

Police Use Only			Commonwealth of Massachusetts		RMV Document Number			
Date of Crash 11/17/2024	Time of Crash 0922 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 2	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 SALEM ST		Route# Direction Address # Name of Roadway/Street		Route# Direction Address # Name of Roadway/Street	
At		Feet N S E W of . or		Feet N S E W of	
Route# Direction MIDDLESEX AVE		Mile Marker Exit Number		Route# Intersecting Roadway/Street	
Name of Intersecting Roadway/Street				Landmark	
Also at Intersection with					
Route# Direction Name of Intersecting Roadway/Street					

Please Select One of the Following:		☒ Vehicle 1 #Occupants		☐ Hit/Run	☐ Moped	Crash Report ID# 24-322-AC	
License # S		DOB/Age 3		Reg # 5HT917		Reg Type PC Reg State MA	
Sex Lic. Class 19 19		Lic. Restrictions I 20 CDL Endorsement		Veh Year 2005 Veh Make Jeep		Veh Config. 2	
Operator		First Middle		Owner LESPERANCE, JANICE M		Last First Middle	
Address				Address 25 MARCH RD			
City State Zip				City TEWKSBURY State MA Zip 01876-3035			
Insurance Company SAFETY INSURANCE COMPANY		Vehicle Action Prior to Crash 1 22		Damaged Area Code: 4 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: 29			
Viol. 1: Ch/Sec/Sub		Driver Contributing Code 4 25 25		BAC Test Result: 30			
Viol. 2: Ch/Sec/Sub		Driver Distracted by 0 26 26		Susp. Alcohol: 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		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	0	4	0	0	10	1	

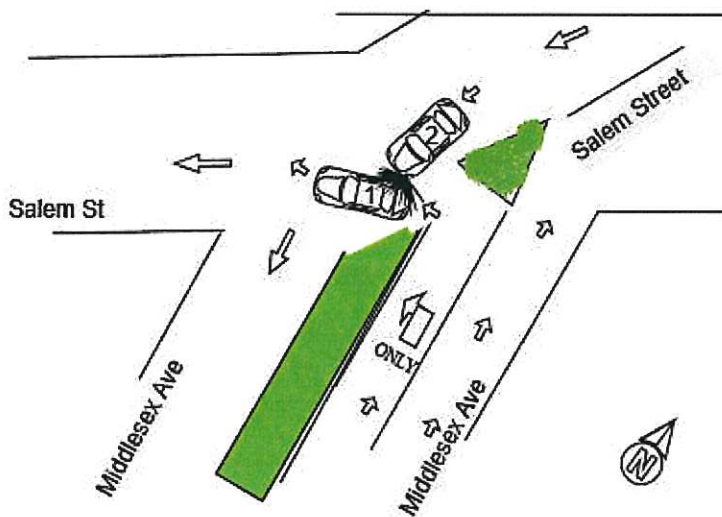
Please Select One of the Following:		☒ Vehicle 2 #Occupants		☐ Hit/Run	☐ Moped	☐ Vulnerable User Complete the Vulnerable User section.	
License # St.		DOB/Age		Reg # 928NF4		Reg Type PC Reg State MA	
Sex M Lic. Class 19 19		Lic. Restrictions B 20 CDL Endorsement		Veh Year 2011 Veh Make SUBARU		Veh Config. 1	
Operator PRENDEVILLE, PATRICK JOSEPH		First Middle		Owner HERRERA, IVAN E		Last First Middle	
Address 3 CHELSEA ST				Address 3 CHELSEA ST			
City WILMINGTON State MA Zip 01887-3204				City WILMINGTON State MA Zip 01887-3204			
Insurance Company GOVERNMENT EMPLOYEES INSU		Vehicle Action Prior to Crash 1 22		Damaged Area Code: 1 27 6 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: 29			
Viol. 1: Ch/Sec/Sub		Driver Contributing Code 1 25 25		BAC Test Result: 30			
Viol. 2: Ch/Sec/Sub		Driver Distracted by 0 26 26		Susp. Alcohol: 2 31 Susp. Drug: 2 32			
Viol. 3: Ch/Sec/Sub				Towed from scene? 1 33			
Viol. 4: Ch/Sec/Sub							

Please fill out for operator and all occupants involved		DOB/Age		Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Occupants		See Above		X	1	99	4	0	0	10	1	

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

ie: → 1 → 2 → OXOX → ○

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 WAS TRAVELING NORTH ON MIDDLESEX AVE, ENTERED THE LEFT TURN ONLY LANE, AND PROCEEDED TO TAKE A LEFT TURN ONTO SALEM ST. MV2 WAS TRAVELING SOUTH ON SALEM STREET, CONTINUING SOUTH ONTO MIDDLESEX AVE. MV1 WAS TURNING ON TO SALEM STREET AS MV2 WAS TURNING ON TO MIDDLESEX AVE. MV2 STRUCK THE RIGHT REAR OF MV1. THERE WAS DAMAGE TO THE FRONT OF MV2 AND TO THE REAR RIGHT SIDE OF MV1. NO AIRBAGS DEPLOYED, NO INJURIES REPORTED. BOTH VEHICLES WERE TOWED BY CAINS.

