

Police Use Only			Commonwealth of Massachusetts			RMV Document Number			
Date of Crash 10/06/2024	Time of Crash 1734 24HR	City/Town WOBURN	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 1	Speed Limit 55 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		Route# Direction Address # Name of Roadway/Street	
At		Feet N S E W of or 54		Feet N S E W of	
Route# Direction Name of Intersecting Roadway/Street		Mile Marker		Route# Intersecting Roadway/Street	
Also at Intersection with		Exit Number		Landmark	
Route# Direction Name of Intersecting Roadway/Street					

Please Select One of the Following:	☒ Vehicle 1 #Occupants	☐ Hit/Run	☐ Moped	Crash Report ID# 24-285-AC
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License #	St.	DOB/Age	Reg # MPK880	Reg Type LF	Reg State MA
Sex M	Lic. Class D	Lic. Restrictions 20	Veh Year 2022	Veh Make FORD	Veh Config. 97
Operator FITZGERALD, JOSEPH			Owner WILMINGTON TOWN OF DEPT POLICE		
Address 1 ADELAIDE ST			Address 1 ADELAIDE ST		
City WILMINGTON State MA Zip 01887			City WILMINGTON State MA Zip 01887-2719		
Insurance Company SELF INSURED			Vehicle Action Prior to Crash 1		
Vehicle Travel Direction: X S E W			Event Sequence 1 23 23 23 23		
Citation # (If Issued)			Most Harmful Event 1		
Viol. 1: Ch/Sec/Sub			Driver Contributing Code 19 25 25		
Viol. 2: Ch/Sec/Sub			Driver Distracted by 4 26 26		
Viol. 3: Ch/Sec/Sub			Damaged Area Code: 1 27 2 27 8 27		
Viol. 4: Ch/Sec/Sub			Test Status: 1 28		
			Type of Test: 0 29		
			BAC Test Result: 1 30		
			Susp. Alcohol: 2 31		
			Susp. Drug: 2 32		
			Towed from scene? 2 33		

Please fill out for operator and all occupants involved		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	1	0	0	10	1	

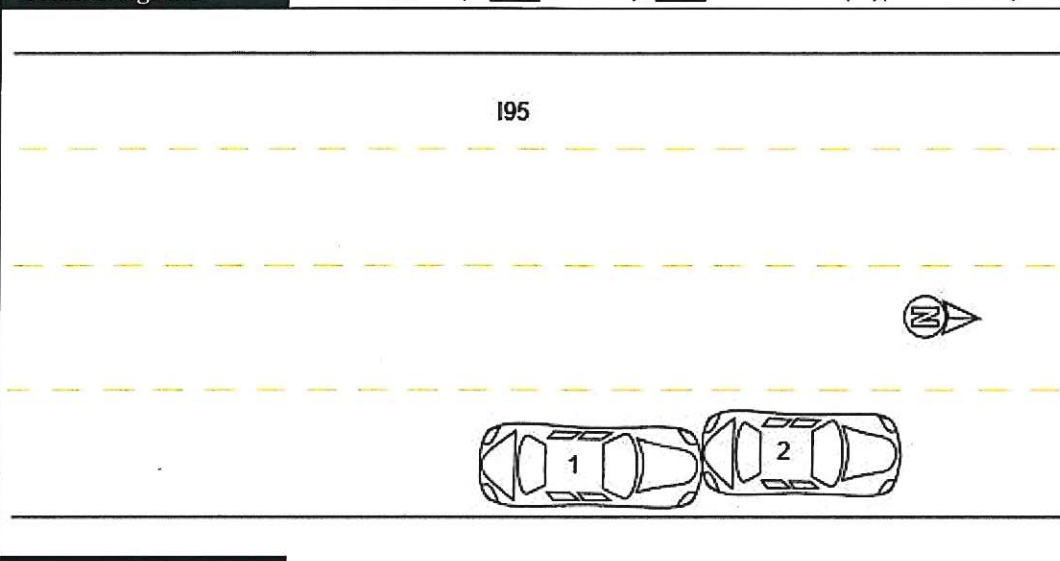
Please Select One of the Following:	☒ Vehicle 2 #Occupants	☐ Hit/Run	☐ Moped	☐ Vulnerable User Complete the Vulnerable User section.
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License #	St.	DOB/Age	Reg # GHWX53	Reg Type PC	Reg State FL
Sex M	Lic. Class D	Lic. Restrictions 20	Veh Year 2023	Veh Make Jeep	Veh Config. 1
Operator ENSHIN, ALEXEY			Owner EAN HOLDINGS, LLC		
Address 1215 PAWTUCKET BLVD APT 1			Address 14002 E 21ST ST ST APT 1500		
City LOWELL State MA Zip 01854-1063			City TULSA State OK Zip 74134-1424		
Insurance Company			Vehicle Action Prior to Crash 1		
Vehicle Travel Direction: X S E W			Event Sequence 1 23 23 23 23		
Citation # (If Issued)			Most Harmful Event 1		
Viol. 1: Ch/Sec/Sub			Driver Contributing Code 1 25 25		
Viol. 2: Ch/Sec/Sub			Driver Distracted by 0 26 26		
Viol. 3: Ch/Sec/Sub			Damaged Area Code: 4 27 5 27 27		
Viol. 4: Ch/Sec/Sub			Test Status: 1 28		
			Type of Test: 0 29		
			BAC Test Result: 1 30		
			Susp. Alcohol: 2 31		
			Susp. Drug: 2 32		
			Towed from scene? 2 33		

Please fill out for operator and all occupants involved		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	1	0	0	10	1	
DARA SUON		11842 THOMAS MILL DR GLEN ALLEN, VA 23059	M	6	1	5	0	0	8	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:

MV1 and MV2 travelling northbound on I95 approximately 1/2 mile prior to exit 54. Traffic conditions were heavy/bumper-to-bumper. Operator of MV1 stated that he had looked down toward his GPS in order to seek alternative route when he struck MV2. Operator and [assenger of MV2 stated that they were stopping in traffic when they were struck by MV1. Passenger of MV2 sustained a cut to his cheek when the collision caused him to strike his face off his cell phone. Passenger refused medical treatment and needed to leave due to a flight he needed to catch. Damage to the front push bumper, hood and light assembly of MV1. Damage to rear bumper of MV2. Both vehicles operable.

