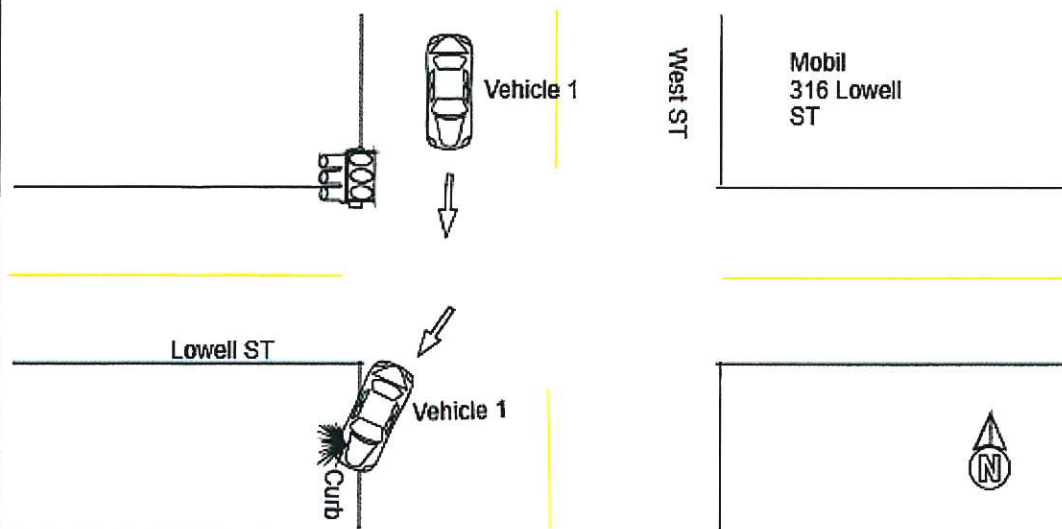


Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 12/08/2024	Time of Crash 0227 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 1	Number Injured 0	Speed Limit 30	State Police Local Police MBTA Police Campus Police Other: ☐		
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
Route# Direction Name of Roadway/Street At			Route# Direction Address # Name of Roadway/Street 316 LOWELL 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 WEST ST							
			Landmark							
Please Select One of the Following: ☒ Vehicle 11 #Occupants ☐ Hit/Run ☐ Moped			Crash Report ID# 24-351-AC							
License # St MA DOB/Age			Reg # 4MHP21 Reg Type PC Reg State MA							
Sex M Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement			Veh Year 2006 Veh Make TOYOTA Veh Config. 1 21							
Operator PORTILLO-DUARTE, JASON S			Owner DUARTE, JULIANNA LEAH							
Address 4134 HORSESHOE LN APT 4134			Address 4134 HORSESHOE LN							
City WILMINGTON State MA Zip 01887-6000			City WILMINGTON State MA Zip 01887-6000							
Insurance Company SAFETY INSURANCE COMPANY			Vehicle Action Prior to Crash 1 22							
Vehicle Travel Direction: N S E W Responding to Emergency? 2			Event Sequence 20 23 23 23 23							
Citation # (If Issued)			Most Harmful Event 20 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										
Name (Last First Middle) Address DOB/Age Sex 34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code Medical Facility										
Operator See Above										
Please Select One of the Following: ☐ Vehicle 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										
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:

	If Crash <u>Did Not</u> Occur on a Public Way: ☐ Off-Street Parking Lot ☐ Garage ☐ Mall/Shopping Center ☐ Other Private Way
	Indicate North by Arrow 

Crash Narrative:

On Sunday, December 8, 2024, vehicle 1 was traveling south bound on West ST traveling across the intersection of Lowell ST when a unknown vehicle swerved into vehicle 1's lane. Vehicle 1 made a maneuver to avoid being hit and subsequently hit the curb and sustianed front right wheel damage. The operator of vehicle 1 was offered medical attention and declined. The vehicle was towed by Forrest Towing and the operator of vehicle 1 was given a ride by the Wilmington Police Department to their home.

See attached photos.

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 Caleb A Wiig

Police Officer Name (Please Print)

Signature

237

ID/Badge #

Wilmington Police Department

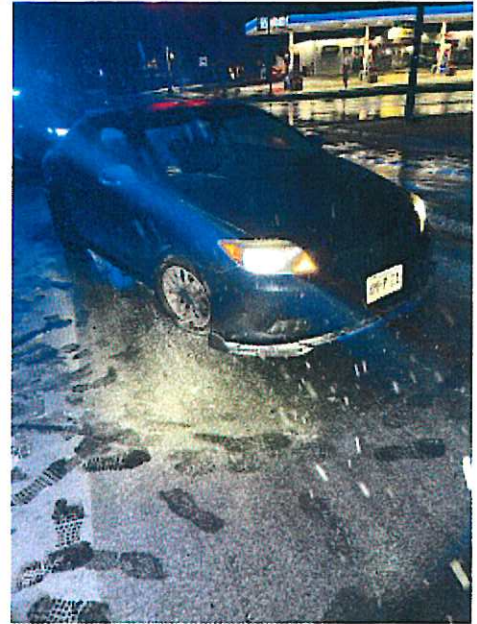
Department

Precinct/Barracks

12/08/2024

Date

Wilmington Police Department
Images Associated with 24-351-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 12/09/2024	Time of Crash 0747 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 3	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 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 12 #Occupants		☐ Hit/Run		☐ Moped		Crash Report ID# 24-352-AC				
License # St MA DOB/Age			Reg # 3PVP26		Reg Type PC		Reg State MA						
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2008		Veh Make HONDA		Veh Config. 1 21						
Operator HINCAPIE SANCHEZ, WILMAR			Owner QUINTERO BEDOYA, YELINCE ALEJANDRA										
Address 25 WILBUR ST			Address 25 WILBUR ST APT 3										
City EVERETT State MA Zip 02149-4020			City EVERETT State MA Zip 02149-4020										
Insurance Company PILGRIM INSURANCE COMPANY			Vehicle Action Prior to Crash 1 22		Damaged Area Code: 1 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: 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? 1 33								
Viol. 4: Ch/Sec/Sub													
Please fill out for operator and all occupants involved													
Name (Last First Middle)		Address		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator		See Above				1	1	4	0	0	9	2	Winchester Hospital
RAUL VASQUEZ-VILLALOBOS		25 WILBUR ST EVERETT, MA 02149-4020			M	3	1	4	0	0	9	2	Winchester Hospital
Please Select One of the Following:													
☒ Vehicle 21 #Occupants			☐ Hit/Run		☐ Moped		☐ Vulnerable User		Complete the Vulnerable User section.				
License # MA DOB/Age			Reg # STEM		Reg Type PC		Reg State MA						
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2015		Veh Make FORD		Veh Config. 1 21						
Operator HANLON, RYAN PATRICK			Owner PALLADINO, KENNETH J										
Address 126 SALEM ST			Address 126 SALEM ST										
City WILMINGTON State MA Zip 01887-4005			City WILMINGTON State MA Zip 01887-4005										
Insurance Company SAFETY INSURANCE COMPANY			Vehicle Action Prior to Crash 6 22		Damaged Area Code: 8 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 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					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				1	1	4	0	0	9	1	

