

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 09/01/2024	Time of Crash 1431 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 35	State Police Local Police MBTA Police Campus Police Other		
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street					2 10		
At			38 S 581 MAIN ST							
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Mile Marker Exit Number					4 11		
Also at Intersection with			Feet N S E W of Intersecting Roadway/Street							
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of TRITON CAR WASH							
Landmark										
Please Select One of the Following:			☒ Vehicle 1 #Occupants		☐ Hit/Run		☐ Moped		Crash Report ID# 24-252-AC	
License # S DOB/Age			Reg # 8FEL20		Reg Type PC		Reg State MA		1 12	
Sex M Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement			Veh Year 2020		Veh Make TOYOTA		Veh Config. 1 21			
Operator MORENO, HELENO LOPES			Owner MORENO, HELENO LOPES							
Address 287 PINE GROVE DR			Address 287 PINE GROVE DR							
City BROCKTON State MA Zip 02301-1122			City BROCKTON State MA Zip 02301-1122							
Insurance Company SAFECO INSURANCE COMPANY			Vehicle Action Prior to Crash 1 22		Damaged Area Code: 8 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: 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				1 13	
Please fill out for operator and all occupants involved										
Name (Last First Middle) Address			DOB/Age Sex		34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code		Medical Facility			
Operator See Above			1 1 4 0 0 10 1							
Please Select One of the Following:			☐ Vehicle 2 1 #Occupants		☒ Hit/Run		☐ Moped		☐ Vulnerable User Complete the Vulnerable User section.	
License # St DOB/Age			Reg # unknown		Reg Type		Reg State		1 14	
Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement			Veh Year		Veh Make TOYOTA		Veh Config. 2 21			
Operator unknown			Owner							
Address			Address							
City State Zip			City State Zip							
Insurance Company			Vehicle Action Prior to Crash 9 22		Damaged Area Code: 4 27 27 27					
Vehicle Travel Direction: N X E W Responding to Emergency?			Event Sequence 1 23 23 23 23		Test Status: 28					
Citation # (If Issued)			Most Harmful Event 1 24		Type of Test: 29					
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Driver Contributing Code 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 38 Trap Code 39 Injury Status 40 Transp. Code		Medical Facility			
Operator/Occupants See Above			1 1 4 0 0 10 1							

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○



If Crash Did Not Occur
on a Public Way:

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

Indicate North by Arrow



Crash Narrative:

V1 traveling RT38S near 581 Main Street. V2 (orange Toyota Rav4 Unk reg/opr) passed V1 on left to access left turn lane or while V1 was entering left lane at lane opening and side swiped V1 on right front end. No injuries observed or reported. V2 left scene w/o making identification to V1 OPR or police post collision. No further information/witness available for V2. V1 damaged along left front fender and wheel (dents, scuff damage). V1 OPR directed to insurance.

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

09/01/2024

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

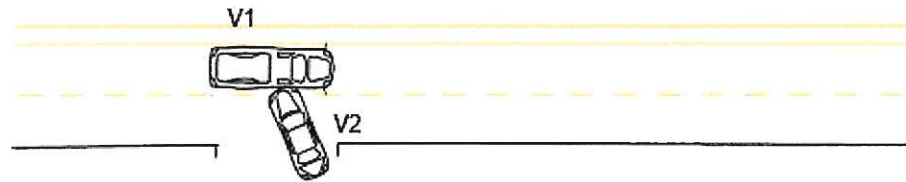
Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 09/02/2024	Time of Crash 1737 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 35 Latitude Longitude	State Police Local Police MBTA Police Campus Police Other	
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
Route# Direction Name of Roadway/Street At			Route# Direction Address # Name of Roadway/Street 337 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							
			Landmark							
Please Select One of the Following: ☒ Vehicle 11 #Occupants ☐ Hit/Run ☐ Moped			Crash Report ID# 24-253-AC							
License # St DOB/Age Sex M Lic. Class 19 19 Lic. Restrictions I 20 CDL Endorsement			Reg # 4YYJ65 Reg Type PC Reg State MA							
Operator WICKSON, JOSEPH MICHAEL Last First Middle			Veh Year 2015 Veh Make GMC Veh Config. 2 21							
Owner WICKSON, JOSEPH MICHAEL Last First Middle			Address 14 KNEELAND RD							
City TEWKSBURY State MA Zip 01876-3315			City TEWKSBURY State MA Zip 01876-3315							
Insurance Company PROGRESSIVE DIRECT INSURA			Vehicle Action Prior to Crash 1 22							
Vehicle Travel Direction: N X 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 1 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			Please fill out for operator and all occupants involved							
Name (Last First Middle) Address DOB/Age Sex			Name (Last First Middle) Address DOB/Age Sex							
Operator See Above			Operator See Above							
Please Select One of the Following: ☒ Vehicle 21 #Occupants ☐ Hit/Run ☐ Moped ☐ Vulnerable User Complete the Vulnerable User section.			Please Select One of the Following: ☒ Vehicle 21 #Occupants ☐ Hit/Run ☐ Moped ☐ Vulnerable User Complete the Vulnerable User section.							
License # St DOB/Age Sex F Lic. Class 19 19 Lic. Restrictions 1 20 CDL Endorsement			Reg # 4FAM16 Reg Type PC Reg State MA							
Operator KEMPSTER, ALEXANDRA LIANA Last First Middle			Veh Year 2010 Veh Make HONDA Veh Config. 1 21							
Owner KEMPSTER, ALEXANDRA LIANA Last First Middle			Address 132 HOLT RD							
City ANDOVER State MA Zip 01810-5006			City ANDOVER State MA Zip 01810-5006							
Insurance Company ARBELLA MUTUAL INSURANCE			Vehicle Action Prior to Crash 4 22							
Vehicle Travel Direction: N S X 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			Please fill out for operator and all occupants involved							
Name (Last First Middle) Address DOB/Age Sex			Name (Last First Middle) Address DOB/Age Sex							
Operator/Occupants See Above			Operator/Occupants See Above							

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

Crash Diagram:

340 Main Street Parking Lot
AL Prime Energy

Rt. 38 Wilminaton



337 Main Street Parking Lot
EJ's Pizza



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 traveling southbound on Main Street towards Woburn. V2 was taking a left turn out of the EJ's parking lot, 337 Main Street. V1 and V2 crashed in the vicinity of 337 Main Street. Opr1 stated he was traveling straight in the left of the two travel lanes and Opr2 took a left out of the parking lot and hit him. Opr2 stated she was taking a left out of the parking lot and Op1 hit her. Op2 stated the right lane of traffic let her out but Op1 was speeding. No injuries observed or reported in either operator. V1 had minor/moderate passenger side damage. V2 had front airbag deployment and heavy front end damage. Opr2 declined medical attention after her front airbag was deployed. Opr2 stated there was damage to her trunk prior to the accident. V2 was 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 Kathryn C Goodwin