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use ☐ 42

Address _____ City _____ St _____ Zip _____

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

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

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

Hazmat Information:

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

Sergeant Kevin P Cavanaugh

Police Officer Name (Please Print)

Signature

195

ID/Badge #

Wilmington Police Department

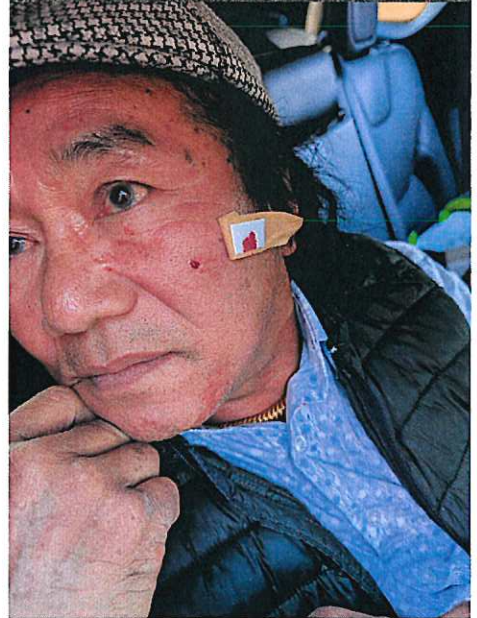
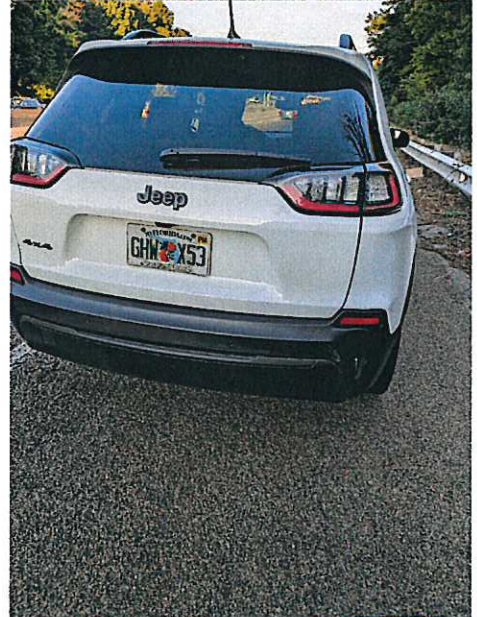
Department

Precinct/Barracks

10/06/2024

Date

Wilmington Police Department
Images Associated with 24-285-AC



Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash
10/08/2024Time of Crash
1044
24HRCity/Town
WilmingtonMotor Vehicle Crash
Police ReportNumber
Vehicles
3Number
Injured
0Speed Limit 25
Latitude +025.0000
Longitude _____State Police ☐
Local Police ☐
MBTA Police ☐
Campus Police ☐
Other ☐

AT INTERSECTION:

< LOCATION >

NOT AT INTERSECTION:

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

Route# 18 Direction _____ Address # CHURCH ST Name of Roadway/Street _____
____ Feet N S E W of _____ • _____ or _____ Exit Number _____
____ Feet N S E W of _____ Mile Marker _____
____ 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# **24-286-AC**

License # _____ St. _____ DOB/Age _____
Sex M Lic. Class D M Lic. Restrictions 1 20 CDL _____
Operator COLONNA, GIANPAOLO
Address 36 LAKE ST
City WILMINGTON State MA Zip 01887-3708
Insurance Company SAFETY INSURANCE COMPANY
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 # 8JS538 Reg Type PC Reg State MA
Veh Year 2015 Veh Make FORD Veh Config. 1 21
Owner CASA DI MARE INC
Address 36 LAKE ST
City WILMINGTON State MA Zip 01887-3708
Vehicle Action Prior to Crash 6 22 Damaged Area Code: 8 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 4 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	<u>X</u>	<u>X</u>	<u>1</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	

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

License # _____ S. _____ DOB/Age _____
Sex M Lic. Class D M Lic. Restrictions 1 20 CDL _____
Operator DELLOREANO, CHARLES A
Address 11 ALLSTON AVE
City WILMINGTON State MA Zip 01887-1301
Insurance Company ARBELLA INDEMNITY INSURAN
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 # 4TLD88 Reg Type PC Reg State MA
Veh Year 2023 Veh Make HONDA Veh Config. 1 21
Owner EASTERN BANK
Address 195 MARKET ST 1ST FL
City LYNN State MA Zip 01901-0000
Vehicle Action Prior to Crash 1 22 Damaged Area Code: 2 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? 2 33

Please fill out for operator and all occupants involved

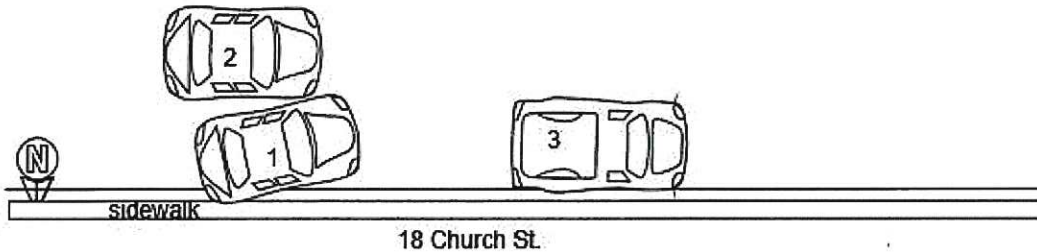
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Occupants	See Above	<u>X</u>	<u>X</u>	<u>1</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	

Police Use Only			Commonwealth of Massachusetts				RMV Document Number					
Date of Crash 10/08/2024	Time of Crash 1044 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report				Number Vehicles 3	Number Injured 0	Speed Limit 25	Latitude +025.0000	Longitude	State Police Local Police MBTA Police Campus Police Other
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:					
Route# Direction Name of Roadway/Street							Route# Direction Address # Name of Roadway/Street					
At							Feet N S E W of or Mile Marker Exit Number					
Route# Direction Name of Intersecting Roadway/Street							Feet N S E W of Route# Intersecting Roadway/Street					
Also at Intersection with							Feet N S E W of Landmark					
Route# Direction Name of Intersecting Roadway/Street												
Please Select One of the Following: ☒ Vehicle 31 #Occupants ☐ Hit/Run ☐ Moped							Crash Report ID# 24-286-AC					
License # St DOB/Age							Reg # 6DR311 Reg Type PC Reg State MA					
Sex M Lic. Class 19 19 Lic. Restrictions 1 20 CDL Endorsement							Veh Year 2022 Veh Make TOYOTA Veh Config. 1 21					
Operator GUARNACCIA, ROCCO PAUL							Owner GUARNACCIA, ROCCO PAUL					
Address 17 CRYSTAL RD							Address 17 CRYSTAL RD					
City WILMINGTON State MA Zip 01887-3068							City WILMINGTON State MA Zip 01887-3068					
Insurance Company NORFOLK & DEDHAM MUTUAL F							Vehicle Action Prior to Crash 11 22 Damaged Area Code: 6 27 27 27					
Vehicle Travel Direction: N S 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 Viol. 2: Ch/Sec/Sub							Driver Contributing Code 1 25 25 BAC Test Result: 30					
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub							Driver Distracted by 0 26 26 Susp. Alcohol: 31 Susp. Drug: 32					
Please fill out for operator and all occupants involved							Towed from scene? 2 33					
Name (Last First Middle) Address DOB/Age Sex 34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code Medical Facility												
Operator See Above												
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							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												

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○



If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow



Crash Narrative:

Vehicle #1 had been parked legally in front of 18 Church St. and attempted to pull into the westbound traffic lane. At the same time, vehicle #2 was traveling westbound and the two cars crashed. Vehicle #1 then hit the rear driver's side taillight of vehicle #3, which was parked legally in front of 18 Church St. Vehicle #1 was towed by Forest Towing, with extensive front end damage. Vehicle #2 had damage to the passenger's side front panel, and a flat front tire (spare put on). Vehicle #3 had a broken driver's side taillight. Information was exchanged, no injuries reported. 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

10/08/2024

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

NARRATIVE FOR PATROL OFFICER DALE H PARSONS

Ref: 24-286-AC

Entered: 10/08/2024 @ 1154	Entry ID: 236
Modified: 10/08/2024 @ 1154	Modified ID: 236
Approved: 10/08/2024 @ 2300	Approval ID: 196

The following is a summary of facts regarding a motor vehicle accident which occurred in the area of 18 Church St.