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○

126 Salem St

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Indicate North by Arrow

Crash Narrative:

MV 1 was driving on Salem St. MV 2 was attempting to pull out of their driveway and onto Salem St. There was a language barrier with the operator/passenger of MV 1 due to them only speaking Spanish. MV 2 stated he looked both ways and saw no one coming in either direction and there is a slight curve in the roadway creating a visibility obstruction making it difficult to pull out of the driveway. Both occupants of MV 1 were transported to the hospital. MV 1 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 Kevin J Skinner 200 Wilmington Police Department 12/09/2024
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Images Associated with 24-352-AC



[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

North Arrow: (A circle with an arrow pointing towards the bottom right)

Crash Narrative:

MV 2 WAS TRAVELING EAST ON WEST STREET, TOWARDS WOBURN. MV 1 WAS EXITING HORSESHOE LANE, ENTERING THE TRAFFIC LANES ON WEST STREET. THE FRONT END OF MV 1 COLLIDED WITH THE RIGHT PASSENGER SIDE WHEEL AREA OF MV 2 ON WEST STREET, BETWEEN HORSESHOE LANE AND THE SELF STORAGE LOT, 114 WEST STREET. THERE WAS DAMAGE TO THE FRONT END OF MV 1 AND SIGNIFICANT DAMAGE TO THE FRONT PASSENGER SIDE AND WHEEL OF MV 2. THE OPERATOR OF MV 1 STATED SHE DID NOT SEE MV 2 WHEN SHE PROCEEDED OUT OF HORSESHOE LANE. NO AIRBAGS DEPLOYED. NO INJURIES REPORTED. MV 2 WAS TOWED BY A & S.

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

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

Hazmat Information:

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

Patrol Officer Kayla M Hanson

Police Officer Name (Please Print)

Signature

230

ID/Badge #

Wilmington Police Department

Department

Precinct/Barracks

12/09/2024

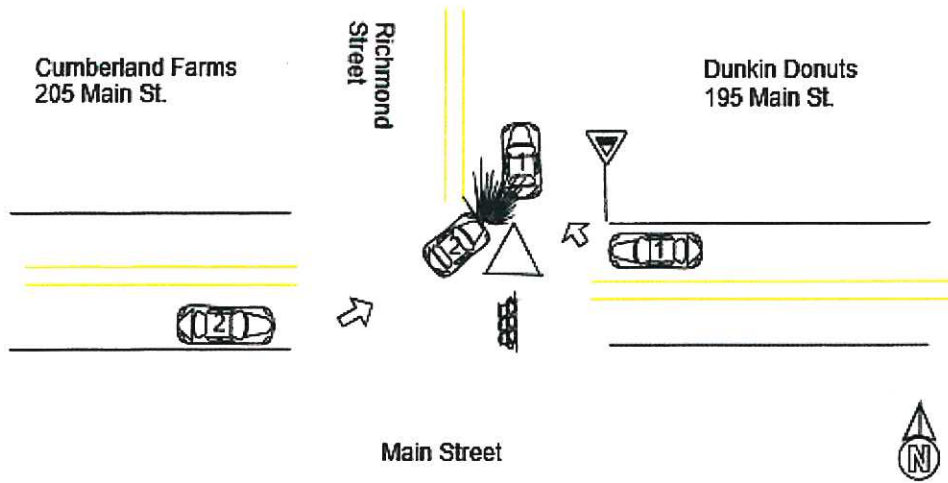
Date

Police Use Only			Commonwealth of Massachusetts				RMV Document Number								
Date of Crash 12/09/2024		Time of Crash 2047 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 Feet N S E W of Mile Marker Exit Number									
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with						Feet N S E W of Route# Intersecting Roadway/Street									
Route# Direction Name of Intersecting Roadway/Street						Landmark									
Please Select One of the Following: ☒ Vehicle 1 #Occupants ☐ Hit/Run ☐ Moped						Crash Report ID# 24-354-AC									
License # St MA DOB/Agc Reg # 22JT86 Reg Type PC Reg State MA						Sex M Lic. Class 19 19 Lic. Restrictions 1 20 CDL Endorsement Veh Year 2011 Veh Make FORD Veh Config 1 21									
Operator CRONIN, BRIAN MICHAEL Owner CRONIN, BRIAN VINCENT						Address 5 MAVERICK CIR Address 5 MAVERICK CIR									
City BILLERICA State MA Zip 01821-5510 City BILLERICA State MA Zip 01821-5510						Insurance Company AMICA MUTUAL INSURANCE CO Vehicle Action Prior to Crash 1 22									
Vehicle Travel Direction: N S E X 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						DOB/Agc 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 21 #Occupants ☐ Hit/Run ☐ Moped ☐ Vulnerable User Complete the Vulnerable User section.						License # St MA DOB/Agc Reg # 6CYN18 Reg Type PC Reg State MA									
Sex M Lic. Class 19 19 Lic. Restrictions 1 20 CDL Endorsement Veh Year 2010 Veh Make NISSAN Veh Config 1 21						Operator ALEXIS, STEEVE Owner ROSARIO, ROSA MARIA									
Address 146 CHARLES ST Address 306 NORTH AVE						City FITCHBURG State MA Zip 01420-7766 City BROCKTON State MA Zip 02302-1549									
Insurance Company ARBELLA MUTUAL INSURANCE Vehicle Action Prior to Crash 6 22						Damaged Area Code: 2 27 27 27									
Vehicle Travel Direction: N S E X 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						DOB/Agc 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



Crash Narrative:

While traveling West onto Richmond Street (public way in Wilmington), Motor vehicle 1 was yielding to oncoming traffic from Main Street when motor vehicle 2, who had the right of way onto Richmond Street, rear ended motor vehicle 1. Motor vehicle 1 had minor damage to the left rear of the vehicle and motor vehicle 2 had minor damage to the front right side (see images). Both operators of the vehicle turned into the parking lot of Cumberland Farms and were assisted with the exchange form. Both vehicles were still in driveable condition and didn't need to be towed. No injuries or airbag deployment from the minor 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 Zachary A Leighton

Police Officer Name (Please Print)

