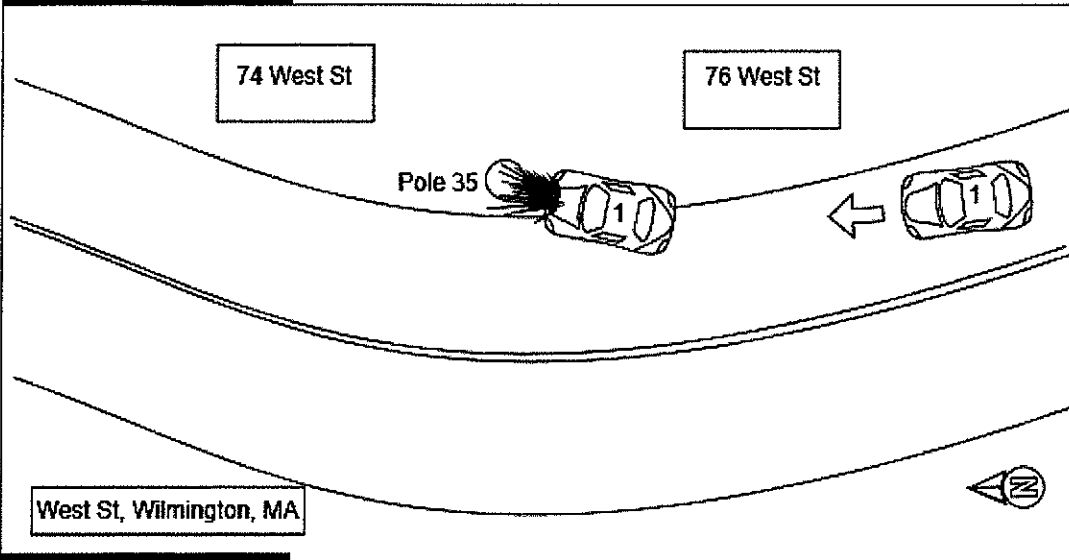


Police Use Only		Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 12/15/2024	Time of Crash 0231 24HR	City/Town Wilmington		Motor Vehicle Crash Police Report		Number Vehicles 1	Number Injured 1	Speed Limit 25	State Police Local Police MBTA Police Campus Police Other:
AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:			
Route# Direction Name of Roadway/Street				Route# Direction Address # Name of Roadway/Street				2 10	
At				Feet N S E W of or Mile Marker Exit Number				1 11	
Route# Direction Name of Intersecting Roadway/Street				Feet N S E W of Route# Intersecting Roadway/Street					
Also at Intersection with				Feet N S E W of Landmark					
Route# Direction Name of Intersecting Roadway/Street									
Please Select One of the Following: ☒ Vehicle 1 Occupants ☐ Hit/Run ☐ Moped				Crash Report ID# 24-363-AC					
License # St. DOB/Age				Reg # 89A920 Reg Type PC Reg State MA				7 12	
Sex M Lic. Class D 19 19 Lic. Restrictions B 20 CDL Endorsement				Veh Year 2009 Veh Make TOYOTA Veh Config. 1 21					
Operator BARON, DUNCAN				Owner BARON, DUNCAN					
Address 56 FEDERAL ST				Address 56 FEDERAL ST					
City WILMINGTON State MA Zip 01887-2554				City WILMINGTON State MA Zip 01887-2554					
Insurance Company PROGRESSIVE DIRECT INSURA				Vehicle Action Prior to Crash 1 22				Damaged Area Code: 8 27 1 27 2 27	
Vehicle Travel Direction: ☒ S ☐ E ☐ W Responding to Emergency? 2				Event Sequence 40 23 23 23 23				Test Status: 1 28	
Citation # (If Issued)				Most Harmful Event 22 24				Type of Test: 0 29	
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub				Driver Contributing Code 21 25 16 25				BAC Test Result: 1 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				22 13	
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 3 0 0 8 2 Lahey Clinic					
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				1 14	
Insurance Company				Vehicle Action Prior to Crash 22				Damaged Area Code: 27 27 27	
Vehicle Travel Direction: N S E W Responding to Emergency?				Event Sequence 23 23 23 23				Test Status: 28	
Citation # (If Issued)				Most Harmful Event 24				Type of Test: 29	
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub				Driver Contributing Code 25 25				BAC Test Result: 30	
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub				Driver Distracted by 26 26				Susp. Alcohol: 31 Susp. Drug: 32	
Please fill out for operator and all occupants involved				Towed from scene? 33					
Name (Last First Middle) Address DOB/Age Sex 34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code Medical Facility									
Operator/Occupants See Above				1					

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

Operator of MV 1 stated that he was driving home from a night out with friends and stated he was their designated driver. MV 1 stated that due to his diabetes he fell asleep at the wheel and woke up to striking a utility pole (pole 35 in front of 74 West St). MV 1 stated that his blood sugar was elevated, which read on his implanted reader at 200 mg/dL. MV 1 operator was up and walking around upon my arrival and did not appear disoriented or injured. MV 1 operator was assessed by the Wilmington Fire Department and transported to Lahey Clinic. The vehicle was towed to A&S Towing by A&S Towing. Reading Light was notified of the pole damage.

Witnesses:

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

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
READING LIGHT DEPT.	230 ASH ST READING MA 01867		3	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 James R Hill

Police Officer Name (Please Print)

Signature

225

ID/Badge #

Wilmington Police Department

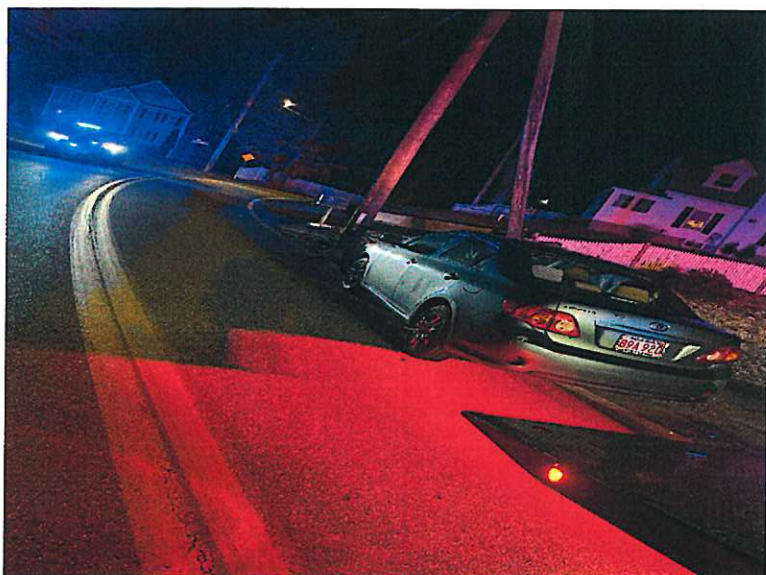
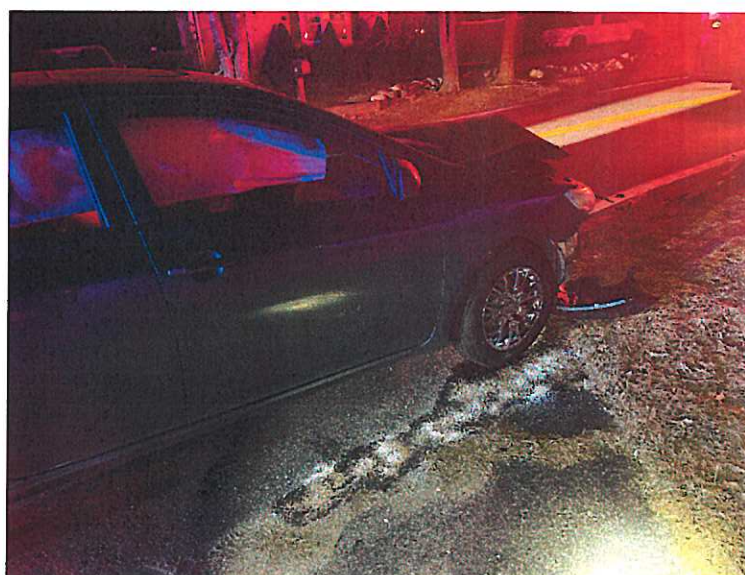
Department