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

230

Wilmington Police Department

11/17/2024

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Police Use Only			Commonwealth of Massachusetts				RMV Document Number																												
Date of Crash 11/17/2024	Time of Crash 1118 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			Route# Direction Address # Name of Roadway/Street				1 BURLINGTON AVE																												
At			Feet N S E W of or Exit Number																																
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Mile Marker				8																												
Also at Intersection with			Route# Intersecting Roadway/Street																																
Route# Direction Name of 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# 24-323-AC																							
License # St DOB/Age			Reg # 457CRV			Reg Type PC			Reg State MA			1 12																							
Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement			Veh Year 2013			Veh Make FORD			Veh Config. 2 21			1 13																							
Operator MATHEWS, DEVIN MICHAEL			Owner MATHEWS, MICHAEL BARRY																																
Address 10 PLEASANT RD			Address 10 PLEASANT RD																																
City WILMINGTON State MA Zip 01887-1447			City WILMINGTON State MA Zip 01887-1447																																
Insurance Company THE COMMERCE INSURANCE CO			Vehicle Action Prior to Crash 2 22			Damaged Area Code: 1 27 27 27																													
Vehicle Travel Direction: N S X W Responding to Emergency? 2			Event Sequence 1 23 23 23 23			Test Status: 1 28																													
Citation # (If Issued)			Most Harmful Event 1 24			Type of Test: 29																													
Viol. 1: Ch/Sec/Sub			Driver Contributing Code 19 25 25			BAC Test Result: 30																													
Viol. 2: Ch/Sec/Sub			Driver Distracted by 99 26 26			Susp. Alcohol: 2 31 Susp. Drug: 2 32																													
Viol. 3: Ch/Sec/Sub						Towed from scene? 2 33																													
Viol. 4: Ch/Sec/Sub																																			
Please fill out for operator and all occupants involved																																			
Name (Last First Middle)			Address			DOB/Age			Sex			34 Seat Pos.			35 Safety System			36 Airbag Status			37 Eject Code			38 Trap Code			39 Injury Status			40 Transp. Code			Medical Facility		
Operator			See Above			X			X			1			99			4			0			0			10			1					
ISABELLA MASON			10 ROLLINS RD WILMINGTON, MA 01887			F			3			99			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 DOB/Age			Reg # M5547B			Reg Type PC			Reg State MA																										
Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement			Veh Year 2024			Veh Make FORD			Veh Config. 2 21																										
Operator SIMMONS, BRYAN E			Owner WILMINGTON TOWN OF																																
Address 120 RIVER ST			Address 121 GLEN RD																																
City MIDDLETON State MA Zip 01949-2410			City WILMINGTON State MA Zip 01887-3500																																
Insurance Company SELF INSURED			Vehicle Action Prior to Crash 2 22			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																													
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Viol. 3: Ch/Sec/Sub						Towed from scene? 2 33																													
Viol. 4: Ch/Sec/Sub																																			
Please fill out for operator and all occupants involved																																			
Name (Last First Middle)			Address			DOB/Age			Sex			34 Seat Pos.			35 Safety System			36 Airbag Status			37 Eject Code			38 Trap Code			39 Injury Status			40 Transp. Code			Medical Facility		
Operator/Occupants			See Above			X			X			1			99			4			0			0			10			1					

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Indicate North by Arrow

Crash Narrative:

BOTH MV1 AND MV2 WERE STOPPED AT THE RED SIGNAL ON BURLINGTON AVE (RT62) IN THE LEFT LANE (TO CONTINUE STRAIGHT OR LEFT). WHILE WAITING FOR THE SIGNAL TO TURN GREEN, MV1 ROLLED SLIGHTLY FORWARD AND BUMPED THE TRAILER HITCH OF MV2. SLIGHT DAMAGE TO THE FRONT LICENSE PLATE AREA OF MV1 AND NO APPARENT DAMAGE TO THE TRAILER HITCH OF MV2. NO INJURIES, NO TOWS.

