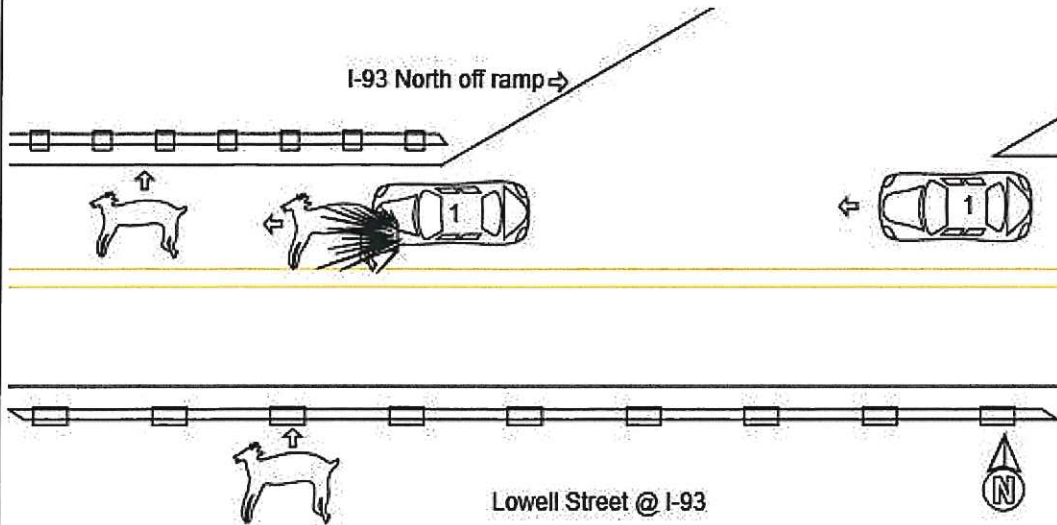


| Police Use Only                                              |                               |                         | Commonwealth of Massachusetts                            |  |  |                                      | RMV Document Number    |                   |                                |           |                                                                        |                                                                                |  |  |
|--------------------------------------------------------------|-------------------------------|-------------------------|----------------------------------------------------------|--|--|--------------------------------------|------------------------|-------------------|--------------------------------|-----------|------------------------------------------------------------------------|--------------------------------------------------------------------------------|--|--|
| Date of Crash<br>01/05/2025                                  | Time of Crash<br>1706<br>24HR | City/Town<br>Wilmington | Motor Vehicle Crash<br>Police Report                     |  |  | Number<br>Vehicles<br>1              | Number<br>Injured<br>0 | Speed Limit<br>25 | Latitude                       | Longitude | State Police<br>Local Police<br>MBTA Police<br>Campus Police<br>Other: |                                                                                |  |  |
| AT INTERSECTION:                                             |                               |                         | < LOCATION >                                             |  |  | NOT AT INTERSECTION:                 |                        |                   |                                |           |                                                                        |                                                                                |  |  |
| Route# Direction Name of Roadway/Street                      |                               |                         | Route# Direction Address # Name of Roadway/Street        |  |  | 332 LOWELL ST                        |                        |                   |                                |           |                                                                        |                                                                                |  |  |
| At                                                           |                               |                         | Feet N S E W of                                          |  |  | Mile Marker Exit Number              |                        |                   |                                |           |                                                                        |                                                                                |  |  |
| Route# Direction Name of Intersecting Roadway/Street         |                               |                         | Feet N S E W of                                          |  |  | Route# Intersecting Roadway/Street   |                        |                   |                                |           |                                                                        |                                                                                |  |  |
| Also at Intersection with                                    |                               |                         | Feet N S E W of                                          |  |  | Landmark                             |                        |                   |                                |           |                                                                        |                                                                                |  |  |
| Route# Direction Name of Intersecting Roadway/Street         |                               |                         |                                                          |  |  |                                      |                        |                   |                                |           |                                                                        |                                                                                |  |  |
| Please Select One of the Following:                          |                               |                         | <input checked="" type="checkbox"/> Vehicle 1 #Occupants |  |  | <input type="checkbox"/> Hit/Run     |                        |                   | <input type="checkbox"/> Moped |           |                                                                        | Crash Report ID# 25-4-AC                                                       |  |  |
| License # St. DOB/Ag                                         |                               |                         | Reg # 5BFE48 Reg Type PC Reg State MA                    |  |  |                                      |                        |                   |                                |           |                                                                        |                                                                                |  |  |
| Sex F Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement  |                               |                         | Veh Year 2023 Veh Make TOYOTA Veh Config. 1              |  |  |                                      |                        |                   |                                |           |                                                                        |                                                                                |  |  |
| Operator TAGLIERI, GILLIAN LEIGH                             |                               |                         | Owner TAGLIERI, GILLIAN LEIGH                            |  |  |                                      |                        |                   |                                |           |                                                                        |                                                                                |  |  |
| Address 447 GROVE ST                                         |                               |                         | Address 447 GROVE ST                                     |  |  |                                      |                        |                   |                                |           |                                                                        |                                                                                |  |  |
| City READING State MA Zip 01867-1273                         |                               |                         | City READING State MA Zip 01867-1273                     |  |  |                                      |                        |                   |                                |           |                                                                        |                                                                                |  |  |
| Insurance Company GOVERNMENT EMPLOYEES INSU                  |                               |                         | Vehicle Action Prior to Crash 1                          |  |  | Damaged Area Code: 8 27 27 27        |                        |                   |                                |           |                                                                        |                                                                                |  |  |
| Vehicle Travel Direction: N S E W Responding to Emergency? 2 |                               |                         | Event Sequence 6 23 23 23 23                             |  |  | Test Status: 1 28                    |                        |                   |                                |           |                                                                        |                                                                                |  |  |
| Citation # (If Issued)                                       |                               |                         | Most Harmful Event 6 24                                  |  |  | Type of Test: 29                     |                        |                   |                                |           |                                                                        |                                                                                |  |  |
| Viol. 1: Ch/Sec/Sub                                          |                               |                         | Driver Contributing Code 1 25 25                         |  |  | BAC Test Result: 1 30                |                        |                   |                                |           |                                                                        |                                                                                |  |  |
| Viol. 2: Ch/Sec/Sub                                          |                               |                         | Driver Distracted by 0 26 26                             |  |  | Susp. Alcohol: 2 31 Susp. Drug: 2 32 |                        |                   |                                |           |                                                                        |                                                                                |  |  |
| Viol. 3: Ch/Sec/Sub                                          |                               |                         |                                                          |  |  | Towed from scene? 1 33               |                        |                   |                                |           |                                                                        |                                                                                |  |  |
| Viol. 4: Ch/Sec/Sub                                          |                               |                         |                                                          |  |  |                                      |                        |                   |                                |           |                                                                        |                                                                                |  |  |
| Please fill out for operator and all occupants involved      |                               |                         |                                                          |  |  |                                      |                        |                   |                                |           |                                                                        |                                                                                |  |  |
| Name (Last First Middle)                                     |                               |                         | Address                                                  |  |  | DOB/Age                              |                        |                   | Sex                            |           |                                                                        |                                                                                |  |  |
| Operator                                                     |                               |                         | See Above                                                |  |  | 1                                    |                        |                   | 1                              |           |                                                                        |                                                                                |  |  |
|                                                              |                               |                         |                                                          |  |  |                                      |                        |                   |                                |           |                                                                        |                                                                                |  |  |
|                                                              |                               |                         |                                                          |  |  |                                      |                        |                   |                                |           |                                                                        |                                                                                |  |  |
|                                                              |                               |                         |                                                          |  |  |                                      |                        |                   |                                |           |                                                                        |                                                                                |  |  |
|                                                              |                               |                         |                                                          |  |  |                                      |                        |                   |                                |           |                                                                        |                                                                                |  |  |
| Please Select One of the Following:                          |                               |                         | <input type="checkbox"/> Vehicle 2 #Occupants            |  |  | <input type="checkbox"/> Hit/Run     |                        |                   | <input type="checkbox"/> Moped |           |                                                                        | <input type="checkbox"/> Vulnerable User Complete the Vulnerable User section. |  |  |
| License # St. DOB/Ag                                         |                               |                         | 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                                          |                               |                         | Driver Contributing Code 25 25                           |  |  | BAC Test Result: 30                  |                        |                   |                                |           |                                                                        |                                                                                |  |  |
| Viol. 2: Ch/Sec/Sub                                          |                               |                         | Driver Distracted by 26 26                               |  |  | Susp. Alcohol: 31 Susp. Drug: 32     |                        |                   |                                |           |                                                                        |                                                                                |  |  |
| Viol. 3: Ch/Sec/Sub                                          |                               |                         |                                                          |  |  | Towed from scene? 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:

Vehicle 1 was traveling west on Lowell Street when a deer attempted to cross the street in front of them by the I-93 North off ramp. Vehicle 1 attempted to brake but could not slow down in time and the deer collided with front driver side of the vehicle. The deer then rolled forward on the ground before standing back up and running off the road and into the woods. The vehicle suffered moderate damage to the front left side of the vehicle and was towed from the scene. The vehicle suffered no airbag deployment and the operator of the vehicle was uninjured from 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

222

Wilmington Police Department

01/05/2025

Police Officer Name (Please Print)

Signature

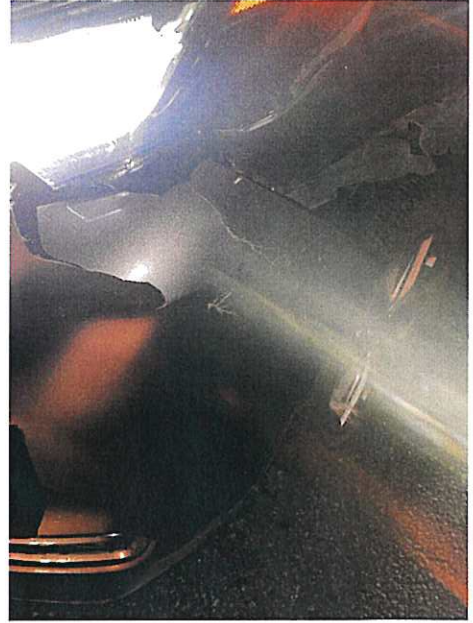
ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department  
Images Associated with 25-4-AC