216

Wilmington Police Department

09/02/2024

Police Officer Name (Please Print)

Signature

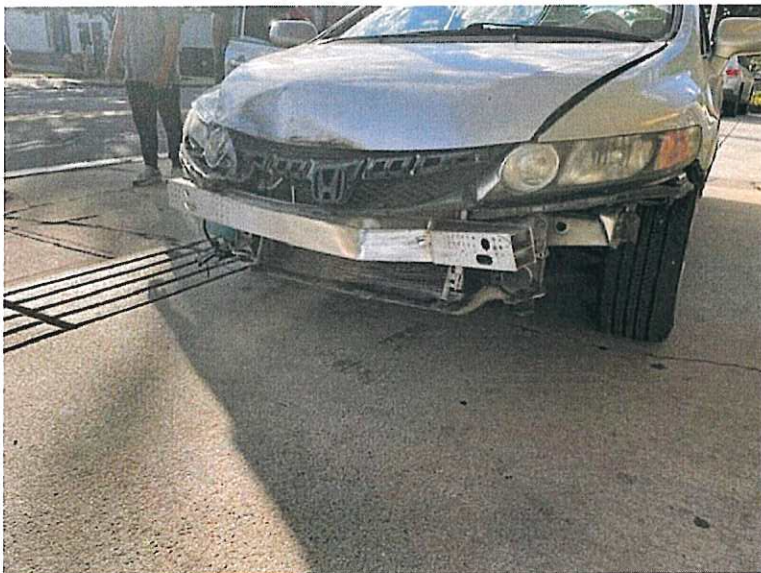
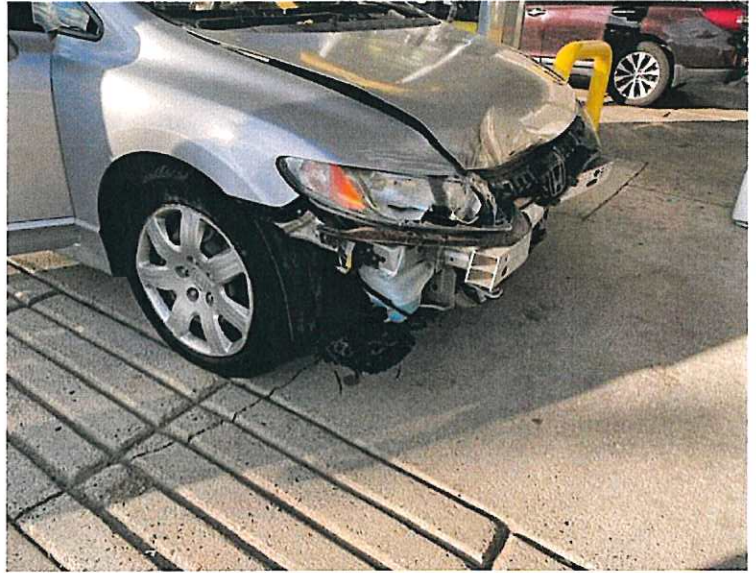
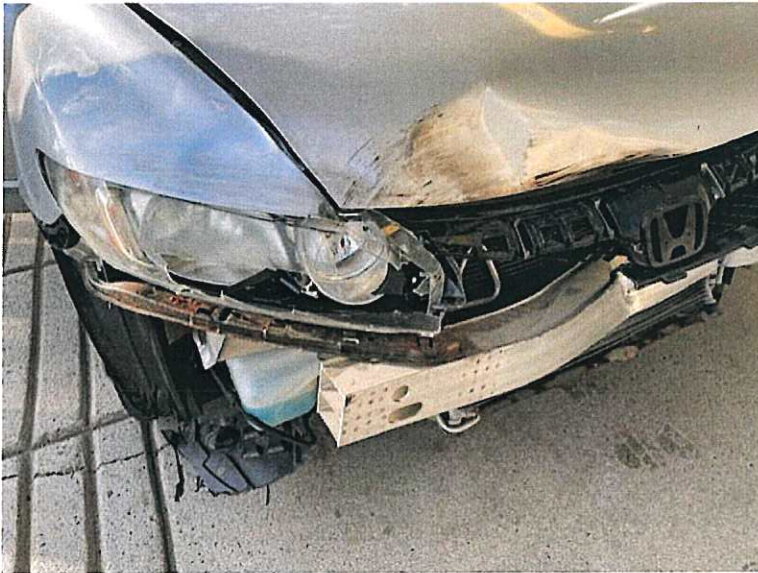
ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department
Images Associated with 24-253-AC