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

230

Wilmington Police Department

11/20/2024

Police Officer Name (Please Print)

Signature

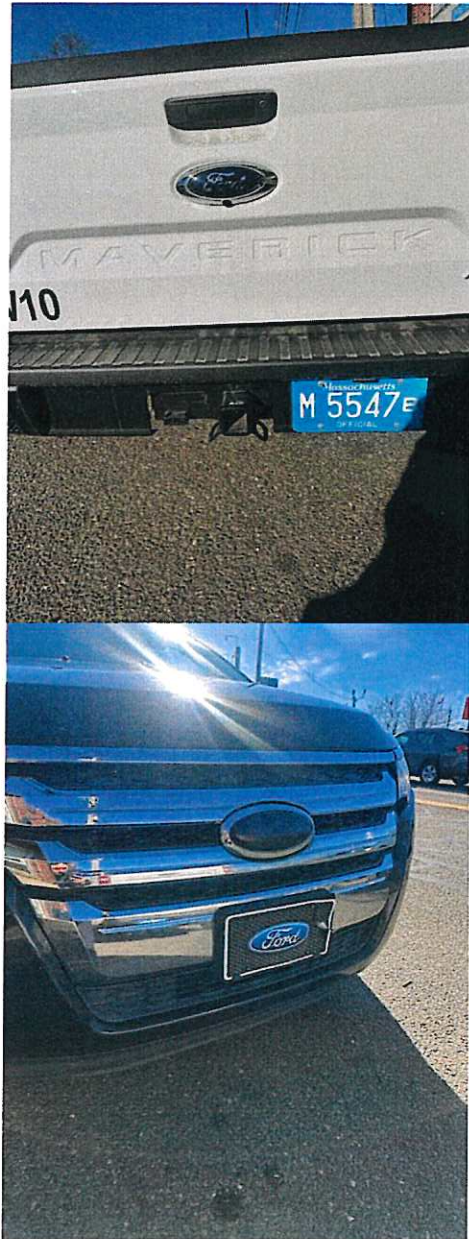
ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department
Images Associated with 24-323-AC



NARRATIVE FOR PATROL OFFICER KAYLA M HANSON

Ref: 24-323-AC

Entered: 11/20/2024 @ 1011	Entry ID: 230
Modified: 11/20/2024 @ 1011	Modified ID: 230
Approved: 11/21/2024 @ 0836	Approval ID: 174

The following is a brief summary of facts.

On Sunday, November 17th, 2024, I officer Hanson, was working my assigned 8:00 AM to 4:00 PM shift in sector 2, car 32. At approximately 11:20 AM I was dispatched to the area of the Burlington Ave and Main St intersection for the minor two car motor vehicle accident. When I arrived there, both vehicles were pulled to the right side of Main Street (westbound). A municipal vehicle was involved. The operator of the municipal vehicle, a 2024 white Ford Maverick MA REG M5547B, was the calling party, Bryan Simmons. Mr. Simmons explained that he was stopped at the red-light signal on Burlington Ave, on the bridge (route 62 north bound). The motor vehicle behind him, a 2013 black Ford Edge MA REG 457CRV, was also stopped for the red signal. At some point the Ford Edge rolled forward slightly, tapping the trailer hitch on the rear of the town municipal vehicle. There was no damage to the municipal vehicle or it's trailer hitch. There was minor damage to the front bumper of the Ford Edge, next to the license plate holder. I assisted both individuals with a paperwork exchange. Photos are attached to this report.

Respectfully Submitted,

Officer Kayla Hanson #230
Wilmington Police Department

Police Use Only

Date of Crash
11/21/2024

Time of Crash
0502
24HR

City/Town
Wilmington

Commonwealth of Massachusetts

Motor Vehicle Crash
Police Report

RMV Document Number

Number Vehicles
1

Number Injured
0

Speed Limit
30

Latitude

Longitude

State Police
Local Police
MBTA Police
Campus Police
Other

AT INTERSECTION:

< LOCATION >

NOT AT INTERSECTION:

Route# Direction Name of Roadway/Street

At

Route# Direction Name of Intersecting Roadway/Street

Also at Intersection with

Route# Direction Name of Intersecting Roadway/Street

Route# Direction Address # Name of Roadway/Street

33 CLARK ST

Feet NSEW of Mile Marker Exit Number

Feet NSEW of Route# Intersecting Roadway/Street

Feet NSEW of Landmark

Please Select One of the Following:

☒ Vehicle 1 Occupants

☐ Hit/Run

☐ Moped

Crash Report ID# 24-324-AC

License # St. DOB/Age

Sex M Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement

Operator ANTOINE, ERIC

Address 342 SALEM RD

City BILLERICA State MA Zip 01821-2136

Insurance Company THE COMMERCE INSURANCE CO

Vehicle Travel Direction: NSEW 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 # 2YLY62 Reg Type PC Reg State MA

Veh Year 2021 Veh Make TOYOTA Veh Config. 1 21

Owner ANTOINE, ERIC

Address 342 SALEM RD

City BILLERICA State MA Zip 01821-2136

Vehicle Action Prior to Crash 1 22

Event Sequence 1 23 23 23 23

Most Harmful Event 1 24

Driver Contributing Code 19 25 25

Driver Distracted by 99 26 26

Damaged Area Code: 11 27 27 27

Test Status: 1 28

Type of Test: 0 29

BAC Test Result: 30

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

Towed from scene? 1 33

Please fill out for operator and all occupants involved

Name (Last First Middle) Address DOB/Age Sex

Operator See Above

34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code Medical Facility

1 1 3 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

Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement

Operator

Address

City State Zip

Insurance Company

Vehicle Travel Direction: NSEW Responding to Emergency?

