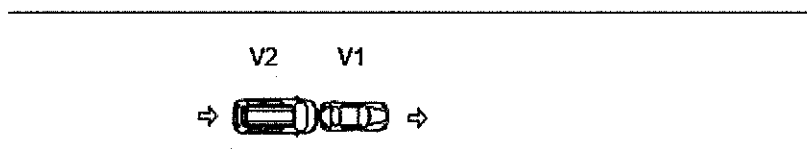


Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 10/01/2024	Time of Crash 1015 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 35	Latitude	Longitude	State Police Local Police MBTA Police Campus Police Other
AT INTERSECTION:			< LOCATION >			NOT AT INTERSECTION:					
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street								
At											
Route# Direction Name of Intersecting Roadway/Street			Route# Direction Address # Name of Roadway/Street								
Also at Intersection with											
Route# Direction Name of Intersecting Roadway/Street			Route# Direction Address # Name of Roadway/Street								
						SUPER PETROLEUM Landmark					
Please Select One of the Following:			☒ Vehicle 1 Occupants			☐ Hit/Run			☐ Moped		
						Crash Report ID#			24-279-AC		
License #			St			DOB/Age			Reg # 2VFD27 Reg Type PC Reg State MA		
Sex M Lic. Class D			Lic. Restrictions 20			CDL			Veh Year 2019 Veh Make KIA Veh Config. 1		
Operator BATT, ADAM J									Owner BATT, ADAM J		
Address 6 LILLEY AVE APT 2									Address 6 LILLEY AVE APT 2		
City LOWELL State MA Zip 01850-1884									City LOWELL State MA Zip 01850-1884		
Insurance Company ALLSTATE INSURANCE COMPAN									Vehicle Action Prior to Crash 1		
Vehicle Travel Direction: X S E W			Responding to Emergency? 2						Damaged Area Code: 1 27 27 27		
Citation # (If Issued)									Test Status: 1 28		
Viol. 1: Ch/Sec/Sub			Viol. 2: Ch/Sec/Sub						Type of Test: 29		
Viol. 3: Ch/Sec/Sub			Viol. 4: Ch/Sec/Sub						BAC Test Result: 30		
									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		
Operator			See Above			1			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 # W81444 Reg Type CO Reg State MA		
Sex M Lic. Class D			Lic. Restrictions 1			CDL			Veh Year 2020 Veh Make FORD Veh Config. 2		
Operator SYLLIEN, JEAN E JR									Owner PRINCIPLE MERCHANTS LEASING LTD		
Address 443 S BROADWAY ST APT 2									Address 14 CENTRAL PARK DR		
City LAWRENCE State MA Zip 01843-3524									City HOOKSETT State NH Zip 03106-2507		
Insurance Company SAFETY NATIONAL INSURANCE									Vehicle Action Prior to Crash 1		
Vehicle Travel Direction: X S E W			Responding to Emergency? 2						Damaged Area Code: 5 27 27 27		
Citation # (If Issued)									Test Status: 1 28		
Viol. 1: Ch/Sec/Sub			Viol. 2: Ch/Sec/Sub						Type of Test: 29		
Viol. 3: Ch/Sec/Sub			Viol. 4: Ch/Sec/Sub						BAC Test Result: 30		
									Susp. Alcohol: 2 31 Susp. Drug: 2 32		
									Towed from scene? 1 33		
Please fill out for operator and all occupants involved											
Name (Last First Middle)			Address			DOB/Age			Sex		
Operator/Occupants			See Above			1			1		

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

Crash Diagram:

RT38S—N, Main Street



490 Main
Street

474 Main
Street



If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow



Crash Narrative:

V1 (Batt) was driving north on Main Street (RT38) and was slowing for traffic stopped in front of V1. V2 (Syllien) was following directly behind and rear-ended V1. No injuries observed or reported. V1 damaged on rear end. V2 damaged on front end. OPR 2 (Syllien) stated his foot slipped off brake pedal when suddenly trying to stop. OPR2 inattention to slowing traffic, failed attempt at braking, and following too closely probable factors of 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

10/01/2024

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 10/01/2024	Time of Crash 1956 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:								
MAIN ST														
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street											
At														
LAKE ST														
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Mile Marker Exit Number											
Also at Intersection with														
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 12 #Occupants			☐ Hit/Run			☐ Moped			Crash Report ID# 24-280-AC		
License #			St. DOB/Age			Reg # 2HPN32			Reg Type PC			Reg State MA		
Sex M Lic. Class D 19 19			Lic. Restrictions 1 20			Veh Year 2018			Veh Make Jeep			Veh Config. 1 21		
Operator OIPO, JORGO			Owner OIPO, JORGO											
Address 16 GEIGER DR APT 3H			Address 16 GEIGER DR APT 3H											
City TEWKSBURY State MA Zip 01876			City TEWKSBURY State MA Zip 01876											
Insurance Company GOVERNMENT EMPLOYEES INSU			Vehicle Action Prior to Crash 1 22			Damaged Area Code: 2 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			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						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			X			X			1 1 4 0 0 10 1		
DORINA MITROLLARI			16 GEIGER DR TEWKSBURY, MA 01876			F			3			1 4 0 0 10 1		
Please Select One of the Following:			☒ Vehicle 21 #Occupants			☐ Hit/Run			☐ Moped			☐ Vulnerable User Complete the Vulnerable User section.		
License #			DOB/Age			Reg # 3SST18			Reg Type PC			Reg State MA		
Sex M Lic. Class D 19 19			Lic. Restrictions B 20			Veh Year 2018			Veh Make DODGE			Veh Config. 2 21		
Operator CHIARAMONTE, PETER DANIEL			Owner CHIARAMONTE, PETER DANIEL											
Address 36 MOUNT PLEASANT ST			Address 36 MOUNT PLEASANT ST											
City NORTH BILLERICA State MA Zip 01862-1235			City NORTH BILLERICA State MA Zip 01862-1235											
Insurance Company PROGRESSIVE CASUALTY INSU			Vehicle Action Prior to Crash 4 22			Damaged Area Code: 3 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 4 25 25			BAC Test Result: 1 30								
Viol. 2: Ch/Sec/Sub			Driver Distracted by 99 26 26			Susp. Alcohol: 2 31 Susp. Drug: 2 32								
Viol. 3: Ch/Sec/Sub						Towed from scene? 2 33								
Viol. 4: Ch/Sec/Sub														
Please fill out for operator and all occupants involved														
Name (Last First Middle)			Address			DOB/Age			Sex			34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code Medical Facility		
Operator/Occupants			See Above			X			X			1 1 4 0 0 10 1		

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

Crash Diagram:

Main Street

Lake Street

1

2

N

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Indicate North by Arrow

↓

Crash Narrative:

Vehicle 1 (V1) was traveling south on Main Street in the area of Lake Street. Vehicle 2 (V2) was traveling north on Main Street and began to turn left onto Lake Street. V1 struck V2 in the rear right side. The vehicles colided in the southbound travel lane of Main Street. No airbags were deployed, and all parties declined any injuries. Both vehicles were driven from the scene.