|                                                               |                               |                         |                                                                                                                             |  |  |                                      |                        |                   |                                |           |                                                                       |                                                                                |  |  |
|---------------------------------------------------------------|-------------------------------|-------------------------|-----------------------------------------------------------------------------------------------------------------------------|--|--|--------------------------------------|------------------------|-------------------|--------------------------------|-----------|-----------------------------------------------------------------------|--------------------------------------------------------------------------------|--|--|
| Police Use Only                                               |                               |                         | Commonwealth of Massachusetts                                                                                               |  |  |                                      | RMV Document Number    |                   |                                |           |                                                                       |                                                                                |  |  |
| Date of Crash<br>01/05/2025                                   | Time of Crash<br>2033<br>24HR | City/Town<br>Wilmington | Motor Vehicle Crash<br>Police Report                                                                                        |  |  | Number<br>Vehicles<br>2              | Number<br>Injured<br>0 | Speed Limit<br>25 | Latitude                       | Longitude | State Police<br>Local Police<br>MBTA Police<br>Campus Police<br>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          |                               |                         | Feet N S E W of                                                                                                             |  |  | Landmark                             |                        |                   |                                |           |                                                                       |                                                                                |  |  |
| Please Select One of the Following:                           |                               |                         | <input checked="" type="checkbox"/> Vehicle 1 Occupants                                                                     |  |  | <input type="checkbox"/> Hit/Run     |                        |                   | <input type="checkbox"/> Moped |           |                                                                       | Crash Report ID# 25-5-AC                                                       |  |  |
| License # St. DOB/Age                                         |                               |                         | Reg # 6NCL99 Reg Type PC Reg State MA                                                                                       |  |  |                                      |                        |                   |                                |           |                                                                       |                                                                                |  |  |
| Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement |                               |                         | Veh Year 2017 Veh Make TOYOTA Veh Config. 1 21                                                                              |  |  |                                      |                        |                   |                                |           |                                                                       |                                                                                |  |  |
| Operator CRUZ DA SILVEIRA GUA, DIOGO                          |                               |                         | Owner CRUZ DA SILVEIRA GUA, DIOGO                                                                                           |  |  |                                      |                        |                   |                                |           |                                                                       |                                                                                |  |  |
| Address 3610 MYSTIC VALLEY PKWY APT 504                       |                               |                         | Address 3610 MYSTIC VALLEY PKWY APT 504                                                                                     |  |  |                                      |                        |                   |                                |           |                                                                       |                                                                                |  |  |
| City MEDFORD State MA Zip 02155-5757                          |                               |                         | City MEDFORD State MA Zip 02155-5757                                                                                        |  |  |                                      |                        |                   |                                |           |                                                                       |                                                                                |  |  |
| Insurance Company PROGRESSIVE DIRECT INSURA                   |                               |                         | 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: 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       |                               |                         |                                                                                                                             |  |  |                                      |                        |                   |                                |           |                                                                       |                                                                                |  |  |
| 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:                           |                               |                         | <input checked="" type="checkbox"/> Vehicle 2 Occupants                                                                     |  |  | <input type="checkbox"/> Hit/Run     |                        |                   | <input type="checkbox"/> Moped |           |                                                                       | <input type="checkbox"/> Vulnerable User Complete the Vulnerable User section. |  |  |
| License # St. DOB/Age                                         |                               |                         | Reg # 3RZN85 Reg Type PC Reg State MA                                                                                       |  |  |                                      |                        |                   |                                |           |                                                                       |                                                                                |  |  |
| Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement |                               |                         | Veh Year 2017 Veh Make NISSAN Veh Config. 1 21                                                                              |  |  |                                      |                        |                   |                                |           |                                                                       |                                                                                |  |  |
| Operator ZEFERINO DA SILVA CA, JOAO CARLOS CARLOS             |                               |                         | Owner ZEFERINO DA SILVA CA, JOAO CARLOS CARLOS                                                                              |  |  |                                      |                        |                   |                                |           |                                                                       |                                                                                |  |  |
| Address 710 MAIN ST                                           |                               |                         | Address 710 MAIN ST                                                                                                         |  |  |                                      |                        |                   |                                |           |                                                                       |                                                                                |  |  |
| City WOBURN State MA Zip 01801-2308                           |                               |                         | City WOBURN State MA Zip 01801-2308                                                                                         |  |  |                                      |                        |                   |                                |           |                                                                       |                                                                                |  |  |
| Insurance Company SAFETY INSURANCE COMPANY                    |                               |                         | Vehicle Action Prior to Crash 2 22                                                                                          |  |  | Damaged Area Code: 5 27 27 27        |                        |                   |                                |           |                                                                       |                                                                                |  |  |
| Vehicle Travel Direction: N S E X Responding to Emergency? 2  |                               |                         | Event Sequence 1 23 23 23 23                                                                                                |  |  | Test Status: 1 28                    |                        |                   |                                |           |                                                                       |                                                                                |  |  |
| Citation # (If Issued)                                        |                               |                         | Most Harmful Event 1 24                                                                                                     |  |  | Type of Test: 0 29                   |                        |                   |                                |           |                                                                       |                                                                                |  |  |
| Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub                       |                               |                         | Driver Contributing Code 1 25 25                                                                                            |  |  | BAC Test Result: 1 30                |                        |                   |                                |           |                                                                       |                                                                                |  |  |
| Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub                       |                               |                         | Driver Distracted by 0 26 26                                                                                                |  |  | Susp. Alcohol: 2 31 Susp. Drug: 2 32 |                        |                   |                                |           |                                                                       |                                                                                |  |  |
| Please fill out for operator and all occupants involved       |                               |                         |                                                                                                                             |  |  |                                      |                        |                   |                                |           |                                                                       |                                                                                |  |  |
| Name (Last First Middle) Address DOB/Age Sex                  |                               |                         | 34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code Medical Facility |  |  |                                      |                        |                   |                                |           |                                                                       |                                                                                |  |  |
| Operator/Occupants See Above                                  |                               |                         | 1 1 4 0 0 10 1                                                                                                              |  |  |                                      |                        |                   |                                |           |                                                                       |                                                                                |  |  |
|                                                               |                               |                         |                                                                                                                             |  |  |                                      |                        |                   |                                |           |                                                                       |                                                                                |  |  |
|                                                               |                               |                         |                                                                                                                             |  |  |                                      |                        |                   |                                |           |                                                                       |                                                                                |  |  |
|                                                               |                               |                         |                                                                                                                             |  |  |                                      |                        |                   |                                |           |                                                                       |                                                                                |  |  |