On Tuesday October 8, 2024, I, Officer Parsons #236, at approximately 10:50am, while assigned to the 8:00am-4:00pm shift, sector 3, car 38, responded to the area of 18 Church St. for a motor vehicle crash involving three vehicles. Upon my arrival, I radioed into the license plates of the vehicles involved and ensured there were no injuries.

I first spoke with MR. GIAN COLONNA (MA registration 8JS538) who told me that he had parked in front of 18 Church St. and when he went to leave, he pulled forward and to the left to enter the westbound lane of Church St. As he did this, he did not see that another car was coming, and subsequently hit this other car. MR. COLONNA said he was not injured. MR. COLONNA'S car had extensive damage to the driver's side front panel and bumper, and was towed from the scene by Forest Towing.

I then spoke to MR. CHARLES DELLORFANO, who identified himself as the driver of the vehicle that was hit (MA registration 4TLD88). MR. DELLORFANO said that he was traveling westbound on Church St. when MR. COLONNA'S vehicle entered his lane of traffic. MR. DELLORFANO did not report any injuries. MR. DELLORFANO'S vehicle had damage to the front passenger's side panel and a flat front tire on the same side. MR. DELLORFANO explained that the vehicle was registered to Eastern Bank where he worked, and said another employee was on the way to swap out the tire.

After speaking with MR. COLONNA and MR. DELLORFANO, I spoke with MR. GUARNACCIA, who was parked in his vehicle in front of 18 Church St. (MA registration 6DR311). MR. GUARNACCIA said that he was waiting to go into the bank when he heard the accident, then felt his car get hit as well. MR. GUARNACCIA did not report any injuries, and the driver's side taillight was the only damage reported.

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.

Respectfully submitted,

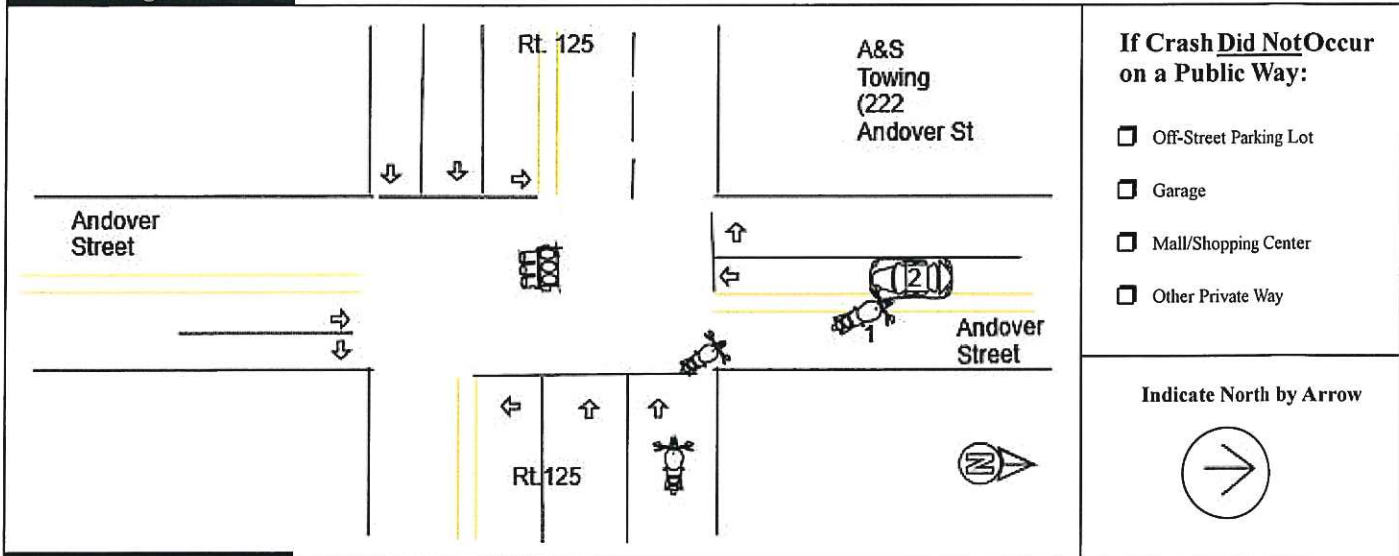
Officer Dale Parsons #236

Police Use Only			Commonwealth of Massachusetts				RMV Document Number					
Date of Crash 10/08/2024	Time of Crash 1700 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 1	Speed Limit 50	Latitude	Longitude	State Police Local Police MBTA Police Campus Police Other
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:					
1 ANDOVER ST			2									
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									
125			3									
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Route# Intersecting Roadway/Street									
Also at Intersection with			Landmark									
2 1												
Route# Direction Name of Intersecting Roadway/Street												
Please Select One of the Following:			☒ Vehicle 1 Occupants			☐ Hit/Run		☐ Moped		Crash Report ID# 24-287-AC		
License # S DOB/Age			Reg # 3A7211			Reg Type MC		Reg State MA		1		
Sex M Lic. Class D M Lic. Restrictions 1 CDL Endorsement			Veh Year 1998			Veh Make SUZUKI		Veh Config. 3		21		
Operator GARRETT, JOSEPH PATRICK			Owner GARRETT, JOSEPH PATRICK									
Address 6 CRESCENT DR APT 8			Address 6 CRESCENT DR APT 8									
City ANDOVER State MA Zip 01810-1527			City ANDOVER State MA Zip 01810-1527									
Insurance Company PLYMOUTH ROCK ASSURANCE C			Vehicle Action Prior to Crash 3			Damaged Area Code: 3		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			Type of Test: 0		29				
Viol. 1: Ch/Sec/Sub			Driver Contributing Code 9			BAC Test Result: 1		30				
Viol. 2: Ch/Sec/Sub			Driver Distracted by 0			Susp. Alcohol: 2		31		Susp. Drug: 2		
Viol. 3: Ch/Sec/Sub			26			Towed from scene? 1		33		1		
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		5		Lahey HOSPITAL		
Please Select One of the Following:			☒ Vehicle 2 Occupants			☐ Hit/Run		☐ Moped		☐ Vulnerable User Complete the Vulnerable User section.		
License # St. DOB/Age			Reg # 6NJ194			Reg Type PC		Reg State MA		1		
Sex M Lic. Class D M Lic. Restrictions 1 CDL Endorsement			Veh Year 2017			Veh Make SUBARU		Veh Config. 1		21		
Operator JOHNSON, DANIEL RICHARD			Owner JOHNSON, DANIEL RICHARD									
Address 236 ARBORETUM WAY			Address 236 ARBORETUM WAY									
City BURLINGTON State MA Zip 01803-3828			City BURLINGTON State MA Zip 01803-3828									
Insurance Company SAFETY INSURANCE COMPANY			Vehicle Action Prior to Crash 2			Damaged Area Code: 6		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			Type of Test: 0		29				
Viol. 1: Ch/Sec/Sub			Driver Contributing Code 1			BAC Test Result: 1		30				
Viol. 2: Ch/Sec/Sub			Driver Distracted by 0			Susp. Alcohol: 2		31		Susp. Drug: 2		
Viol. 3: Ch/Sec/Sub			26			Towed from scene? 2		33		1		
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		Lahey HOSPITAL		