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

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

Hazmat Information:

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

Patrol Officer Michael R DiLorenzo

Police Officer Name (Please Print)

Signature

217

ID/Badge #

Wilmington Police Department

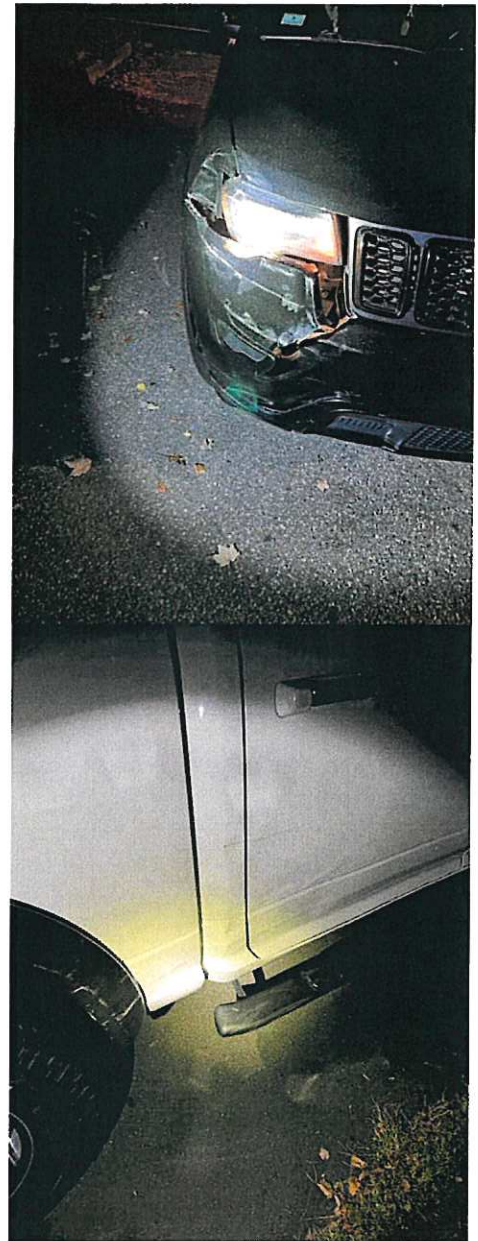
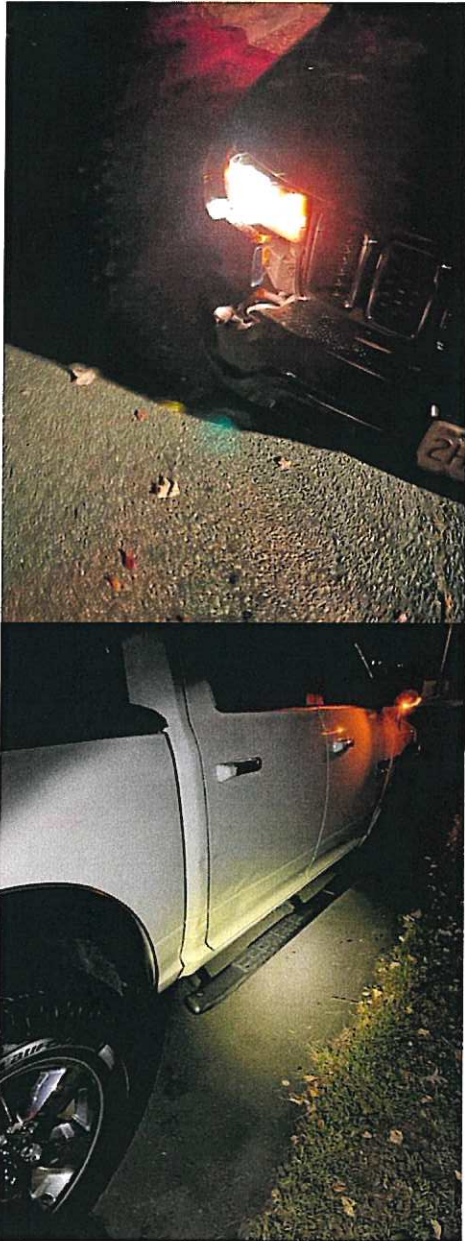
Department

Precinct/Barracks

10/01/2024

Date

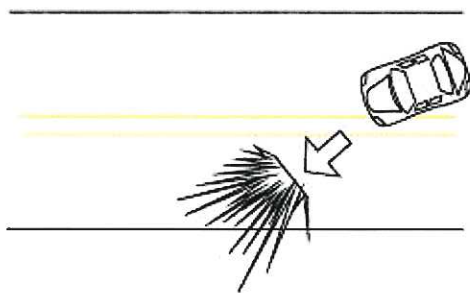
Wilmington Police Department
Images Associated with 24-280-AC



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

Crash Diagram:

320 Salem Street



If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow



Crash Narrative:

While traveling South on Ballardvale Street, the operator of the motor vehicle lost control of the vehicle due to the excessive speed (estimated 50 going into a 20 MPH), crossed the double lines of traffic and smashed into a curb, causing significant damage to the curb and front left tire (see images). The crash into the curb resulted into multiple pieces being scattered through out the road. There were no injuries or air bag deployment from the crash. The motor vehicle was towed off the scene by Forrest. Due to the damage to the curb, a message was left for the Town of Wilmington DPW. Refer to 24-453-AR.

Witnesses:

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

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
STATE DPW	519 APPLETON ST ARLINGTON MA 02476			TOWN OF WILMINGTON CURB

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

10/01/2024

Police Officer Name (Please Print)

Signature

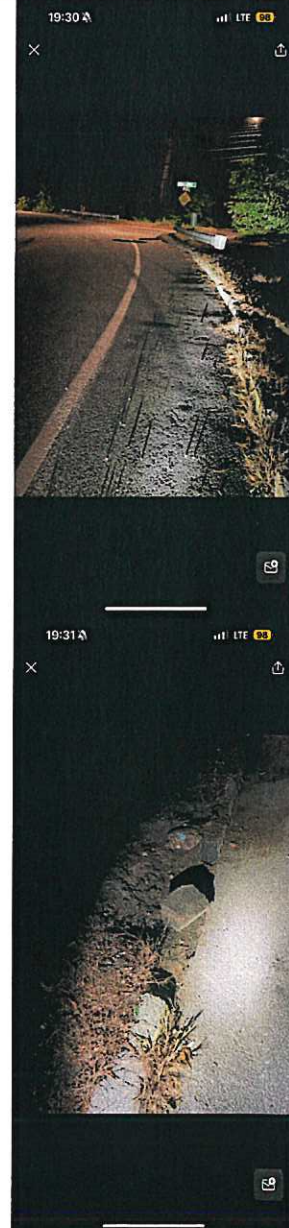
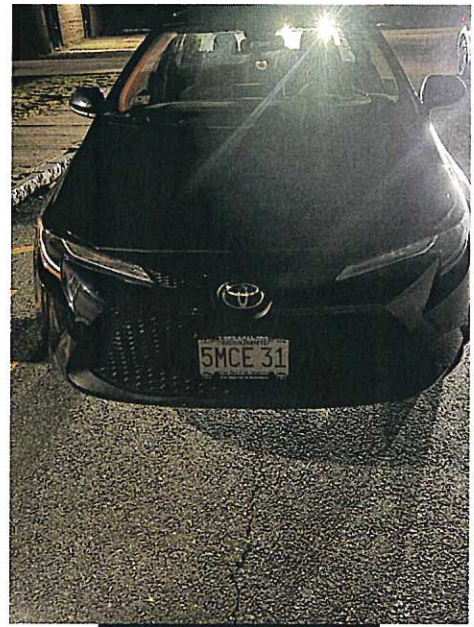
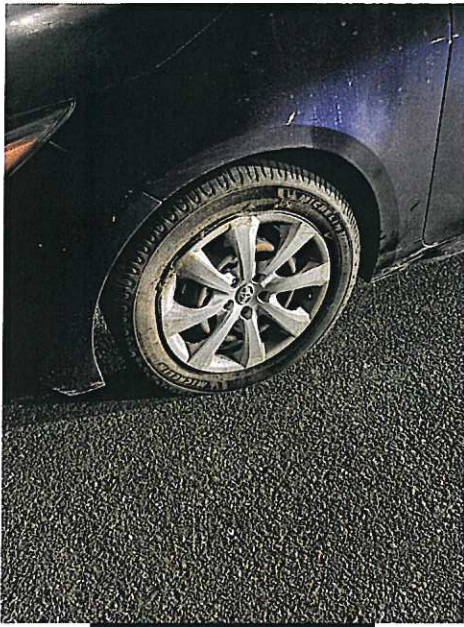
ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department
Images Associated with 24-281-AC



