
Address			Address							
City State Zip			City State Zip							
Insurance Company			Vehicle Action Prior to Crash 22		Damaged Area Code: 27 27 27					
Vehicle Travel Direction: N S E W Responding to Emergency?			Event Sequence 23 23 23 23		Test Status: 28					
Citation # (If Issued)			Most Harmful Event 24		Type of Test: 29					
Viol. 1: Ch/Sec/Sub			Driver Contributing Code 25 25		BAC Test Result: 30					
Viol. 2: Ch/Sec/Sub			Driver Distracted by 26 26		Susp. Alcohol: 31 Susp. Drug: 32					
Viol. 3: Ch/Sec/Sub					Towed from scene? 33					
Viol. 4: Ch/Sec/Sub										
Please fill out for operator and all occupants involved										
Name (Last First Middle)			Address		DOB/Age		Sex		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:

487 Woburn Street

Woburn Street

debris from filling trench of water main work

Debris scattered throughout this area

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 NORTH ON WOBURN STREET. MV1 ENCOUNTERED DEBRIS ON THE ROAD, ROCKS FROM FILLING IN THE WATER MAIN TRENCH WERE SCATTERED OVER BOTH SIDES OF THE ROAD. OPERATOR 1 LOST CONTROL OF MV1 WHEN ENCOUNTERING THE ROCKS. OPERATOR 1 FELL OFF OF MV1, WHICH CAME TO A STOP SHORTLY AFTER. OPERATOR 1 SUSTAINED INJURIES UP AND DOWN THE SIDE OF HER BODY AND HAND. OPERATOR WAS TRASPORTED TO THE HOSPITAL. VEHICLE WAS NOT TOWED.

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 Kayla M Hanson
 Police Officer Name (Please Print)