Precinct/Barracks

12/15/2024

Date

Wilmington Police Department
Images Associated with 24-363-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number								
Date of Crash 12/16/2024		Time of Crash 0611 24HR		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:							
Route# Direction Name of Roadway/Street						Route# Direction Address # Name of Roadway/Street						2 10			
At						Feet N S E W of or Mile Marker Exit Number						3 11			
Route# Direction Name of Intersecting Roadway/Street						Feet N S E W of Route# Intersecting Roadway/Street									
Also at Intersection with						Feet N S E W of									
Route# Direction Name of Intersecting Roadway/Street						Landmark									
Please Select One of the Following: ☒ Vehicle 11 #Occupants ☐ Hit/Run ☐ Moped						Crash Report ID# 24-364-AC									
License # St. DOB/Age						Reg # 76GA82 Reg Type PC Reg State MA						1 12			
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2009 Veh Make TOYOTA Veh Config. 1 21						1 12			
Operator COOPER, JAMES WILLIAM JR						Owner COOPER, MAUREEN THERESA									
Address 29 JACKSON ST APT 2						Address 29 JACKSON ST APT 2									
City SAUGUS State MA Zip 01906-3750						City SAUGUS State MA Zip 01906-3750									
Insurance Company THE COMMERCE INSURANCE CO						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: 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						Towed from scene? 1 33						1 13			
Name (Last First Middle) Address DOB/Age Sex 34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code Medical Facility															
Operator See Above						1 1 4 0 0 10 1									
Please Select One of the Following: ☒ Vehicle 21 #Occupants ☐ Hit/Run ☐ Moped ☐ Vulnerable User Complete the Vulnerable User section.															
License # St. DOB/Age						Reg # 5RMZ41 Reg Type PC Reg State MA						1 14			
Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2024 Veh Make HONDA Veh Config. 1 21						1 14			
Operator SPLAINE, HOPE-MARIE JANICE						Owner SPLAINE, HOPE-MARIE JANICE									
Address 66 PATTEN RD						Address 66 PATTEN RD									
City TEWKSBURY State MA Zip 01876-3924						City TEWKSBURY State MA Zip 01876-3924									
Insurance Company THE COMMERCE INSURANCE CO						Vehicle Action Prior to Crash 4 22						Damaged Area Code: 1 27 27 27			
Vehicle Travel Direction: ☐ N ☒ E ☐ W Responding to Emergency? 2						Event Sequence 1 23 23 23 23						Test Status: 1 28			
Citation # (If Issued)						Most Harmful Event 1 24						Type of Test: 0 29			
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 19 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						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 1 4 0 0 10 1									

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○

Main Street

Parking Lot

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 north on Main St. MV 2 was driving south on Main St attempting to turn left into the parking lot. MV 1 and MV 2 sustained front end damage. No injuries. MV 1 and MV 2 were 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
TOWN OF WILMINGTON	121 GLEN RD WILMINGTON MA 01887		3	STOP SIGN

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

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

Hazmat Information:

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

Patrol Officer Kevin J Skinner

Police Officer Name (Please Print)

Signature

200

ID/Badge #

Wilmington Police Department

Department

Precinct/Barracks

12/16/2024

Date

Police Use Only			Commonwealth of Massachusetts										RMV Document Number										
Date of Crash 12/16/2024		Time of Crash 1021 24HR		City/Town Wilmington		Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit 35		Latitude		Longitude		State Police Local Police MBTA Police Campus Police Other					
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:															
Route# Direction Name of Roadway/Street						Route# Direction Address # Name of Roadway/Street																	
At						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 11 #Occupants		☐ Hit/Run		☐ Moped		Crash Report ID# 24-365-AC															
License # St. DOB/Age						Reg # 7YAN50 Reg Type PC Reg State MA																	
Sex M Lic. Class A		Lic. Restrictions M		CDL P		Veh Year 2017 Veh Make MITSUBISHI Veh Config. 1																	
Operator KENT, JAMES M						Owner KENT, JAMES M																	
Address 101 CARDINAL CT						Address 101 CARDINAL CT																	
City WILMINGTON State MA Zip 01887-4579						City WILMINGTON State MA Zip 01887-4579																	
Insurance Company SAFETY INSURANCE COMPANY						Vehicle Action Prior to Crash 3 22						Damaged Area Code: 3 27 27 27											
Vehicle Travel Direction: N S E W Responding to Emergency? 2						Event Sequence 1 23 23 23 23						Test Status: 1 28											
Citation # (If Issued)						Most Harmful Event 1 24						Type of Test: 0 29											
Viol. 1: Ch/Sec/Sub						Driver Contributing Code 1 25 25						BAC Test Result: 1 30											
Viol. 2: Ch/Sec/Sub						Driver Distracted by 0 26 26						Susp. Alcohol: 2 31 Susp. Drug: 2 32											
Viol. 3: Ch/Sec/Sub												Towed from scene? 2 33											
Viol. 4: Ch/Sec/Sub																							
Please fill out for operator and all occupants involved																							
Name (Last First Middle)		Address		DOB/Age		Sex		34 Seat Pos.		35 Safety System		36 Airbag Status		37 Eject Code		38 Trap Code		39 Injury Status		40 Transp. Code		Medical Facility	
Operator		See Above		X		X		1		1		4		0		0		10		1			
								</															

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

Crash Diagram:

Crash Diagram:

Aldrich RD

Shawsheen AVE

Parking lot

Veteran Affairs

Parking lot

STOP

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:

On Monday, December 16, 2024 at approximately 10:40 AM. V1 and V2 were traveling west bound on Shawsheen AVE. V1 was operated by James Kent and was in front of V2 which was operated by Donna McManus. V1 went to turn right into the parking lot of the Veteran Affairs building when V2 struck them attempting to pass on the right side of Shawsheen AVE. Both operators declined medical attention and were able to drive their vehicles from the scene.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
ROSSETTI RICHARD CHARLES	519 SHAWSHEEN AVE WILMINGTON MA 01887-1637		

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 237 Wilmington Police Department 12/16/2024
Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Images Associated with 24-365-AC



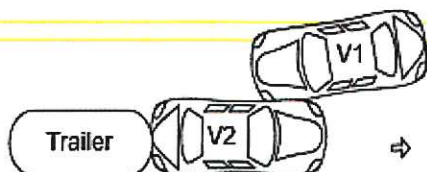
Police Use Only		Commonwealth of Massachusetts				RMV Document Number					
Date of Crash 12/16/2024	Time of Crash 1530 24HR	City/Town Wilmington		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 2	Speed Limit 35	Latitude	Longitude	State Police Local Police MBTA Police Campus Police Other
AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:					
Route# Direction Name of Roadway/Street				Route# Direction Address # Name of Roadway/Street		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				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					
Route# Direction Name of Intersecting Roadway/Street						Landmark					
Please Select One of the Following:				☒ Vehicle 1 Occupants		☐ Hit/Run		☐ Moped		Crash Report ID# 24-366-AC	
License: Sex M Lic. Class D 19 19 Lic. Restrictions B 20 CDL Endorsement				Reg # 4JFY75 Reg Type PC Reg State MA		Veh Year 2013 Veh Make MERCEDES-BENZ Veh Config. 1 21		Owner O'NEILL, ROBERT EDWARD			
Operator O'NEILL, ROBERT EDWARD				Address 110 BALDWIN RD APT 1		City BILLERICA State MA Zip 01821-3113		Vehicle Action Prior to Crash 1 22			
Insurance Company THE STANDARD FIRE INSURAN				Vehicle Travel Direction: N S E W Responding to Emergency? 2		Event Sequence 42 23 1 23 23 23		Test Status: 1 28			
Citation # (If Issued) 070459AD				Most Harmful Event 1 24		Driver Contributing Code 21 25 9 25		Type of Test: 0 29			
Viol. 1: Ch/Sec/Sub 89 4A Viol. 2: Ch/Sec/Sub				Driver Distracted by 0 26 26		Susp. Alcohol: 2 31 Susp. Drug: 2 32		BAC Test Result: 1 30			
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						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		1 1 1 0 0 8 2		Lahay HOSPITAL			
Please Select One of the Following:				☒ Vehicle 2 Occupants		☐ Hit/Run		☐ Moped		☐ Vulnerable User Complete the Vulnerable User section.	
License: Sex M Lic. Class D 19 19 Lic. Restrictions B 20 CDL Endorsement				Reg # 3ZLX90 Reg Type PC Reg State MA		Veh Year 2011 Veh Make CHEVROLET Veh Config. 8 21		Owner PARISI, JOHN BRIAN			
Operator PARISI, JOHN BRIAN				Address 27 WOODCLIFF DR		City BILLERICA State MA Zip 01821-5005		Vehicle Action Prior to Crash 1 22			
Insurance Company TRUMBULL INSURANCE COMPAN				Vehicle Travel Direction: N S E W Responding to Emergency? 2		Event Sequence 1 23 23 23 23		Test Status: 1 28			
Citation # (If Issued)				Most Harmful Event 1 24		Driver Contributing Code 1 25 25		Type of Test: 0 29			
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub				Driver Distracted by 0 26 26		Susp. Alcohol: 2 31 Susp. Drug: 2 32		BAC Test Result: 1 30			
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						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		1 1 3 0 0 8 1					