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○



If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow



Crash Narrative:

Vehicle 1 (V1, Motorcycle) was traveling on Rt. 125 south approaching the intersection with Andover St. Vehicle 2 (V2) was traveling south on Andover Street. V1 began to slow down and turn right onto Andover Street northbound. As V1 made the turn onto Andover Street the bike falls to the right side and begins to slide on its right side across the northbound lane of Andover Street. V1 slides on its right side until it strikes the front left side and front left tire of V2. V1 then bounced off and comes to final rest in the middle of the northbound travel lane of Andover Street. V2 was slow rolling into a stop as V1 begins to slide as the operator observes the bike coming towards him. V1's operator was transported to Lahey Hospital via Action Ambulance and V2's operator signed a medical refusal with the Wilmington Fire Department. V1 was towed by A&S Towing and V2 drove from the scene. A statement was not obtained from V1's operator due to medical 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 # _____ (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

10/08/2024

Police Officer Name (Please Print)

Signature

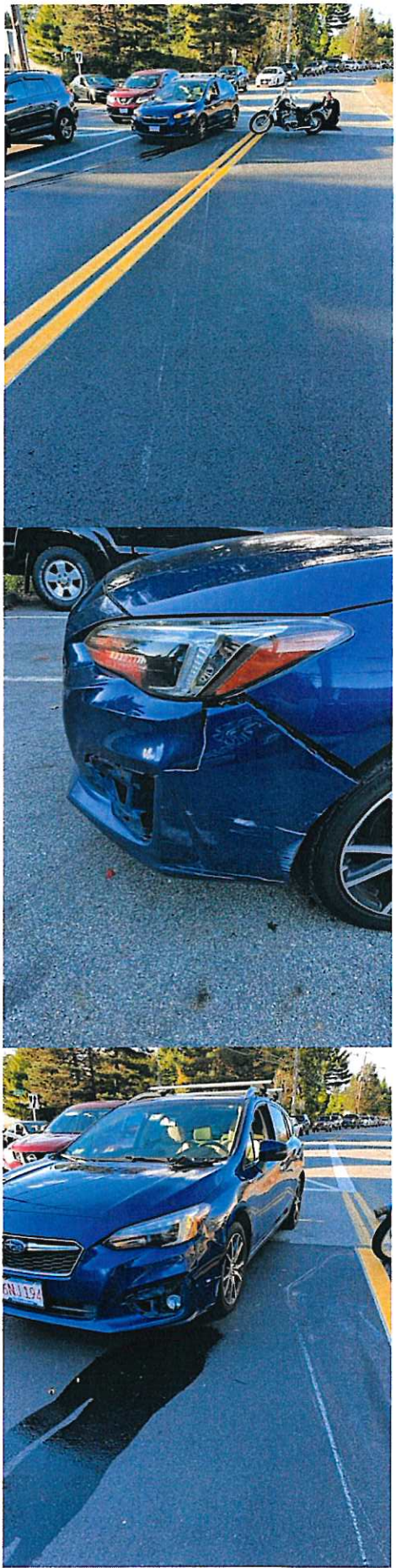
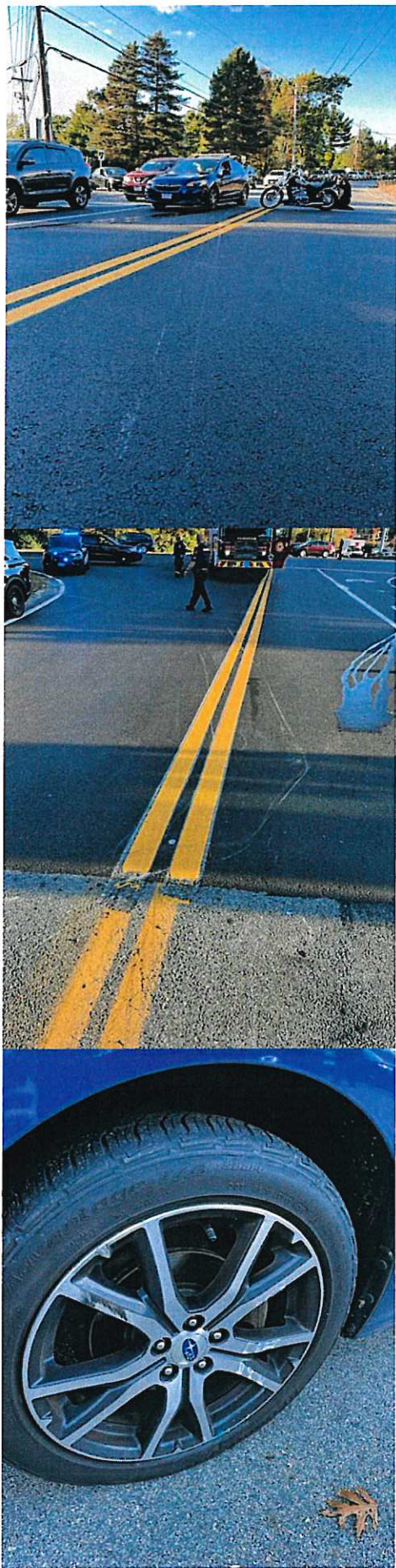
ID/Badge #