Signature

230
 ID/Badge #

Wilmington Police Department
 Department

Precinct/Barracks

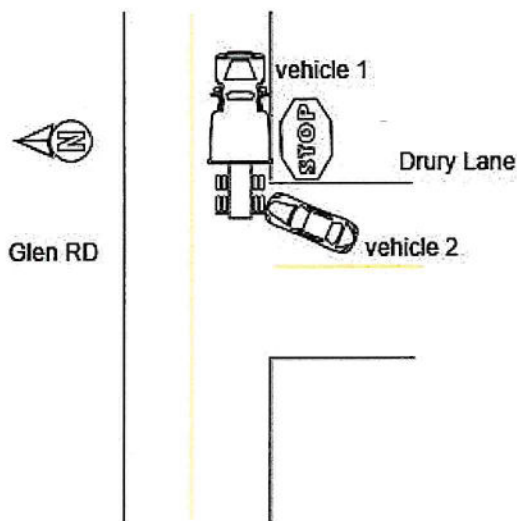
08/27/2024
 Date

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 08/28/2024	Time of Crash 1630 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 2	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 At			Route# Direction Address # Name of Roadway/Street 43 GLEN RD							
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			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 DRURY LN							
Please Select One of the Following: ☒ Vehicle 1 #Occupants ☐ Hit/Run ☐ Moped			Crash Report ID# 24-248-AC							
License Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement			Reg # V84043 Reg Type CO Reg State MA							
Operator BRYANT, ALAN W JR			Veh Year 2015 Veh Make Other-not listed Veh Config. 6 21							
Address 38 WOOD ST APT B			Owner NORTHEAST TREE INC							
City WOBURN State MA Zip 01801-3710			Address 60 LOUANIS DR							
Insurance Company SAFETY INSURANCE COMPANY			City READING State MA Zip 01867-3776							
Vehicle Travel Direction: N S X W Responding to Emergency? 2			Vehicle Action Prior to Crash 1 22							
Citation # (If Issued)			Event Sequence 1 23 23 23 23							
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Most Harmful Event 1 24							
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Contributing Code 1 25 25							
			Driver Distracted by 0 26 26							
Please fill out for operator and all occupants involved			Damaged Area Code: 4 27 27 27							
Name (Last First Middle) Address			Test Status: 1 28							
Operator See Above			Type of Test: 0 29							
			BAC Test Result: 1 30							
			Susp. Alcohol: 2 31 Susp. Drug: 2 32							
			Towed from scene? 2 33							
Please Select One of the Following: ☒ Vehicle 2 1 #Occupants ☐ Hit/Run ☐ Moped ☐ Vulnerable User Complete the Vulnerable User section.										