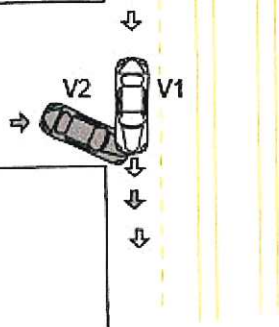
Police Use Only			Commonwealth of Massachusetts										RMV Document Number																																																																												
Date of Crash 10/02/2024		Time of Crash 2108 24HR		City/Town Wilmington		Motor Vehicle Crash Police Report										Number Vehicles 2		Number Injured 1		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						206 BALLARDVALE 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						Feet N S E W of						Landmark																																																																													
Route# Direction Name of Intersecting Roadway/Street																																																																																									
Please Select One of the Following:						☒ Vehicle 13 #Occupants						☐ Hit/Run						☐ Moped						Crash Report ID# 24-282-AC																																																																	
License #						St						DOB/Ag						Reg # 4KAA35						Reg Type PC						Reg State MA																																																											
Sex M						Lic. Class D						Lic. Restrictions 1						CDL						Veh Year 2018						Veh Make HONDA						Veh Config. 1																																																					
Operator JOICIUS, JEAN CHILO						Last First Middle						Owner JOICIUS, JEAN CHILO						Last First Middle																																																																							
Address 500 MINUTEMAN RD APT 127						City ANDOVER						State MA						Zip 01810-1044						Address 500 MINUTEMAN RD APT 127						City ANDOVER						State MA						Zip 01810-1044																																															
Insurance Company NORFOLK & DEDHAM MUTUAL F						Vehicle Action Prior to Crash 1						Damaged Area Code: 11 27 27 27						Test Status: 1 28						Type of Test: 29						BAC Test Result: 30						Susp. Alcohol: 2 31						Susp. Drug: 2 32																																															
Vehicle Travel Direction: N X E W						Responding to Emergency? 2						Event Sequence 1 23 23 23 23						Most Harmful Event 1 24						Driver Contributing Code 1 25 25						Driver Distracted by 0 26 26						Towed from scene? 1 33																																																					
Citation # (If Issued)						Viol. 1: Ch/Sec/Sub						Viol. 2: Ch/Sec/Sub						Viol. 3: Ch/Sec/Sub						Viol. 4: Ch/Sec/Sub																																																																	
Please fill out for operator and all occupants involved						Name (Last First Middle)						Address						DOB/Ag						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						3						0						0						10						1																													
ROSE CESAR						500 MINUTEMAN RD ANDOVER, MA 01810						F						3						1						3						0						0						8						2						Winchester Hospital																													
Please Select One of the Following:						☒ Vehicle 21 #Occupants						☐ Hit/Run						☐ Moped						☐ Vulnerable User						Complete the Vulnerable User section.																																																											
License #						St						DOB/Ag						Reg # BC6106						Reg Type PC						Reg State MA																																																											
Sex M						Lic. Class D						Lic. Restrictions 1						CDL						Veh Year 2020						Veh Make GMC						Veh Config. 1																																																					
Operator MATHISON, CHARLES W JR						Last First Middle						Owner MATHISON, CHARLES W JR						Last First Middle																																																																							
Address 106 MILL POND						City NORTH ANDOVER						State MA						Zip 01845-2900						Address 106 MILL POND						City NORTH ANDOVER						State MA						Zip 01845-2900																																															
Insurance Company FARMERS PROPERTY & CASUAL						Vehicle Action Prior to Crash 3						Damaged Area Code: 8 27 27 27						Test Status: 1 28						Type of Test: 29						BAC Test Result: 30						Susp. Alcohol: 2 31						Susp. Drug: 2 32																																															
Vehicle Travel Direction: N X E W						Responding to Emergency? 2						Event Sequence 1 23 23 23 23						Most Harmful Event 1 24						Driver Contributing Code 1 25 25						Driver Distracted by 0 26 26						Towed from scene? 2 33																																																					
Citation # (If Issued)						Viol. 1: Ch/Sec/Sub						Viol. 2: Ch/Sec/Sub						Viol. 3: Ch/Sec/Sub						Viol. 4: Ch/Sec/Sub																																																																	
Please fill out for operator and all occupants involved						Name (Last First Middle)						Address						DOB/Ag						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						0						4						0						0						10						1																													

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

Crash Diagram:

Parking Lot
206 Ballardvale Street

Ballardvale Street
Wilmington MA



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 Ballardvale Street towards Rt. 125. V2 was exiting the parking lot of 206 Ballardvale Street to take a right turn towards Rt. 125. The vehicles crashed and V1 rolled over. Operator 1 stated he was traveling straight "towards the highway" (southbound) and V2 crashed into him causing his vehicle to roll over. Operator 2 stated he was exiting the parking lot at approximately 10 mph. Operator 2 stated he was taking a right turn and he looked both directions and did not see lights indicating another vehicle. Operator 2 stated he took the turn and V1 crashed into him. It should be noted the headlights on V1 were activated when it had rolled over. Passenger 2 (juvenile) & passenger 3 of V1 were transported to the hospital. No injuries reported or observed in V2 operator, V1 operator, or V1 passenger 2 (juvenile). Suspected minor/moderate injuries to passenger 3's hand in V1. A&S towed V1. See attached images.