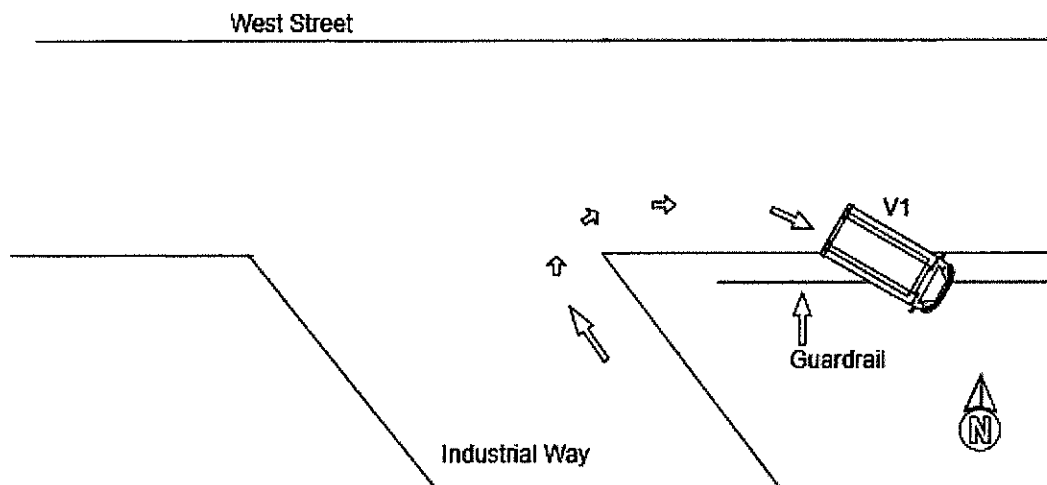


Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 09/03/2024	Time of Crash 0942 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 1	Number Injured 0	Speed Limit 35 Latitude +042.5342 Longitude -071.137	State Police Local Police MBTA Police Campus Police Other:	
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
Route# Direction WEST ST			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 INDUSTRIAL WAY			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# 24-254-AC							
License # DOB/Age			Reg # R54122		Reg Type CO		Reg State MA			
Sex M Lic. Class 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2008		Veh Make Other-not listed		Veh Config. 6 21			
Operator BRUCE, CHRISTOPHER LEE			Owner MJR DELIVERY INC							
Address 6 ARDELL ST			Address 23 UNSWORTH ST							
City LOWELL State MA Zip 01854			City LOWELL State MA Zip 01850-1911							
Insurance Company PROTECTIVE INSURANCE COMP			Vehicle Action Prior to Crash 3 22		Damaged Area Code: 10 27 1 27 27					
Vehicle Travel Direction: N S X W Responding to Emergency? 2			Event Sequence 40 23 23 23 23		Test Status: 1 28					
Citation # (If Issued) 873086AC			Most Harmful Event 24 24		Type of Test: 29					
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Driver Contributing Code 12 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					
Please fill out for operator and all occupants involved					Towed from scene? 2 33					
Name (Last First Middle) Address DOB/Age Sex 34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code Medical Facility										
Operator See Above			1 99 4 0 0 10 1							
Please Select One of the Following: ☐ Vehicle 2 #Occupants ☐ Hit/Run ☐ Moped ☐ Vulnerable User Complete the Vulnerable User section.										
License # St DOB/Age			Reg #		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					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			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:

V1 was turning right on to West Street from Industrial Way. The operator of V1 stated that he was unfamiliar with driving this type of truck and oversteered the turn causing the vehicle to drive off of the right side of the roadway and up on to the guardrail. V1 sustained front end and possible undercarriage damage. The vehicle was removed from the guardrail by a tow truck and drove away under it's own power. The driver was uninjured.

Witnesses:

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

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
TOWN OF WILMINGTON	121 GLEN RD WILMINGTON MA 01887		3	GUARDRAIL

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

09/03/2024

Date

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 09/03/2024	Time of Crash 1208 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 1	Number Injured 1	Speed Limit 25 Latitude Longitude	State Police Local Police MBTA Police Campus Police Other	
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street							
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# 24-255-AC							
License S DOB/Age			Reg # 1VWM93 Reg Type PC Reg State MA							
Sex F Lic. Class 19 19 Lic. Restrictions B 20 CDL Endorsement			Veh Year 2021 Veh Make TOYOTA Veh Config. 1 21							
Operator ISLAM, SHAHIDA			Owner PV HOLDING CORP							
Address 1835 MIDDLESEX ST APT C			Address 375 MCCLELLAN HWY							
City LOWELL State MA Zip 01851-1126			City E BOSTON State MA Zip 02128-1177							
Insurance Company HARTFORD FIRE INSURANCE C			Vehicle Action Prior to Crash 1 22							
Vehicle Travel Direction: N S E W Responding to Emergency? 2			Event Sequence 22 23 23 23 23							
Citation # (If Issued)			Most Harmful Event 22 24							
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Driver Contributing Code 9 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			Please fill out for operator and all occupants involved							
Name (Last First Middle) Address			Name (Last First Middle) Address							
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			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?			Event Sequence 23 23 23 23							
Citation # (If Issued)			Most Harmful Event 24							
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Driver Contributing Code 25 25							
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Distracted by 26 26							
Please fill out for operator and all occupants involved			Please fill out for operator and all occupants involved							
Name (Last First Middle) Address			Name (Last First Middle) Address							
Operator/Occupants See Above			Operator/Occupants See Above							

Crash Diagram:

ie: → 1 → 2 → ○ → ○

20
Hillside
Way

Utility
Pole 14

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 was traveling west on Hillside way in the area of #20. Vehicle operator stated that a vehicle in the oncoming lane was over the center yellow line and she veered to the right to avoid a collision. When she veered to the right she left the roadway and struck utility pole 14. No airbags were deployed, and operator was transported to Lahey Hospital by Burlington EMS. 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

09/03/2024

Police Officer Name (Please Print)

Signature

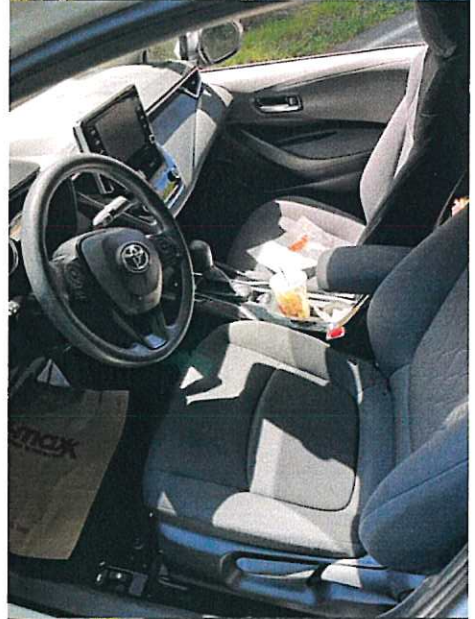
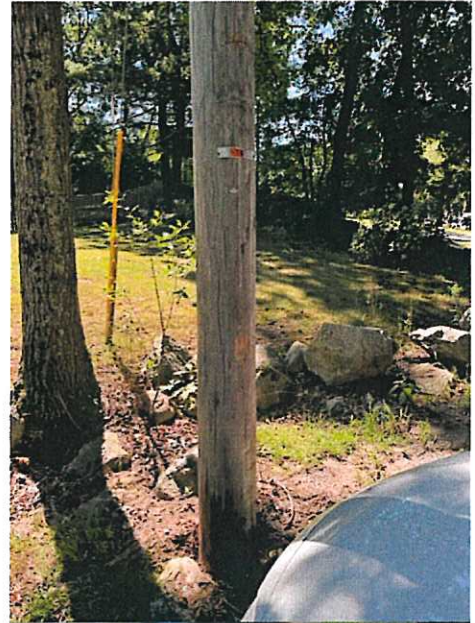
ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department
Images Associated with 24-255-AC