License Sex F Lic. Class D 19 19 Lic. Restrictions B 20 CDL Endorsement			Reg # 931YLK Reg Type PC Reg State MA							
Operator DIEHL, GLORIA L			Veh Year 2013 Veh Make KIA Veh Config. 1 21							
Address 12 HAMLIN LN			Owner DIEHL, GLORIA L							
City WILMINGTON State MA Zip 01887-1961			Address 12 HAMLIN LN							
Insurance Company ARBELLA MUTUAL INSURANCE			City WILMINGTON State MA Zip 01887-1961							
Vehicle Travel Direction: N S X W Responding to Emergency? 2			Vehicle Action Prior to Crash 3 22							
Citation # (If Issued)			Event Sequence 1 23 23 23 23							
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Most Harmful Event 1 24							
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Contributing Code 4 25 25							
			Driver Distracted by 0 26 26							
Please fill out for operator and all occupants involved			Damaged Area Code: 1 27 8 27 2 27							
Name (Last First Middle) Address			Test Status: 1 28							
Operator/Occupants See Above			Type of Test: 0 29							
			BAC Test Result: 1 30							
			Susp. Alcohol: 2 31 Susp. Drug: 2 32							
			Towed from scene? 2 33							

→ = 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:

vehicle 1 eastbound on Glen Rd passed Drury Lane and was struck by vehicle 2, facing north, heading east as he passed.

operator of vehicle 1 stated operator of vehicle 2 did not make a full stop at the stop sign / line causing them to make contact with his rear right tire.

Operator of vehicle 2 stated she did not see vehicle 1 before making contact with their vehicle further stating they were "going too fast".

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

08/28/2024

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

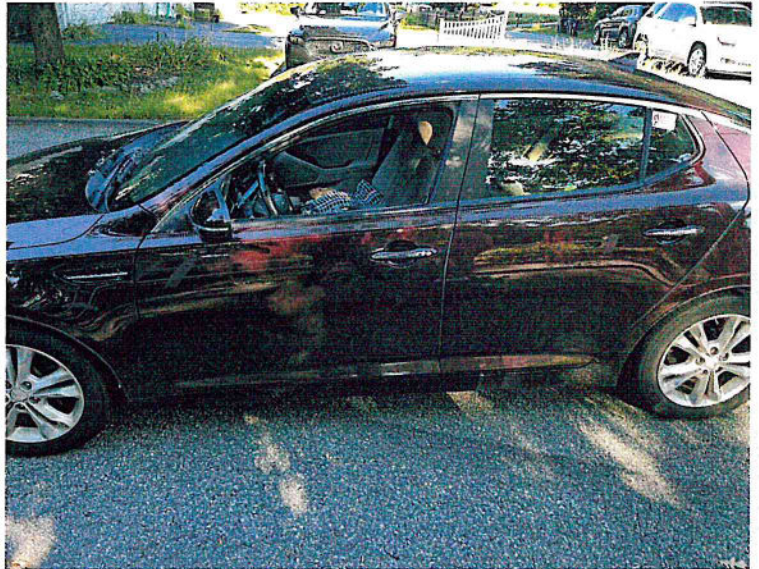
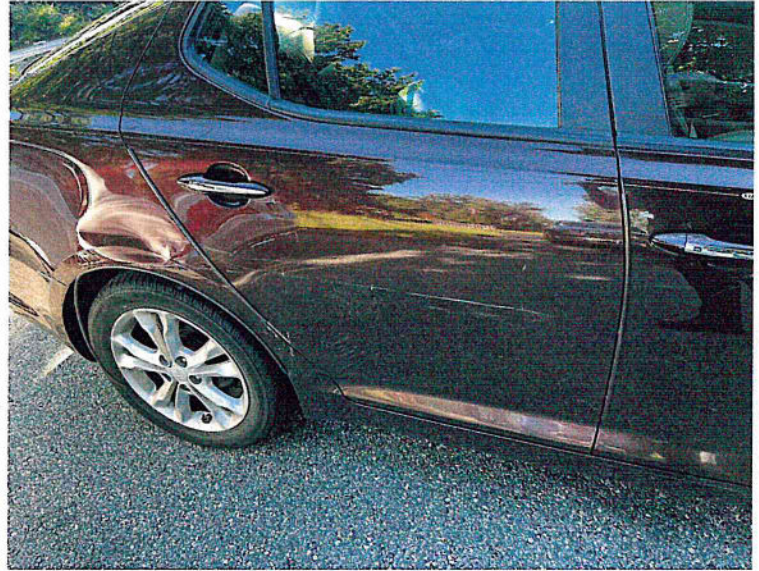
Precinct/Barracks