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use ☐ 42

Address _____ City _____ St _____ Zip _____

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

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

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

Hazmat Information:

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

Patrol Officer Kathryn C Goodwin

216

Wilmington Police Department

10/02/2024

Police Officer Name (Please Print)

Signature

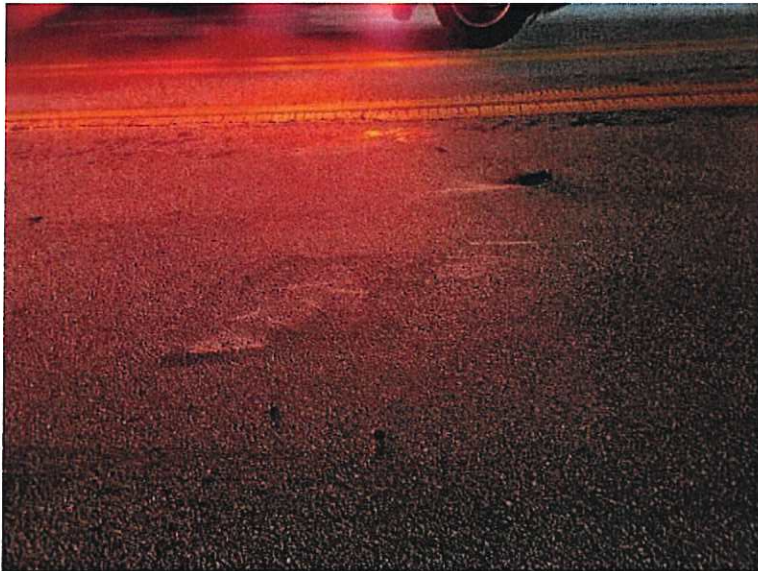
ID/Badge #

Department

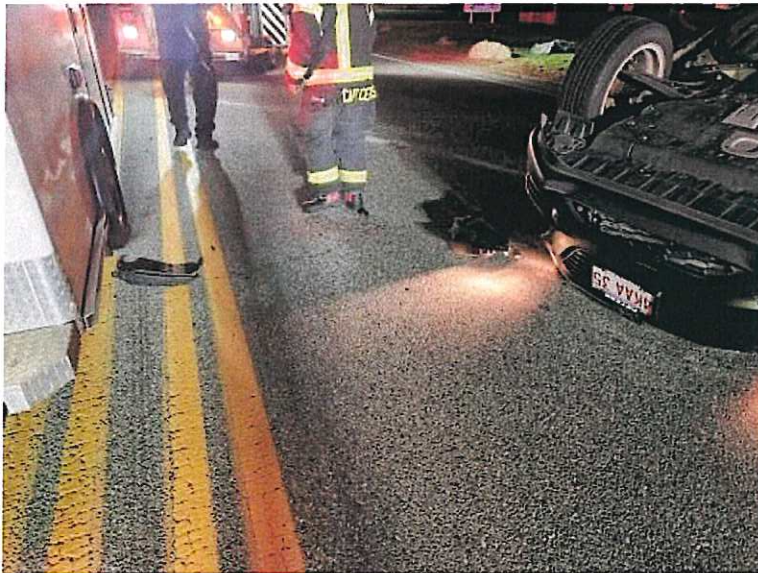
Precinct/Barracks

Date

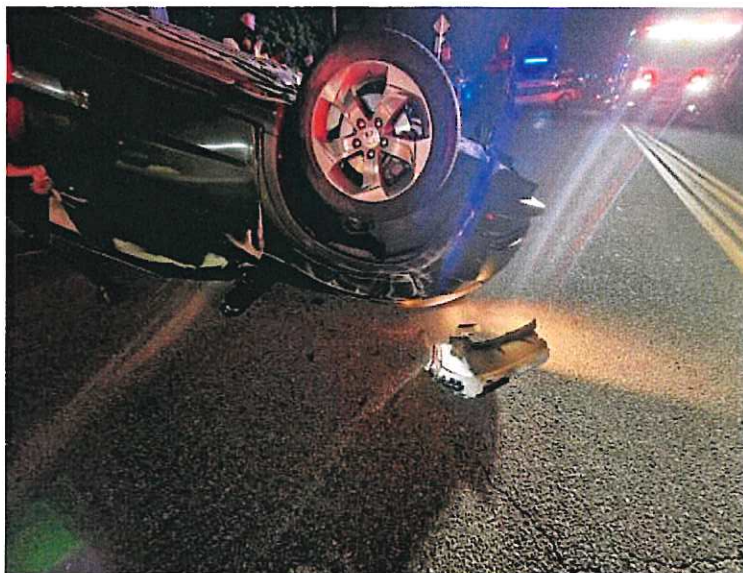
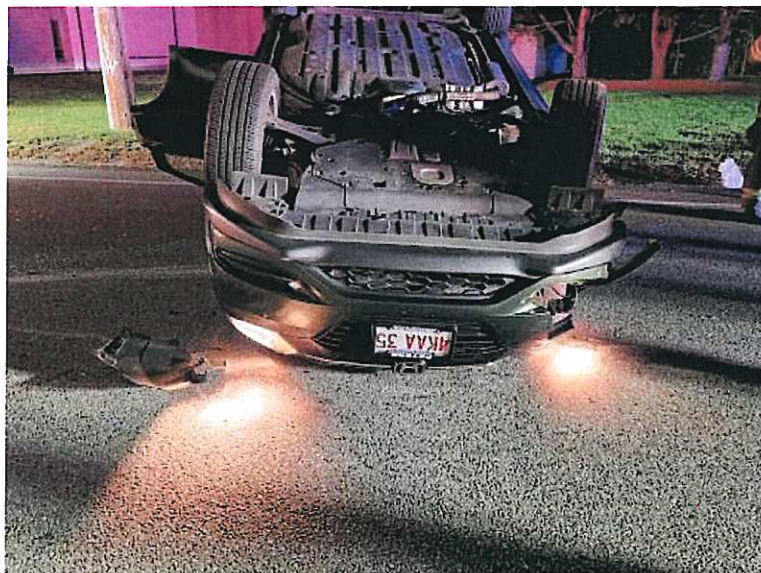
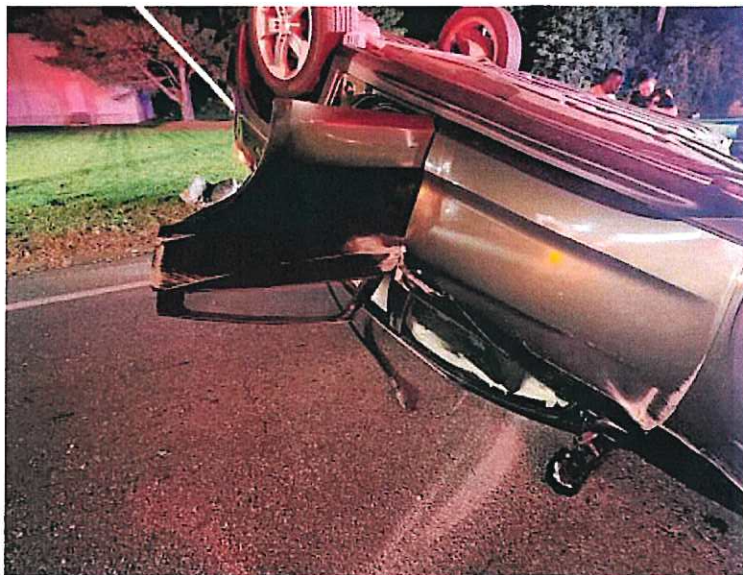
Wilmington Police Department
Images Associated with 24-282-AC