| Police Use Only                                                 |                               |                         | Commonwealth of Massachusetts                                                                                               |  |  |  | RMV Document Number                                                            |                        |                                            |                                                                       |
|-----------------------------------------------------------------|-------------------------------|-------------------------|-----------------------------------------------------------------------------------------------------------------------------|--|--|--|--------------------------------------------------------------------------------|------------------------|--------------------------------------------|-----------------------------------------------------------------------|
| Date of Crash<br>01/07/2025                                     | Time of Crash<br>1308<br>24HR | City/Town<br>Wilmington | Motor Vehicle Crash<br>Police Report                                                                                        |  |  |  | Number<br>Vehicles<br>3                                                        | Number<br>Injured<br>0 | Speed Limit<br>35<br>Latitude<br>Longitude | State Police<br>Local Police<br>MBTA Police<br>Campus Police<br>Other |
| AT INTERSECTION:                                                |                               |                         | < LOCATION >                                                                                                                |  |  |  | NOT AT INTERSECTION:                                                           |                        |                                            |                                                                       |
| Route# Direction Name of Roadway/Street                         |                               |                         | Route# Direction Address # Name of Roadway/Street                                                                           |  |  |  | 2 10                                                                           |                        |                                            |                                                                       |
| At                                                              |                               |                         | 277 MAIN ST                                                                                                                 |  |  |  | 2 11                                                                           |                        |                                            |                                                                       |
| Route# Direction Name of Intersecting Roadway/Street            |                               |                         | Feet N S E W of Mile Marker Exit Number                                                                                     |  |  |  | 2 11                                                                           |                        |                                            |                                                                       |
| Also at Intersection with                                       |                               |                         | Feet N S E W of Route# Intersecting Roadway/Street                                                                          |  |  |  | 2 11                                                                           |                        |                                            |                                                                       |
| Route# Direction Name of Intersecting Roadway/Street            |                               |                         | Feet N S E W of Landmark                                                                                                    |  |  |  | 2 11                                                                           |                        |                                            |                                                                       |
| Please Select One of the Following:                             |                               |                         | <input checked="" type="checkbox"/> Vehicle 1 Occupants                                                                     |  |  |  | <input type="checkbox"/> Hit/Run                                               |                        |                                            |                                                                       |
|                                                                 |                               |                         | <input type="checkbox"/> Moped                                                                                              |  |  |  | Crash Report ID# 25-6-AC                                                       |                        |                                            |                                                                       |
| License # 1 S DOB/Ag                                            |                               |                         | Reg # 1RHS91 Reg Type PC Reg State MA                                                                                       |  |  |  | 1 12                                                                           |                        |                                            |                                                                       |
| Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement |                               |                         | Veh Year 2011 Veh Make NISSAN Veh Config. 1 21                                                                              |  |  |  | 1 12                                                                           |                        |                                            |                                                                       |
| Operator BAZZINOTTI, VERONIKA MARIA                             |                               |                         | Owner BAZZINOTTI, CHRISTOPHER                                                                                               |  |  |  | 1 12                                                                           |                        |                                            |                                                                       |
| Address 7 ALBERT ST                                             |                               |                         | Address 134 CHARLES DR                                                                                                      |  |  |  | 1 12                                                                           |                        |                                            |                                                                       |
| City BILLERICA State MA Zip 01821-5438                          |                               |                         | City TEWKSBURY State MA Zip 01876-3504                                                                                      |  |  |  | 1 12                                                                           |                        |                                            |                                                                       |
| Insurance Company THE COMMERCE INSURANCE CO                     |                               |                         | Vehicle Action Prior to Crash 4 22                                                                                          |  |  |  | Damaged Area Code: 5 27 27 27                                                  |                        |                                            |                                                                       |
| Vehicle Travel Direction: X S E W Responding to Emergency? 2    |                               |                         | Event Sequence 1 23 23 23 23                                                                                                |  |  |  | Test Status: 28                                                                |                        |                                            |                                                                       |
| Citation # (If Issued)                                          |                               |                         | Most Harmful Event 1 24                                                                                                     |  |  |  | Type of Test: 29                                                               |                        |                                            |                                                                       |
| Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub                         |                               |                         | Driver Contributing Code 1 25 25                                                                                            |  |  |  | BAC Test Result: 30                                                            |                        |                                            |                                                                       |
| Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub                         |                               |                         | Driver Distracted by 0 26 26                                                                                                |  |  |  | Susp. Alcohol: 31 Susp. Drug: 32                                               |                        |                                            |                                                                       |
| Please fill out for operator and all occupants involved         |                               |                         | Towed from scene? 2 33                                                                                                      |  |  |  | 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:                             |                               |                         | <input checked="" type="checkbox"/> Vehicle 2 Occupants                                                                     |  |  |  | <input type="checkbox"/> Hit/Run                                               |                        |                                            |                                                                       |
|                                                                 |                               |                         | <input type="checkbox"/> Moped                                                                                              |  |  |  | <input type="checkbox"/> Vulnerable User Complete the Vulnerable User section. |                        |                                            |                                                                       |
| License # St DOB/Ag                                             |                               |                         | Reg # 3MY45 Reg Type PC Reg State MA                                                                                        |  |  |  | 1 14                                                                           |                        |                                            |                                                                       |
| Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement |                               |                         | Veh Year 2013 Veh Make TOYOTA Veh Config. 1 21                                                                              |  |  |  | 1 14                                                                           |                        |                                            |                                                                       |
| Operator OLAVERRIA SANTANA, MANOLO FELIX                        |                               |                         | Owner OLAVERRIA SANTANA, MANOLO FELIX                                                                                       |  |  |  | 1 14                                                                           |                        |                                            |                                                                       |
| Address 156 SPRUCE ST APT 3                                     |                               |                         | Address 156 SPRUCE ST APT 3                                                                                                 |  |  |  | 1 14                                                                           |                        |                                            |                                                                       |
| City LAWRENCE State MA Zip 01841-1025                           |                               |                         | City LAWRENCE State MA Zip 01841-1025                                                                                       |  |  |  | 1 14                                                                           |                        |                                            |                                                                       |
| Insurance Company THE COMMERCE INSURANCE CO                     |                               |                         | Vehicle Action Prior to Crash 1 22                                                                                          |  |  |  | Damaged Area Code: 1 27 5 27 27                                                |                        |                                            |                                                                       |
| Vehicle Travel Direction: X S E W Responding to Emergency? 2    |                               |                         | Event Sequence 1 23 23 23 23                                                                                                |  |  |  | Test Status: 28                                                                |                        |                                            |                                                                       |
| Citation # (If Issued)                                          |                               |                         | Most Harmful Event 1 24                                                                                                     |  |  |  | Type of Test: 29                                                               |                        |                                            |                                                                       |
| Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub                         |                               |                         | Driver Contributing Code 1 25 25                                                                                            |  |  |  | BAC Test Result: 30                                                            |                        |                                            |                                                                       |
| Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub                         |                               |                         | Driver Distracted by 0 26 26                                                                                                |  |  |  | Susp. Alcohol: 31 Susp. Drug: 32                                               |                        |                                            |                                                                       |
| Please fill out for operator and all occupants involved         |                               |                         | Towed from scene? 2 33                                                                                                      |  |  |  | 1 14                                                                           |                        |                                            |                                                                       |
| 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  
 ie: → 1 → 2 → ○ → ○

### Crash Diagram:

I-93 North off ramp →

← I-93 North on ramp

← green light

60 Concord 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:

vehicle 2 was in the left turn lane in the area of 60 Concord street waiting to turn onto the I-93 north on ramp. Vehicle 2 was traveling west on Concord Street in the same lane approaching the intersection. According to both operators, the light turned green and a unknown third vehicle in front of vehicle 2 began to turn left when it suddenly stopped in the middle of the intersection. Vehicle 2 came to a stop as well but Vehicle 1 had not anticipated both vehicles to stop so suddenly and could not brake in time. Vehicle 1 collided with the rear of vehicle 2 and the unknown third vehicle continued onto the highway. Vehicle 1 suffered heavy damage to its front but did not have airbag deployment. Vehicle 2 suffered minor damage to its rear and was still in drivable condition. Vehicle 1 was towed by Cains Towing due to it being in operatable from the crash. Neither party was injured from the crash denied medical attention.