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

ie: → 1 → 2 → ○ → ○

Crash Diagram:

Shawsheen Ave



Verizon Pole #94 524 Shawsheen 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:

Vehicle 1 (V1) was traveling west on Shawsheen Ave in the area of #524. Vehicle 2 (V2, also towing a trailer) was traveling east on Shawsheen Ave in the same area. V1 began to veer left crossing over the center double yellow line, then colliding with V2 in the eastbound travel lane. V2 attempted to swerve to the right out of the way, and the trailer struck Verizon pole #94, causing the pole to snap in half. V1 came to rest facing south in the westbound lane. V2 came to rest on the shoulder/eastbound travel lane. Airbags deployed in both vehicles. The operator of V1 was taken by Wilmington Fire Department Ambulance to Lahey Hospital. The operator of V2 signed a medical refusal. Both vehicles were towed by Cains Towing. The trailer attached to V2 was towed by Forrest Towing. V1 operator stated that he had been up since 1am and believed he may have dozed off for a short time. V1 operator cited for marked lanes. Video attached.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
BURKE ANNETTE C	115 SALEM RD TEWKSBURY MA 01876-3118		
SPENCE MARK E	19 MARGARET LN BILLERICA MA 01821-2900		

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
PARISI JOHN BRIAN	27 WOODCLIFF DR BILLERICA MA 01821		97	RC PLANES, DRONES, & TOOLS
VERIZON	408 MAIN ST WILMINGTON MA 01887		4	WOOD UTILITY POLE

Truck and Bus Information:

Registration # **3ZLX90** (From Vehicle Section)

Carrier Name _____ Bus Use **0** ⁴²

Address **27 WOODCLIFF DR** City **BILLERICA** St **MA** Zip **01821**

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

Interstate **2** ⁴³ Cargo Body Type Code **97** ⁴⁴ GVWR/GCWR **1** ⁴⁵

Trailer Reg #: **942718** Reg Type **TR** Reg State **MA** Reg Year **2003** Trailer Length **97** ⁴⁶

Hazmat Information:

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

Patrol Officer Michael R DiLorenzo

217

Wilmington Police Department

12/16/2024

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department
Images Associated with 24-366-AC



Wilmington Police Department
Images Associated with 24-366-AC



Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash
12/16/2024Time of Crash
1823
24HRCity/Town
WilmingtonMotor Vehicle Crash
Police ReportNumber
Vehicles
1Number
Injured
0Speed Limit 35
Latitude _____
Longitude _____State Police ☐
Local Police ☐
MBTA Police ☐
Campus Police ☐
Other: ☐

AT INTERSECTION:

< LOCATION >

NOT AT INTERSECTION:

Route# Direction Name of Roadway/Street

At

Route# Direction Name of Intersecting Roadway/Street

Also at Intersection with

Route# Direction Name of Intersecting Roadway/Street

Route# Direction Address # Name of Roadway/Street

Feet N S E W of _____ or _____
Mile Marker _____ Exit Number _____Feet N S E W of _____
Route# _____ Intersecting Roadway/Street _____Feet N S E W of _____
Landmark _____Please Select One
of the Following:☒ Vehicle 1 #Occupants☐ Hit/Run☐ MopedCrash Report ID# **24-367-AC**

License # _____ S _____, DOB/Age _____

Sex M Lic. Class A 19 19 Lic. Restrictions 20 CDL N
EndorsementOperator QUELLETTE, FRANK R
Last First MiddleAddress 60 AUTUMN LNCity ALFRED State ME Zip 04002Insurance Company M&M INSURANCEVehicle Travel Direction: N S X 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 # 9C0823 Reg Type CO Reg State MEVeh Year 2017 Veh Make GMC Veh Config. 13 21Owner QUELLETTE, FRANK R
Last First MiddleAddress 60 AUTUMN LNCity ALFRED State ME Zip 04002Vehicle Action Prior to Crash 1 22 Damaged Area Code: 2 27 3 27 97 27Event Sequence 40 23 20 23 22 23 23 Test Status: 1 28Most Harmful Event 22 24 Type of Test: 29Driver Contributing Code 9 25 25 BAC Test Result: 30Driver Distracted by 0 26 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32Towed 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
System36
Airbag
Status37
Eject
Code38
Trap
Code39
Injury
Status40
Transp.
Code

Medical Facility

Operator

See Above

1

0

4

0

0

10

1

License # _____ St _____ DOB/Age _____

Sex _____ Lic. Class 19 19 Lic. Restrictions 20 CDL _____
EndorsementOperator _____
Last First Middle

Address _____

City _____ State _____ Zip _____

Insurance Company _____

Vehicle Travel Direction: N S E W Responding to Emergency? _____

Citation # (If Issued) _____

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

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

Reg # _____ Reg Type _____ Reg State _____

Veh Year _____ Veh Make _____ Veh Config. 21Owner _____
Last First Middle

Address _____

City _____ State _____ Zip _____

Vehicle Action Prior to Crash 22 Damaged Area Code: 27 27 27Event Sequence 23 23 23 23 Test Status: 28Most Harmful Event 24 Type of Test: 29Driver Contributing Code 25 25 BAC Test Result: 30Driver Distracted by 26 26 Susp. Alcohol: 31 Susp. Drug: 32Towed from scene? 33

Please fill out for operator and all occupants involved

Name (Last First Middle)

Address

DOB/Age

Sex

34
Seat
Pos.35
Safety
System36
Airbag
Status37
Eject
Code38
Trap
Code39
Injury
Status40
Transp.
Code

Medical Facility

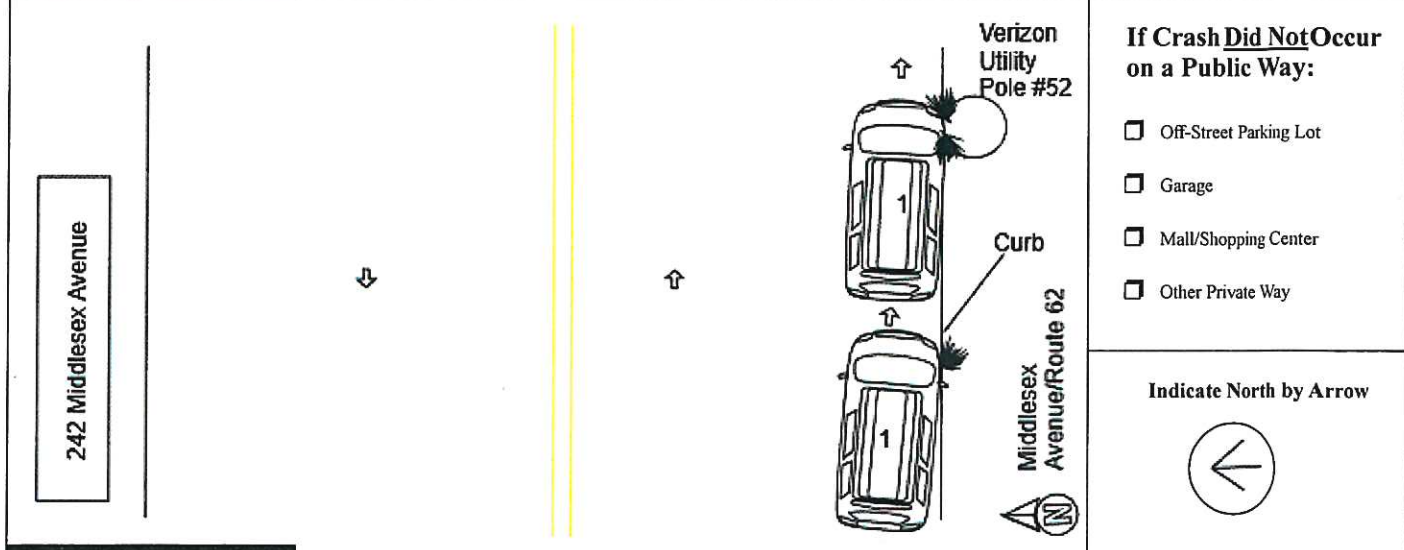
Operator/Occupants

See Above

1

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

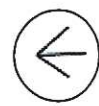
Crash Diagram:



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 was traveling eastbound on Middlesex Avenue/Route 62 towards Colonial Drive. MV1 was traveling straight ahead. As MV1 was traveling, the operator stated that the work van began pulling right and "sucked him into the curb" on the right side of the roadway. MV1 collided with the curb, then continued straight ahead and collided with Verizon Utility Pole #52 causing heavy damage to the pole including pushing it approximately 8 inches back and to split. MV1 suffered heavy right front and right side damage to the work van and was disabled at the scene. Upon further review, while the work van was towed, we discovered that the front right tie rod snapped and this mechanical failure caused the work van to veer right and strike the curb and utility pole. A&S Towing arrived and took possession of MV1. The operator of MV1 and his dog were not injured. Reading Municipal Light Department responded and made emergency repairs to brace the pole until it can be replaced.