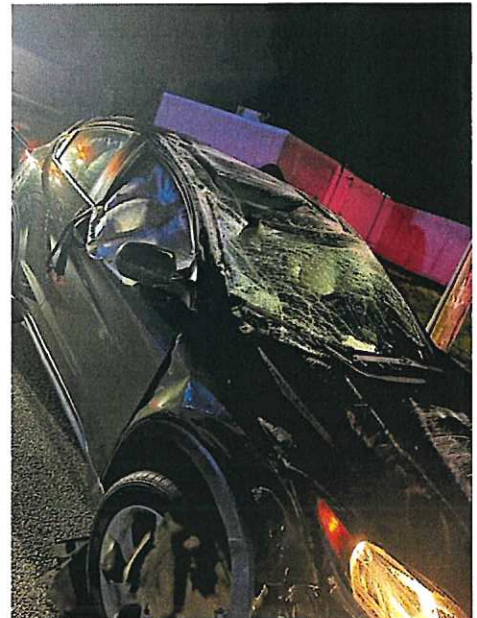
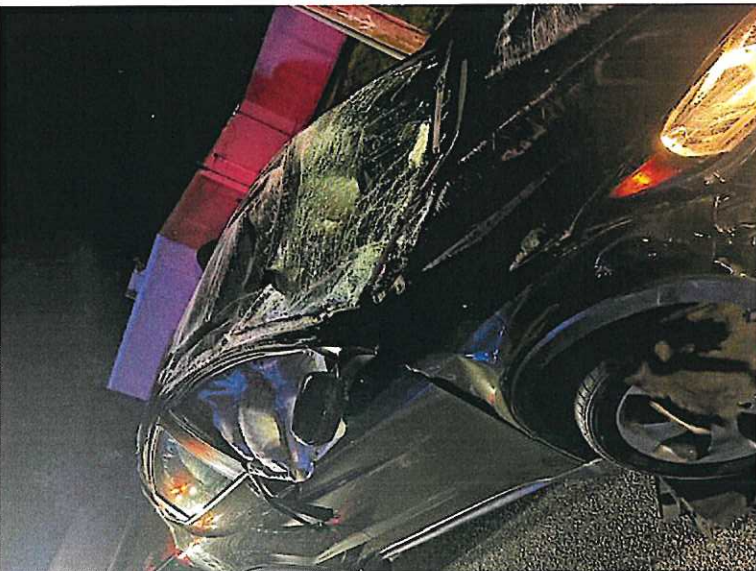
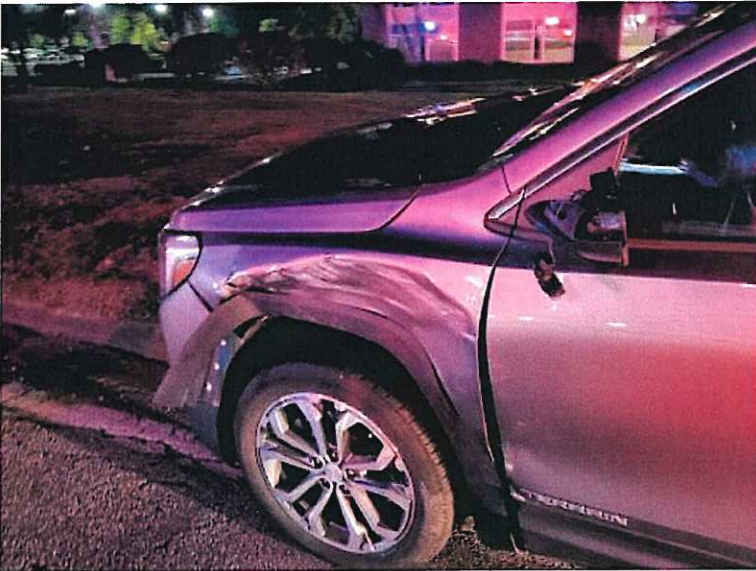
Wilmington Police Department
Images Associated with 24-282-AC



Wilmington Police Department
Images Associated with 24-282-AC



Wilmington Police Department
Images Associated with 24-282-AC



Wilmington Police Department
Images Associated with 24-282-AC



Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash
10/03/2024

Time of Crash
1445
24HR

City/Town
Wilmington

Motor Vehicle Crash
Police Report

Number Vehicles
2

Number Injured
1

Speed Limit 10
Latitude
Longitude

State Police ☐
Local Police ☐
MBTA Police ☐
Campus Police ☐
Other ☐

AT INTERSECTION:

< LOCATION >

NOT AT INTERSECTION:

Route# Direction ROUTE 62 HWY
Name of Roadway/Street
At
Route# Direction I93NBR34 RAMP
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 _____
Mile Marker Exit Number
Feet N S E W of _____
Route# Intersecting Roadway/Street
Feet N S E W of _____
Landmark

Please Select One
of the Following:☒ Vehicle 1 #Occupants ☐ Hit/Run ☐ MopedCrash Report ID# **24-283-AC**

License # _____ St. _____ DOB/Age _____
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL _____
Endorsement
Operator KNEELAND, ERICK ROY
Last First Middle
Address 629 EASTERN AVE APT 19
City LYNN State MA Zip 01902-1436
Insurance Company LM GENERAL INSURANCE COMP
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 # 2M2321 Reg Type MC Reg State MA
Veh Year 2022 Veh Make Other-not listed Veh Config. 3 21
Owner KNEELAND, ERICK ROY
Last First Middle
Address 629 EASTERN AVE APT 19
City LYNN State MA Zip 01902-1436
Vehicle Action Prior to Crash 2 22 Damaged Area Code: 5 27 27 27
Event Sequence 1 23 23 23 23 Test Status: 28
Most Harmful Event 1 24 Type of Test: 29
Driver Contributing Code 1 25 25 BAC Test Result: 30
Driver Distracted by 0 26 26 Susp. Alcohol: 31 Susp. Drug: 32
Towed from scene? 1 33

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above	~~XXXX~~	~~XX~~	<u>1</u>	<u>5</u>	<u>5</u>	<u>0</u>	<u>0</u>	<u>9</u>	<u>2</u>	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 _____
Sex _____ Lic. Class 19 19 Lic. Restrictions 20 CDL _____
Endorsement
Operator unknown
Last First Middle
Address _____
City _____ State _____ Zip _____
Insurance Company _____
Vehicle Travel Direction: N S E W Responding to Emergency? _____
Citation # (If Issued) _____
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____

Reg # unknown Reg Type _____ Reg State _____
Veh Year _____ Veh Make _____ Veh Config. 21
Owner _____
Last First Middle
Address _____
City _____ State _____ Zip _____
Vehicle Action Prior to Crash 22 Damaged Area Code: 27 27 27
Event Sequence 23 23 23 23 Test Status: 28
Most Harmful Event 24 Type of Test: 29
Driver Contributing Code 25 25 BAC Test Result: 30
Driver Distracted by 26 26 Susp. Alcohol: 31 Susp. Drug: 32
Towed from scene? 33