Wilmington Police Department
Images Associated with 24-255-AC

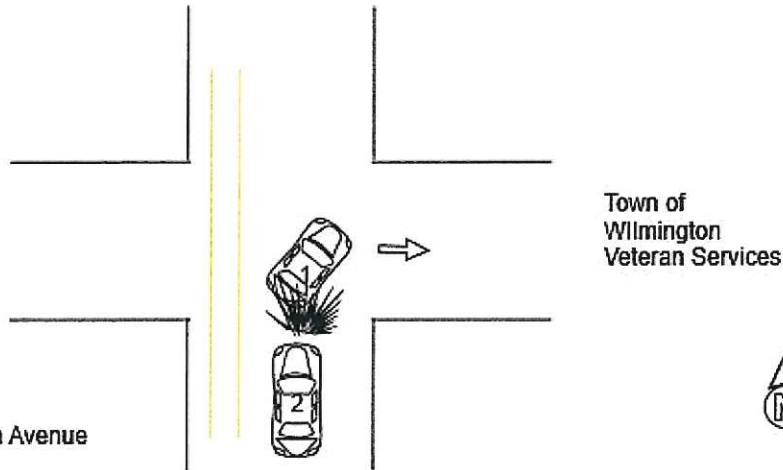


Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 09/03/2024	Time of Crash 1743 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 35 Latitude Longitude	State Police Local Police MBTA Police Campus Police Other	
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
Route# Direction Name of Roadway/Street At			Route# Direction Address # Name of Roadway/Street 136 SHAWSHOEN AVE							
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# 24-256-AC	
License B/Age			Reg # 473SY9		Reg Type PC		Reg State MA			
Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement			Veh Year 2012		Veh Make NISSAN		Veh Config. 1		21	
Operator NORDQUIST, CYNTHIA ANN			Owner NORDQUIST, CYNTHIA ANN							
Address 15 ALTON ST APT 3			Address 15 ALTON ST APT 3							
City LOWELL State MA Zip 01852-3668			City LOWELL State MA Zip 01852-3668							
Insurance Company THE COMMERCE INSURANCE CO			Vehicle Action Prior to Crash 3		22		Damaged Area Code: 5 27 27 27			
Vehicle Travel Direction: N S E X Responding to Emergency? 2			Event Sequence 1 23 23 23 23				Test Status: 1 28			
Citation # (If Issued)			Most Harmful Event 1 24				Type of Test: 0 29			
Viol. 1: Ch/Sec/Sub			Driver Contributing Code 10 25 25				BAC Test Result: 1 30			
Viol. 2: Ch/Sec/Sub			Driver Distracted by 0 26 26				Susp. Alcohol: 2 31 Susp. Drug: 2 32		1 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		Medical Facility	
Operator			See Above		X		X			
Please Select One of the Following:			☒ Vehicle 2 #Occupants		☐ Hit/Run		☐ Moped		☐ Vulnerable User Complete the Vulnerable User section.	
License # B/Age			Reg # X39660		Reg Type CO		Reg State MA			
Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement			Veh Year 2023		Veh Make GMC		Veh Config. 8		21	
Operator SCALESE, TIMOTHY JOHN			Owner P J DIONNE COMPANY INC							
Address 16 RADCLIFFE RD			Address 64 INDUSTRIAL PKWY							
City BILLERICA State MA Zip 01821-3243			City WOBURN State MA Zip 01801-1969							
Insurance Company THE TRAVELERS INDEMNITY C			Vehicle Action Prior to Crash 1		22		Damaged Area Code: 5 27 27 27			
Vehicle Travel Direction: N S E X Responding to Emergency? 2			Event Sequence 1 23 23 23 23				Test Status: 1 28			
Citation # (If Issued)			Most Harmful Event 1 24				Type of Test: 0 29			
Viol. 1: Ch/Sec/Sub			Driver Contributing Code 1 25 25				BAC Test Result: 1 30			
Viol. 2: Ch/Sec/Sub			Driver Distracted by 0 26 26				Susp. Alcohol: 2 31 Susp. Drug: 2 32		1 14	
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		Medical Facility	
Operator/Occupants			See Above		X		X			

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○



If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow



Crash Narrative:

While traveling West on Shawsheen Avenue (public way in Wilmington) the register owner of motor vehicle 1 turned on her blinker to pull right into the Town of Wilmington Veteran services building. As the register owner of motor vehicle 1 was pulling into the parking lot, motor vehicle 2 rear ended motor vehicle 1. There was signifcant damage to motor vehicle 2 (center front see images) and was towed by A&S. Motor vehicle 1 had minor damage to the rear bumper (scratches see images) and was in driveable condition. No air-bag deployment nor injuries were sustained.

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 09/03/2024
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department Images Associated with 24-256-AC

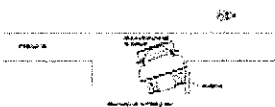


Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 09/03/2024	Time of Crash 1802 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 1	Number Injured 0	Speed Limit 25	State Police Local Police MBTA Police Campus Police Other:	
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
1 PILLING RD					2					
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		1					
Also at Intersection with			Feet N S E W of Route# Intersecting Roadway/Street							
2 1 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# 24-257-AC							
License: S. 3/Age 20			Reg # W19620 Reg Type CO Reg State MA		7 12					
Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement			Veh Year 2021 Veh Make FORD Veh Config. 6							
Operator ROLANDO, ELIE			Owner AMAZON LOGISTICS INC							
Address 159 PELHAM ST APT APT 1			Address 410 TERRY N AVE							
City METHUEN State MA Zip 01844			City SEATTLE State WA Zip 98109-5210							
Insurance Company			Vehicle Action Prior to Crash 4		Damaged Area Code: 4 27 27 27					
Vehicle Travel Direction: N X E W Responding to Emergency? 2			Event Sequence 31 23 23 23 23		Test Status: 1 28					
Citation # (If Issued)			Most Harmful Event 31 24		Type of Test: 0 29					
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Driver Contributing Code 19 25 25		BAC Test Result: 1 30					
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Distracted by 99 26 26		Susp. Alcohol: 99 31 Susp. Drug: 99 32					
Please fill out for operator and all occupants involved					30 13					
Name (Last First Middle) Address			DOB/Age Sex		Medical Facility					
Operator See Above			1 99 99 99 99 99 99							
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		21					
Sex Lic. Class 19 19 Lic. Restrictions 20 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					1 14					
Name (Last First Middle) Address			DOB/Age Sex		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:

reporting parties, Frank and Wendy Dinsmore, state Amazon truck attempted to make a U-turn in their driveway. Amazon truck took too sharp of a turn and struck the mailbox of 4 Pilling Rd.

Reporting parties made contact with the driver, but he couldn't speak english well enough to communicate with them, after helping them prop up the mailbox, and attempting to contact the manager he left the area.