Witnesses:

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

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
READING MUNICIPAL LIGHT DEPTMEN	230 ASH ST READING MA 01867		3	55 FOOT WOODEN 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 #: _____

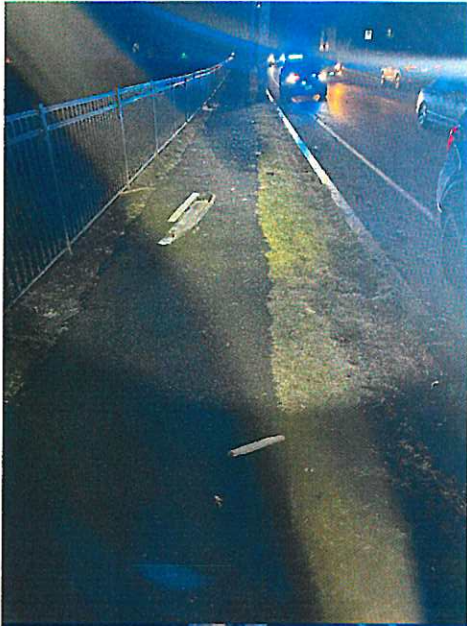
Interstate ☐ 43 Cargo Body Type Code ☐ 44 GVWR/GCWR ☐ 45

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

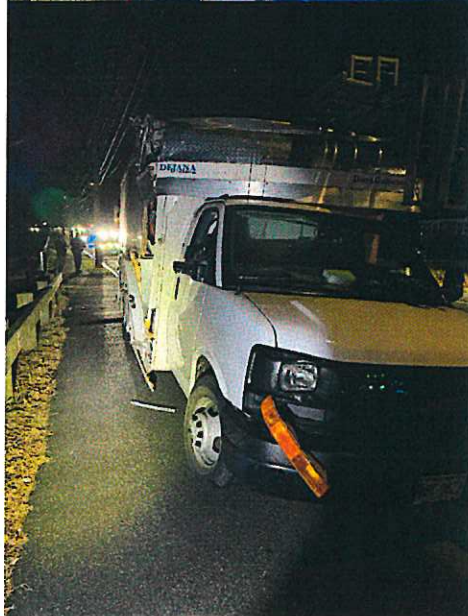
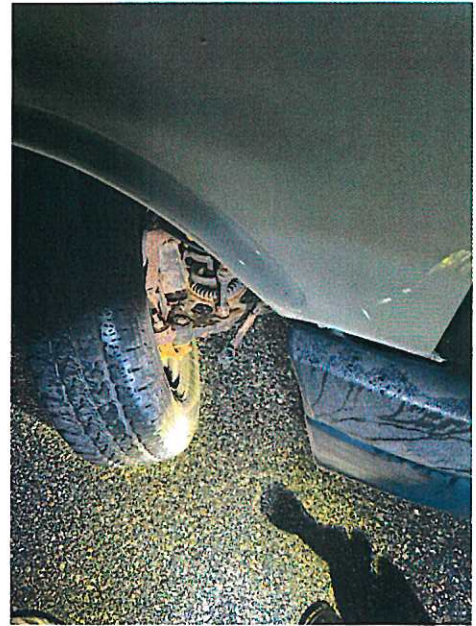
Hazmat Information:

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

Wilmington Police Department
Images Associated with 24-367-AC



Wilmington Police Department
Images Associated with 24-367-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 12/16/2024	Time of Crash 1928 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 1	Speed Limit 35	Latitude	Longitude	State Police Local Police MBTA Police Campus Police Other
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street							
At			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# 24-368-AC	
License # St DOB/Age			Reg # AG486		Reg Type PC		Reg State MA			
Sex X Lic. Class D 19 19 Lic. Restrictions B 20 CDL Endorsement			Veh Year 2015		Veh Make TOYOTA		Veh Config. 1 21			
Operator HOGAN, JACQUELINE JOSEPHINE			Owner HOGAN, JACQUELINE JOSEPHINE							
Address 19 GROVE ST APT 3			Address 19 GROVE ST APT 3							
City WOBURN State MA Zip 01801-3511			City WOBURN State MA Zip 01801-3511							
Insurance Company GOVERNMENT EMPLOYEES INSU			Vehicle Action Prior to Crash 1 22		Damaged Area Code: 11 27 27 27					
Vehicle Travel Direction: N X E W Responding to Emergency? 2			Event Sequence 1 23 23 23 23		Test Status: 1 28					
Citation # (If Issued)			Most Harmful Event 1 24		Type of Test: 29					
Viol. 1: Ch/Sec/Sub			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										
Name (Last First Middle)			Address		DOB/Age		Sex		Medical Facility	
Operator			See Above		1		1		3	
Please Select One of the Following:			☒ Vehicle 2 Occupants		☐ Hit/Run		☐ Moped		☐ Vulnerable User Complete the Vulnerable User section.	
License # St DOB/Age			Reg # 3FGK16		Reg Type PC		Reg State MA			
Sex M Lic. Class D 19 19 Lic. Restrictions 99 20 CDL Endorsement			Veh Year 2022		Veh Make TOYOTA		Veh Config. 1 21			
Operator LAROCCA, MICHAEL EDWARD JR			Owner LAROCCA, MICHAEL EDWARD JR							
Address 7 MARJORIE RD			Address 7 MARJORIE RD							
City WILMINGTON State MA Zip 01887-1709			City WILMINGTON State MA Zip 01887-1709							
Insurance Company FARMERS PROPERTY & CASUAL			Vehicle Action Prior to Crash 6 22		Damaged Area Code: 2 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 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? 2 33					
Viol. 4: Ch/Sec/Sub										
Please fill out for operator and all occupants involved										
Name (Last First Middle)			Address		DOB/Age		Sex		Medical Facility	
Operator/Occupants			See Above		1		1		4	

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

Crash Diagram:

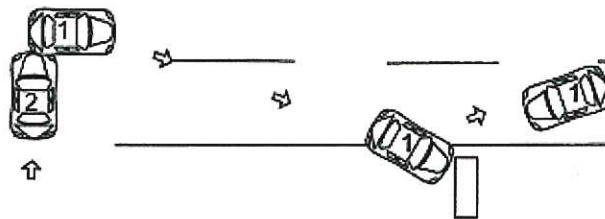
If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow



Main St/MA-38



Parking Lot 327 Main St - Sunrise Market

Crash Narrative:

12/16/24 appx. 1928hrs dispatched 327 Main St for 2-car MVC. According to OP2, MV2 exited lot and did not see MV1. MV1 traveling SB on Main St/MA38.

According to damage on MVs, scuffs on sidewalk, MV1 resting place: MV2 tapped MV1 rear pass panel. MV1 rear pushed inward to centerlane. MV1 front angled toward side of roadway. MV1 continued off the roadway and struck sign of Sunrise Market. MV1 bounced off sign support and swung rearend first back on Main St SB and stopped.

Minor injury to OP1, signed refusal. No reported injury to OP2. MV1 towed by Cains, MV2 left under own power.

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 Joseph A Fitzgerald

215

Wilmington Police Department

12/16/2024

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

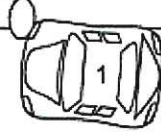
Date

Police Use Only			Commonwealth of Massachusetts				RMV Document Number					
Date of Crash 12/17/2024	Time of Crash 0927 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 At			Route# Direction Address # Name of Roadway/Street 363 CHESTNUT 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									
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Landmark									
Please Select One of the Following:			☒ Vehicle 1 #Occupants		☐ Hit/Run		☐ Moped		Crash Report ID# 24-369-AC			
License # St. OB/Age			Reg # 2BAB42		Reg Type PC		Reg State MA					
Sex M Lic. Class 19 19 Lic. Restrictions 1 CDL Endorsement			Veh Year 2003		Veh Make CADILLAC		Veh Config. 1					
Operator ROBINSON, DANIEL HILSON			Owner JOSLIN, KEVIN REED									
Address 61 NESMITH ST APT 1STEL			Address 61 NESMITH ST									
City LOWELL State MA Zip 01852-2332			City LOWELL State MA Zip 01852-2332									
Insurance Company FOREMOST INSURANCE COMPAN			Vehicle Action Prior to Crash 1		Damaged Area Code: 11 27 27 27							
Vehicle Travel Direction: N X E W Responding to Emergency? 2			Event Sequence 22 23 23 23 23		Test Status: 28							
Citation # (If Issued) T3549233			Most Harmful Event 22 24		Type of Test: 29							
Viol. 1: Ch/Sec/Sub 90 23 Viol. 2: Ch/Sec/Sub 90 24			Driver Contributing Code 1 25 25		BAC Test Result: 30							
Viol. 3: Ch/Sec/Sub 90 24 Viol. 4: Ch/Sec/Sub			Driver Distracted by 0 26 26		Susp. Alcohol: 31 Susp. Drug: 32							
Viol. 3: Ch/Sec/Sub 90 24 Viol. 4: Ch/Sec/Sub			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			X 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.			
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							
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Towed from scene? 33									
Please fill out for operator and all occupants involved												
Name (Last First Middle) Address			DOB/Age Sex		34 Seat Pos. 35 Safety System		36 Airbag Status 37 Eject Code		38 Trap Code 39 Injury Status		40 Transp. Code Medical Facility	
Operator/Occupants See Above			X X		1							