Signature

227

ID/Badge #

Wilmington Police Department

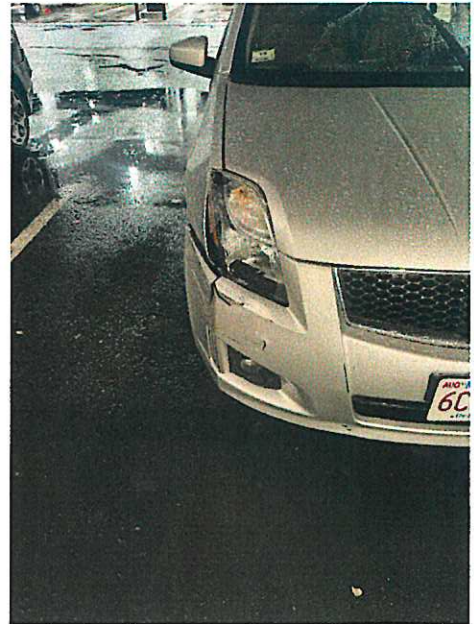
Department

Precinct/Barracks

12/09/2024

Date

Wilmington Police Department
Images Associated with 24-354-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 12/10/2024	Time of Crash 1636 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 1	Number Injured 0	Speed Limit 20	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		146 ALDRICH RD					
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			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# 24-355-AC	
License #			St MA DOB/Age		Reg # 4PEM21		Reg Type PC		Reg State MA	
Sex M Lic. Class 19 19			Lic. Restrictions 1 20 CDL Endorsement		Veh Year 2018		Veh Make HONDA		Veh Config. 1 21	
Operator LACH, DAVID BENJAMIN			Owner LACH, KEVIN PAUL		Address 30 OLD STAGECOACH RD		City BEDFORD		State MA Zip 01730-1240	
Address 30 OLD STAGECOACH RD			City BEDFORD		State MA Zip 01730-1240		Vehicle Action Prior to Crash 1 22		Damaged Area Code: 1 27 27 27	
Insurance Company PLYMOUTH ROCK ASSURANCE C			Event Sequence 5 23 23 23 23		Test Status: 1 28		Type of Test: 0 29		BAC Test Result: 1 30	
Vehicle Travel Direction: N S E X Responding to Emergency? 2			Most Harmful Event 5 24		Driver Contributing Code 1 25 25		Susp. Alcohol: 2 31		Susp. Drug: 2 32	
Citation # (If Issued)			Driver Distracted by 0 26 26		Towed from scene? 2 33					
Viol. 1: Ch/Sec/Sub			Viol. 2: Ch/Sec/Sub		Viol. 3: Ch/Sec/Sub		Viol. 4: Ch/Sec/Sub			
Please fill out for operator and all occupants involved			Name (Last First Middle)		Address		DOB/Age		Sex	
Operator			See Above				1 1		4 0 0 10 1	
Please Select One of the Following:			☐ Vehicle 2 #Occupants		☐ Hit/Run		☐ Moped		☐ Vulnerable User Complete the Vulnerable User section.	
License #			St DOB/Age		Reg #		Reg Type		Reg State	
Sex Lic. Class 19 19			Lic. Restrictions 20 CDL Endorsement		Veh Year		Veh Make		Veh Config. 21	
Operator			Owner		Address		City		State Zip	
Address			City		State Zip		Vehicle Action Prior to Crash 22		Damaged Area Code: 27 27 27	
Insurance Company			Event Sequence 23 23 23 23		Test Status: 28		Type of Test: 29		BAC Test Result: 30	
Vehicle Travel Direction: N S E W Responding to Emergency?			Most Harmful Event 24		Driver Contributing Code 25 25		Susp. Alcohol: 31		Susp. Drug: 32	
Citation # (If Issued)			Driver Distracted by 26 26		Towed from scene? 33					
Viol. 1: Ch/Sec/Sub			Viol. 2: Ch/Sec/Sub		Viol. 3: Ch/Sec/Sub		Viol. 4: Ch/Sec/Sub			
Please fill out for operator and all occupants involved			Name (Last First Middle)		Address		DOB/Age		Sex	
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 → ○ → ○

Aldrich
Rd



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 Aldrich Rd in the area of 146 Aldrich Rd. Operator was unsure of exact location. Operator stated that a deer ran out in front of his car striking the center front of the vehicle. No airbags were deployed and the operator declined injuries. Vehicle was able to be driven from the scene

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

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

Hazmat Information:

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

Patrol Officer Michael R DiLorenzo

217

Wilmington Police Department

12/10/2024

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department
Images Associated with 24-355-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 12/11/2024	Time of Crash 1932 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 30	State Police Local Police MBTA Police Campus Police Other		
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street							
At			Feet N S E W of Mile Marker Exit Number							
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Route# Intersecting Roadway/Street							
Also at Intersection with			Landmark							
Route# Direction Name of Intersecting Roadway/Street										
Please Select One of the Following:			☒ Vehicle 1 #Occupants		☐ Hit/Run		☐ Moped		Crash Report ID# 24-356-AC	
License # St. NY DOB/Age			Reg # LSW2912		Reg Type PC		Reg State NY			
Sex M Lic. Class D 19 19 Lic. Restrictions 99 20 CDL Endorsement			Veh Year 2025		Veh Make TOYOTA		Veh Config. 1 21			
Operator YE, LIWU			Owner YE, LIWU							
Address 877 BAY RIDGE AVE APT 6C			Address 877 BAY RIDGE AVE APT 6C							
City BROOKLYN State NY Zip 11220			City BROOKLYN State NY Zip 11220							
Insurance Company COUNTRY-WIDE INS CO NY			Vehicle Action Prior to Crash 1 22		Damaged Area Code: 8 27 1 27 27					
Vehicle Travel Direction: N S X W Responding to Emergency? 2			Event Sequence 1 23 23 23 23		Test Status: 1 28					
Citation # (If Issued)			Most Harmful Event 1 24		Type of Test: 0 29					
Viol. 1: Ch/Sec/Sub			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					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			
Operator			See Above		1 99		4 0 0 10 1			
Please Select One of the Following:			☒ Vehicle 22 #Occupants		☐ Hit/Run		☐ Moped		☐ Vulnerable User Complete the Vulnerable User section.	
License # St. MA DOB/Age			Reg # 6PE925		Reg Type PC		Reg State MA			
Sex F Lic. Class D 19 19 Lic. Restrictions 99 20 CDL Endorsement			Veh Year 2017		Veh Make HYUNDAI		Veh Config. 1 21			
Operator LEIGH-LENORMAND, SHARON RUTH			Owner LEIGH-LENORMAND, SHARON RUTH							
Address 12 KNOLLWOOD CT			Address 12 KNOLLWOOD CT							
City BURLINGTON State MA Zip 01803-3821			City BURLINGTON State MA Zip 01803-3821							
Insurance Company GOVERNMENT EMPLOYEES INSU			Vehicle Action Prior to Crash 1 22		Damaged Area Code: 5 27 4 27 27					
Vehicle Travel Direction: N S X W Responding to Emergency? 2			Event Sequence 1 23 23 23 23		Test Status: 1 28					
Citation # (If Issued)			Most Harmful Event 1 24		Type of Test: 0 29					
Viol. 1: Ch/Sec/Sub			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			
Operator/Occupants			See Above		1 99		4 0 0 10 1			
					F 3 99		4 0 0 10 1			