Department

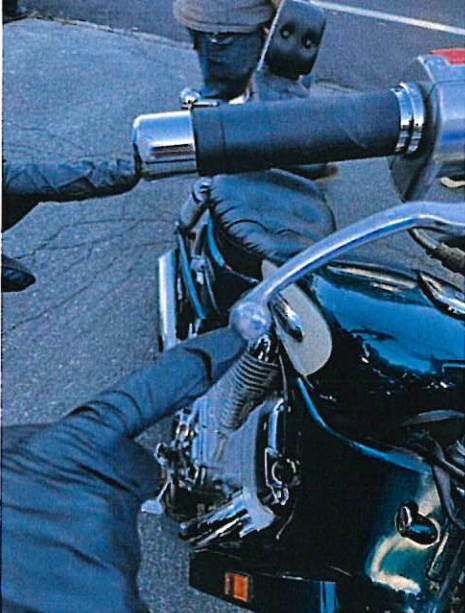
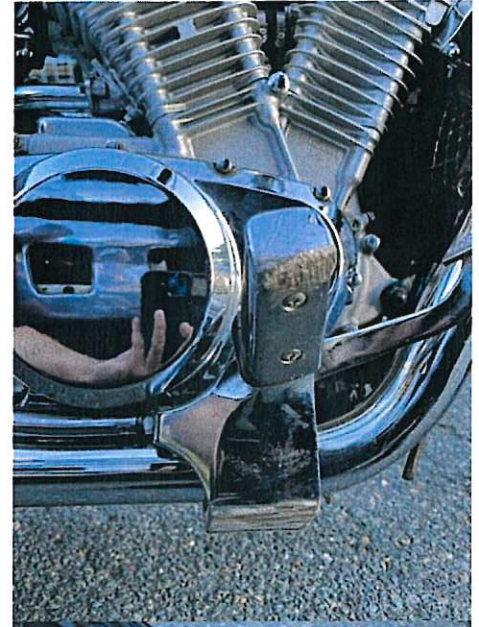
Precinct/Barracks

Date

Wilmington Police Department
Images Associated with 24-287-AC



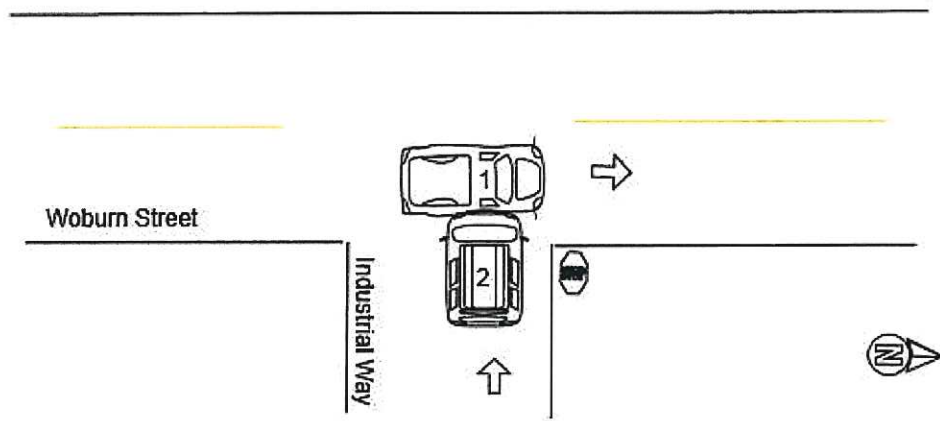
Wilmington Police Department
Images Associated with 24-287-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 10/09/2024	Time of Crash 1654 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 35	State Police Local Police MBTA Police Campus Police Other:	
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street							
At			Feet N S E W of or Mile Marker Exit Number							
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Route# Intersecting Roadway/Street							
Also at Intersection with			Landmark							
Route# Direction Name of Intersecting Roadway/Street										
Please Select One of the Following: ☒ Vehicle 1 Occupants ☐ Hit/Run ☐ Moped			Crash Report ID# 24-288-AC							
License # St. DOB/Age			Reg # 1KVZ63 Reg Type PC Reg State MA							
Sex M Lic. Class D Lic. Restrictions 99 CDL Endorsement			Veh Year 2019 Veh Make GMC Veh Config. 1							
Operator MARTINEAU, DAVID ROGER JOSEPH			Owner MARTINEAU, DAVID ROGER JOSEPH							
Address 81 REDGATE RD			Address 81 REDGATE RD							
City TEWKSBURY State MA Zip 01876-1523			City TEWKSBURY State MA Zip 01876-1523							
Insurance Company FARMERS PROPERTY & CASUAL			Vehicle Action Prior to Crash 1							
Vehicle Travel Direction: ☒ S ☒ E ☒ W Responding to Emergency? 2			Event Sequence 1 23 23 23 23							
Citation # (If Issued)			Most Harmful Event 1							
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Driver Contributing Code 1 25 25							
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Distracted by 0 26 26							
Please fill out for operator and all occupants involved			Please fill out for operator and all occupants involved							
Name (Last First Middle) Address DOB/Age Sex			Name (Last First Middle) Address DOB/Age Sex							
Operator See Above			Operator See Above							
Please Select One of the Following: ☒ Vehicle 2 Occupants ☐ Hit/Run ☐ Moped ☐ Vulnerable User Complete the Vulnerable User section.			Please Select One of the Following: ☒ Vehicle 2 Occupants ☐ Hit/Run ☐ Moped ☐ Vulnerable User Complete the Vulnerable User section.							
License # St. DOB/Age			Reg # 1HLV16 Reg Type PC Reg State MA							
Sex M Lic. Class D Lic. Restrictions 99 CDL Endorsement			Veh Year 2015 Veh Make MERCEDES-BENZ Veh Config. 1							
Operator LORDAN, JOHN CHRISTOPHER			Owner LORDAN, JOHN CHRISTOPHER							
Address 17 CHESTNUT ST			Address 17 CHESTNUT ST							
City WINCHESTER State MA Zip 01890-3018			City WINCHESTER State MA Zip 01890-3018							
Insurance Company SAFETY INSURANCE COMPANY			Vehicle Action Prior to Crash 4							
Vehicle Travel Direction: ☐ N ☐ S ☒ E ☒ W Responding to Emergency? 2			Event Sequence 1 23 23 23 23							
Citation # (If Issued)			Most Harmful Event 1							
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Driver Contributing Code 19 25 25							
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Distracted by 0 26 26							
Please fill out for operator and all occupants involved			Please fill out for operator and all occupants involved							
Name (Last First Middle) Address DOB/Age Sex			Name (Last First Middle) Address DOB/Age Sex							
Operator/Occupants See Above			Operator/Occupants See Above							

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

Crash Diagram:



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:

V#1 was travelling northbound on Woburn Street, towards Eames Street. V#2 was attempting to take a left hand turn off of Industrial Way onto Woburn Street when colliding with V#1. Operator #2 told me that there was a large truck in front of him, taking a right onto Woburn Street, and explained that he failed to look left for oncoming traffic when he collided with V#1. V#1 sustained right-side center damage and right-side front damage. V#2 sustained front right damage. Operator #1 explained that his hip hurt but refused medical attention. Operator #2 sustained no injuries. Both vehicles were inoperable and towed from the scene by A&S Towing.