I followed up with Amazon manager, Jarlyn Garcia, who was able to identify the driver as Elie Rolando. I spoke with amazon manager Marysol Rivera who stated she would call the dinsmore residence tomorrow 09/05/24 to assist them with filing a claim and getting reimbursed for the damage. Update: on 4-12 shift 09/05/24 I was contacted by amazon and they stated they called the dinsmore residence to initiate claim.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
DINSMORE WENDY	4 PILLING RD WILMINGTON MA 01887-1416		
DINSMORE FRANK BEAN	4 PILLING RD WILMINGTON MA 01887-1416		

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
DINSMORE FRANK BEAN	4 PILLING RD WILMINGTON MA 01887-1		99	MAILBOX

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 09/03/2024
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Images Associated with 24-257-AC



Wilmington Police Department
Images Associated with 24-257-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 09/04/2024	Time of Crash 0943 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 2	Speed Limit 40 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										
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 12 #Occupants		☐ Hit/Run		☐ Moped		Crash Report ID# 24-258-AC	
License: St DOB/Age			Reg # 5CVT44		Reg Type PC		Reg State MA			
Sex F Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement			Veh Year 2013		Veh Make HONDA		Veh Config. 1			
Operator LOUISAINT, DIONA			Owner LAND, JEAN LORT							
Address 240 MISHAWUM RD APT 241			Address 240 MISHAWUM RD APT 241							
City WOBURN State MA Zip 01801-2018			City WOBURN State MA Zip 01801-2018							
Insurance Company ARBELLA MUTUAL INSURANCE			Vehicle Action Prior to Crash 1 22		Damaged Area Code: 1 27 9 27 27					
Vehicle Travel Direction: N S E W Responding to Emergency? 2			Event Sequence 1 23 23 23 23		Test Status: 1 28					
Citation # (If Issued) 877621AC			Most Harmful Event 1 24		Type of Test: 0 29					
Viol. 1: Ch/Sec/Sub 89 4A Viol. 2: Ch/Sec/Sub			Driver Contributing Code 9 25 25		BAC Test Result: 1 30					
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Distracted by 99 26 26		Susp. Alcohol: 2 31 Susp. Drug: 2 32					
Please fill out for operator and all occupants involved										
Name (Last First Middle) Address DOB/Age Sex			34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code		Medical Facility					
Operator See Above			1 1 4 0 2 8 2		Lahey HOSPITAL					
BLANDINE SERAPHIN 40 SOUTH AVE BURLINGTON, MA 01803-4904			F 3 1 4 0 2 8 2		Lahey HOSPITAL					
Please Select One of the Following:			☒ Vehicle 21 #Occupants		☐ Hit/Run		☐ Moped		☐ Vulnerable User Complete the Vulnerable User section.	
License: St DOB/Age			Reg # 3315361		Reg Type AP		Reg State IN			
Sex M Lic. Class A 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2023		Veh Make International		Veh Config. 10			
Operator WARE, RASAAN EUGENE			Owner J B HUNT TRANSPORT INC							
Address 1141 9TH ST			Address 9200 E 146TH ST							
City MC KEES ROCKS State PA Zip 15136			City NOBLESVILLE State IN Zip 46060							
Insurance Company			Vehicle Action Prior to Crash 10 22		Damaged Area Code: 4 27 27 27					
Vehicle Travel Direction: N S E W Responding to Emergency? 2			Event Sequence 1 23 23 23 23		Test Status: 1 28					
Citation # (If Issued)			Most Harmful Event 1 24		Type of Test: 0 29					
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Driver Contributing Code 99 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										
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							

→ = 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



23
Industrial
way

Industrial
Way

24
Industrial
Way



Crash Narrative:

See attached narrative.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
RICHFIELD DAWN W	273 N SHORE RD REVERE MA 02151-1658		

Property Damage:

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

Truck and Bus Information:

Registration # **3315361** (From Vehicle Section)

Carrier Name **J.B Hunt Transport Inc**

Bus Use **0** ⁴²

Address **9200 E 146TH ST** City **NOBLESVILLE** St **IN** Zip **46060**

US DOT #: **0080806** State Number _____ Issuing State _____ MC/MX/ICC #: _____

Interstate **43** Cargo Body Type Code **97** ⁴⁴ GVWR/GCWR **45**

Trailer Reg #: **P988627** Reg Type **AP** Reg State **IN** Reg Year **2022** Trailer Length **4** ⁴⁶

Hazmat Information:

Placard **2** ⁴⁷ Material 1 digit # **48** Material Name _____ Material 4 digit # _____ Release code **49**

Patrol Officer Michael R DiLorenzo

217

Wilmington Police Department

09/04/2024

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

NARRATIVE FOR PATROL OFFICER MICHAEL R DILORENZO

Ref: 24-258-AC

Entered: 09/05/2024 @ 0950 Entry ID: 217
Modified: 09/05/2024 @ 1022 Modified ID: 217
Approved: 09/05/2024 @ 1518 Approval ID: 180

Vehicle 1(V1, Passenger Car) was traveling west on Industrial way in the area of number 24. Vehicle 2 (V2, Tractor/Trailer Unit) was pulled into the driveway of 24 Industrial way. V2 began to reverse out of the driveway and into the westbound travel lane of Industrial Way. He was attempting to cross Industrial Way and back into the loading dock of 23 Industrial Way, which is directly across the street from number 24. The driver of V2 stated that he does this every time he makes a delivery at this location. V2's operator stated that he activated the trucks emergency flashers, and began to reverse at a slow pace with an audible reverse tone (witness confirmed). He also stated that he checked multiple times for oncoming vehicles and didnt see any. Video (attached) shows V2 reversing at a safe speed and almost halfway across the street just prior to the crash. Video also shows V1 operating almost completely to the right of the westbound travel lanes white fog line. V1 appears to observe the truck at last moment, attempting to swerve to the left and break, however V1 strikes the rear of V2's trailer. V1 became wedged under V2's 53ft trailer, behind the trailers rear axel.

V1's operator and passenger both didnt speak english and I was unable to get a clear timeline of events from the operator of V1 prior to transport to the hospital. Witness reports that both the operator and passenger had to exit the vehicle through the rear as the front doors would not open. No airbags were deployed on either vehicle. V1's operator appeared to have a bloody nose, and passenger who didnt have any visible injuries were transported to Lahey Hospital by the Wilmington Fire Department and Action Ambulance. V2's operator declined medical attention. V1 was towed by A&S Towing. V2's trailer sustained damage from the impact as well as Firefighter tools used to remove V1 from underneath it. V2 was able to be driven from the scene.