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○

Tremezzos	V2  V1	Lowell Street 	If Crash <u>Did Not</u> Occur on a Public Way: ☐ Off-Street Parking Lot ☐ Garage ☐ Mall/Shopping Center ☐ Other Private Way Indicate North by Arrow 
------------------	---	--	---

Crash Narrative:

On Wednesday December 11, 2024 at approximately 7:32pm I, Officer Fortes was dispatched to Lowell Street by Tremezzos for a report of a two car motor vehicle crash. Upon arrival I observed V1 had front end damage and V2 had rear end damage. Op1 had a strong language barrier and communicated exclusively through his translator app on his phone. Op1 stated he was driving straight ahead (Lowell Street) and did not see the vehicle in front of him and struck the vehicle. Op2 stated she was on Lowell Street attempting to turn into Tremezzos and she was struck in the rear by V2. All parties exchanged information and signed medical refusals with the fire department. Both vehicles were driveable and all units cleared 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 John A Fortes

Police Officer Name (Please Print)

Signature

228

ID/Badge #

Wilmington Police Department

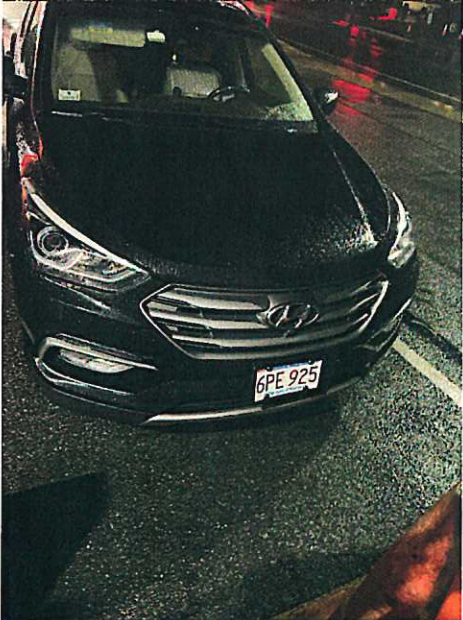
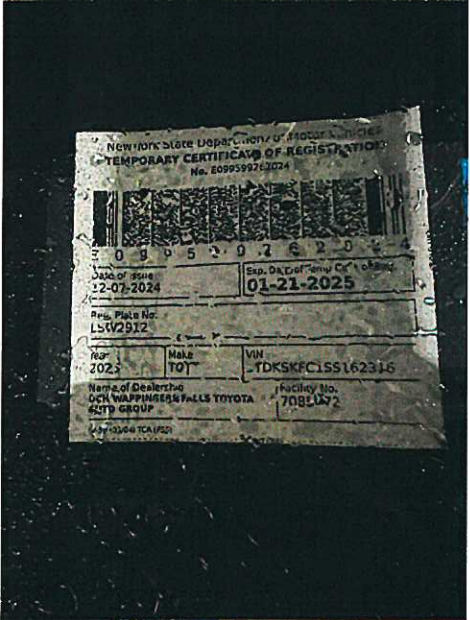
Department

Precinct/Barracks

12/11/2024

Date

Wilmington Police Department
Images Associated with 24-356-AC



→ = 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 traveling north in the area of 61 Federal ST, Vehicle 2 (V2) was traveling south on Federal ST in the same area. As the vehicles passed one another traveling in opposite directions, their drivers side mirrors made contact with each other. Medical Aid was offered to both parties and they declined, and no airbags were deployed. Both vehicles were able to be driven from the scene.

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

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

Hazmat Information:

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

Patrol Officer Caleb A Wiig

Police Officer Name (Please Print)

Signature

237

ID/Badge #

Wilmington Police Department

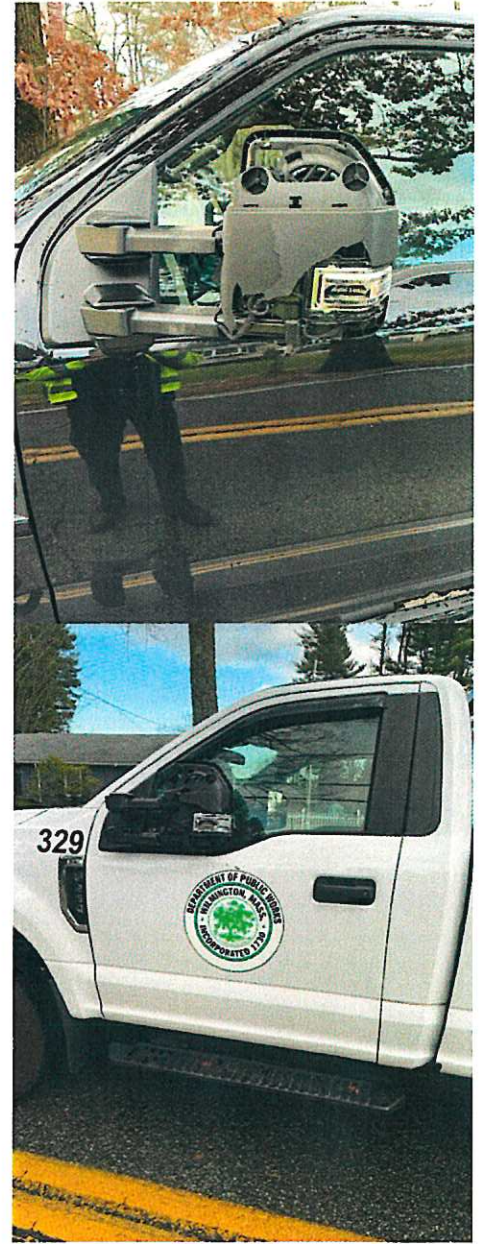
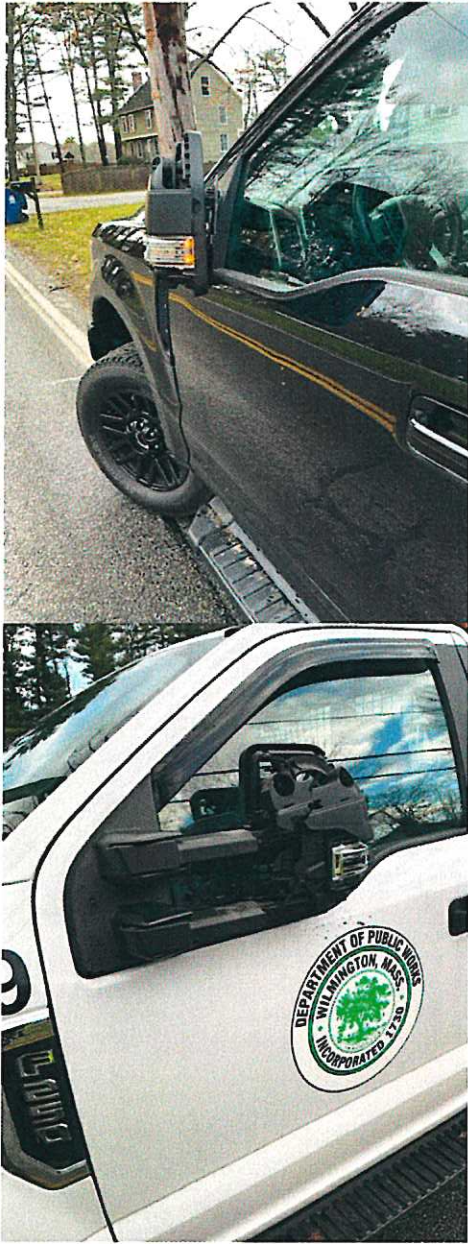
Department