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use ☐ 42

Address _____ City _____ St _____ Zip _____

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

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

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

Hazmat Information:

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

Patrol Officer Jonathan L Morales

224

Wilmington Police Department

10/09/2024

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department
Images Associated with 24-288-AC



Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash
10/10/2024

Time of Crash
1608
24HR

City/Town
Wilmington

Motor Vehicle Crash
Police Report

Number Vehicles
2

Number Injured
0

Speed Limit 25

Latitude _____

Longitude _____

State Police ☐

Local Police ☐

MBTA Police ☐

Campus Police ☐

Other: ☐

AT INTERSECTION:

< LOCATION >

NOT AT INTERSECTION:

Route# _____ Direction _____ Name of Roadway/Street _____

At _____

Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

Also at Intersection with _____

Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

Route# _____ Direction _____ Address # 136 Name of Roadway/Street CHURCH ST

_____ Feet N S E W of _____ Mile Marker _____ Exit Number _____

_____ Feet N S E W of _____ Route# _____ Intersecting Roadway/Street _____

_____ Feet N S E W of _____ Landmark _____

Please Select One of the Following:

☒ Vehicle 1 #Occupants 1 ☐ Hit/Run ☐ MopedCrash Report ID# **24-289-AC**

License # _____ St. _____ DOB/Age _____

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

Operator TIGHE, THERESA JEANETTE

Address 117 GLEN RD

City WILMINGTON State MA Zip 01887-3537

Insurance Company SAFETY INSURANCE COMPANY

Vehicle Travel Direction: ☒ S E W Responding to Emergency? 2

Citation # (If Issued) 949914AC

Viol. 1: Ch/Sec/Sub 89 9 Viol. 2: Ch/Sec/Sub _____

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____

Reg # WH327 Reg Type PC Reg State MA

Veh Year 2018 Veh Make HONDA Veh Config. 1 21

Owner TIGHE, THERESA JEANETTE

Address 117 GLEN RD

City WILMINGTON State MA Zip 01887-3537

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

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

Most Harmful Event 1 24 Type of Test: 0 29

Driver Contributing Code 4 25 25 BAC Test Result: 1 30

Driver Distracted by 0 26 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32

Towed from scene? 1 33

Please fill out for operator and all occupants involved

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

Please Select One of the Following:

☒ Vehicle 2 #Occupants 3 ☐ Hit/Run ☐ Moped ☐ Vulnerable User Complete the Vulnerable User section.

License # _____ St. _____ DOB/Age _____

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

Operator SMITH, DOROTHY

Address 103 MARION ST

City WILMINGTON State MA Zip 01887-3184

Insurance Company THE STANDARD FIRE INSURAN

Vehicle Travel Direction: N S E ☒ Responding to Emergency? 2

Citation # (If Issued) _____

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____

Reg # 92TJ77 Reg Type PC Reg State MA

Veh Year 2019 Veh Make HYUNDAI Veh Config. 1 21

Owner SMITH, DOROTHY

Address 103 MARION ST

City WILMINGTON State MA Zip 01887-3184

Vehicle Action Prior to Crash 1 22 Damaged Area Code: 7 27 27 27

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

Most Harmful Event 1 24 Type of Test: 0 29

Driver Contributing Code 1 25 25 BAC Test Result: 1 30

Driver Distracted by 0 26 26 Susp. Alcohol: 2 31 Susp. Drug: 1 32

Towed from scene? 1 33

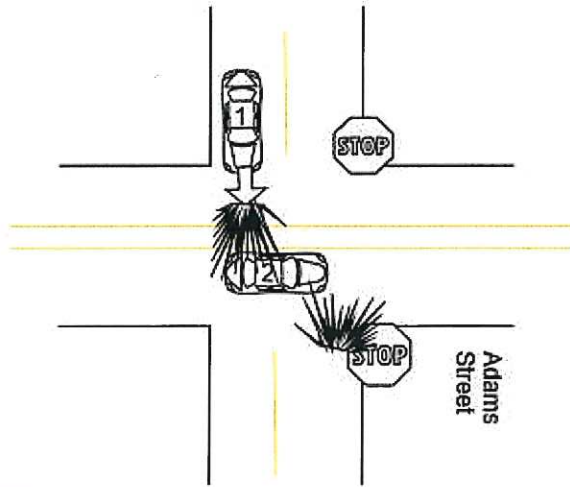
Please fill out for operator and all occupants involved

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/Occupants	See Above	<u>1</u>	<u>1</u>	<u>4</u>	<u>4</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	
		<u>6</u>	<u>4</u>	<u>4</u>	<u>4</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	
		<u>4</u>	<u>4</u>	<u>4</u>	<u>4</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	

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

Crash Diagram:

Church 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 North on Adams Street at Church Street, Motor vehicle 1 went through the stop sign and collided with motor vehicle 2, who was traveling West on Church Street. Motor vehicle 2 had the right of way on Church Street. Motor vehicle 1 had air bag deployment from the front of the collision with significant damage to the front center of the vehicle (see images). Motor vehicle 2 had damage to the left side of the vehicle, but no air bag deployment (see images). Both operators were treated for minor injuries by the Wilmington Fire Department and signed refusals. The two juveniles that were occupants of motor vehicle 2 were also cleared from injuries by the Wilmington Fire Department. Both vehicles were towed off scene by A&S Towing. Per department policy and procedure, a motor vehicle inventory was conducted. (see attachments. Please see attachments for security footage provided by the witness Khoa Tran.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
TRAN KHOA PD	26 FIORENZA DR N WILMINGTON MA 01887-4427		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 Zachary A Leighton

Police Officer Name (Please Print)

Signature

227

ID/Badge #

Wilmington Police Department

Department

Precinct/Barracks

10/10/2024

Date

Wilmington Police Department
Images Associated with 24-289-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 10/10/2024	Time of Crash 1615 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit 30	State Police ☐
								Latitude	Local Police ☐	
								Longitude	MBTA Police ☐	
									Campus Police ☐	
									Other ☐	
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street		242 MIDDLESEX AVE					
At			Feet N S E W of		or 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# 24-290-AC	
License #			St. DOB/Age		Reg # 2GX922		Reg Type PC		Reg State MA	
Sex F Lic. Class D			Lic. Restrictions 1 CDL		Veh Year 2022		Veh Make TOYOTA		Veh Config. 1	
Operator BAGHDASARYAN, IRINA			Last First Middle		Owner BAGHDASARYAN, IRINA		Last First Middle			
Address 720 BEAVER ST					Address 720 BEAVER ST					
City WALTHAM State MA Zip 02452-5648					City WALTHAM State MA Zip 02452-5648					
Insurance Company SAFETY INSURANCE COMPANY					Vehicle Action Prior to Crash 2		Damaged Area Code: 7 27 27 27			
Vehicle Travel Direction: N S X W			Responding to Emergency? 2		Event Sequence 1 23 23 23 23		Test Status: 1 28			
Citation # (If Issued)					Most Harmful Event 1 24		Type of Test: 0 29			
Viol. 1: Ch/Sec/Sub			Viol. 2: Ch/Sec/Sub		Driver Contributing Code 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		Medical Facility	
Operator			See Above		X		X			
Please Select One of the Following:			☒ Vehicle 2 #Occupants		☐ Hit/Run		☐ Moped		☐ Vulnerable User Complete the Vulnerable User section.	
License #			St. DOB/Age		Reg # 2NV336		Reg Type PC		Reg State MA	
Sex M Lic. Class D			Lic. Restrictions 1 CDL		Veh Year 2017		Veh Make Infinity		Veh Config. 1	
Operator GAUTHIER, BRIAN C			Last First Middle		Owner GAUTHIER, BRIAN C		Last First Middle			
Address 38 ENON ST APT 3					Address 38 ENON ST APT 3					
City BEVERLY State MA Zip 01915-1139					City BEVERLY State MA Zip 01915-1139					
Insurance Company PROGRESSIVE DIRECT INSURA					Vehicle Action Prior to Crash 9		Damaged Area Code: 0 27 27 27			
Vehicle Travel Direction: N S X W			Responding to Emergency? 2		Event Sequence 1 23 23 23 23		Test Status: 1 28			
Citation # (If Issued)					Most Harmful Event 1 24		Type of Test: 0 29			
Viol. 1: Ch/Sec/Sub			Viol. 2: Ch/Sec/Sub		Driver Contributing Code 10 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: 99 31 Susp. Drug: 99 32			
Please fill out for operator and all occupants involved										
Name (Last First Middle)			Address		DOB/Age		Sex		Medical Facility	
Operator/Occupants			See Above		X		X			