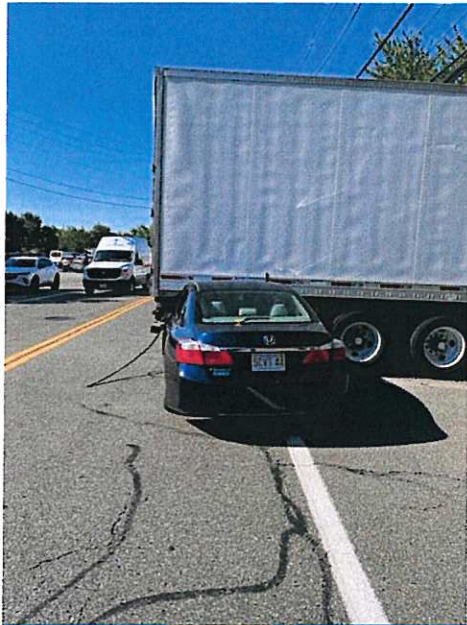
Video of the crash was not obtained until 09/05, once the video was reviewed a citation was issued to Ms. Louissaint for marked lanes violation. This citation was mailed to her address.

Respectfully Submitted,
Officer Michael Dilorenzo, Badge #217
Wilmington Police Department

Attachments for 24-258-AC

Description	Type
VIDEO	MOV
Attachment#: 28A141280CC640779B3071E5BB08661B	

Wilmington Police Department
Images Associated with 24-258-AC



Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash
09/04/2024

Time of Crash
1330
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 _____

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 _____ • _____ or _____

_____ 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 1 ☐ Hit/Run ☐ Moped

Crash Report ID# **24-259-AC**

License # _____ St _____ OB/Age _____

Sex F Lic. Class D 19 19 Lic. Restrictions B 20 CDL _____

Operator DIEHL, GLORIA L

Address 12 HAMLIN LN

City WILMINGTON State MA Zip 01887-1961

Insurance Company ARBELLA MUTUAL INSURANCE

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 # 931YLK Reg Type PC Reg State MA

Veh Year 2013 Veh Make KIA Veh Config. 1 21

Owner DIEHL, GLORIA L

Address 12 HAMLIN LN

City WILMINGTON State MA Zip 01887-1961

Vehicle Action Prior to Crash 1 22

Event Sequence 1 23 23 23 23

Most Harmful Event 1 24

Driver Contributing Code 4 25 25

Driver Distracted by 0 26 26

Damaged Area Code: 1 27 3 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	<u>X</u>	<u>X</u>	<u>1</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 2 #Occupants 1 ☐ Hit/Run ☐ Moped ☐ Vulnerable User Complete the Vulnerable User section.

License # _____ St _____ DOB/Age _____

Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL _____

Operator COLLINS, GABRIELLE MARIE

Address 48 GLEN RD

City WILMINGTON State MA Zip 01887-1941

Insurance Company THE HANOVER INSURANCE COM

Vehicle Travel Direction: N S E ☒ 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 # 1YE488 Reg Type PC Reg State MA

Veh Year 2022 Veh Make SUBARU Veh Config. 1 21

Owner COLLINS, GABRIELLE MARIE

Address 48 GLEN RD

City WILMINGTON State MA Zip 01887-1941

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: 1 27 27 27

Test Status: 1 28

Type of Test: 0 29

BAC Test Result: 1 30

Susp. Alcohol: 2 31 Susp. Drug: 2 32

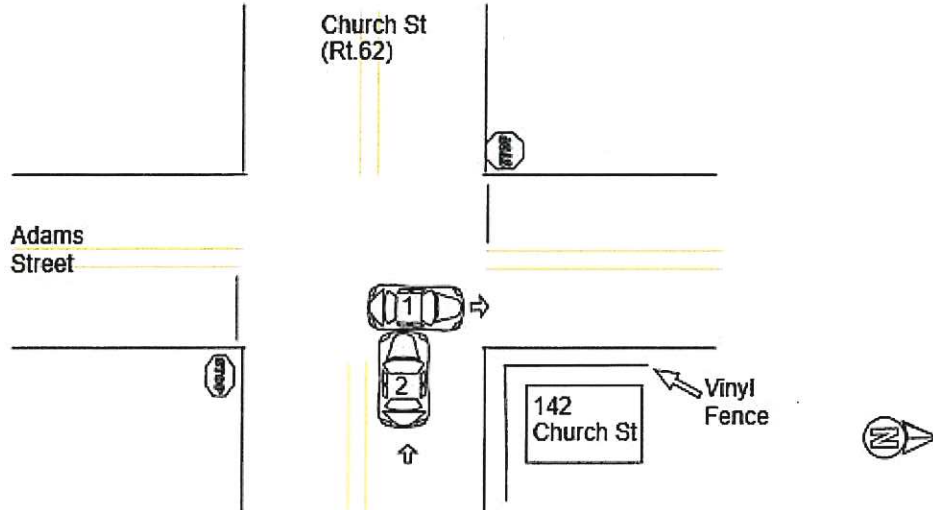
Towed from scene? 2 33

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Occupants	See Above	<u>X</u>	<u>X</u>	<u>1</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	

→ = 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 stationary at the stop sign on Adams Street where it intersects with Church St (Rt. 62). Vehicle 2 (V2) was traveling westbound on Church St. V1 proceeded into the intersection crossing Church Street in a northbound direction. V2 collided with V1 in the westbound lane of Church St, striking the right side of V1 with the center front. V1 then continued traveling northbound onto Adams Street veering off the right side of the road striking the fence of 142 Church St. Five to six Sections of this vinyl fence were destroyed. Both operators declined medical attention and neither vehicle had airbags deploy. 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
PINCHOOK MARK C	142 CHURCH ST WILMINGTON MA 01887-		97	VINYL FENCE