Citation # (If Issued)

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

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

Reg # Reg Type Reg State

Veh Year Veh Make Veh Config. 21

Owner

Address

City State Zip

Vehicle Action Prior to Crash 22

Event Sequence 23 23 23 23

Most Harmful Event 24

Driver Contributing Code 25 25

Driver Distracted by 26 26

Damaged Area Code: 27 27 27

Test Status: 28

Type of Test: 29

BAC Test Result: 30

Susp. Alcohol: 31 Susp. Drug: 32

Towed from scene? 33

Please fill out for operator and all occupants involved

Name (Last First Middle) Address DOB/Age Sex

Operator/Occupants See Above

34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code Medical Facility

1

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○

Clark Ter

Vehicle 1 Upside Down

Vehicle 1

Vehicle 2 Witness

Clark St

Indicate North by Arrow

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Crash Narrative:

The registered owner (RO) stated that after he dropped a co-worker off at her house he turned onto Clark St and began traveling westbound. The RO stated that while he was traveling the vehicle began to pull to his right. When the vehicle began to pull to the right, he tried to correct and turned the wheel to the left. The RO stated he hit the utility pole then rolled over. The RO stated he was not speeding and was not distracted. The RO also stated he was not injured. The Verizon utility pole #88 was completely broken at the base. The witness stated that while he was driving behind vehicle 1, the vehicle veered to the right, hit the utility pole and the rolled over. The witness said the operator of vehicle 1 was not operating erratically.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
KULIS ADAM JON	11 CENTRAL ST WILMINGTON MA 01887-2729		1

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
VERIZON	28 DIANA LN DRACUT MA 01826			UTILITY POLE

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

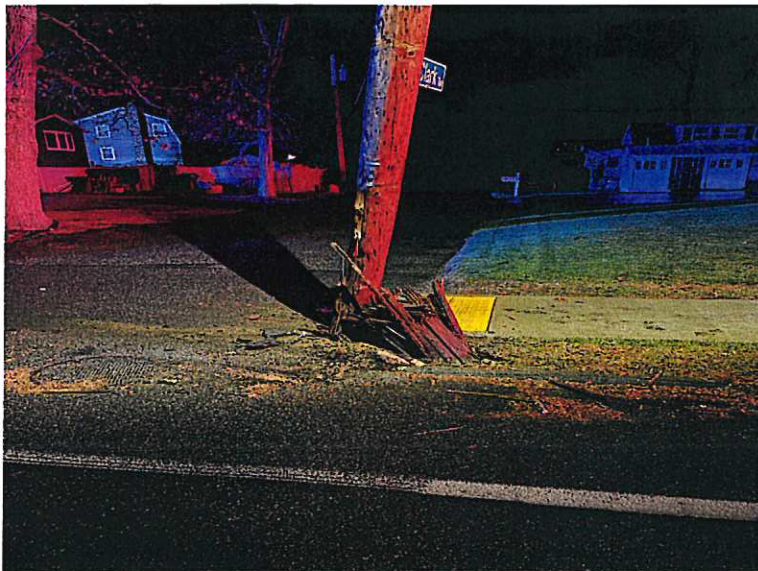
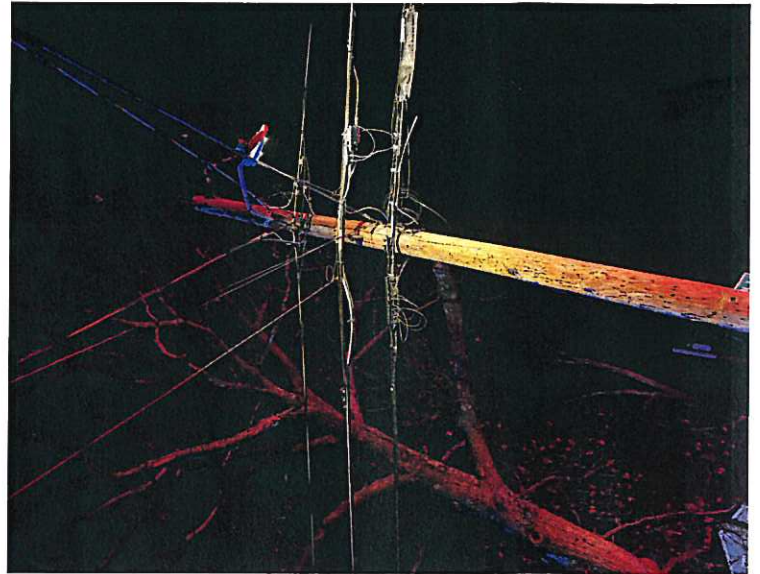
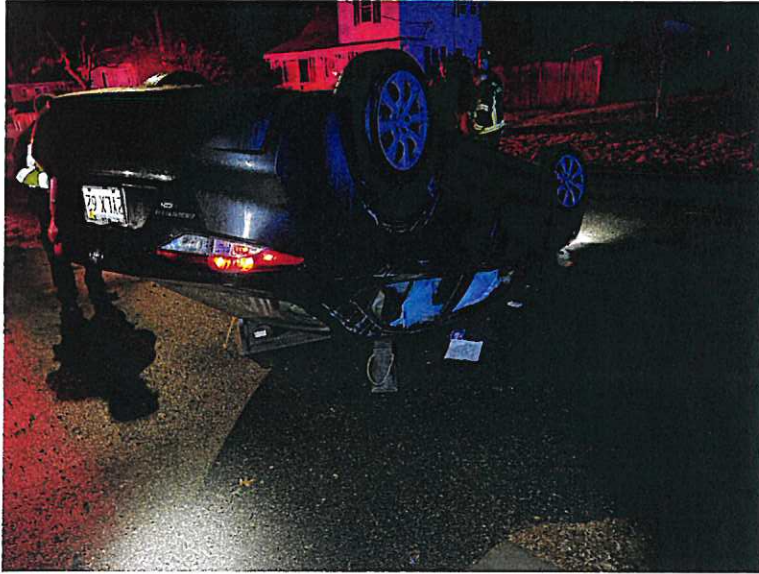
Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 46