Precinct/Barracks

12/12/2024

Date

Wilmington Police Department
Images Associated with 24-357-AC



Police Use Only Commonwealth of Massachusetts Motor Vehicle Crash Police Report RMV Document Number

Date of Crash 12/13/2024 Time of Crash 0021 City/Town WILMINGTON Number Vehicles 2 Number Injured 0 Speed Limit 30

AT INTERSECTION: LOCATION NOT AT INTERSECTION:

Route# Direction Name of Roadway/Street At Route# Direction Address # Name of Roadway/Street

Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street

Please Select One of the Following: [X] Vehicle 1 Occupants [] Hit/Run [] Moped Crash Report ID# 24-358-AC

License # St MA DOB/Age Reg # 9DXS50 Reg Type PC Reg State MA

Sex M Lic. Class 19 19 Lic. Restrictions 1 20 CDL Endorsement Veh Year 2018 Veh Make Jeep Veh Config 1 21

Operator CALLINAN, DANIEL MICHAEL Owner CALLINAN, DANIEL MICHAEL

Address 2 REVERE AVE Address 2 REVERE AVE

City WILMINGTON State MA Zip 01887-6217 City WILMINGTON State MA Zip 01887-6217

Insurance Company THE COMMERCE INSURANCE CO Vehicle Action Prior to Crash 1 22 Damaged Area Code: 6 27 7 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 Viol. 2: Ch/Sec/Sub Driver Contributing Code 99 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

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

Operator See Above 1 0 4 0 0 10 1

Please Select One of the Following: [X] Vehicle 21 Occupants [] Hit/Run [] Moped [] Vulnerable User Complete the Vulnerable User section.

License # St MA DOB/Age Reg # LVC7215 Reg Type RV Reg State MA

Sex M Lic. Class 19 19 Lic. Restrictions 1 20 CDL Endorsement Veh Year 2023 Veh Make MERCEDES-BENZ Veh Config 5 21

Operator LAFORTUNE, JACQUELIN E Owner NORTH AMERICA CAR SERVICE CORPORATION

Address 24 WARREN E ST Address 1115 W MAIN ST

City RAYNHAM State MA Zip 02767-1337 City MESA State AZ Zip 85201-7111

Insurance Company EVEREST DENALI INSURANCE Vehicle Action Prior to Crash 3 22 Damaged Area Code: 2 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 Viol. 2: Ch/Sec/Sub Driver Contributing Code 99 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

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 0 4 0 0 10 1

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

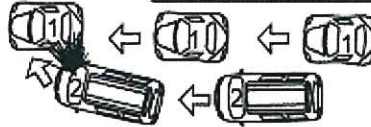
Crash Diagram:

ie: → 1 → 2 → ○ → ○

Mobile on the Run
316 Lowell St

Lowell Street,
Wilmington, MA
(Route 129)

316 Lowell Street
Entrance



If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow



Crash Narrative:

Operator of MV 2 stated that he was driving West on Lowell Street and was taking a right turn into Mobile on the Run (316 Lowell Street). MV 2 stated that he took a wide turn (he was driving a sprinter van) and when he turned, struck MV 1. MV 2 stated that he did not see MV 1. MV 1 stated that he was driving behind MV 2 on Lowell St. MV 2 stated that it was possible that MV 2 did not have its directional on, but could not remember. MV 1 believed he could pass MV 2 on the right and continue West on Lowell Street.

It should be noticed that the area where the crash occurred was not lined for two Westbound travel lanes. About 20 yards ahead of where the crash occurred, the single Westbound travel lane splits into a left turn only lane and a lane to continue straight on Lowell St or turn right onto West Street.

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 James R Hill

Police Officer Name (Please Print)

Signature

225

ID/Badge #

Wilmington Police Department

Department

Precinct/Barracks

12/13/2024

Date

Wilmington Police Department
Images Associated with 24-358-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 12/13/2024	Time of Crash 0716 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 1	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							
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 11 #Occupants ☐ Hit/Run ☐ Moped			Crash Report ID# 24-359-AC							
License # St MA DOB/Age			Reg # 18Y610 Reg Type PC Reg State MA							
Sex M Lic. Class D 19 19 Lic. Restrictions 99 20 CDL Endorsement			Veh Year 2011 Veh Make FORD Veh Config. 1 21							
Operator BARLETTA, NICHOLAS EUGENE			Owner BARLETTA, STEVEN JAMES							
Address 70 WILLOW ST			Address 70 WILLOW ST							
City TEWKSBURY State MA Zip 01876			City TEWKSBURY State MA Zip 01876-4381							
Insurance Company ARBELLA MUTUAL INSURANCE			Vehicle Action Prior to Crash 4 22 Damaged Area Code: 9 27 27 27							
Vehicle Travel Direction: ☒ S ☐ E ☐ W Responding to Emergency? 2			Event Sequence 12 23 23 23 23 Test Status: 1 28							
Citation # (If Issued) 062615AD			Most Harmful Event 12 24 Type of Test: 0 29							
Viol. 1: Ch/Sec/Sub 89 11 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			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 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			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							

Please complete a section for each vulnerable user involved in the crash.