### 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

222

Wilmington Police Department

01/05/2025

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

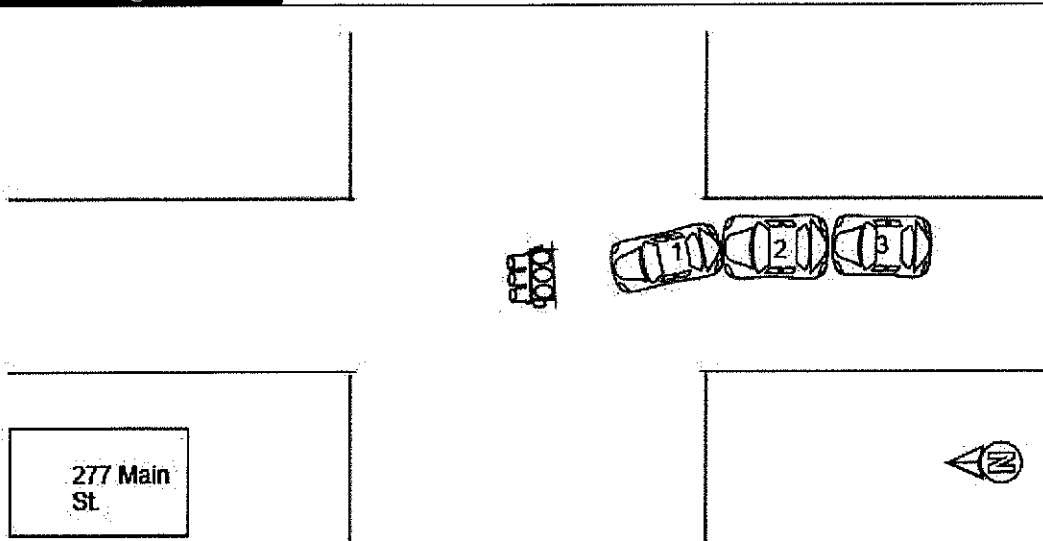
Precinct/Barracks

Date

|                                                                 |                               |                         |                                                                                                                             |  |  |                                    |                     |                   |                                |           |                                                                       |
|-----------------------------------------------------------------|-------------------------------|-------------------------|-----------------------------------------------------------------------------------------------------------------------------|--|--|------------------------------------|---------------------|-------------------|--------------------------------|-----------|-----------------------------------------------------------------------|
| Police Use Only                                                 |                               |                         | Commonwealth of Massachusetts                                                                                               |  |  |                                    | RMV Document Number |                   |                                |           |                                                                       |
| Date of Crash<br>01/07/2025                                     | Time of Crash<br>1308<br>24HR | City/Town<br>Wilmington | Motor Vehicle Crash<br>Police Report                                                                                        |  |  | Number Vehicles<br>3               | Number Injured<br>0 | Speed Limit<br>35 | Latitude                       | Longitude | State Police<br>Local Police<br>MBTA Police<br>Campus Police<br>Other |
| AT INTERSECTION:                                                |                               |                         | < LOCATION >                                                                                                                |  |  | NOT AT INTERSECTION:               |                     |                   |                                |           |                                                                       |
| Route# Direction Name of Roadway/Street                         |                               |                         | Route# Direction Address # Name of Roadway/Street                                                                           |  |  | 277 MAIN ST                        |                     |                   |                                |           |                                                                       |
| At                                                              |                               |                         | Feet N S E W of                                                                                                             |  |  | Mile Marker                        |                     |                   | Exit Number                    |           |                                                                       |
| Route# Direction Name of Intersecting Roadway/Street            |                               |                         | Feet N S E W of                                                                                                             |  |  | Route# Intersecting Roadway/Street |                     |                   |                                |           |                                                                       |
| Also at Intersection with                                       |                               |                         | Feet N S E W of                                                                                                             |  |  | Landmark                           |                     |                   |                                |           |                                                                       |
| Route# Direction Name of Intersecting Roadway/Street            |                               |                         |                                                                                                                             |  |  |                                    |                     |                   |                                |           |                                                                       |
| Please Select One of the Following:                             |                               |                         | <input checked="" type="checkbox"/> Vehicle 31 #Occupants                                                                   |  |  | <input type="checkbox"/> Hit/Run   |                     |                   | <input type="checkbox"/> Moped |           |                                                                       |
|                                                                 |                               |                         | Crash Report ID# 25-6-AC                                                                                                    |  |  |                                    |                     |                   |                                |           |                                                                       |
| License # St DOB/Age                                            |                               |                         | Reg # 2TDX71 Reg Type PC Reg State MA                                                                                       |  |  |                                    |                     |                   |                                |           |                                                                       |
| Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement |                               |                         | Veh Year 2016 Veh Make HONDA Veh Config. 1 21                                                                               |  |  |                                    |                     |                   |                                |           |                                                                       |
| Operator HORAN, MICHELLE D                                      |                               |                         | Owner HORAN, MICHELLE D                                                                                                     |  |  |                                    |                     |                   |                                |           |                                                                       |
| Address 22 STAPLES ST                                           |                               |                         | Address 22 STAPLES ST                                                                                                       |  |  |                                    |                     |                   |                                |           |                                                                       |
| City BILLERICA State MA Zip 01821-2149                          |                               |                         | City BILLERICA State MA Zip 01821-2149                                                                                      |  |  |                                    |                     |                   |                                |           |                                                                       |
| 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: 28                    |                     |                   |                                |           |                                                                       |
| Citation # (If Issued)                                          |                               |                         | Most Harmful Event 1 24                                                                                                     |  |  | Type of Test: 29                   |                     |                   |                                |           |                                                                       |
| Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub                         |                               |                         | Driver Contributing Code 19 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:                             |                               |                         | <input type="checkbox"/> Vehicle 4 #Occupants                                                                               |  |  | <input type="checkbox"/> Hit/Run   |                     |                   | <input type="checkbox"/> Moped |           |                                                                       |
|                                                                 |                               |                         | <input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.                                              |  |  |                                    |                     |                   |                                |           |                                                                       |
| License # St DOB/Age                                            |                               |                         | Reg # Reg Type Reg State                                                                                                    |  |  |                                    |                     |                   |                                |           |                                                                       |
| Sex Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement     |                               |                         | Veh Year Veh Make Veh Config. 21                                                                                            |  |  |                                    |                     |                   |                                |           |                                                                       |
| Operator                                                        |                               |                         | Owner                                                                                                                       |  |  |                                    |                     |                   |                                |           |                                                                       |
| Address                                                         |                               |                         | Address                                                                                                                     |  |  |                                    |                     |                   |                                |           |                                                                       |
| City State Zip                                                  |                               |                         | City State Zip                                                                                                              |  |  |                                    |                     |                   |                                |           |                                                                       |
| 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  
 ie: → 1 → 2 → ○ → ○

### Crash Diagram:



### If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow



### Crash Narrative:

On January 7, 2025, I, Officer Dale Parsons #236 responded to the area of 277 Main St. for report of a minor 3 car motor vehicle accident. Upon my arrival, I confirmed that there were no injuries, and that no tows would be needed. I then asked what happened, and operator #3, MS. MICHELLE HORAN, explained that she was stopped behind vehicles #1 and #2 at the red light. Once the light turned green, MS. HORAN started to accelerate, believing that #1 and #2 were traveling straight. MS. HORAN said that she did not notice that #2 had stopped, because #1 was turning left into the driveway of 277 Main St. MS. HORAN said by the time she noticed, it was too late and she hit the rear of #2 with the front of her car. The crash pushed #2 into #1. The other operators confirmed this story. #1 had minor damage to the rear bumper. #2 had damage to both the front and rear bumper, and #3 had damage to her front bumper. Each party was given an accident information form.