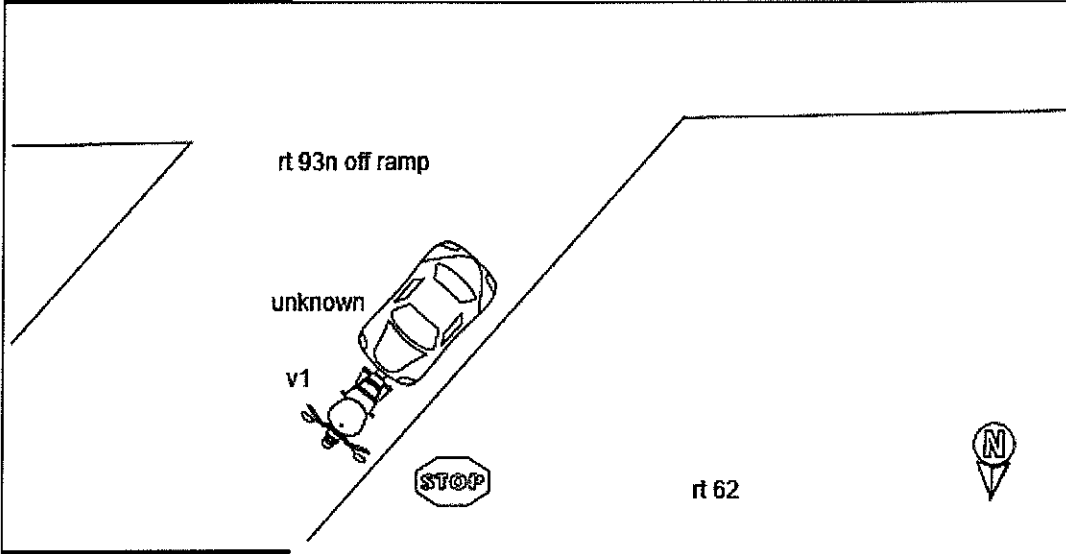
Please fill out for operator and all occupants involved

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

→ = 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, the motorcycle was stopped on the rt 93 north off ramp. A silver volvo driven by a hispanic or middle eastern male struck him from behind. Then left the scene.

hit and run investigation

24-1192-of party not found.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
DELUCA MICHAEL D	2 COLONIAL DR Apt. #5BD2 ANDOVER MA 01810		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 D Thornton

190

Wilmington Police Department

10/03/2024

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date



Wilmington Police Department
Incident Report

Page: 1
10/10/2024

Incident #: 24-1192-OF
Call #: 24-22151

Date/Time Reported: 10/03/2024 1445
Report Date/Time: 10/03/2024 1517
Occurred Between: 10/03/2024 1440-10/03/2024 1445
Status: Incident Open

Reporting Officer: Patrol Officer Brian Thornton
Approving Officer: Sergeant Michael Johnson



#	OFFENSE (S)	ATTEMPTED	TYPE			
	LOCATION TYPE: Highway/Road/Alley/Street 34 ROUTE 62 HWY @ 34 I93NBR34 RAMP WILMINGTON MA 01887	Zone: Sector 2				
1	LEAVE SCENE OF PERSONAL INJURY 90/24/A 90 24 OCCURRED: 10/03/2024 1440	N	Misdemeanor			
#	PERSON (S)	PERSON TYPE	SEX RACE	AGE	SSN	PHONE
1	DELUCA, MICHAEL D	PARTICIPANT				

DOB:

NARRATIVE FOR PATROL OFFICER BRIAN D THORNTON

Ref: 24-1192-OF

Entered: 10/03/2024 @ 1550	Entry ID: 190
Modified: 10/03/2024 @ 1554	Modified ID: 190
Approved: 10/08/2024 @ 0731	Approval ID: 199

Sir;

On 10/3/24, Ptl. B. Thornton was assigned car 38, sector 2, day shift. At approx. 14:45, I was dispatched to the area of rt 62 at 93 on a report of a hit and run. I arrived with Sgt. Johnson. A motorcycle got rear ended while stopped at the route 93 North off ramp.

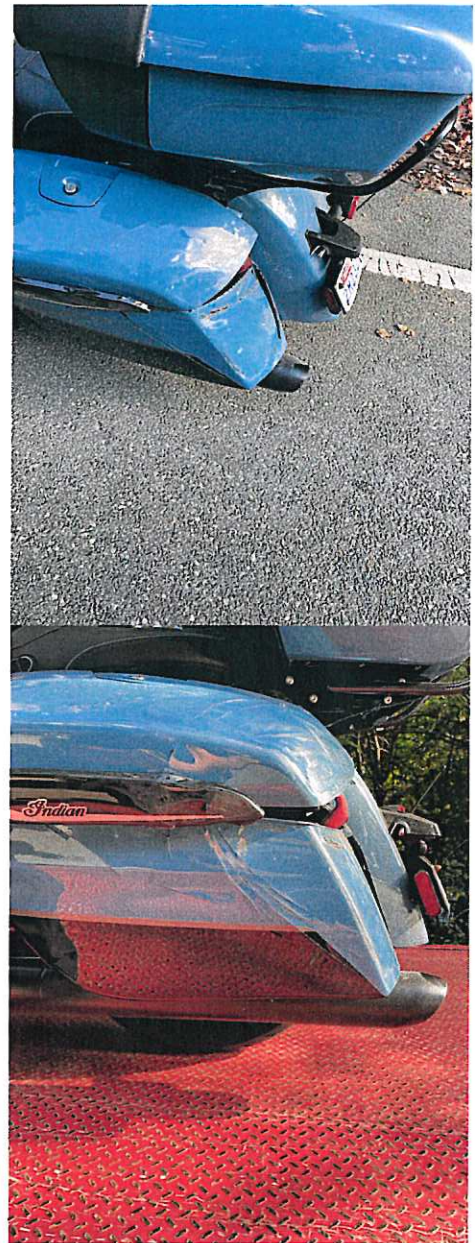
The party who was hit on his motorcycle was sitting on the guardrail, Erick Kneeland. He was assessed by WFD and transported to Winchester. Mr. Kneeland stated that while he was stopped on the highway off ramp, the rear of his motorcycle got struck. He stated he was struck by a silver Volvo, unknown registration. He was able to keep the bike from falling over, but was launched into the travel lane.

The vehicle was operated by a tall Hispanic or Middle eastern man in his 50's. This party who hit the motorcycle, said "something about getting his kids" and then left the area. The description of the operator was confirmed by a witness who had pulled over, Michael Deluca. He stated the party in the Volvo was leaving the scene as he was pulling up. Other units had checked the area, but were unable to locate the vehicle.