Date

Wilmington Police Department
Images Associated with 24-248-AC



Wilmington Police Department
Images Associated with 24-248-AC

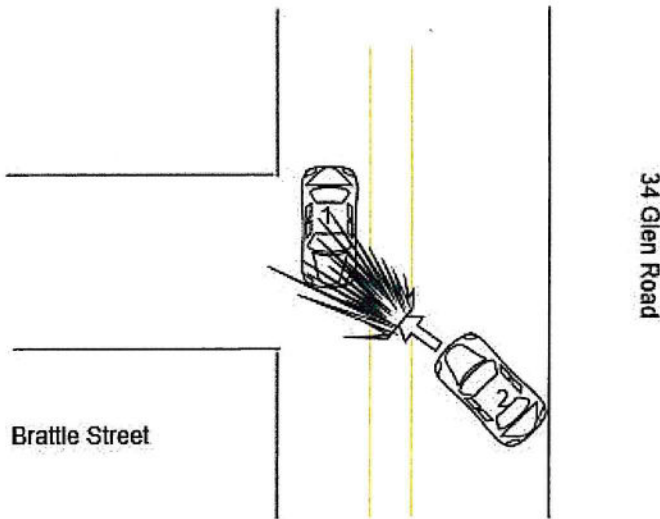


Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 08/28/2024	Time of Crash 1830 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 25	State Police Local Police MBTA Police Campus Police Other:		
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
Route# Direction Name of Roadway/Street At			Route# Direction Address # Name of Roadway/Street 108 GLEN RD							
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			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							
			Landmark							
Please Select One of the Following: ☒ Vehicle 1 #Occupants ☐ Hit/Run ☐ Moped			Crash Report ID# 24-249-AC							
License # DOB/Age Sex F Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement			Reg # 1GDW97 Reg Type PC Reg State MA							
Operator LOMBARDI, DEANNE M Last First Middle			Veh Year 2017 Veh Make MERCEDES-BENZ Veh Config. 1 21							
Address 34 LANAKA RD BSMT			Owner LOMBARDI, DEANNE M Last First Middle							
City TEWKSBURY State MA Zip 01876-1577			Address 34 LANAKA RD BSMT							
Insurance Company ALLSTATE INSURANCE COMPAN			City TEWKSBURY State MA Zip 01876-1577							
Vehicle Travel Direction: N X E W Responding to Emergency? 2			Vehicle Action Prior to Crash 1 22							
Citation # (If Issued)			Event Sequence 1 23 23 23 23							
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Most Harmful Event 1 24							
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Contributing Code 1 25 25							
			Driver Distracted by 0 26 26							
Please fill out for operator and all occupants involved			Damaged Area Code: 1 27 27 27							
Name (Last First Middle) Address			Test Status: 1 28							
Operator See Above			Type of Test: 0 29							
			BAC Test Result: 1 30							
			Susp. Alcohol: 2 31 Susp. Drug: 32							
			Towed from scene? 1 33							
Please Select One of the Following: ☒ Vehicle 2 #Occupants ☐ Hit/Run ☐ Moped ☐ Vulnerable User Complete the Vulnerable User section.										
License # St DOB/Age			Reg # 3PTM90 Reg Type PC Reg State MA							
Sex M Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement			Veh Year 2018 Veh Make BMW Veh Config. 1 21							
Operator ZUCCOLA, JOSEPH III Last First Middle			Owner ZUCCOLA, JOSEPH III Last First Middle							
Address 30 ALDRICH RD			Address 30 ALDRICH RD							
City WILMINGTON State MA Zip 01887-2202			City WILMINGTON State MA Zip 01887-2202							
Insurance Company QUINCY MUTUAL FIRE INSURA			Vehicle Action Prior to Crash 1 22							
Vehicle Travel Direction: X S E W Responding to Emergency? 2			Event Sequence 1 23 23 23 23							
Citation # (If Issued)			Most Harmful Event 1 24							
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Driver Contributing Code 4 25 25							
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Distracted by 0 26 26							
Please fill out for operator and all occupants involved			Damaged Area Code: 1 27 27 27							
Name (Last First Middle) Address			Test Status: 1 28							
Operator/Occupants See Above			Type of Test: 0 29							
			BAC Test Result: 1 30							
			Susp. Alcohol: 2 31 Susp. Drug: 32							
			Towed from scene? 1 33							