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

Crash Diagram:

Utility Pole



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 December 17, 2024, I, Officer Parsons #236, responded to the area of 363 Chestnut St. for report of a single motor vehicle accident. The call was put out as "car into pole". Upon arrival, no operator was on scene. Subsequent investigation led to the arrest of MR. DANIEL ROBINSON who admitted to driving MV#1. MR. ROBINSON said as he was traveling south of Chestnut St. when "something" let go in the truck, which pulled MV#1 to the right and MR. ROBINSON said he could not correct it before striking the pole. MV#1 was towed by Cain's. For more detailed report, see 24-585-AR.

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

12/17/2024

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department
Images Associated with 24-369-AC

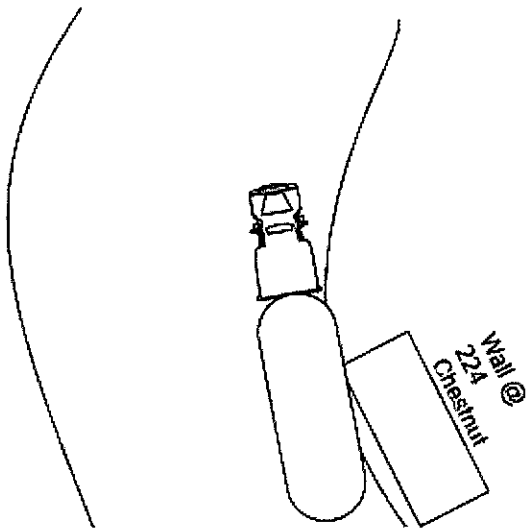


Police Use Only		Commonwealth of Massachusetts				RMV Document Number					
Date of Crash 12/17/2024	Time of Crash 1527 24HR	City/Town Wilmington		Motor Vehicle Crash Police Report		Number Vehicles 1	Number Injured 0	Speed Limit 20	Latitude	Longitude	State Police ☐ Local Police ☒ MBTA Police ☐ Campus Police ☐ Other ☐
AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:					
Route# Direction Name of Roadway/Street				Route# Direction Address # Name of Roadway/Street							
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# 24-370-AC							
License # St. DOB/Age				Reg # 1AD98N Reg Type AP Reg State MA							
Sex M Lic. Class A 19 19 Lic. Restrictions 1 20 CDL Endorsement				Veh Year 2023 Veh Make International Veh Config. 10 21							
Operator OLIVERO, JUSTIN				Owner RYDER TRUCK RENTAL LT							
Address 2 MUSEUM SQ APT 409				Address 6000 WINDWARD PKWY							
City LAWRENCE State MA Zip 01841				City ALPHARETTA State GA Zip 30005-4181							
Insurance Company COMMERCE				Vehicle Action Prior to Crash 1 22				Damaged Area Code: 3 27 27 27			
Vehicle Travel Direction: ☒ S ☐ E ☐ W Responding to Emergency? 2				Event Sequence 35 23 23 23 23				Test Status: 28			
Citation # (If Issued)				Most Harmful Event 35 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											
Name (Last First Middle) Address DOB/Age Sex 34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code Medical Facility											
Operator See Above				1 1 4 0 0 10 1							
Please Select One of the Following: ☐ Vehicle 2 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				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:

On December 17, 2024, I, Officer Parsons #236 was dispatched to the area of 224 Chestnut St. for report of a tractor trailer hitting a rock wall. Prior to my arrival, Officer Skinner made a traffic stop on Main St. involving a TT unit with damage to the passenger's side tires. Officer Skinner confirmed that MV#1 had just been on Chestnut St. and the driver, MR. JUSTIN OLIVERO said that he was unaware that he had hit the wall. MR. OLIVERO told Officer Skinner he was on his way back from making a delivery in Woburn, and his GPS took him down Chestnut St. The wall had significant damage. Both the homeowners, and MR. OLIVERA were given accident information exchange forms.

Witnesses:

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

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
CORRIGAN MICHAEL JOSEPH	224 CHESTNUT ST WILMINGTON MA 0188			ROCK WALL

Truck and Bus Information:

Registration # **1AD98N** (From Vehicle Section)

Carrier Name **Ryder Truck Rental LT**

Bus Use **0** ⁴²

Address **6000 WINDWARD PKWY**

City **ALPHARETTA**

St. **GA** Zip **30005**

US DOT #: **049207**

State Number

Issuing State **MA**

MC/MX/ICC #:

Interstate **0** ⁴³

Cargo Body Type Code

44

GVWR/GCWR

45

Trailer Reg #: **U726372**

Reg Type **TR**

Reg State **TN**

Reg Year

Trailer Length

3 ⁴⁶

Hazmat Information:

Placard **2** ⁴⁷

Material 1 digit #

48

Material Name

Material 4 digit #

Release code

49

Patrol Officer Dale H Parsons

236

Wilmington Police Department

12/17/2024

Police Officer Name (Please Print)

Signature

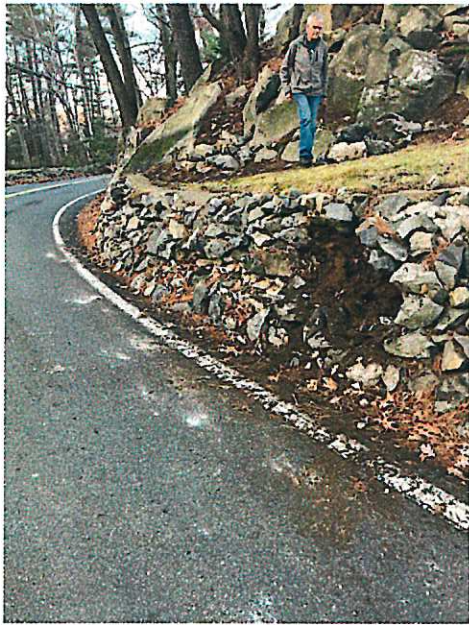
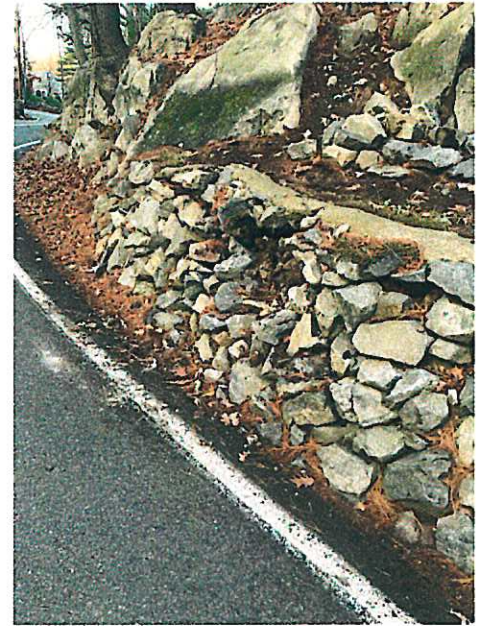
ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department
Images Associated with 24-370-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 12/17/2024	Time of Crash 1652 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 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 . or					
Route# Direction CUNNINGHAM ST			Mile Marker Exit Number		Mile Marker Exit Number					
Also at Intersection with			Route# Intersecting Roadway/Street		Route# Intersecting Roadway/Street					
Route# Direction Name of Intersecting Roadway/Street			Landmark		Landmark					
Please Select One of the Following: ☒ Vehicle 11 #Occupants ☐ Hit/Run ☐ Moped			Crash Report ID# 24-371-AC							
License # Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement			Reg # 3AGZ75 Reg Type PC Reg State MA							
Operator LIOCE, BRANDON ALAN			Veh Year 2018 Veh Make SUBARU Veh Config. 1 21							
Address 198 LITTLETON RD APT 1303			Owner LIOCE, BRANDON ALAN							
City CHELMSFORD State MA Zip 01824-2893			Address 198 LITTLETON RD APT 1303							
Insurance Company GOVERNMENT EMPLOYEES INSU			City CHELMSFORD State MA Zip 01824-2893							
Vehicle Travel Direction: N S E W Responding to Emergency? 2			Vehicle Action Prior to Crash 4 22							
Citation # (If Issued) T3379385			Event Sequence 1 23 23 23 23							
Viol. 1: Ch/Sec/Sub 89 9 Viol. 2: Ch/Sec/Sub			Most Harmful Event 1 24							
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Contributing Code 4 25 25							
			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 34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code Medical Facility			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			Operator See Above							
Please Select One of the Following: ☒ Vehicle 21 #Occupants ☐ Hit/Run ☐ Moped ☐ Vulnerable User Complete the Vulnerable User section.			Please Select One of the Following: ☒ Vehicle 21 #Occupants ☐ Hit/Run ☐ Moped ☐ Vulnerable User Complete the Vulnerable User section.							
License # Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement			Reg # 4458703 Reg Type PC Reg State NH							
Operator ERICSON, BENJAMIN JACOB HAMILTON			Veh Year 2013 Veh Make HONDA Veh Config. 1 21							
Address 10 POPLAR RD			Owner ERICSON, BENJAMIN JACOB HAMILTON							
City SALEM State NH Zip 03079			Address 10 POPLAR RD							
Insurance Company GOVERNMENT EMPLOYEE INSU			City SALEM State NH Zip 03079							
Vehicle Travel Direction: N S E W Responding to Emergency? 2			Vehicle Action Prior to Crash 1 22							
Citation # (If Issued)			Event Sequence 1 23 23 23 23							
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Most Harmful Event 1 24							
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Contributing Code 1 25 25							
			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 34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code Medical Facility			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			Operator/Occupants See Above							