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

Crash Diagram:

242 Middlesex Ave



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:

narrative attached to report

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
HENNESSEY DANIEL FRANCIS	17 PROSPECT ST TOPSFIELD MA 01983-1715		
MARTIN KEVIN JOSEPH	33 WOODLAND ST LAWRENCE MA 01841-2940		

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use ☐ 42

Address _____ City _____ St _____ Zip _____

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

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

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

Hazmat Information:

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

Patrol Officer Seth A Mucha-Kangas

Police Officer Name (Please Print)

Signature

235

ID/Badge #

Wilmington Police Department

Department

Precinct/Barracks

10/10/2024

Date

NARRATIVE FOR PATROL OFFICER SETH A MUCHA-KANGAS

Ref: 24-290-AC

Entered: 10/11/2024 @ 2103	Entry ID: 235
Modified: 10/11/2024 @ 2103	Modified ID: 235
Approved: 10/15/2024 @ 1740	Approval ID: 181

Below is a brief summary of events regarding the hit and run motor vehicle crash that occurred on October 10, 2024.

October 10, 2024, I, Officer Kangas, was assigned to uniformed patrol, in marked cruiser 37, sector 2, on the 4:00 PM-12:00 AM shift. At approximately 4:16 PM, I was dispatched to 242 Middlesex Ave, a public way, for the report of a hit and run crash that just occurred.

Upon my arrival I located the reporting party identified as Mrs. Irina Baghdasaryan along with two witnesses identified as Mr. Kevin Joseph Martin and Mr. Daniel Francis Hennessey.

Irina stated that while waiting to turn left onto Middlesex Ave from Glen Rd, she felt a thump and noticed there was a car in very close proximity to hers. At this time Irina and the second vehicle turned left onto Middlesex Ave and stopped at 242 Middlesex Ave. The driver of the vehicle following too close, a black infinity bearing MA-REG-2NV336, got out of the vehicle, then began yelling and swearing at Irina. Irina took pictures of the vehicle in question and the operator (attached to report). I ran the registration of the vehicle on C.J.I.S. and the R.M.V. photo for the registered owner (Mr. Brian Gauthier) matched the photo Irina showed me. Irina stated that after her brief interaction with the man I identified as Brian, Brian got back into his vehicle and crossed over the double yellow lines. Irina stated that while passing her, Brian's vehicle struck hers. Irina got out of her vehicle to check for damage and noticed her drivers side door had the plastic trim ripped off.

Daniel stated he was in the area of 242 Middlesex Ave, when he observed the operator of a black Infinity screaming at a female in a gray Toyota. Daniel said the male party got back into his vehicle, speed around the Toyota, and hit it while passing the vehicle.

After clearing the area, I returned to the station and attempted to contact Brian. Brian did not answer his phone, I left a message. I called Beverly P.D. and requested they send an Officer to contact Brian. Beverly P.D. called me back and stated Brian's vehicle was at his residence, however he was not answering the door. Beverly P.D. stated they would send me pictures of Brian's vehicle, but the Officer could not find any heavy damage on the vehicle. These findings were consistent with the amount of damage on Irina's vehicle.

I filed a request for immediate threat with the Massachusetts Registry of Motor Vehicles. Brian operated his vehicle in a negligent manner that was highly likely to injure himself or others. Brian stopped his vehicle, impeded traffic, risked his safety as well as everyone else's in order to yell at Irina. Then he got back into his vehicle, drove over the double yellow lines, and struck Irina's vehicle. While passing Irina's vehicle, Brian was in the opposite lane of travel, which could have caused a crash leading to serious injuries.

Patrick will receive a Summons to appear at Woburn District Court for the following.

M.G.L. C. 90 § 24(2)(A) Operating to Endanger, Brian was operating his motor vehicle, on a public way (Middlesex Ave, Wilmington), in a negligent way that endangered not only his life, but the lives and safety of all members of the public around him. Brian hit Irina's car twice, then crossed over the double-yellow lines into oncoming traffic.

M.G.L. C.90 § 24(2) Leaving the Scene of a Collision, Brian was operating his motor vehicle, on a public way (Middlesex Ave, Wilmington). Brian confronted Irina when he hit her car the first time, so he knowingly collided with Irina's vehicle causing damage to the vehicle. Brian did not exchange information with Irina, Brian yelled at Irina before getting back into his vehicle and using the opposite lane of travel to speed away, Brian

NARRATIVE FOR PATROL OFFICER SETH A MUCHA-KANGAS

Ref: 24-290-AC

Entered: 10/11/2024 @ 2103 Entry ID: 235
Modified: 10/11/2024 @ 2103 Modified ID: 235
Approved: 10/15/2024 @ 1740 Approval ID: 181

knowingly hit Irina's vehicle a second time and continued to drive away.

M.G.L. C. 89 § 4(A) Marked Lanes, Brian was operating his motor vehicle, on a public way, on a way that was divided into more than one lane (Middlesex Ave, Wilmington). The lanes were divided by a double-yellow line. Brian drove over the double-yellow lines in order to drive away from a crash from which he was at fault. The damage on Irina's vehicle was consistent with Brian crossing the double-yellow line.

Brian was issued Massachusetts Uniform Citation 944064AC for the offenses listed above.