### 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

01/07/2025

Police Officer Name (Please Print)

Signature

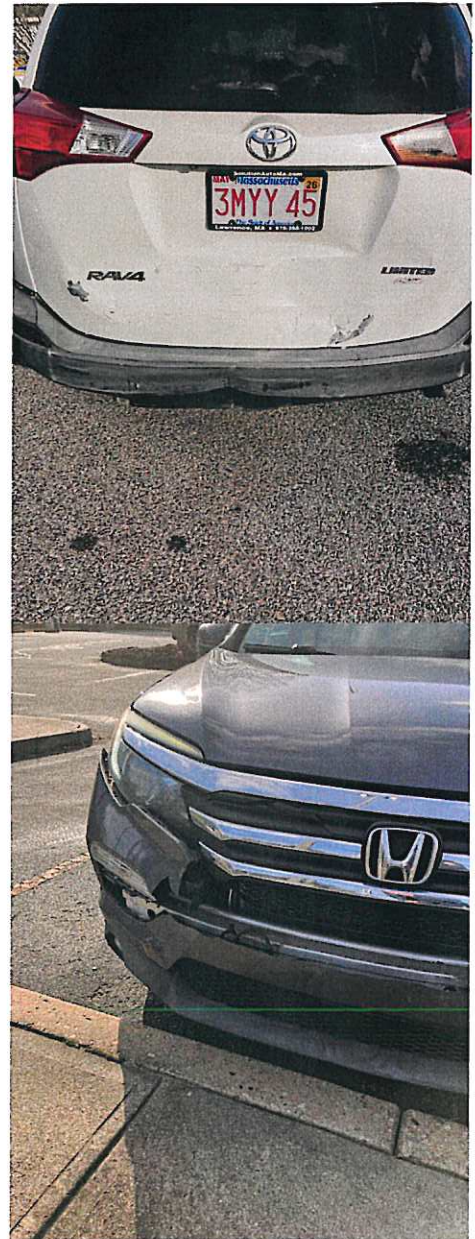
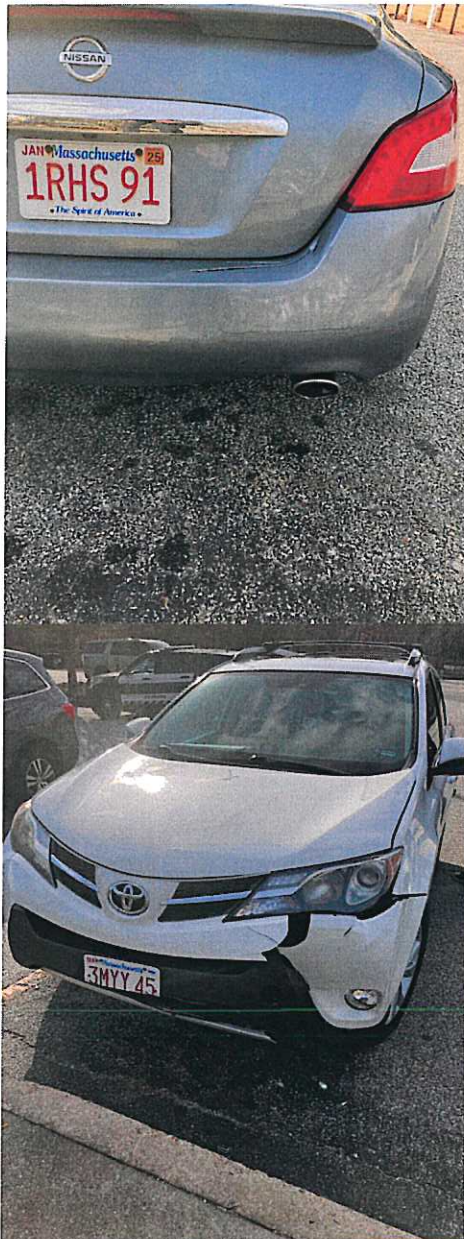
ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department  
Images Associated with 25-6-AC