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

Crash Diagram:

Salem St.

vehicle 2-NH REG-3348703 vehicle 1-MA REG-3AGZ75

Cunningham 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:

vehicle 1 operator states he was traveling west on Salem St. turning left (south) onto Cunningham St. when vehicle 2 collided with him.

vehicle 2 operator stated he was continuing straight (eastbound) on Salem St. when vehicle 1 turned in front of him to head southbound on Cunningham St. and did not have time to come to a full stop before he hit vehicle 1.

I have cited the operator of vehicle 1 for failure to yield to oncoming traffic.

citation in attachments section of report.

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 Seth A Mucha-Kangas

235

Wilmington Police Department

12/17/2024

Police Officer Name (Please Print)

Signature

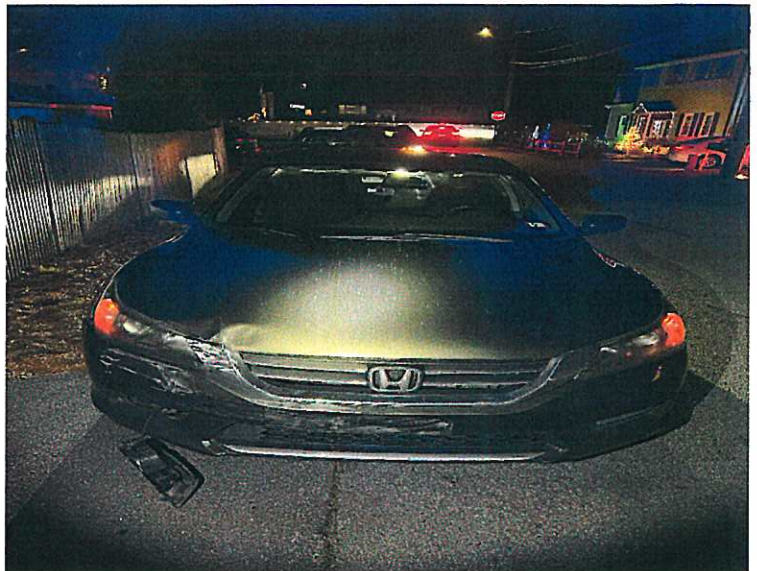
ID/Badge #

Department

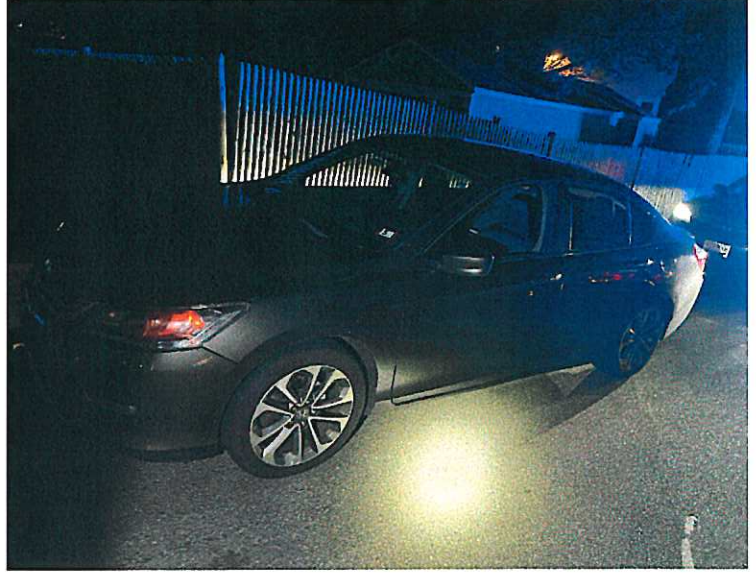
Precinct/Barracks

Date

Wilmington Police Department
Images Associated with 24-371-AC



Wilmington Police Department
Images Associated with 24-371-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 12/19/2024	Time of Crash 0648 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 40	Latitude	Longitude	State Police Local Police MBTA Police Campus Police Other
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street							
At			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# 24-372-AC	
License #			DOB/Age		Reg # 5MV363		Reg Type PC		Reg State MA	
Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement			Veh Year 2008		Veh Make Jeep		Veh Config. 1 21			
Operator			Owner		ANTCZAK, THOMAS					
Address			Address		34 BRENTWOOD AVE					
City State Zip			City		WILMINGTON		State MA		Zip 01887-3453	
Insurance Company SAFETY INSURANCE COMPANY			Vehicle Action Prior to Crash		1 22		Damaged Area Code:		2 27 27 27	
Vehicle Travel Direction: N S E W Responding to Emergency? 2			Event Sequence		1 23 23 23 23		Test Status:		1 28 29	
Citation # (If Issued)			Most Harmful Event		1 24		Type of Test:		1 30	
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 #			DOB/Age		Reg # 5GHN71		Reg Type PC		Reg State MA	
Sex M Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement			Veh Year 2016		Veh Make DODGE		Veh Config. 1 21			
Operator			Owner		BOYLE, KATHARINE NORA					
Address			Address		9 WEBBER ST					
City State Zip			City		WILMINGTON		State MA		Zip 01887-3602	
Insurance Company THE COMMERCE INSURANCE CO			Vehicle Action Prior to Crash		6 22		Damaged Area Code:		2 27 27 27	
Vehicle Travel Direction: N S E W Responding to Emergency? 2			Event Sequence		1 23 23 23 23		Test Status:		1 28 29	
Citation # (If Issued)			Most Harmful Event		1 24		Type of Test:		0 29 30	
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Driver Contributing Code		19 25 25		BAC Test Result:		1 30	
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Distracted by		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/Occupants			See Above		X		X			

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○

Burlington Ave		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 Thursday, December 19, 2024, Vehicle 1 was traveling west on Burlington Ave in the area of Webber st. At this point, Vehicle 2 was exiting Webber St and collided with vehicle 1. Both vehicles had damage to the front right sides of the vehicle.

All parties involved refused medical treatment.