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

09/04/2024

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department
Images Associated with 24-259-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 09/05/2024	Time of Crash 1224 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			38 N 220 MAIN ST							
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			GOLDEN NOZZLE CAR WASH							
Route# Direction Name of Intersecting Roadway/Street			Landmark							
Please Select One of the Following:			☒ Vehicle 1 Occupants		☐ Hit/Run		☐ Moped		Crash Report ID# 24-260-AC	
License			DOB/Age		Reg # 414MB4		Reg Type PC		Reg State MA	
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2014		Veh Make CHEVROLET		Veh Config. 1 21			
Operator SAID, NABIL K			Owner SAID, NABIL K							
Address 141 SALEM ST			Address 141 SALEM ST							
City WILMINGTON State MA Zip 01887-4004			City WILMINGTON State MA Zip 01887-4004							
Insurance Company THE COMMERCE INSURANCE CO			Vehicle Action Prior to Crash 1 22		Damaged Area Code: 6 27 27 27					
Vehicle Travel Direction: X S E W Responding to Emergency? 2			Event Sequence 1 23 23 23 23		Test Status: 1 28					
Citation # (If Issued)			Most Harmful Event 1 24		Type of Test: 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? 2 33					
Viol. 4: Ch/Sec/Sub										
Please fill out for operator and all occupants involved										
Name (Last First Middle)			Address		DOB/Age		Sex		Medical Facility	
Operator			See Above		X		X			
Please Select One of the Following:			☒ Vehicle 2 Occupants		☐ Hit/Run		☐ Moped		☐ Vulnerable User Complete the Vulnerable User section.	
License			DOB/Age		Reg # T98759		Reg Type CO		Reg State MA	
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2000		Veh Make FORD		Veh Config. 2 21			
Operator GENTILE, RICHARD JAMES			Owner J BIMBO INC							
Address 16 PINEGROVE AVE			Address 35 BEECHING AVE							
City BILLERICA State MA Zip 01821-5852			City WILMINGTON State MA Zip 01887-1371							
Insurance Company ARBELLA PROTECTION INSURA			Vehicle Action Prior to Crash 6 22		Damaged Area Code: 2 27 27 27					
Vehicle Travel Direction: X S E W Responding to Emergency? 2			Event Sequence 1 23 23 23 23		Test Status: 1 28					
Citation # (If Issued)			Most Harmful Event 1 24		Type of Test: 29					
Viol. 1: Ch/Sec/Sub			Driver Contributing Code 5 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? 2 33					
Viol. 4: Ch/Sec/Sub										
Please fill out for operator and all occupants involved										
Name (Last First Middle)			Address		DOB/Age		Sex		Medical Facility	
Operator/Occupants			See Above		X		X			
PAUL HUBBY			3 ARNOLD RD WILMINGTON, MA 01887-3701		M		3			

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

ie: → 1 → 2 → ○ → ○

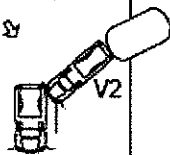
Crash Diagram:

Golden
Nozzle 220
Main Street

McDonald's
212 Main
Street

V1

RT38/ Main
Street



Bridge Lane

205 Main Street
Cumberland
Farms



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 (Said) turned right on Main Street from Golden Nozzle Car Wash into right portion of NB travel lane. V2 (Gentile) turned left from Bridge Lane and also entered NB lane(s) colliding with V1 rear left end. V1 minor damage to right rear bumper. V2 Minor damage (scuffs) to right front bumper. No injuries observed or reported. V1 opr claimed he was already in lane when his vehicle was hit on rear end. V2 opr claimed V1 cut him off. V2 entering traffic from across Main Street (SB traffic lanes) and following too closely probable factor in crash.

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

09/05/2024

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 09/05/2024	Time of Crash 1619 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 3	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							
At			Feet N S E W of or Exit Number							
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Mile Marker Exit Number							
Also at Intersection with			Route# Intersecting Roadway/Street							
Route# Direction Name of Intersecting Roadway/Street			Landmark							
Please Select One of the Following:			☒ Vehicle 1 #Occupants		☐ Hit/Run		☐ Moped		Crash Report ID# 24-261-AC	
License # St DOB/Age			Reg # 625EA4		Reg Type PC		Reg State MA			
Sex M Lic. Class D 19 19 Lic. Restrictions 99 20 CDL Endorsement			Veh Year 2016		Veh Make SUBARU		Veh Config. 1 21			
Operator OBRIEN, FREDERICK ELIZABETH			Owner OBRIEN, MARTHA ELIZABETH							
Address 10 DOUGLAS AVE			Address 10 DOUGLAS AVE							
City WILMINGTON State MA Zip 01887-1975			City WILMINGTON State MA Zip 01887-1975							
Insurance Company THE COMMERCE INSURANCE CO			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 1 23 23 23 23		Test Status: 1 28					
Citation # (If Issued)			Most Harmful Event 1 24		Type of Test: 29					
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Driver Contributing Code 19 25 25		BAC Test Result: 30					
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Distracted by 4 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			1 1 1 0 0 10 1							
Please Select One of the Following:			☒ Vehicle 2 #Occupants		☐ Hit/Run		☐ Moped		☐ Vulnerable User Complete the Vulnerable User section.	
License # St DOB/Age			Reg # 5361953		Reg Type PC		Reg State NH			
Sex F Lic. Class D 19 19 Lic. Restrictions 99 20 CDL Endorsement			Veh Year 2023		Veh Make Jeep		Veh Config. 1 21			
Operator MARSHALL, MARA RODRIGUES			Owner MARSHALL, MARA RODRIGUES							
Address 84 RENIHAN MDWS			Address 84 RENIHAN MDWS							
City LEBANON State NH Zip 03766			City LEBANON State NH Zip 03766							
Insurance Company LIBERTY MUTUAL			Vehicle Action Prior to Crash 2 22		Damaged Area Code: 5 27 27 27					
Vehicle Travel Direction: N S E W Responding to Emergency? 2			Event Sequence 1 23 23 23 23		Test Status: 1 28					
Citation # (If Issued)			Most Harmful Event 1 24		Type of Test: 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					
Please fill out for operator and all occupants involved					Towed from scene? 2 33					
Name (Last First Middle) Address DOB/Age Sex			34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code		Medical Facility					
Operator/Occupants See Above			1 1 4 0 0 8 1							

Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash
09/05/2024

Time of Crash
1619
24HR

City/Town
Wilmington

Motor Vehicle Crash
Police Report

Number
Vehicles
3

Number
Injured
1

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

58 MIDDLESEX AVE

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 31 #Occupants☐ Hit/Run☐ Moped

Crash Report ID# 24-261-AC

License S OB/Age 1

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

Operator MUNYON, CHRISTINE MARY

Address 21 DOROTHY AVE

City WILMINGTON State MA Zip 01887-1115

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 # 4SB675 Reg Type PC Reg State MA

Veh Year 2016 Veh Make SUBARU Veh Config. 1 21

Owner MUNYON, CHRISTINE MARY

Address 21 DOROTHY AVE

City WILMINGTON State MA Zip 01887-1115

Vehicle Action Prior to Crash 2 22 Damaged Area Code: 5 27 27 27

Event Sequence 1 23 23 23 23

Most Harmful Event 1 24

Driver Contributing Code 1 25 25

Driver Distracted by 0 26 26

Test Status: 1 28

Type of Test: 29

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

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 Damaged Area Code: 27 27 27