|                                                                 |                               |                         |                                                                                                                                                                        |  |  |                                                |                      |                     |                                      |          |           |                                                                                |  |  |
|-----------------------------------------------------------------|-------------------------------|-------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|------------------------------------------------|----------------------|---------------------|--------------------------------------|----------|-----------|--------------------------------------------------------------------------------|--|--|
| Police Use Only                                                 |                               |                         | Commonwealth of Massachusetts                                                                                                                                          |  |  |                                                | RMV Document Number  |                     |                                      |          |           |                                                                                |  |  |
| Date of Crash<br>01/07/2025                                     | Time of Crash<br>2114<br>24HR | City/Town<br>Wilmington | Motor Vehicle Crash<br>Police Report                                                                                                                                   |  |  |                                                | Number Vehicles<br>2 | Number Injured<br>0 | Speed Limit<br>25                    | Latitude | Longitude | State Police<br>Local Police<br>MBTA Police<br>Campus Police<br>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 Route# Intersecting Roadway/Street                                                                                                                     |  |  |                                                |                      |                     |                                      |          |           |                                                                                |  |  |
| Also at Intersection with                                       |                               |                         | Landmark                                                                                                                                                               |  |  |                                                |                      |                     |                                      |          |           |                                                                                |  |  |
| Route# Direction Name of Intersecting Roadway/Street            |                               |                         |                                                                                                                                                                        |  |  |                                                |                      |                     |                                      |          |           |                                                                                |  |  |
| Please Select One of the Following:                             |                               |                         | <input checked="" type="checkbox"/> Vehicle 1 #Occupants                                                                                                               |  |  | <input type="checkbox"/> Hit/Run               |                      |                     | <input type="checkbox"/> Moped       |          |           | Crash Report ID# 25-7-AC                                                       |  |  |
| License # St. DOB/Ag                                            |                               |                         | Reg # 6BAC29 Reg Type PC Reg State MA                                                                                                                                  |  |  | Veh Year 2022 Veh Make TOYOTA Veh Config. 1 21 |                      |                     | Owner MENG, QINGLIAN                 |          |           |                                                                                |  |  |
| Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement |                               |                         | Veh Year 2022 Veh Make TOYOTA Veh Config. 1 21                                                                                                                         |  |  | Owner MENG, QINGLIAN                           |                      |                     | Address 2580 MAIN ST APT 106         |          |           |                                                                                |  |  |
| Operator MENG, QINGLIAN                                         |                               |                         | City TEWKSBURY State MA Zip 01876                                                                                                                                      |  |  | Vehicle Action Prior to Crash 10 22            |                      |                     | Damaged Area Code: 4 27 27 27        |          |           |                                                                                |  |  |
| Address 2580 MAIN ST APT 106                                    |                               |                         | City TEWKSBURY State MA Zip 01876                                                                                                                                      |  |  | Event Sequence 1 23 23 23 23                   |                      |                     | Test Status: 1 28                    |          |           |                                                                                |  |  |
| Insurance Company PROGRESSIVE DIRECT INSURA                     |                               |                         | Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input checked="" type="checkbox"/> E <input checked="" type="checkbox"/> W Responding to Emergency? 2 |  |  | Most Harmful Event 1 24                        |                      |                     | Type of Test: 0 29                   |          |           |                                                                                |  |  |
| Citation # (If Issued) 110805AD                                 |                               |                         | Driver Contributing Code 19 25 3 25                                                                                                                                    |  |  | BAC Test Result: 1 30                          |                      |                     | Susp. Alcohol: 2 31 Susp. Drug: 2 32 |          |           |                                                                                |  |  |
| Viol. 1: Ch/Sec/Sub 89 4A Viol. 2: Ch/Sec/Sub                   |                               |                         | Driver Distracted by 99 26 26                                                                                                                                          |  |  | Towed from scene? 2 33                         |                      |                     |                                      |          |           |                                                                                |  |  |
| 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 1 4 0 0 10 1                                                                                                                                                         |  |  |                                                |                      |                     |                                      |          |           |                                                                                |  |  |
|                                                                 |                               |                         |                                                                                                                                                                        |  |  |                                                |                      |                     |                                      |          |           |                                                                                |  |  |
|                                                                 |                               |                         |                                                                                                                                                                        |  |  |                                                |                      |                     |                                      |          |           |                                                                                |  |  |
|                                                                 |                               |                         |                                                                                                                                                                        |  |  |                                                |                      |                     |                                      |          |           |                                                                                |  |  |
|                                                                 |                               |                         |                                                                                                                                                                        |  |  |                                                |                      |                     |                                      |          |           |                                                                                |  |  |
| Please Select One of the Following:                             |                               |                         | <input checked="" type="checkbox"/> Vehicle 21 #Occupants                                                                                                              |  |  | <input type="checkbox"/> Hit/Run               |                      |                     | <input type="checkbox"/> Moped       |          |           | <input type="checkbox"/> Vulnerable User Complete the Vulnerable User section. |  |  |
| License # St. DOB/Ag                                            |                               |                         | Reg # MPM299 Reg Type DC Reg State MA                                                                                                                                  |  |  | Veh Year 2023 Veh Make FORD Veh Config. 97 21  |                      |                     | Owner WILMINGTON TOWN OF DEPT POLICE |          |           |                                                                                |  |  |
| Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement |                               |                         | Veh Year 2023 Veh Make FORD Veh Config. 97 21                                                                                                                          |  |  | Owner WILMINGTON TOWN OF DEPT POLICE           |                      |                     | Address 121 GLEN RD                  |          |           |                                                                                |  |  |
| Operator MUCHA-KANGAS, SETH ANDREW                              |                               |                         | City WILMINGTON State MA Zip 01887                                                                                                                                     |  |  | Vehicle Action Prior to Crash 2 22             |                      |                     | Damaged Area Code: 2 27 27 27        |          |           |                                                                                |  |  |
| Address 1 ADELAIDE ST                                           |                               |                         | City WILMINGTON State MA Zip 01887-3542                                                                                                                                |  |  | Event Sequence 1 23 23 23 23                   |                      |                     | Test Status: 28                      |          |           |                                                                                |  |  |
| Insurance Company SELF INSURED                                  |                               |                         | Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input checked="" type="checkbox"/> E <input checked="" type="checkbox"/> W Responding to Emergency? 1 |  |  | Most Harmful Event 1 24                        |                      |                     | Type of Test: 29                     |          |           |                                                                                |  |  |
| Citation # (If Issued)                                          |                               |                         | Driver Contributing Code 1 25 25                                                                                                                                       |  |  | BAC Test Result: 30                            |                      |                     | Susp. Alcohol: 2 31 Susp. Drug: 2 32 |          |           |                                                                                |  |  |
| Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub                         |                               |                         | Driver Distracted by 0 26 26                                                                                                                                           |  |  | Towed from scene? 2 33                         |                      |                     |                                      |          |           |                                                                                |  |  |
| 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 1 4 0 0 10 1                                                                                                                                                         |  |  |                                                |                      |                     |                                      |          |           |                                                                                |  |  |
|                                                                 |                               |                         |                                                                                                                                                                        |  |  |                                                |                      |                     |                                      |          |           |                                                                                |  |  |
|                                                                 |                               |                         |                                                                                                                                                                        |  |  |                                                |                      |                     |                                      |          |           |                                                                                |  |  |
|                                                                 |                               |                         |                                                                                                                                                                        |  |  |                                                |                      |                     |                                      |          |           |                                                                                |  |  |

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

### Crash Diagram:

|                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                              |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p style="text-align: center;">Glen Rd.</p> <p style="text-align: center;">Middlesex Ave. (Rt. 62)</p> <p style="text-align: right;">200 Middlesex Ave</p> | <p><b>If Crash Did Not Occur on a Public Way:</b></p> <p><input type="checkbox"/> Off-Street Parking Lot</p> <p><input type="checkbox"/> Garage</p> <p><input type="checkbox"/> Mall/Shopping Center</p> <p><input type="checkbox"/> Other Private Way</p><br><p><b>Indicate North by Arrow</b></p> <div style="text-align: center;"> </div> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

### Crash Narrative:

MV1 took right from Middlesex Ave onto Glen Rd., northbound. Operator took turn too wide and overcorrected across sidewalk and onto property of 200 Middlesex Ave. MV2 (police cruiser) pulled behind vehicle and activated emergency lights. MV1 backed into the front of MV2. Operator of MV1 stated she was nervous and did not realize that MV2 was behind her. No injuries reported. Damage to rear right bumper of MV1. Damage to right front push bar of MV2. Neither vehicle towed. Property damage to landscaping of 200 Middlesex Ave.