Hazmat Information:

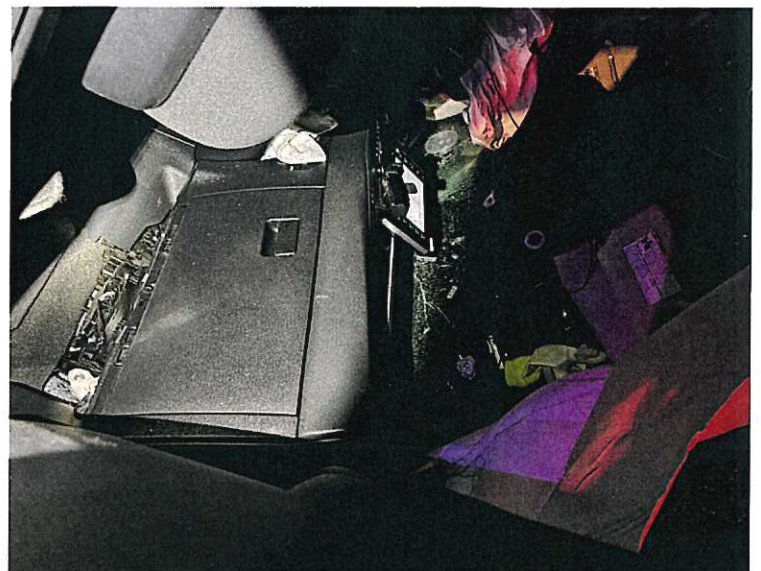
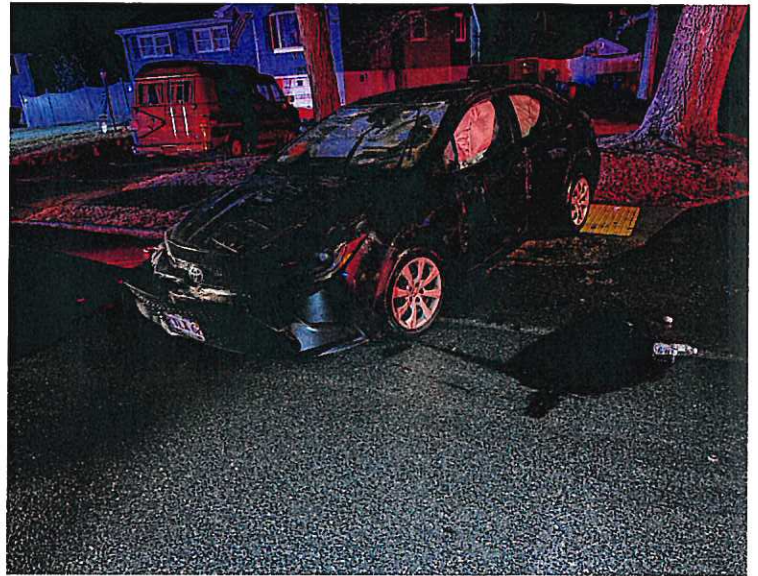
Placard 47 Material 1 digit # 48 Material Name _____ Material 4 digit # _____ Release code 49

Patrol Officer Robert M DeGregorio III 223 Wilmington Police Department 11/21/2024
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