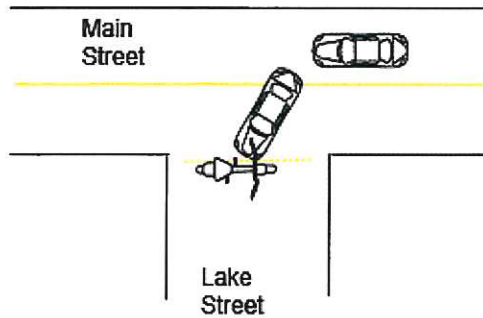
Vulnerable User		Type 2 VU1		Action 1 VU2		Location 3 VU3				
VU: EVANS, JOHN E Last First Middle										
Address 33 KENT ST				Primary Injury Area: 4 VU7						
City TEWKSBURY State MA Zip 01876				Test Status: 1 VU11						
License # _____ St MA DOB/Age _____				Type of Test: 0 VU12						
Traffic Control Device 0 VU4				Event Sequence 13 19 VU8 VU8		BAC Test Result: 1 VU13				
Origin/Destination 99 VU5				Contributing Code 99 VU9 VU9		Susp. Alcohol: 2 VU14				
Contact Point: 12 VU6				Distracted by 99 VU10 VU10		Susp. Drug: 2 VU15				
		Sex	VU16 Seat Pos.	VU17 Safety Equipment	VU18 Eject Code	VU19 Trap Code	VU20 Injury Status	VU21 Transp. Code	Medical Facility	
Vulnerable User		M	1	99	1	0	8	2		
Lahey Clinic										

Vulnerable User		Type VU1		Action VU2		Location VU3				
VU: _____ Last First Middle										
Address _____				Primary Injury Area: VU7						
City _____ State _____ Zip _____				Test Status: VU11						
License # _____ St _____ DOB/Age _____				Type of Test: VU12						
Traffic Control Device VU4				Event Sequence VU8 VU8 VU8 VU8		BAC Test Result: VU13				
Origin/Destination VU5				Contributing Code VU9 VU9		Susp. Alcohol: VU14				
Contact Point: VU6				Distracted by VU10 VU10		Susp. Drug: VU15				
		Sex	VU16 Seat Pos.	VU17 Safety Equipment	VU18 Eject Code	VU19 Trap Code	VU20 Injury Status	VU21 Transp. Code	Medical Facility	
Vulnerable User										

Vulnerable User		Type VU1		Action VU2		Location VU3				
VU: _____ Last First Middle										
Address _____				Primary Injury Area: VU7						
City _____ State _____ Zip _____				Test Status: VU11						
License # _____ St _____ DOB/Age _____				Type of Test: VU12						
Traffic Control Device VU4				Event Sequence VU8 VU8 VU8 VU8		BAC Test Result: VU13				
Origin/Destination VU5				Contributing Code VU9 VU9		Susp. Alcohol: VU14				
Contact Point: VU6				Distracted by VU10 VU10		Susp. Drug: VU15				
		Sex	VU16 Seat Pos.	VU17 Safety Equipment	VU18 Eject Code	VU19 Trap Code	VU20 Injury Status	VU21 Transp. Code	Medical Facility	
Vulnerable User										

→ = 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:

On Friday December 13, 2024 at approximately 7:16am I, Officer Fortes was dispatched to a motor vehicle crash involving a bicycle. Upon arrival I observed Op1 standing outside his vehicle and Op2 sitting on the guardrail. Op1 stated he was taking a left hand turn from Main Street onto Lake Street and he did not see the bicyclist crossing over Lake Street and struck him. The bicyclist could not recall what happened. Op2 was transported to Lahey Clinic to be treated for his injuries. Op1 was issued Massachusetts Uniform Citation 052615AD for Crosswalk Vioation. See Supplemental.

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 John A Fortes

Police Officer Name (Please Print)

Signature

228

ID/Badge #

Wilmington Police Department

Department

Precinct/Barracks

12/13/2024

Date

Wilmington Police Department
Images Associated with 24-359-AC



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

Crash Diagram:

If Crash Did Not Occur on a Public Way:

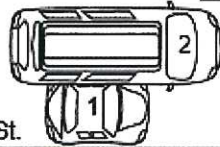
- ☐ Off-Street Parking Lot
☐ Garage
☐ Mall/Shopping Center
☐ Other Private Way

Indicate North by Arrow



Left Only

316 Lowell St.



Crash Narrative:

On Friday December 13, 2024, I, Officer Parsons #236 responded to a motor vehicle accident which occurred in front of 316 Lowell St. Operator #1 said that she was traveling westbound on Lowell St. and could not say how, but "all of a sudden" was right up against vehicle #2. Vehicle #1 had extensive damage to the driver's side and required to be towed. Vehicle #1 was towed by Forest Towing. Operator #2 said that he was driving westbound on Lowell St. in the right-hand lane. Opp 2 said he made no indication he was going to merge into the left only lane, and saw vehicle #1 attempt to pass him on the right. This resulted in the side swipe collision. All parties were checked by WFD, and refused transport.

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 # **4752680** (From Vehicle Section)

Carrier Name **ryder truck rental lt**

Bus Use **0** ⁴²

Address **143 FRONTAGE RD** City **MANCHESTER** St **NH** Zip **03103**

US DOT #: **387421** State Number _____ Issuing State _____ MC/MX/ICC #: _____

Interstate **0** ⁴³ Cargo Body Type Code **3** ⁴⁴ GVWR/GCWR **1** ⁴⁵

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

Hazmat Information:

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

Patrol Officer Dale H Parsons

Police Officer Name (Please Print)

Signature

236

ID/Badge #

Wilmington Police Department

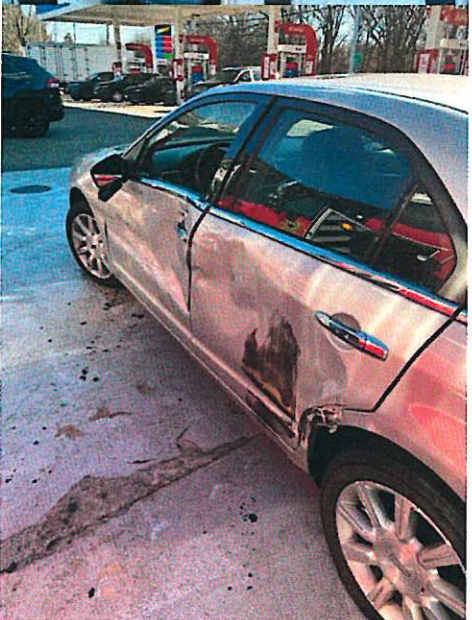
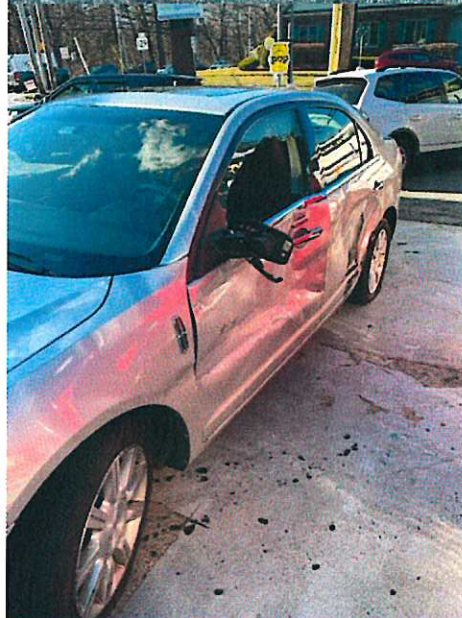
Department