Respectfully Submitted,

Officer Kangas #235

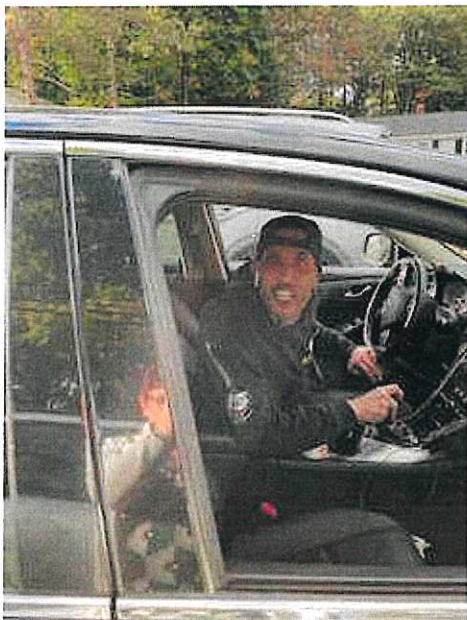
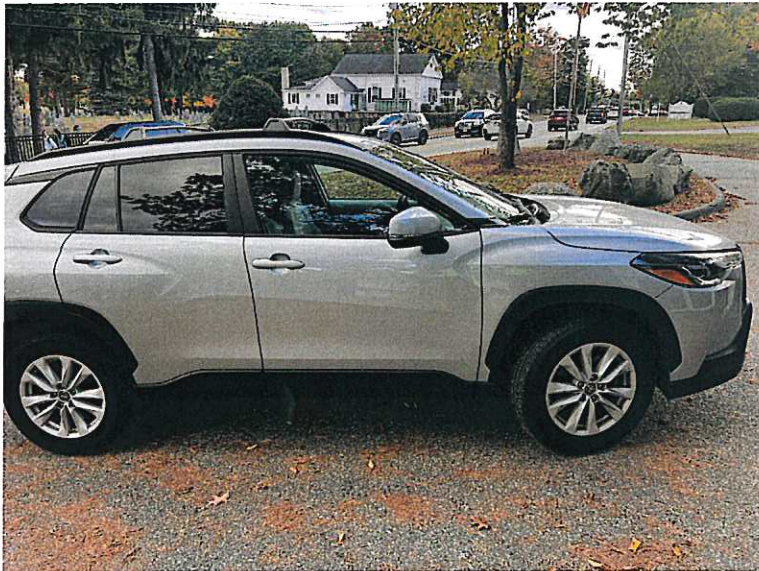
Patrolman

Wilmington Police Department

Attachments for 24-290-AC

Description	Type
RMV REQUEST FOR IMMEDIATE THREAT	PDF
Attachment#: 01DF97FD55AA4F0A8B4167081FC0C650	
CITATION / CRIM APP 944064AC	PDF
Attachment#: F1112D0F2D5C41EF9C37EEECDE335EE9	

Wilmington Police Department
Images Associated with 24-290-AC



Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash
10/12/2024

Time of Crash
2140

City/Town
Wilmington

Motor Vehicle Crash
Police Report

Number Vehicles
2

Number Injured
0

Speed Limit
30

Latitude

Longitude

State Police ☐

Local Police ☐

MBTA Police ☐

Campus Police ☐

Other: ☐

AT INTERSECTION:

< LOCATION >

NOT AT INTERSECTION:

MAIN ST

Route# _____ Direction _____ Name of Roadway/Street _____

At _____

LOWELL ST

Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

Also at Intersection with _____

Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

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

_____ Feet ☐ N ☐ S ☐ E ☐ W of _____ 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 12 #Occupants ☐ Hit/Run ☐ Moped

Crash Report ID# 24-291-AC

License # _____ St. _____ DOB/Age _____

Sex **M** Lic. Class **D** **19** **19** Lic. Restrictions **1** **20** CDL _____

Endorsement _____

Operator **MURRAY, MICHAEL ANTHONY**Address **14 JACOBS ST**City **WILMINGTON** State **MA** Zip **01887-1333**Insurance Company **ALLSTATE INSURANCE COMPAN**Vehicle Travel Direction: ☒ S ☐ E ☐ W Responding to Emergency? **2**

Citation # (If Issued) _____

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____

Reg # **3RD591** Reg Type **PC** Reg State **MA**Veh Year **2020** Veh Make **TOYOTA** Veh Config. **1** **21**Owner **MURRAY, MICHAEL ANTHONY**Address **14 JACOBS ST**City **WILMINGTON** State **MA** Zip **01887-1333**Vehicle Action Prior to Crash **3** **22**Event Sequence **1** **23** **23** **23** **23**Most Harmful Event **1** **24**Driver Contributing Code **1** **25** **25**Driver Distracted by **0** **26** **26**Damaged Area Code: **6** **27** **27** **27**Test Status: **1** **28**Type of Test: **29**BAC Test Result: **30**Susp. Alcohol: **2** **31** Susp. Drug: **2** **32**Towed from scene? **2** **33**

Please fill out for operator and all occupants involved

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

Operator

See Above

JULIE MURRAY

14 JACOBS ST
WILMINGTON, MA 01887-1333

Please Select One of the Following:

☒ Vehicle 23 #Occupants ☐ Hit/Run ☐ Moped ☐ Vulnerable User Complete the Vulnerable User section.

License # _____ DOB/Age _____

Sex **M** Lic. Class **D** **19** **19** Lic. Restrictions **1** **20** CDL _____

Endorsement _____

Operator **PIERRE-CHARLES, DANIEL ENRIQUE**Address **154 WILMINGTON RD**City **BURLINGTON** State **MA** Zip **01803-1126**Insurance Company **QUINCY MUTUAL FIRE INSURA**Vehicle Travel Direction: ☒ S ☐ E ☐ W Responding to Emergency? **2**

Citation # (If Issued) _____

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____

Reg # **3ECN64** Reg Type **PC** Reg State **MA**Veh Year **2022** Veh Make **ACURA** Veh Config. **1** **21**Owner **PIERRE-CHARLES, CHANKHAM**Address **154 WILMINGTON RD**City **BURLINGTON** State **MA** Zip **01803-1126**Vehicle Action Prior to Crash **3** **22**Event Sequence **1** **23** **23** **23** **23**Most Harmful Event **1** **24**Driver Contributing Code **5** **25** **25**Driver Distracted by **0** **26** **26**Damaged Area Code: **2** **27** **27** **27**Test Status: **1** **28**Type of Test: **29**BAC Test Result: **30**Susp. Alcohol: **2** **31** Susp. Drug: **2** **32**Towed from scene? **2** **33**

Please fill out for operator and all occupants involved

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

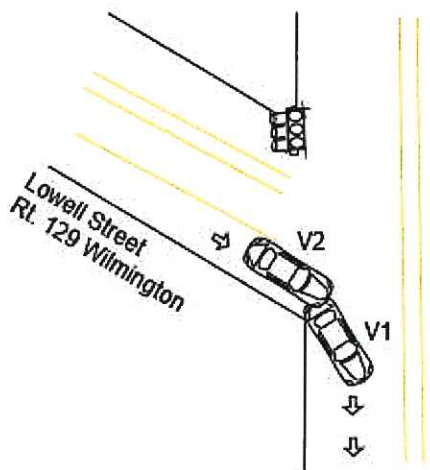
See Above

CHANKHAM PIERRE-CHARLES

154 WILMINGTON RD
BURLINGTON, MA 01803-1126

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

Crash Diagram:



Main Street
Rt. 38 Wilmington

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 on Lowell Street and took a right onto Main Street. V2 was traveling on Lowell Street behind V1 and rear-ended V1 in the intersection. Both vehicles were in the right turn lane to make the right turn. No injuries observed or reported in both operators and in all involved passengers. Moderate damage to the rear driver side of V1 and moderate damage to the front passenger side of V2. Both vehicles operable.

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

Police Officer Name (Please Print)

Signature

216

ID/Badge #

Wilmington Police Department

Department

Precinct/Barracks

10/12/2024

Date

Wilmington Police Department
Images Associated with 24-291-AC