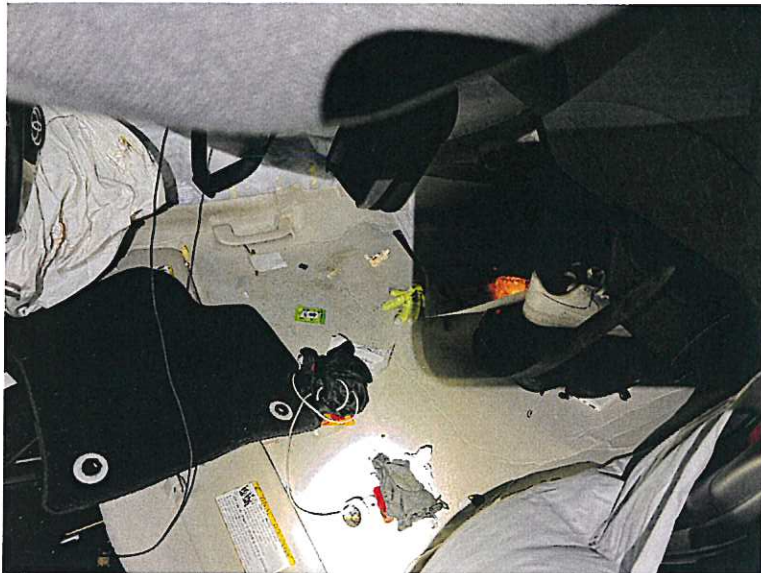
Wilmington Police Department
Images Associated with 24-324-AC



Wilmington Police Department
Images Associated with 24-324-AC



Wilmington Police Department
Images Associated with 24-324-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 11/21/2024	Time of Crash 0647 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 1	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 Exit Number								
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Mile Marker Exit Number								
Also at Intersection with			Feet N S E W of Route# Intersecting Roadway/Street								
Route# Direction Name of Intersecting Roadway/Street			Landmark								
Please Select One of the Following:			☒ Vehicle 1 Occupants			☐ Hit/Run		☐ Moped		Crash Report ID# 24-325-AC	
License St DOB/Age			Reg # 3VJD84			Reg Type PC		Reg State MA			
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2003			Veh Make CADILLAC		Veh Config. 1 21			
Operator BROTHERS, JAMES R			Owner BROTHERS, JAMES R								
Address 21 HICKORY LN			Address 21 HICKORY LN								
City TEWKSBURY State MA Zip 01876-3166			City TEWKSBURY State MA Zip 01876-3166								
Insurance Company INTEGRON NATIONAL INSURANCE			Vehicle Action Prior to Crash 4 22			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			Driver Contributing Code 18 25 19 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			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 # 1RFW45			Reg Type PC		Reg State MA			
Sex F Lic. Class D 19 19 Lic. Restrictions B 20 CDL Endorsement			Veh Year 2022			Veh Make HONDA		Veh Config. 1 21			
Operator WAKEFIELD, RITA PAULINE			Owner WAKEFIELD, STEPHEN NEIL								
Address 1501 SANDY LN			Address 1501 SANDY LN								
City WILMINGTON State MA Zip 01887-6245			City WILMINGTON State MA Zip 01887-6245								
Insurance Company GEICO GENERAL INSURANCE C			Vehicle Action Prior to Crash 1 22			Damaged Area Code: 1 27 6 27 2 27					
Vehicle Travel Direction: N X E W Responding to Emergency? 2			Event Sequence 1 23 23 23 23			Test Status: 1 28					
Citation # (If Issued)			Most Harmful Event 1 24			Type of Test: 0 29					
Viol. 1: Ch/Sec/Sub			Driver Contributing Code 1 25 25			BAC Test Result: 1 30					
Viol. 2: Ch/Sec/Sub			Driver Distracted by 0 26 26			Susp. Alcohol: 2 31 Susp. Drug: 2 32					
Viol. 3: Ch/Sec/Sub						Towed from scene? 2 33					
Viol. 4: Ch/Sec/Sub											
Please fill out for operator and all occupants involved											
Name (Last First Middle)			Address			DOB/Age			Sex		
Operator/Occupants			See Above			1			1		

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

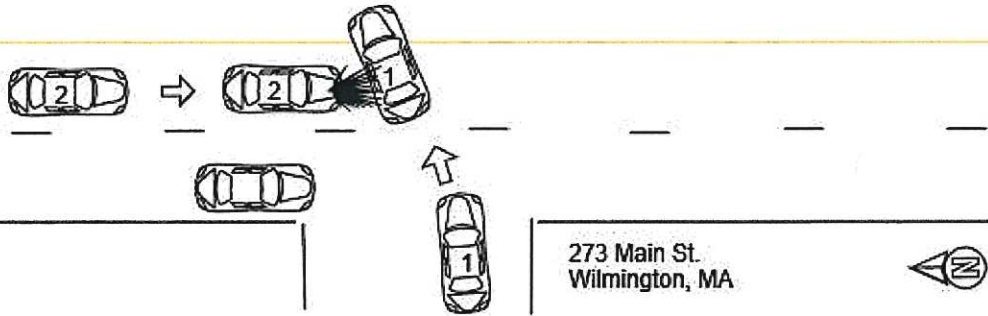
Crash Diagram:

ie: → 1 → 2 → ○ → ○

If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow



Crash Narrative:

Operator of MV 1 stated that he was turning left out of Speedway (273 Main St) to drive North on Main Street. MV 1 stated that he could not see beyond a vehicle that had stopped in the first lane to let him go. MV 1 stated that he was inching out, saw that MV 2 was going to hit him and accelerated to try to avoid a collision. MV 2 then struck MV 1 on the driver's side. Operator of MV 2 stated that she was driving South on Main Street in the second travel lane and MV 1 pulled out in front of her. She said that a car in the first travel lane may have stopped to let him go. Operator of MV 2 stated that she has a slight headache but denied medical evaluation. Both vehicles were in driveable condition. MV 2 was picked up by her husband. I assisted with paperwork exchange.

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

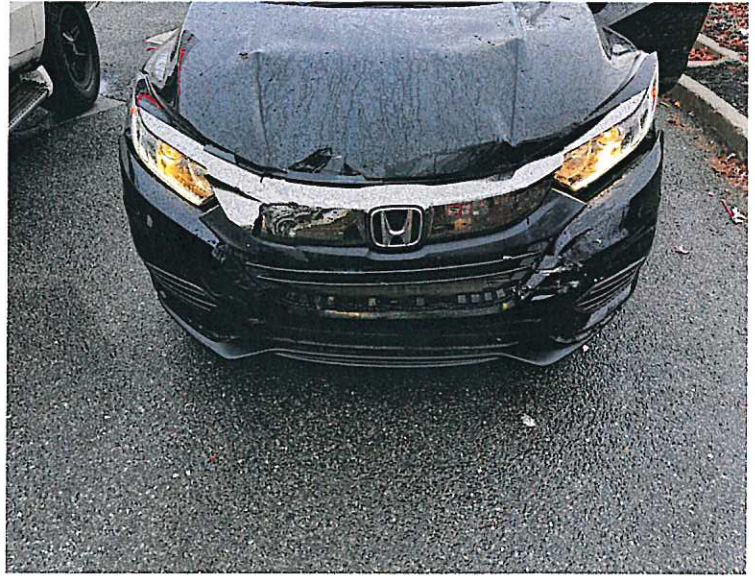
Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length ☐ 46

Hazmat Information:

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

Patrol Officer James R Hill 225 Wilmington Police Department 11/21/2024
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Images Associated with 24-325-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 11/21/2024	Time of Crash 1511 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report				Number Vehicles 3	Number Injured 2	Speed Limit 40	State Police Local Police MBTA Police Campus Police Other
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:			
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street				2 10			
At			Feet N S E W of Mile Marker Exit Number				2 11			
Route# Direction Name of Intersecting Roadway/Street			Route# Intersecting Roadway/Street							
Also at Intersection with			Feet N S E W of							
Route# Direction Name of Intersecting Roadway/Street			Landmark							
Please Select One of the Following:			Crash Report ID#							
☒ Vehicle 1 #Occupants			24-326-AC							
☐ Hit/Run										
☐ Moped										
License # St DOB/Age			Reg # V31657 Reg Type CO Reg State MA				1 12			
Sex M Lic. Class D M Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2019 Veh Make CHEVROLET Veh Config. 2 21							
Operator SKINNER, JEFFREY ALLEN JR			Owner BRIGHT STAR HEATING SUPPLY CO IN							
Address 38 CINDERELLA CIR			Address BX 607							
City DRACUT State MA Zip 01826-1308			City N READING State MA Zip 01864-0000							
Insurance Company FEDERATED MUTUAL INSURANC			Vehicle Action Prior to Crash 1 22				Damaged Area Code: 1 27 27 27			
Vehicle Travel Direction: N S E X Responding to Emergency? 2			Event Sequence 1 23 23 23 23				Test Status: 1 28			
Citation # (If Issued)			Most Harmful Event 1 24				Type of Test: 0 29			
Viol. 1: Ch/Sec/Sub			Driver Contributing Code 20 25 25				BAC Test Result: 1 30			
Viol. 2: Ch/Sec/Sub			Driver Distracted by 5 26 26				Susp. Alcohol: 2 31 Susp. Drug: 2 32			
Viol. 3: Ch/Sec/Sub			Towed from scene? 2 33				1 13			
Viol. 4: Ch/Sec/Sub										
Please fill out for operator and all occupants involved										
Name (Last First Middle)			DOB/Age				Sex			
Operator			See Above				1 99 4 0 0 10 1			
Please Select One of the Following:			Complete the Vulnerable User section.							
☒ Vehicle 2 #Occupants										
☐ Hit/Run										
☐ Moped										
☐ Vulnerable User										
License # St DOB/Age			Reg # 3SRS26 Reg Type PC Reg State MA				1 12			
Sex F Lic. Class D M Lic. Restrictions B 20 CDL Endorsement			Veh Year 2017 Veh Make TOYOTA Veh Config. 2 21							
Operator KAMOLSIRI, ANA KATE			Owner KAMOLSIRI, ANA KATE							
Address 1123 HORSESHOE LN			Address 1123 HORSESHOE LN							
City WILMINGTON State MA Zip 01887-3093			City WILMINGTON State MA Zip 01887-3093				4 14			
Insurance Company FARMERS PROPERTY & CASUAL			Vehicle Action Prior to Crash 2 22				Damaged Area Code: 5 27 1 27 27			
Vehicle Travel Direction: N S E X Responding to Emergency? 2			Event Sequence 1 23 23 23 23				Test Status: 1 28			
Citation # (If Issued)			Most Harmful Event 1 24				Type of Test: 0 29			
Viol. 1: Ch/Sec/Sub			Driver Contributing Code 1 25 25				BAC Test Result: 1 30			
Viol. 2: Ch/Sec/Sub			Driver Distracted by 0 26 26				Susp. Alcohol: 2 31 Susp. Drug: 2 32			
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)			DOB/Age				Sex			
Operator/Occupants			See Above				1 1 4 0 0 8 2			
							3 1 4 0 0 8 2			
							Winchester Hospital			
							Winchester Hospital			