Precinct/Barracks

12/13/2024

Date

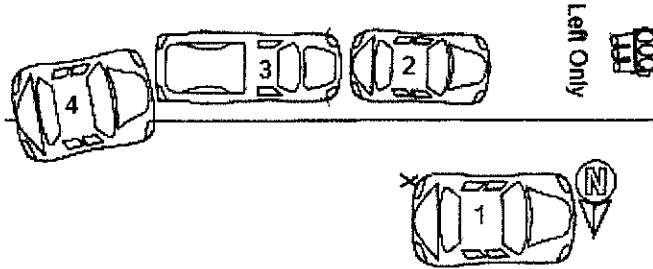
Wilmington Police Department
Images Associated with 24-360-AC



→ = 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:

Operator #4 said that while driving westbound on Middlesex Ave. he "passed out" and came to after the accident. A witness, MR. DANIEL BUCKELEW, said that vehicles MV #1 and MV #4 were driving in the right hand lane approaching the red light. As MV #1 was slowing down, MR. BUCKELEW said MV #4 began to accelerate and veer to the left. Prior to the light, MV #4 rear ended MV #1 then rear ended MV #3. MV #3 then was pushed into MV #2. No injuries were reported. Operator #4 was brought to Winchester Hospital by his father, MR. DAVID CAFUA. Car MV #4 was towed by A&S Towing.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
BUCKELEW DANIEL	20 LINDA RD WILMINGTON MA 01887		

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

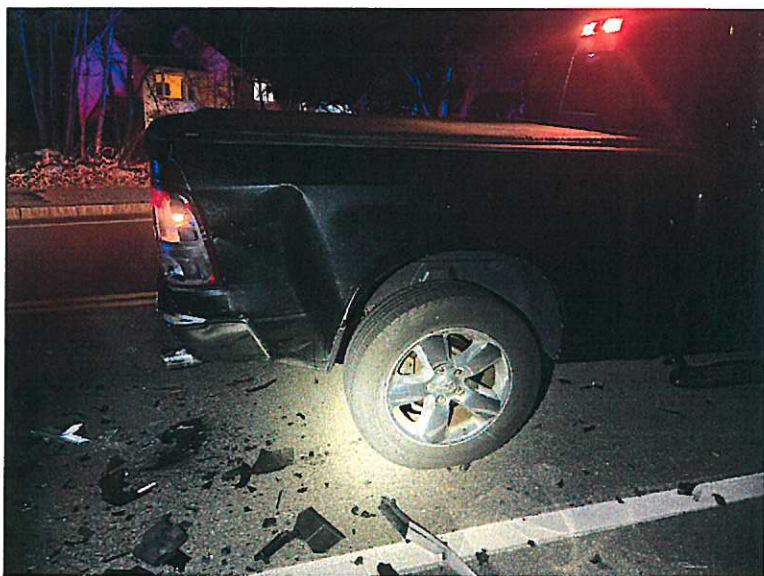
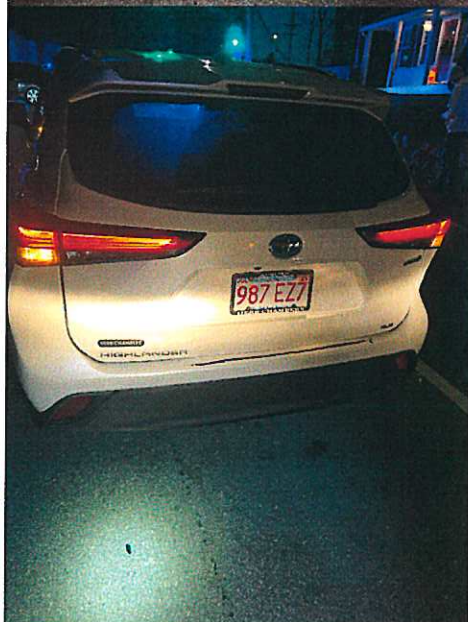
Department