Vehicle 1 was towed by Forrest Towing and Vehicle 2 was driven away 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 Christopher k Miccichi

Police Officer Name (Please Print)

Signature

232

ID/Badge #

Wilmington Police Department

Department

Precinct/Barracks

12/19/2024

Date

Police Use Only			Commonwealth of Massachusetts				RMV Document Number																																		
Date of Crash 12/20/2024	Time of Crash 1541 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:																																			
1 PARKER ST			2 10																																						
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																																						
2 ADAMS ST			8 11																																						
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Route# Intersecting Roadway/Street																																						
Also at Intersection with			Feet N S E W of																																						
4 Route# Direction Name of Intersecting Roadway/Street			Landmark																																						
3 Please Select One of the Following:			☒ Vehicle 11 #Occupants			☐ Hit/Run			☐ Moped			Crash Report ID# 24-373-AC																													
License #			St			DOB/Age			Reg # 27T970			Reg Type PC			Reg State MA																										
Sex M			Lic. Class D			Lic. Restrictions			Veh Year 2015			Veh Make KIA			Veh Config. 1 21																										
Operator ALPHONSE, DONALD JUNIOR JR			Last First Middle			Owner ALPHONSE, YVES D			Last First Middle																																
4 Address 35A CRESENT ST			City WILMINGTON			State MA			Zip 01887-1971			City WILMINGTON			State MA			Zip 01887-1971																							
Insurance Company SAFETY INSURANCE COMPANY			Vehicle Action Prior to Crash			Event Sequence			Most Harmful Event			Driver Contributing Code			Driver Distracted by			Damaged Area Code:																							
5 Vehicle Travel Direction: N S X 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																							
6 Please fill out for operator and all occupants involved			Name (Last First Middle)			Address			DOB/Age			Sex			34 Seat Pos.			35 Safety System			36 Airbag Status			37 Eject Code			38 Trap Code			39 Injury Status			40 Transp. Code			Medical Facility					
Operator			See Above												1			1			4			0			0			10			1								
7 2 Please Select One of the Following:			☒ Vehicle 21 #Occupants			☐ Hit/Run			☐ Moped			☐ Vulnerable User			Complete the Vulnerable User section.																										
License #			St			DOB/Age			Reg # 4MLA91			Reg Type PC			Reg State MA																										
Sex F			Lic. Class D			Lic. Restrictions			Veh Year 2021			Veh Make HONDA			Veh Config. 1 21																										
8 1 Operator BUCKLEY, ASHLYN RITA			Last First Middle			Owner BUCKLEY, ASHLYN RITA			Last First Middle																																
Address 25 COLUMBIA ST			City WILMINGTON			State MA			Zip 01887-2415			City WILMINGTON			State MA			Zip 01887-2415																							
Insurance Company THE COMMERCE INSURANCE CO			Vehicle Action Prior to Crash			Event Sequence			Most Harmful Event			Driver Contributing Code			Driver Distracted by			Damaged Area Code:																							
9 2 Vehicle Travel Direction: N S X 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			Test Status:																				
Please fill out for operator and all occupants involved			Name (Last First Middle)			Address			DOB/Age			Sex			34 Seat Pos.			35 Safety System			36 Airbag Status			37 Eject Code			38 Trap Code			39 Injury Status			40 Transp. Code			Medical Facility					
Operator/Occupants			See Above												1			1			4			0			0			10			1								

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Indicate North by Arrow

Crash Narrative:

On 12/20/24 car 2 while stopping at a stop sign was crashed into by car 1 in the rear. Damage was caused to car 2 rear left side and to car 1 front right side. The operator of car 1 stated it was his first time driving in the snow and the car did not stop before crasing into car 2.

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 Dillon Halliday

Police Officer Name (Please Print)

Signature

205

ID/Badge #

Wilmington Police Department

Department

12/20/2024

Date

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 12/20/2024	Time of Crash 1606 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 1	Number Injured 1	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										
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			Feet N S E W of Landmark							
Please Select One of the Following: ☒ Vehicle 12 #Occupants ☐ Hit/Run ☐ Moped			Crash Report ID# 24-374-AC							
License # St DOB/Age			Reg # 3XZR93 Reg Type PC Reg State MA							
Sex M Lic. Class 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2014 Veh Make FORD Veh Config. 1 21							
Operator LIRIANO REYES, ROBERTO A			Owner LIRIANO REYES, ROBERTO A							
Address 7 FERGUSON ST APT 1			Address 7 FERGUSON ST APT 1							
City LAWRENCE State MA Zip 01843-3510			City LAWRENCE State MA Zip 01843-3510							
Insurance Company PLYMOUTH ROCK ASSURANCE C			Vehicle Action Prior to Crash 1 22 Damaged Area Code: 2 27 27 27							
Vehicle Travel Direction: ☒ S ☐ E ☐ W Responding to Emergency? 2			Event Sequence 35 23 23 23 23 Test Status: 28							
Citation # (If Issued)			Most Harmful Event 35 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? 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			Lahey Clinic							
MOSTAFA REDA 44 MILL RD WILMINGTON, MA 01887			Lahey Clinic							
Please Select One of the Following: ☐ Vehicle 2 #Occupants ☐ Hit/Run ☐ Moped ☐ Vulnerable User Complete the Vulnerable User section.										
License # St DOB/Age			Reg # Reg Type Reg State							
Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement			Veh Year Veh Make Veh Config. 21							
Operator			Owner							
Address			Address							
City State Zip			City State Zip							
Insurance Company			Vehicle Action Prior to Crash 22 Damaged Area Code: 27 27 27							
Vehicle Travel Direction: ☐ N ☐ S ☐ E ☐ W Responding to Emergency?			Event Sequence 23 23 23 23 Test Status: 28							
Citation # (If Issued)			Most Harmful Event 24 Type of Test: 29							
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Driver Contributing Code 25 25 BAC Test Result: 30							
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Distracted by 26 26 Susp. Alcohol: 31 Susp. Drug: 32							
Please fill out for operator and all occupants involved			Towed from scene? 33							
Name (Last First Middle) Address DOB/Age Sex 34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code Medical Facility										
Operator/Occupants See Above										

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○

Driveway to 300 Chestnut St

Rock Wall

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:

On December 20, 2024, I, Officer Parsons #236 responded to the area of 300 Chestnut St. for report of a single mv crash; mv into a rock wall. Upon my arrival I saw MV#1 was disabled with extensive front-end damage, and would require a tow. Officer Mucha-Kangas was assisting with a passenger, MR. MOUSTAFA REDA, who had a laceration to the head. Passenger was transported to Lahey by WFD. Owner/Op of MV#1 said that as came around the bend on Chestnut St. the car began to slide on the snow, and he could not correct the slide in time. Chestnut St. was extremely slick due to the snow, and was addressed after the accident by Wilmington DPW. MV#1 was towed to A&S. Very little, if any, damage was done to the rock wall. Homeowners were notified and will reach out if they notice more severe damage in the morning.

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

12/20/2024

Police Officer Name (Please Print)

Signature

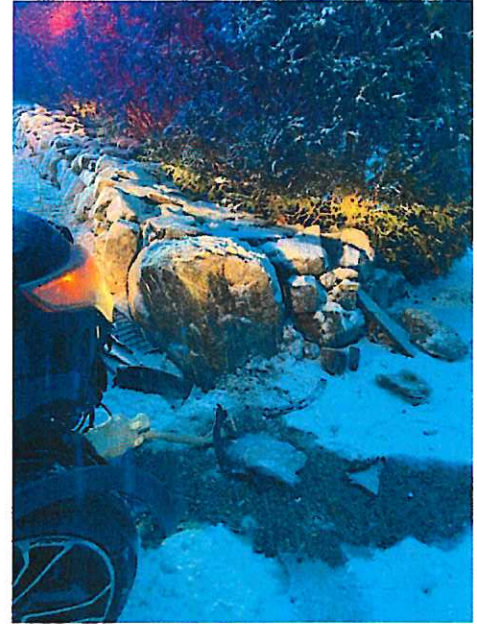
ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department
Images Associated with 24-374-AC



Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash
12/20/2024Time of Crash
1722
24HRCity/Town
WilmingtonMotor Vehicle Crash
Police ReportNumber
Vehicles
2Number
Injured
0Speed Limit 35
Latitude _____
Longitude _____State Police ☐
Local Police ☐
MBTA Police ☐
Campus Police ☐
Other: ☐

AT INTERSECTION:

< LOCATION >

NOT AT INTERSECTION:

Route# Direction Name of Roadway/Street

At

Route# Direction Name of Intersecting Roadway/Street

Also at Intersection with

Route# Direction Name of Intersecting Roadway/Street

Route# Direction Address # Name of Roadway/Street

Feet N S E W of _____ or _____
Mile Marker Exit NumberFeet N S E W of _____
Route# Intersecting Roadway/StreetFeet N S E W of _____
LandmarkPlease Select One
of the Following:☒ Vehicle 1 #Occupants☐ Hit/Run☐ MopedCrash Report ID# **24-375-AC**

License #

DOB/Age

Reg # 5MYH17Reg Type PCReg State MASex FLic. Class DLic. Restrictions 1

CDL _____

Veh Year 2022Veh Make SUBARUVeh Config. 1Operator REYES, RACHEL ERINOwner REYES, RACHEL ERINAddress 182 BONHAM RDAddress 182 BONHAM RDCity DEDHAM State MA Zip 02026-5404City DEDHAM State MA Zip 02026-5404Insurance Company PROGRESSIVE DIRECT INSURAVehicle Action Prior to Crash 4Damaged Area Code: 6 27 27 27Vehicle Travel Direction: N S E WResponding to Emergency? 2Event Sequence 1 23 23 23 23Test Status: 1 28

Citation # (If Issued) _____

Most Harmful Event 1 24Type of Test: 0 29

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

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

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

Driver Distracted by 0 26 26Susp. Alcohol: 2 31 Susp. Drug: 2 32Towed 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
System36
Airbag
Status37
Eject
Code38
Trap
Code39
Injury
Status40
Transp.
Code