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○

Lowell 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
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Crash Narrative:

Vehicles 2&3 (V2 & V3) were slowing/stopped in traffic in the westbound lane of Lowell Street (Rt. 129) at the intersection of Cross Street. Vehicle 1 (V1) was traveling westbound on Lowell Street behind V2 when he dropped a food item on the floor of his vehicle. The operator of V1 stated that he ducked down to retrieve the item and when he looked back up traffic in front of him had slowed/stopped. He attempted to break, also sliding on the wet pavement. He collided with the rear of V2 which caused V2 to push forward into the rear of V3. V1 sustained front end damage. V2 sustained front and rear damage, and V3 sustained rear damage. No airbags deployed on any of the vehicles. V1 and V3 operators signed medical refusals with the Wilmington Fire Department and drove their vehicles from the scene. The operator and passenger of V2 were transported by Action Ambulance to Winchester Hospital. V2 was towed by A&S Towing.

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

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

Hazmat Information:

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

Patrol Officer Michael R DiLorenzo

217

Wilmington Police Department

11/21/2024

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department
Images Associated with 24-326-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 11/22/2024	Time of Crash 1258 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 1	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# 24-327-AC	
License # St DOB/Age			Reg # 93FD85		Reg Type PC		Reg State MA			
Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement			Veh Year 2022		Veh Make AUDI		Veh Config. 1 21			
Operator CROAK, ROBERT J			Owner CROAK, ROBERT J							
Address 2 CHISHOLM WAY			Address 2 CHISHOLM WAY							
City WILMINGTON State MA Zip 01887-6250			City WILMINGTON		State MA Zip 01887-6250					
Insurance Company PROGRESSIVE DIRECT INSURA			Vehicle Action Prior to Crash 2 22		Damaged Area Code: 5 27 27 27					
Vehicle Travel Direction: ☒ 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			Driver Contributing Code 1 25 25		BAC Test Result: 30					
Viol. 2: Ch/Sec/Sub			Driver Distracted by 0 26 26		Susp. Alcohol: 31 Susp. Drug: 32					
Viol. 3: Ch/Sec/Sub					Towed from scene? 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		1			
Please Select One of the Following:			☒ Vehicle 2 1 #Occupants		☐ Hit/Run		☐ Moped		☐ Vulnerable User Complete the Vulnerable User section.	
License # St DOB/Age			Reg # 996KP0		Reg Type PC		Reg State MA			
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2014		Veh Make Jeep		Veh Config. 2 21			
Operator WILDEMAN, MICHAEL WILLIAM			Owner WILDEMAN, MICHAEL WILLIAM							
Address 6 ARMISTICE RD			Address 6 ARMISTICE RD							
City TEWKSBURY State MA Zip 01876-2118			City TEWKSBURY		State MA Zip 01876-2118					
Insurance Company FARMERS PROPERTY & CASUAL			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 1 23 23 23 23		Test Status: 28					
Citation # (If Issued)			Most Harmful Event 1 24		Type of Test: 29					
Viol. 1: Ch/Sec/Sub			Driver Contributing Code 5 25 25		BAC Test Result: 30					
Viol. 2: Ch/Sec/Sub			Driver Distracted by 99 26 26		Susp. Alcohol: 31 Susp. Drug: 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		1			

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○

Crash Diagram:	326 main street	If Crash Did Not Occur on a Public Way: ☐ Off-Street Parking Lot ☐ Garage ☐ Mall/Shopping Center ☐ Other Private Way Indicate North by Arrow
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Crash Narrative:

v1 stated that he had stopped in busy traffic, and then was struck from behind.

v2 stated that he was in stop and go traffic, and did not realize v1 had stopped, and he then struck v1

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 Brian D Thornton

190

Wilmington Police Department

11/22/2024

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date