Precinct/Barracks

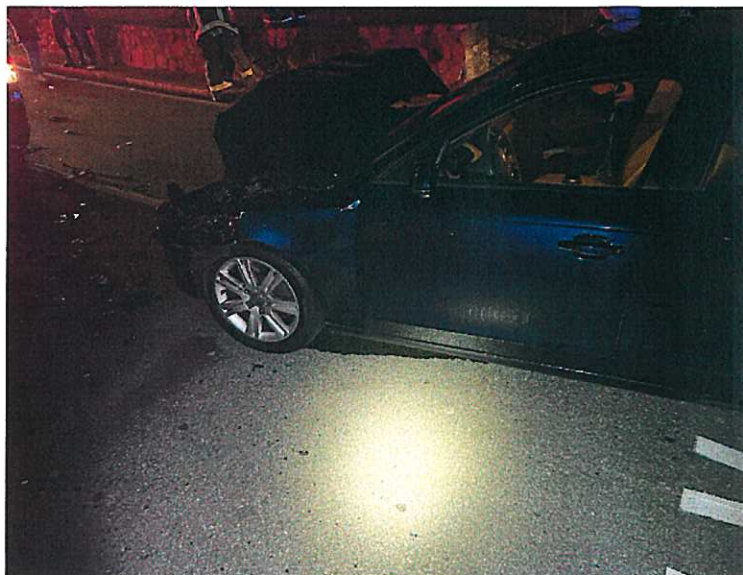
12/14/2024

Date

Wilmington Police Department
Images Associated with 24-361-AC



Wilmington Police Department
Images Associated with 24-361-AC

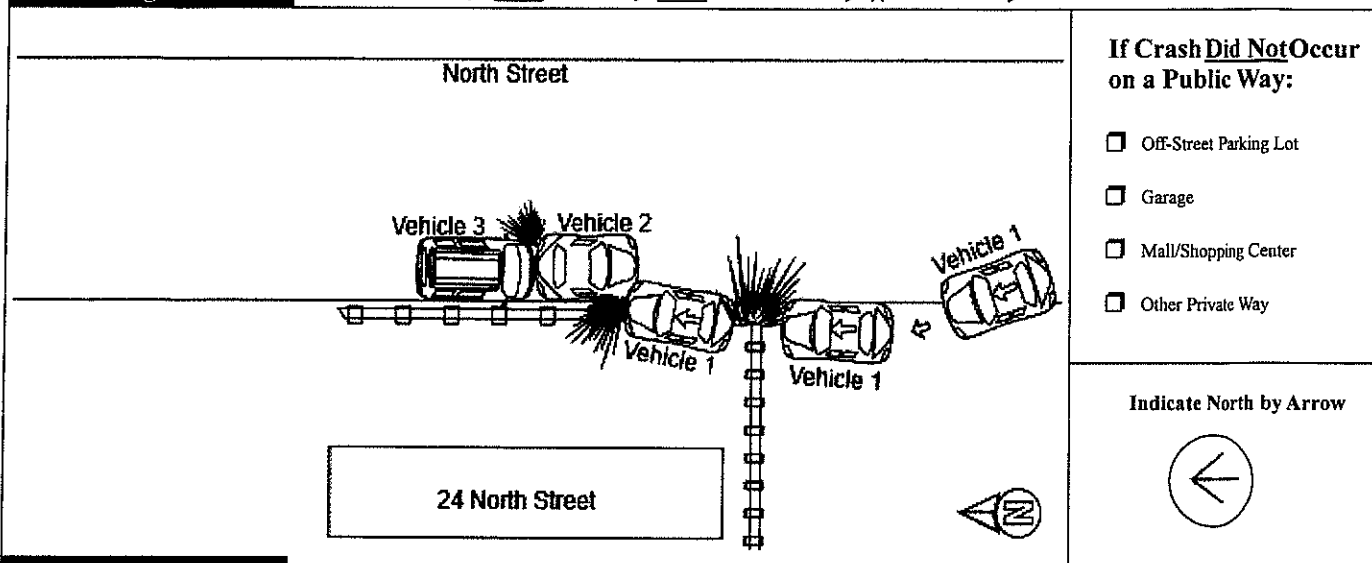


Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 12/14/2024	Time of Crash 2127 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 3	Number Injured 0	Speed Limit 20	Latitude	Longitude	State Police Local Police MBTA Police Campus Police Other
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street		24 NORTH ST					
At										
Route# Direction Name of Intersecting Roadway/Street			Route# Direction Address # Name of 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 11 #Occupants		☐ Hit/Run		☐ Moped		Crash Report ID# 24-362-AC	
License # St MA DOB/Age			Reg # 2VBR45 Reg Type PC Reg State MA							
Sex F Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement			Veh Year 2012 Veh Make VOLKSWAGEN Veh Config. 1 21							
Operator OSULLIVAN, KEARA ALISSA			Owner OSULLIVAN, ANDREA DAWN							
Address 140 KENNEDY RD			Address 140 KENNEDY RD							
City TEWKSBURY State MA Zip 01876-2582			City TEWKSBURY State MA Zip 01876-2582							
Insurance Company THE HANOVER INSURANCE COM			Vehicle Action Prior to Crash 1 22		Damaged Area Code: 1 27 27 27					
Vehicle Travel Direction: ☒ S ☐ E ☐ W Responding to Emergency? 2			Event Sequence 30 2 23 23 23		Test Status: 3 28					
Citation # (If Issued) T3549232			Most Harmful Event 2 24		Type of Test: 97 29					
Viol. 1: Ch/Sec/Sub 90 24E Viol. 2: Ch/Sec/Sub 90 24J			Driver Contributing Code 10 25 19 25		BAC Test Result: 5 30					
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Distracted by 99 26 26		Susp. Alcohol: 1 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 20 #Occupants		☐ Hit/Run		☐ Moped		☐ Vulnerable User Complete the Vulnerable User section.	
License # St DOB/Age			Reg # 1KW27 Reg Type PC Reg State MA							
Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement			Veh Year 2017 Veh Make HONDA Veh Config. 1 21							
Operator Driverless M.V.			Owner CARACO, NICHOLAS J							
Address			Address 25 ROCKY HILL RD							
City State Zip			City BURLINGTON State MA Zip 01803-1404							
Insurance Company GEICO GENERAL INSURANCE C			Vehicle Action Prior to Crash 11 22		Damaged Area Code: 2 27 4 27 27					
Vehicle Travel Direction: ☒ N ☒ E ☐ W Responding to Emergency? 2			Event Sequence 2 23 23 23 23		Test Status: 1 28					
Citation # (If Issued)			Most Harmful Event 2 24		Type of Test: 29					
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Driver Contributing Code 25 25		BAC Test Result: 1 30					
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Distracted by 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/Occupants See Above			1 0 5 3 0 10 1							

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 12/14/2024	Time of Crash 2127 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 3	Number Injured 0	Speed Limit 20	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 30 #Occupants		☐ Hit/Run		☐ Moped		Crash Report ID# 24-362-AC	
License # St DOB/Age			Reg # 3LPE96		Reg Type PC		Reg State MA			
Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement			Veh Year 2013		Veh Make BMW		Veh Config. 1			
Operator Driverless M.V.			Owner WELCH, KATHERINE HELEN							
Address			Address 174 BOLTON ST APT 2							
City State Zip			City BOSTON		State MA		Zip 02127-1262			
Insurance Company LIBERTY MUTUAL FIRE INSUR			Vehicle Action Prior to Crash 11		Damaged Area Code: 1 27 27 27					
Vehicle Travel Direction: N X E W Responding to Emergency? 2			Event Sequence 2 23 23 23 23		Test Status: 1 28					
Citation # (If Issued)			Most Harmful Event 2 24		Type of Test: 29					
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Driver Contributing Code 1 25 25		BAC Test Result: 1 30					
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Distracted by 0 26 26		Susp. Alcohol: 2 31 Susp. Drug: 2 32					
Please fill out for operator and all occupants involved										
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 0 5 3 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			
Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement			Veh Year		Veh Make		Veh Config. 21			
Operator			Owner							
Address			Address							
City State Zip			City		State		Zip			
Insurance Company			Vehicle Action Prior to Crash 22		Damaged Area Code: 27 27 27					
Vehicle Travel Direction: N S E W Responding to Emergency?			Event Sequence 23 23 23 23		Test Status: 28					
Citation # (If Issued)			Most Harmful Event 24		Type of Test: 29					
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Driver Contributing Code 25 25		BAC Test Result: 30					
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Distracted by 26 26		Susp. Alcohol: 31 Susp. Drug: 32					
Please fill out for operator and all occupants involved										
Name (Last First Middle) Address			DOB/Age Sex		34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 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:



If Crash Did Not Occur on a Public Way:

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

Crash Narrative:

On Saturday, December 14, 2024 at approximately 9:27PM, vehicle 1 was traveling north on North Street. At this time Vehicle 1 left the road way and went throught the fence of 24 North Street. After colliding with the fence, Vehicle 1 collided with the front of Vehicle 2 which caused Vehicle 2 to collide with the front of Vehicle 3.

Both Vehicle 2 and 3 were parked legally on the side of the road.

Operator of Vehicle 1 refused medical treatment and signed a refusal.

Vehicles 1 and 2 were towed to 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
SCANLON THOMAS	24 NORTH ST WILMINGTON MA 01887		97	FRONT YARD 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 Christopher k Miccichi

232

Wilmington Police Department

12/14/2024

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department
Images Associated with 24-362-AC