→ = 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:

While traveling South on Glen Road (public way in Wilmington), motor vehicle 1 was struck by motor vehicle 2 who was traveling North on Glen road and was taking a left onto Brattle Street, striking motor vehicle 1. Motor vehicle 1 and 2 had significant damage to the front center. There was air bag deployment in the center of motor vehicle 1 and air bag deployment in the front and on the side of motor vehicle 2. Operator of motor vehicle 1 was complaining of arm pain, but declined further medical attention and signed a refusal. Motor vehicle 1 and 2 were towed off scene 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 Zachary A Leighton 227 Wilmington Police Department 08/28/2024
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Images Associated with 24-249-AC



Wilmington Police Department
Images Associated with 24-249-AC

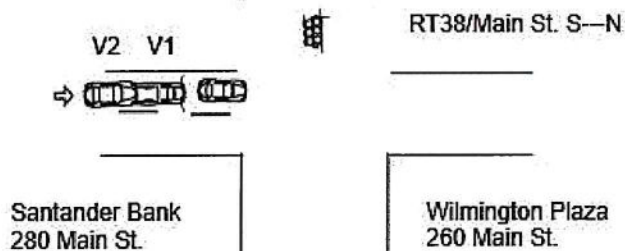


Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 08/30/2024	Time of Crash 1338 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 35	State Police ☐ Local Police ☐ MBTA Police ☐ Campus Police ☐ Other: ☐		
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
Route# Direction Name of Roadway/Street At			Route# Direction Address # Name of Roadway/Street 38 N 280 MAIN ST							
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			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 SANTANDER BANK Landmark							
Please Select One of the Following: ☒ Vehicle 1 #Occupants ☐ Hit/Run ☐ Moped			Crash Report ID# 24-250-AC							
License # St DOB/A1 Sex F Lic. Class D 19 19 Lic. Restrictions B 20 CDL Endorsement			Reg # 3TZY63 Reg Type PC Reg State MA							
Operator CONWAY, HELEN G Last First Middle			Veh Year 2023 Veh Make SUBARU Veh Config. 1 21							
Address 16 GRASSHOPPER LN			Owner CONWAY, HELEN G Last First Middle							
City TEWKSBURY State MA Zip 01876-3810			Address 16 GRASSHOPPER LN							
Insurance Company SAFETY INSURANCE COMPANY			City TEWKSBURY State MA Zip 01876-3810							
Vehicle Travel Direction: ☒ S ☐ E ☐ W Responding to Emergency? 2			Vehicle Action Prior to Crash 2 22							
Citation # (If Issued)			Event Sequence 1 23 23 23 23							
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Most Harmful Event 1 24							
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Contributing Code 1 25 25							
			Driver Distracted by 0 26 26							
Please fill out for operator and all occupants involved			Damaged Area Code: 5 27 27 27							
Name (Last First Middle) Address			Test Status: 1 28							
Operator See Above			Type of Test: 29							
			BAC Test Result: 30							
			Susp. Alcohol: 2 31 Susp. Drug: 2 32							
			Towed from scene? 2 33							
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 # 2MPE44 Reg Type PC Reg State MA							
Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement			Veh Year 2012 Veh Make CADILLAC Veh Config. 1 21							
Operator KIPPENBERGER, TIMOTHY JOSEPH Last First Middle			Owner KIPPENBERGER, STEPHANIE ANN Last First Middle							
Address 3 RUSSELL RD			Address 3 RUSSELL RD							
City WILMINGTON State MA Zip 01887-1657			City WILMINGTON State MA Zip 01887-1657							
Insurance Company ARBELLA MUTUAL INSURANCE			Vehicle Action Prior to Crash 1 22							
Vehicle Travel Direction: ☒ S ☐ E ☐ W Responding to Emergency? 2			Event Sequence 1 23 23 23 23							
Citation # (If Issued)			Most Harmful Event 1 24							
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Driver Contributing Code 5 25 19 25							
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Distracted by 2 26 26							
Please fill out for operator and all occupants involved			Damaged Area Code: 1 27 27 27							
Name (Last First Middle) Address			Test Status: 28							
Operator/Occupants See Above			Type of Test: 29							
			BAC Test Result: 30							
			Susp. Alcohol: 2 31 Susp. Drug: 2 32							
			Towed from scene? 1 33							

→ = 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:

V1 (Conway) stopped in traffic RT38N for a vehicle stopping in front of her. V2 (Kippenberger) rear-ended V1. No injuries observed or reported. V1 damaged on rear bumper. V2 damaged on front end. Both vehicles had pulled off into Wilmington Plaza lot post collision. V2 OPR (parked in main lot) contacted AAA for private tow. V2 OPR Kippenberger admitted getting phone call just prior to collision. V2 Following too close, and OPR inattention most probable cause in crash. V1 OPR assisted in calling son from scene, but she elected to drive home on her home without issue.