Referred to Detectives for review

Ptl. B. Thornton

Wilmington Police Department
Images Associated with 24-1192-OF

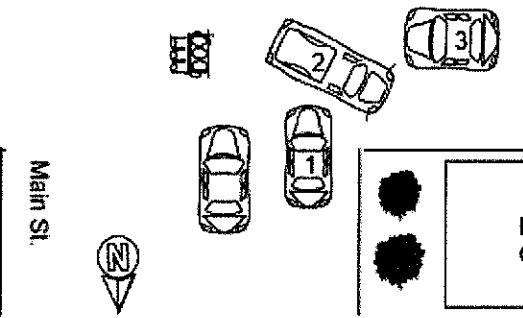


Police Use Only			Commonwealth of Massachusetts				RMV Document Number																									
Date of Crash 10/04/2024	Time of Crash 1202 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 3	Number Injured 0	Speed Limit 35	Latitude	Longitude	State Police Local Police MBTA Police Campus Police Other																					
AT INTERSECTION:			< LOCATION >			NOT AT INTERSECTION:																										
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street			279 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			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# 24-284-AC																				
License #			DOB/Ag			Reg # 1NYX40			Reg Type PC			Reg State MA																				
Sex M Lic. Class D 19 19			Lic. Restrictions 1 20			Veh Year 2011			Veh Make Jeep			Veh Config. 1 21																				
Operator KENSON, GEORGE LESLIE			Owner KENSON, GEORGE LESLIE																													
Address 47 ARLENE AVE			Address 47 ARLENE AVE																													
City WILMINGTON State MA Zip 01887-1111			City WILMINGTON State MA Zip 01887-1111																													
Insurance Company THE COMMERCE INSURANCE CO			Vehicle Action Prior to Crash 1 22			Damaged Area Code: 1 27 27 27																										
Vehicle Travel Direction: N X E W Responding to Emergency? 2			Event Sequence 1 23 23 23 23			Test Status: 28																										
Citation # (If Issued)			Most Harmful Event 1 24			Type of Test: 29																										
Viol. 1: Ch/Sec/Sub			Driver Contributing Code 1 25 25			BAC Test Result: 30																										
Viol. 2: Ch/Sec/Sub			Driver Distracted by 0 26 26			Susp. Alcohol: 31 Susp. Drug: 32																										
Viol. 3: Ch/Sec/Sub						Towed from scene? 1 33																										
Viol. 4: Ch/Sec/Sub																																
Please fill out for operator and all occupants involved			DOB/Age			Sex			34 Seat Pos.			35 Safety System			36 Airbag Status			37 Eject Code			38 Trap Code			39 Injury Status			40 Transp. Code			Medical Facility		
Operator			See Above			X			1			1			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 #			DOB/Ag			Reg # 8XLM30			Reg Type PC			Reg State MA																				
Sex M Lic. Class D 19 19			Lic. Restrictions 1 20			Veh Year 2020			Veh Make FORD			Veh Config. 1 21																				
Operator WEED, RUSSELL FENTON			Owner WEED, RUSSELL FENTON																													
Address 22 GEORGE ST			Address 22 GEORGE ST																													
City MENDON State MA Zip 01756-1137			City MENDON State MA Zip 01756-1137																													
Insurance Company THE COMMERCE INSURANCE CO			Vehicle Action Prior to Crash 4 22			Damaged Area Code: 7 27 27 27																										
Vehicle Travel Direction: N S E X Responding to Emergency? 2			Event Sequence 1 23 2 23 23 23			Test Status: 28																										
Citation # (If Issued)			Most Harmful Event 1 24			Type of Test: 29																										
Viol. 1: Ch/Sec/Sub			Driver Contributing Code 4 25 25			BAC Test Result: 30																										
Viol. 2: Ch/Sec/Sub			Driver Distracted by 0 26 26			Susp. Alcohol: 31 Susp. Drug: 32																										
Viol. 3: Ch/Sec/Sub						Towed from scene? 1 33																										
Viol. 4: Ch/Sec/Sub																																
Please fill out for operator and all occupants involved			DOB/Age			Sex			34 Seat Pos.			35 Safety System			36 Airbag Status			37 Eject Code			38 Trap Code			39 Injury Status			40 Transp. Code			Medical Facility		
Operator/Occupants			See Above			X			1			1			4			0			0			10			1					
JOHN WILLARD			138 BOWDEN ST LOWELL, MA 01852			M			3			1			4			0			0			10			1					

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

Crash Diagram:

Santander Bank	Simard's Roast Beef 279 Main St.	If Crash <u>Did Not</u> Occur on a Public Way: ☐ Off-Street Parking Lot ☐ Garage ☐ Mall/Shopping Center ☐ Other Private Way
Plaza Entrance	Dollar General	



Crash Narrative:

On October 4, 2024 at approximately 12:05pm MV#1 continued southbound on Main St. and crashed into MV#2. MV#2 was attempting to turn left from the northbound side of Main St. After being hit, MV#2 spun and hit MV#3. MV#3 was stopped at the red light on the westbound side of the intersection. For more detailed report, see supplemental narative.

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 Dale H Parsons

Police Officer Name (Please Print)

Signature

236

ID/Badge #

Wilmington Police Department

Department

Precinct/Barracks

10/04/2024

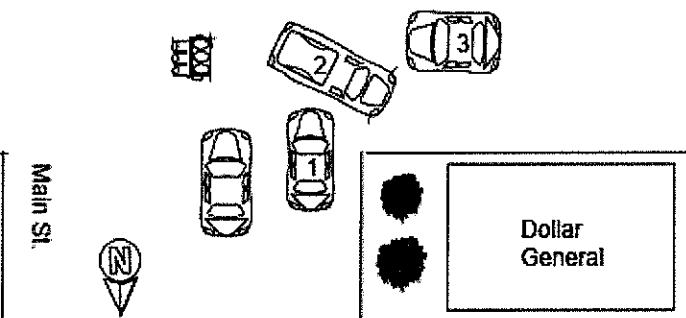
Date

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 10/04/2024	Time of Crash 1202 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 3	Number Injured 0	Speed Limit 35	Latitude	Longitude	State Police Local Police MBTA Police Campus Police Other
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street		279 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			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# 24-284-AC	
License # St DOB/Age			Reg # 1NYX40		Reg Type PC		Reg State MA			
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2011		Veh Make Jeep		Veh Config. 1 21			
Operator KENSON, GEORGE LESLIE			Owner KENSON, GEORGE LESLIE							
Address 47 ARLENE AVE			Address 47 ARLENE AVE							
City WILMINGTON State MA Zip 01887-1111			City WILMINGTON State MA Zip 01887-1111							
Insurance Company THE COMMERCE INSURANCE CO			Vehicle Action Prior to Crash 1 22		Damaged Area Code: 1 27 27 27					
Vehicle Travel Direction: N X E W Responding to Emergency? 2			Event Sequence 1 23 23 23 23		Test Status: 28					
Citation # (If Issued)			Most Harmful Event 1 24		Type of Test: 29					
Viol. 1: Ch/Sec/Sub			Driver Contributing Code 1 25 25		BAC Test Result: 30					
Viol. 2: Ch/Sec/Sub			Driver Distracted by 0 26 26		Susp. Alcohol: 31 Susp. Drug: 32					
Viol. 3: Ch/Sec/Sub					Towed from scene? 1 33					
Viol. 4: Ch/Sec/Sub										
Please fill out for operator and all occupants involved										
Name (Last First Middle)			Address		DOB/Age		Sex		Medical Facility	
Operator			See Above		1		1		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 # 8XLM30		Reg Type PC		Reg State MA			
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2020		Veh Make FORD		Veh Config. 1 21			
Operator WEED, RUSSELL FENTON			Owner WEED, RUSSELL FENTON							
Address 22 GEORGE ST			Address 22 GEORGE ST							
City MENDON State MA Zip 01756-1137			City MENDON State MA Zip 01756-1137							
Insurance Company THE COMMERCE INSURANCE CO			Vehicle Action Prior to Crash 4 22		Damaged Area Code: 7 27 27 27					
Vehicle Travel Direction: N S E X Responding to Emergency? 2			Event Sequence 1 23 2 23 23 23		Test Status: 28					
Citation # (If Issued)			Most Harmful Event 1 24		Type of Test: 29					
Viol. 1: Ch/Sec/Sub			Driver Contributing Code 4 25 25		BAC Test Result: 30					
Viol. 2: Ch/Sec/Sub			Driver Distracted by 0 26 26		Susp. Alcohol: 31 Susp. Drug: 32					
Viol. 3: Ch/Sec/Sub					Towed from scene? 1 33					
Viol. 4: Ch/Sec/Sub										
Please fill out for operator and all occupants involved										
Name (Last First Middle)			Address		DOB/Age		Sex		Medical Facility	
Operator/Occupants			See Above		1		1		1	
JOHN WILLARD			138 BOWDEN ST LOWELL, MA 01852		M 3		1		1	