Medical Facility

Operator

See Above

1

1

4

0

0

10

1

License

DOB/Age

Reg # 1XVS14Reg Type PCReg State MASex MLic. Class DLic. Restrictions 1

CDL _____

Veh Year 2014Veh Make TOYOTAVeh Config. 1Operator SAVARESE, MICHAEL KENDALLOwner SAVARESE, MICHAEL KENDALLAddress 4 SACHEM STAddress 4 SACHEM STCity N READING State MA Zip 01864-1237City N READING State MA Zip 01864-1237Insurance Company PROGRESSIVE DIRECT INSURAVehicle Action Prior to Crash 1Damaged Area Code: 1 27 27 27Vehicle Travel Direction: N S E W

Responding to Emergency? _____

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

Citation # (If Issued) _____

Most Harmful Event 1 24Type of Test: 0 29

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

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

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

Driver Distracted by 0 26 26Susp. Alcohol: 2 31 Susp. Drug: 2 32Towed 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
System36
Airbag
Status37
Eject
Code38
Trap
Code39
Injury
Status40
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:

Woburn Street

Wildwood 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:

Motor vehicle 1 came to a complete stop at the stop sign located at Wildwood and Woburn Street. Motor vehicle 1 proceeded to take a left onto Woburn Street, where Motor vehicle 2, who had the right of way, was traveling straight on Woburn Street. Motor vehicle 2 crashed into the back of motor vehicle 1 at 571 Woburn Street and had significant damage to the front center (see images). Motor vehicle 1 had minor damage to the rear left side. There were no injuries or air bag deployment from either vehicle. Motor vehicle 2 was towed off scene by A&S Towing and motor vehicle 1 was still in driveable condition.

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

12/20/2024

Date

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

Crash Diagram:

619 Main Street

Lowell Street

garbage truck

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:

Vehicles 1 and 2 were traveling south On Main Street when they reached the intersection of Main Street at Lowell Street. Vehicle 2 was in the left turn lane while vehicle 1 was in the right lane preparing to continue on straight. Vehicle 2 attempted to turn left onto Lowell Street when its right rear side collided with the left rear side of vehicle 1. Both vehicles suffered minor damage and were both still in drivable condition. No parties were injured as a result of the 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 Thomas Lawrenson

Police Officer Name (Please Print)

Signature

222

ID/Badge #

Wilmington Police Department

Department

12/20/2024

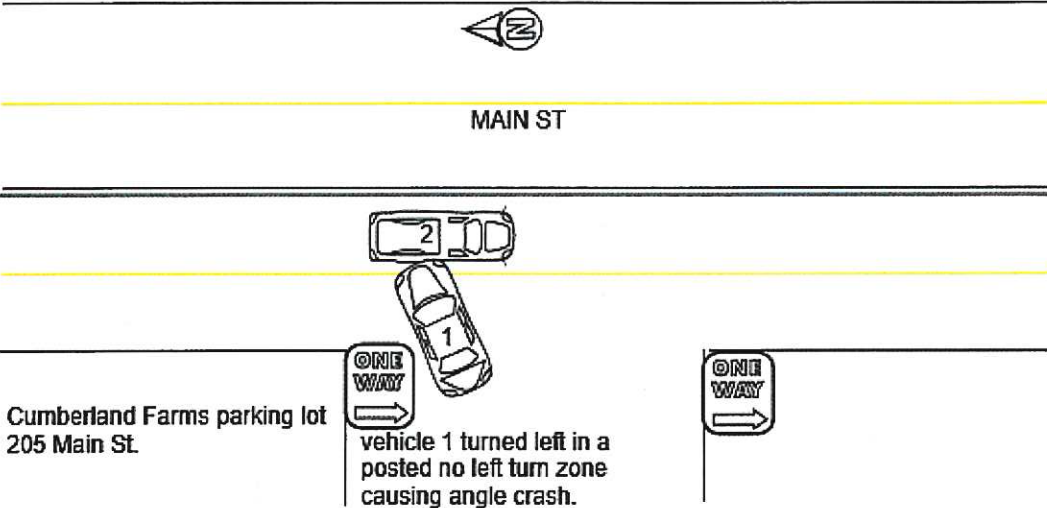
Date

Police Use Only		Commonwealth of Massachusetts										RMV Document Number																	
Date of Crash 12/21/2024		Time of Crash 1904 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						Route# Direction Address # Name of Roadway/Street																	
At						Feet N S E W of or Mile Marker Exit Number						Feet N S E W of or Mile Marker Exit Number																	
Route# Direction Name of Intersecting Roadway/Street						Route# Direction Name of Intersecting Roadway/Street						Route# Direction Name of Intersecting Roadway/Street																	
Also at Intersection with						Feet N S E W of Route# Intersecting Roadway/Street						Feet N S E W of Route# Intersecting Roadway/Street																	
Route# Direction Name of Intersecting Roadway/Street						Route# Direction Name of Intersecting Roadway/Street						Route# Direction Name of Intersecting Roadway/Street																	
Please Select One of the Following:						☒ Vehicle 1 #Occupants						☐ Hit/Run						☐ Moped						Crash Report ID# 24-377-AC					
License # St. JOB/Age						Reg # 5507105 Reg Type PC Reg State NH						Veh Year 2025 Veh Make AMERICAN MOTORS Veh Config. 1						Owner EAN HOLDINGS LLC											
Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year 2025 Veh Make AMERICAN MOTORS Veh Config. 1						Owner EAN HOLDINGS LLC						Address 526 SECOND ST											
Operator JIMENEZ, LEONARDO DAVID						City MANCHESTER State NH Zip 03102						Vehicle Action Prior to Crash 4						Damaged Area Code: 0 27 27 27											
Address 40 RAYNOR CIR APT 101						Event Sequence 1 23 23 23 23						Test Status: 1 28						Type of Test: 0 29											
City ROXBURY State MA Zip 02120-2447						Most Harmful Event 1 24						BAC Test Result: 1 30						Susp. Alcohol: 2 31 Susp. Drug: 2 32											
Insurance Company MARSH INSURANCE						Driver Contributing Code 3 25 25						Towed from scene? 2 33																	
Vehicle Travel Direction: N S X W Responding to Emergency? 2						Driver Distracted by 0 26 26																							
Citation # (If Issued) T3379386																													
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						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 21 #Occupants						☐ Hit/Run						☐ Moped						☐ Vulnerable User Complete the Vulnerable User section.					
License # St. JOB/Age						Reg # X61416 Reg Type CO Reg State MA						Veh Year 2023 Veh Make FORD Veh Config. 2						Owner TIDALWAVE INC											
Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year 2023 Veh Make FORD Veh Config. 2						Owner TIDALWAVE INC						Address 38 ASHCROFT RD											
Operator MCCARTHY, MARK O						City MEDFORD State MA Zip 02155-3109						Vehicle Action Prior to Crash 1						Damaged Area Code: 3 27 27 27											
Address 38 ASHCROFT RD						Event Sequence 1 23 23 23 23						Test Status: 1 28						Type of Test: 0 29											
City MEDFORD State MA Zip 02155-3109						Most Harmful Event 1 24						BAC Test Result: 1 30						Susp. Alcohol: 2 31 Susp. Drug: 2 32											
Insurance Company STATE AUTOMOBILE MUTUAL I						Driver Contributing Code 1 25 25						Towed from scene? 2 33																	
Vehicle Travel Direction: N X E W Responding to Emergency? 2						Driver Distracted by 0 26 26																							
Citation # (If Issued)																													
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub																													
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub																													
Please fill out for operator and all occupants involved																													
Name (Last First Middle) Address						DOB/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 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:

Vehicle 1 operator stated he attempted to turn left out of Cumberland farms and crashed into vehicle 2.

vehicle 2 operator stated se was traveling straight (south) on Main St. when vehicle 1 tried to turn left and crashed into him.

vehicle 1 is contracted by amazon. "Fortun Logistics LLC"

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 # **X61416** (From Vehicle Section)

Carrier Name **Fortun Logistics llc** Bus Use **0** ⁴²

Address **250 MERRIMACK ST** City **LAWRENCE** St **MA** Zip **01843**

US DOT #: **4173141** State Number _____ Issuing State **MA** MC/MX/ICC #: **605507**

Interstate **2** 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 **49**

Patrol Officer **Seth A Mucha-Kangas**

Police Officer Name (Please Print)

Signature

235

ID/Badge #

Wilmington Police Department

Department

Precinct/Barracks

12/21/2024

Date

Wilmington Police Department
Images Associated with 24-377-AC



Wilmington Police Department
Images Associated with 24-377-AC