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

173

Wilmington Police Department

08/30/2024

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Police Use Only			Commonwealth of Massachusetts			RMV Document Number								
Date of Crash 08/30/2024	Time of Crash 1735 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit <u>35</u> 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# <u>72</u> Direction _____ Address # _____ Name of Roadway/Street <u>MAIN ST</u> _____ Feet <u>N S E W</u> of _____ Mile Marker _____ Exit Number _____											
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____			_____ Feet <u>N S E W</u> of _____ Route# _____ Intersecting Roadway/Street _____											
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			Landmark _____											
Please Select One of the Following: ☒ Vehicle <u>14</u> #Occupants <u>1</u> ☐ Hit/Run ☐ Moped			Crash Report ID# <u>24-251-AC</u>											
License # _____ St. _____ DOB/Age _____			Reg # <u>1YVS39</u> Reg Type <u>PC</u> Reg State <u>MA</u>											
Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>99</u> <u>20</u> CDL _____			Veh Year <u>2020</u> Veh Make <u>HYUNDAI</u> Veh Config. <u>1</u> <u>21</u>											
Operator <u>MARTINEZ, JASON</u> Last First Middle			Owner <u>MARTINEZ, JASON</u> Last First Middle											
Address <u>6111 AVALON DR</u>			Address <u>6111 AVALON DR</u>											
City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-1165</u>			City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-1165</u>											
Insurance Company <u>STATE FARM MUTUAL AUTOMOB</u>			Vehicle Action Prior to Crash <u>6</u> <u>22</u> Damaged Area Code: <u>8</u> <u>27</u> <u>27</u> <u>27</u>											
Vehicle Travel Direction: <u>N S E W</u> Responding to Emergency? <u>2</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>											
Citation # (If Issued) _____			Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u>											
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____			BAC Test Result: <u>30</u>											
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____			Driver Contributing Code <u>4</u> <u>25</u> <u>25</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u>											
Please fill out for operator and all occupants involved			Driver Distracted by <u>0</u> <u>26</u> <u>26</u> Towed from scene? <u>2</u> <u>33</u>											
Name (Last First Middle)			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		☒	☒	<u>1</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	
							<u>3</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	
							<u>6</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	
							<u>4</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	
Please Select One of the Following: ☒ Vehicle <u>21</u> #Occupants <u>1</u> ☐ Hit/Run ☐ Moped ☐ Vulnerable User Complete the Vulnerable User section.														
License # _____ St. _____ DOB/Age _____			Reg # <u>SMIY</u> Reg Type <u>DL</u> Reg State <u>MA</u>											
Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>99</u> <u>20</u> CDL _____			Veh Year <u>2021</u> Veh Make <u>TOYOTA</u> Veh Config. <u>1</u> <u>21</u>											
Operator <u>MEDINA, ROMULO MACIEL BERNARD</u> Last First Middle			Owner <u>SENA MOTORS INC</u> Last First Middle											
Address <u>5 ELMWOOD RD APT 1</u>			Address <u>120 SQUIRE RD</u>											
City <u>SWAMPSCOTT</u> State <u>MA</u> Zip <u>01907-1932</u>			City <u>REVERE</u> State <u>MA</u> Zip _____											
Insurance Company _____			Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>2</u> <u>27</u> <u>27</u> <u>27</u>											
Vehicle Travel Direction: <u>S E W</u> Responding to Emergency? <u>2</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>											
Citation # (If Issued) _____			Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u>											
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____			BAC Test Result: <u>30</u>											
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____			Driver Contributing Code <u>1</u> <u>25</u> <u>25</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u>											
Please fill out for operator and all occupants involved			Driver Distracted by <u>0</u> <u>26</u> <u>26</u> Towed from scene? <u>2</u> <u>33</u>											
Name (Last First Middle)			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		☒	☒	<u>1</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	

Crash Diagram:

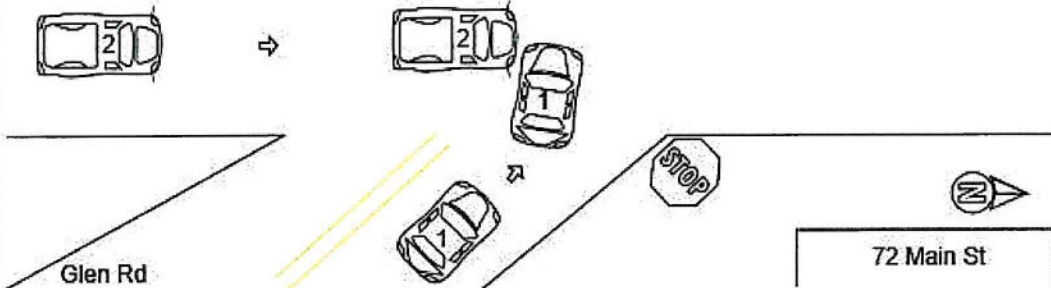
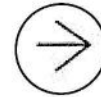
ie: → 1 → 2 → ○ → ○

Main St/MA-38

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:

08/30/24 @ appx 1735hrs, dispatched to 2532 Main St, Tewksbury for MVC that occurred @ Main St/Glen Rd in Wilmington. OP1 stated, he followed OP2 to address (First Class Auto Service). OPs exchanged info. OP1 decided to report to PD. OP1 stated crash occurred at appx 1635hrs, he was turning L onto Main St from Glen Rd. Stopped at sign, looked L, looked R, waited for SB traffic then proceeded before looking L again. MV1 entered NB travel lane, as MV2 was traveling NB and struck MV2. Both MVs operable with minor damage and drove to 2532 Main St, Tewksbury. OP2 confirmed. No injuries 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 Joseph A Fitzgerald
Police Officer Name (Please Print)

Signature

215
ID/Badge #

Wilmington Police Department
Department

Precinct/Barracks

08/30/2024
Date

Wilmington Police Department
Images Associated with 24-251-AC