Police Use Only			Commonwealth of Massachusetts				RMV Document Number																
Date of Crash 10/04/2024		Time of Crash 1202 24HR		City/Town Wilmington		Motor Vehicle Crash Police Report		Number Vehicles 3		Number Injured 0		Speed Limit 35 Latitude Longitude		State Police Local Police MBTA Police Campus Police Other									
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:															
Route# Direction Name of Roadway/Street						Route# Direction Address # Name of Roadway/Street						2 10											
At						Feet N S E W of . or						3 11											
Route# Direction Name of Intersecting Roadway/Street						Feet N S E W of						Route# Intersecting Roadway/Street											
Also at Intersection with						Feet N S E W of						Landmark											
Route# Direction Name of Intersecting Roadway/Street																							
Please Select One of the Following:						☒ Vehicle 3.1 #Occupants		☐ Hit/Run		☐ Moped		Crash Report ID# 24-284-AC											
License # St. DOB/Age						Reg # 3XG261		Reg Type PC		Reg State MA		1 12											
Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2024		Veh Make MAZDA		Veh Config. 1 21		1 12											
Operator ELL SHARON JUDITH						Owner GSJ DISTRIBUTION INC																	
Address 84 PLEASANT ST						Address 84 PLEASANT ST																	
City WAKEFIELD State MA Zip 01880-1846						City WAKEFIELD		State MA		Zip 01880-1846													
Insurance Company SAFETY INSURANCE COMPANY						Vehicle Action Prior to Crash 2 22		Damaged Area Code: 1 27 27 27															
Vehicle Travel Direction: N S X W Responding to Emergency? 2						Event Sequence 1 23 23 23 23		Test Status: 28															
Citation # (If Issued)						Most Harmful Event 1 24		Type of Test: 30															
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 1 25 25		BAC Test Result: 31		Susp. Alcohol: 31		Susp. Drug: 32											
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 0 26 26		Towed from scene? 2 33				1 13											
Please fill out for operator and all occupants involved																							
Name (Last First Middle)		Address		DOB/Age		Sex		34 Seat Pos.		35 Safety System		36 Airbag Status		37 Eject Code		38 Trap Code		39 Injury Status		40 Transp. Code		Medical Facility	
Operator		See Above		X		X		1		1		4		0		0		10		1			
Please Select One of the Following:						☐ Vehicle 4 #Occupants		☐ Hit/Run		☐ Moped		☐ Vulnerable User Complete the Vulnerable User section.											
License # St. DOB/Age						Reg #		Reg Type		Reg State		21											
Sex Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year		Veh Make		Veh Config.		21											
Operator						Owner																	
Address						Address																	
City State Zip						City		State		Zip		1 14											
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: 30															
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 25 25		BAC Test Result: 31		Susp. Alcohol: 31		Susp. Drug: 32											
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 26 26		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		X		X		1															

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

Crash Diagram:

Santander Bank	Simard's Roast Beef 279 Main St.	If Crash Did Not Occur on a Public Way: ☐ Off-Street Parking Lot ☐ Garage ☐ Mall/Shopping Center ☐ Other Private Way
Plaza Entrance	Dollar General	
		Indicate North by Arrow 

Crash Narrative:

On October 4, 2024 at approximately 12:05pm MV#1 continued southbound on Main St. and crashed into MV#2. MV#2 was attempting to turn left from the northbound side of Main St. After being hit, MV#2 spun and hit MV#3. MV#3 was stopped at the red light on the westbound side of the intersection. For more detailed report, see supplemental narrative.

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use ☐ 42
Address _____ City _____ St _____ Zip _____
US DOT #: _____ State Number _____ Issuing State _____ MC/MX/ICC #: _____
Interstate ☐ 43 Cargo Body Type Code ☐ 44 GVWR/GCWR ☐ 45
Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length ☐ 46

Hazmat Information:

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

Patrol Officer Dale H Parsons

236

Wilmington Police Department

10/04/2024

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department
Images Associated with 24-284-AC



NARRATIVE FOR PATROL OFFICER DALE H PARSONS

Ref: 24-284-AC

Entered: 10/04/2024 @ 1424	Entry ID: 236
Modified: 10/04/2024 @ 1424	Modified ID: 236
Approved: 10/06/2024 @ 1410	Approval ID: 174

The following is a summary of facts regarding a motor vehicle accident which occurred in the area of 279 Main St.

On Friday October 4, 2024, I, Officer Parsons #236, at approximately 12:10pm, while assigned to the 8:00am-4:00pm shift, sector 2, car 37, responded to the area of 279 Main St. for a motor vehicle crash involving three vehicles. Upon my arrival, Sgt. Wandell had already radioed in the license plates, license numbers, and determined that two vehicles would need to be towed. He also ensured that no injuries were reported.

It is important to note that 279 Main St. is located at a four-way intersection, which is comprised of Main St. which runs north and south, the entrance for a shopping plaza on the east, and an entrance for Dollar General and Simard's Roast Beef on the west. There is a traffic light as a control device, which was working at the time of the accident.

I first spoke with MR. GEORGE KENSON, operator #1. MR. KENSON was driving a red Jeep, MA registration 1NYX40. MR. KENSON told me that he was traveling straight on Main St. in the southbound lane. As he approached the intersection, MR. KENSON stated that he had a green light. MR. KENSON said that as he began going through the intersection the blue Ford, MA registration 8XLM30, turned left from northbound lane of Main St. and tried to get into the parking lot entrance of Simard's. MR. KENSON reported that there was not enough time for him to stop after having the blue Ford cut across his lane of traffic, and subsequently crashed into the rear passenger's side panel of the Ford. MR. KENSON said the Ford then spun and contacted the third vehicle involved, MA registration 3XG261. MR. KENSON said that this vehicle, a red Mazda was stopped at the red light on the westbound side of the intersection.

I then spoke to MS. SHARON ELL, who was operating the Mazda. She confirmed that she was stopped at the red light on the westbound side of the intersection, and saw the Ford turn left from the northbound side of Main St. She said that after the accident, the Ford slid into the front of her car, which caused a few scratches, but no mechanical damage.

After speaking with MS. ELL, I spoke with MR. RUSSELL WEED. MR. WEED was driving MA registration 8XLM30, the blue Ford Ranger. MR. WEED told me that he was in the northbound lane of Main St. and had a green light. Due to the light being green MR. WEED said that he began turning left to enter the parking lot of Simard's, but did not see MR. KENSON'S vehicle because there was a vehicle in the left lane of the southbound side. I explained to MR. WEED that because he had a green light, MR. KENSON also had a green light. MR. WEED said that just before he was about to enter the parking lot, MR. KENSON crashed into his vehicle and spun his truck, which resulted in the collision with MS. ELL'S car.

Finally, I spoke with MR. JOHN WILLARD, who was a passenger in MR. WEED'S truck. MR. WILLARD said that he could not see MR. KENSON'S vehicle as it was blocked by another vehicle in the southbound left lane.

I explained to all parties that they would need to file their own accident reports, and confirmed there were no reported injuries. All involved parties were given an accident information form, and MR. KENSON'S Jeep and MR. WEED'S Ford were towed by A&S Towing. MS. ELL'S vehicle was in working condition and she drove away.

Respectfully submitted,

Officer Dale Parsons #236