Event Sequence 23 23 23 23

Most Harmful Event 24

Driver Contributing Code 25 25

Driver Distracted by 26 26

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

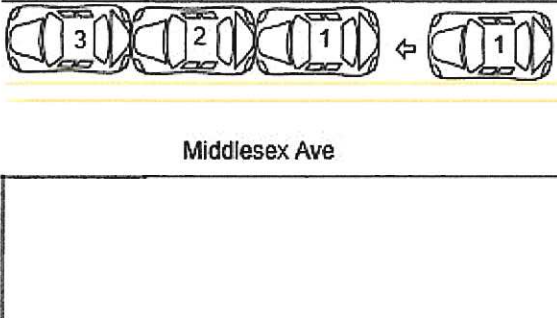
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
--------------------------	---------	---------	-----	--------------------	------------------------	------------------------	---------------------	--------------------	------------------------	-----------------------	------------------

Operator/Occupants

See Above

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

Crash Diagram:

Clark St	66 Middlesex Ave	If Crash Did Not Occur on a Public Way: ☐ Off-Street Parking Lot ☐ Garage ☐ Mall/Shopping Center ☐ Other Private Way
		
Clark St	Middlesex Ave	Indicate North by Arrow 

Crash Narrative:

09/05/24 disp. appx 1630hrs 3 car MVC. OP1 admitted driving W-bound on Middlesex Ave, admitted to looking down and rear-ended MV2. MV1 pushed MV2 into MV3. WIT1 driving behind MV1, stated going under 30mph. Damage to front of MV1, rear of MV2 and rear of MV3. MV1 towed (Cains). MV2&3 left under own power. OP2 complained of headpain. All OPs signed refusal with WFD.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
CARLSON EDWARD E III	26 EMERSON PL LYNN MA 01902-1118		

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

215

Wilmington Police Department

09/05/2024

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Police Use Only			Commonwealth of Massachusetts				RMV Document Number																
Date of Crash 09/06/2024		Time of Crash 1512 24HR		City/Town Wilmington		Motor Vehicle Crash Police Report		Number Vehicles 2		Number Injured 0		Speed Limit 25 Latitude Longitude		State Police Local Police MBTA Police Campus Police Other									
AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:																	
Route# Direction SHAWSHEEN AVE Name of Roadway/Street				Route# Direction Address # Name of Roadway/Street																			
At				Feet N S E W of		Mile Marker Exit Number																	
Route# Direction HOPKINS ST 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# 24-262-AC																			
License # S DOB/Age				Reg # RW896C Reg Type PC Reg State MA																			
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement				Veh Year 2015 Veh Make LEXUS Veh Config. 1 21																			
Operator FARRELL, THEODORE W Last First Middle				Owner FARRELL, LAURA ALLISON Last First Middle																			
Address 87 BEAVER RD				Address 87 BEAVER RD																			
City READING State MA Zip 01867				City READING State MA Zip 01867-1313																			
Insurance Company FARMERS PROPERTY & CASUAL				Vehicle Action Prior to Crash 2 22				Damaged Area Code: 5 27 27 27															
Vehicle Travel Direction: N S E W Responding to Emergency? 2				Event Sequence 1 23 23 23 23				Test Status: 1 28															
Citation # (If Issued)				Most Harmful Event 1 24				Type of Test: 29															
Viol. 1: Ch/Sec/Sub				Driver Contributing Code 1 25 25				BAC Test Result: 1 30															
Viol. 2: Ch/Sec/Sub				Driver Distracted by 0 26 26				Susp. Alcohol: 2 31 Susp. Drug: 2 32															
Viol. 3: Ch/Sec/Sub				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		X		X		1		1		4		0		0		10		1			
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 # 3CZS83 Reg Type PC Reg State MA																			
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement				Veh Year 2017 Veh Make HONDA Veh Config. 1 21																			
Operator TEIXEIRA, TRAE STEVE Last First Middle				Owner ROGERS, JOCELYN MELISSA I Last First Middle																			
Address 334 MEDFORD ST APT 4				Address 3 RIVER PL APT B120																			
City MALDEN State MA Zip 02148				City LOWELL State MA Zip 01852-1018																			
Insurance Company ALLSTATE INSURANCE COMPAN				Vehicle Action Prior to Crash 2 22				Damaged Area Code: 0 27 27 27															
Vehicle Travel Direction: N S E W Responding to Emergency? 2				Event Sequence 1 23 23 23 23				Test Status: 1 28															
Citation # (If Issued)				Most Harmful Event 1 24				Type of Test: 29															
Viol. 1: Ch/Sec/Sub				Driver Contributing Code 19 25 25				BAC Test Result: 1 30															
Viol. 2: Ch/Sec/Sub				Driver Distracted by 0 26 26				Susp. Alcohol: 2 31 Susp. Drug: 2 32															
Viol. 3: Ch/Sec/Sub				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/Occupants		See Above		X		X		1		1		4		0		0		10		1			

→ = 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:

MV 1 and MV 2 were stopped/slowng in traffic. MV 1 and MV 2 stated MV 2 rear ended MV 1 causing minor damage to the front bumper of MV 2 and rear bumper to MV 1. 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

200

Wilmington Police Department

09/06/2024

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

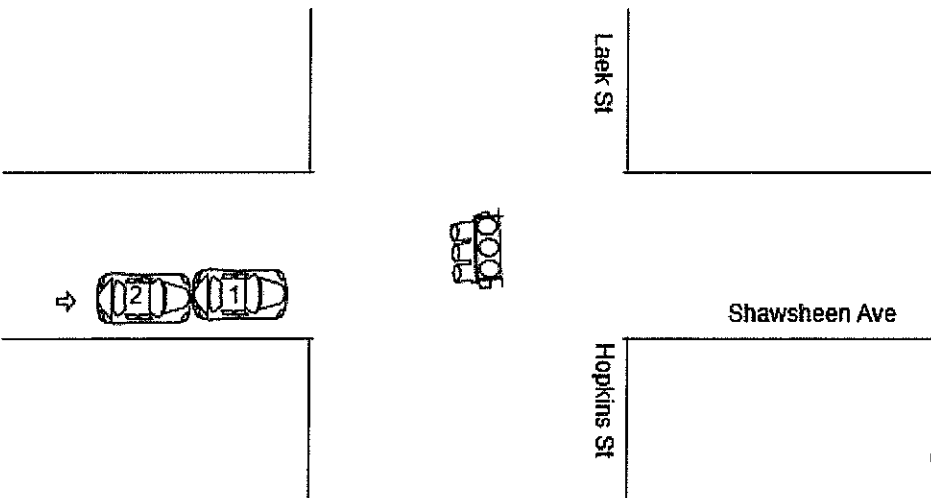
Precinct/Barracks

Date

[illegible]

→ = 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:

MV 1 and MV 2 were stopped/slowng in traffic. MV 1 and MV 2 stated MV 2 rear ended MV 1 causing minor damage to the front bumper of MV 2 and rear bumper to MV 1. 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

Precinct/Barracks

09/06/2024

Date