### Witnesses:

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

### Property Damage:

| Owner (Last,First,Middle) | Address                            | Phone # | 41-Type | Description of Damaged Property |
|---------------------------|------------------------------------|---------|---------|---------------------------------|
| VALENCA LIZA E            | 200 MIDDLESEX AVE WILMINGTON MA 01 |         | 97      | SHRUBS/TREES                    |
|                           |                                    |         |         |                                 |

### Truck and Bus Information:

Registration # \_\_\_\_\_ (From Vehicle Section)

Carrier Name \_\_\_\_\_ Bus Use 42

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

US DOT #: \_\_\_\_\_ State Number \_\_\_\_\_ Issuing State \_\_\_\_\_ MC/MX/ICC #: \_\_\_\_\_

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

Trailer Reg #: \_\_\_\_\_ Reg Type \_\_\_\_\_ Reg State \_\_\_\_\_ Reg Year \_\_\_\_\_ Trailer Length 46

#### Hazmat Information:

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

**Sergeant Kevin P Cavanaugh**  
 Police Officer Name (Please Print)

Signature

**195**  
 ID/Badge #

**Wilmington Police Department**  
 Department

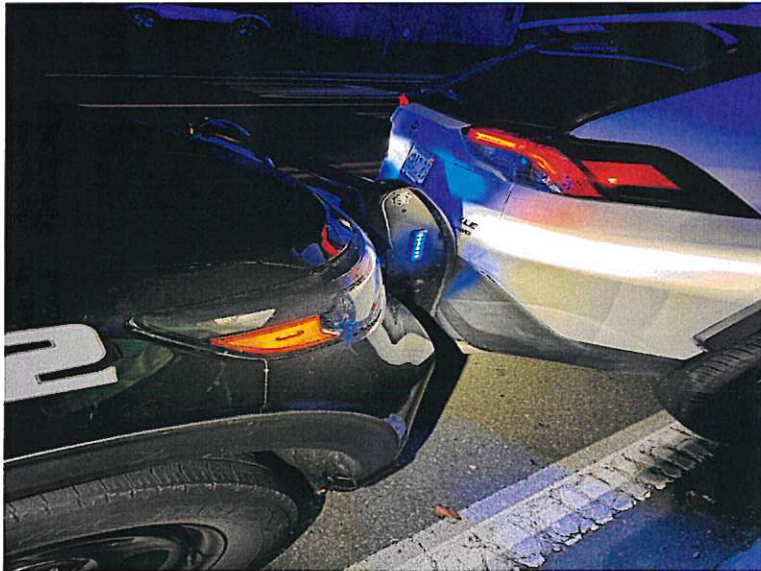
Precinct/Barracks

**01/07/2025**  
 Date

Wilmington Police Department  
Images Associated with 25-7-AC



Wilmington Police Department  
Images Associated with 25-7-AC



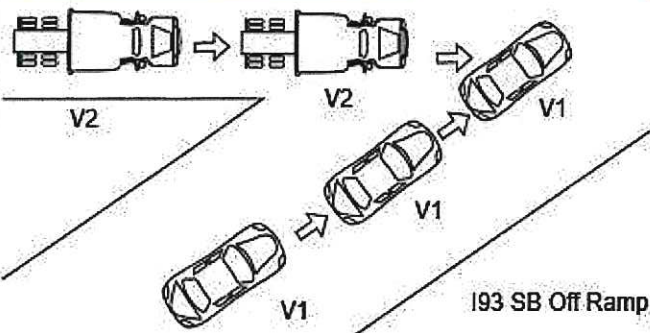
| Police Use Only                                               |                               |                         | Commonwealth of Massachusetts                            |  |  |  | RMV Document Number                                     |                     |                   |          |                                                         |                                                                       |  |  |                          |  |  |  |
|---------------------------------------------------------------|-------------------------------|-------------------------|----------------------------------------------------------|--|--|--|---------------------------------------------------------|---------------------|-------------------|----------|---------------------------------------------------------|-----------------------------------------------------------------------|--|--|--------------------------|--|--|--|
| Date of Crash<br>01/11/2025                                   | Time of Crash<br>0633<br>24HR | City/Town<br>Wilmington | Motor Vehicle Crash<br>Police Report                     |  |  |  | Number Vehicles<br>2                                    | Number Injured<br>0 | Speed Limit<br>40 | Latitude | Longitude                                               | State Police<br>Local Police<br>MBTA Police<br>Campus Police<br>Other |  |  |                          |  |  |  |
| AT INTERSECTION:                                              |                               |                         | < LOCATION >                                             |  |  |  | NOT AT INTERSECTION:                                    |                     |                   |          |                                                         |                                                                       |  |  |                          |  |  |  |
| Route# Direction<br>LOWELL ST                                 |                               |                         | Route# Direction Address # Name of Roadway/Street        |  |  |  | Route# Direction Address # Name of Roadway/Street       |                     |                   |          |                                                         |                                                                       |  |  |                          |  |  |  |
| At                                                            |                               |                         | Feet N S E W of                                          |  |  |  | Feet N S E W of                                         |                     |                   |          |                                                         |                                                                       |  |  |                          |  |  |  |
| Route# Direction<br>I93SBR31 RAMP                             |                               |                         | Route# Direction Address # Name of Roadway/Street        |  |  |  | Route# Direction Address # Name of Roadway/Street       |                     |                   |          |                                                         |                                                                       |  |  |                          |  |  |  |
| Also at Intersection with                                     |                               |                         | Mile Marker                                              |  |  |  | Exit Number                                             |                     |                   |          |                                                         |                                                                       |  |  |                          |  |  |  |
| Route# Direction<br>Name of Intersecting Roadway/Street       |                               |                         | Feet N S E W of                                          |  |  |  | Feet N S E W of                                         |                     |                   |          |                                                         |                                                                       |  |  |                          |  |  |  |
| Route# Direction<br>Name of Intersecting Roadway/Street       |                               |                         | Route# Intersecting Roadway/Street                       |  |  |  | Landmark                                                |                     |                   |          |                                                         |                                                                       |  |  |                          |  |  |  |
| Please Select One of the Following:                           |                               |                         | <input checked="" type="checkbox"/> Vehicle 1 #Occupants |  |  |  | <input type="checkbox"/> Hit/Run                        |                     |                   |          | <input type="checkbox"/> Moped                          |                                                                       |  |  | Crash Report ID# 25-8-AC |  |  |  |
| License 7 St. 1 DOB/Age                                       |                               |                         | Reg # 5MRL64 Reg Type PC Reg State MA                    |  |  |  | Veh Year 2011 Veh Make TOYOTA Veh Config. 1 21          |                     |                   |          | Owner MURPHY, KEVIN JOHN JR                             |                                                                       |  |  |                          |  |  |  |
| Sex M Lic. Class 19 19 Lic. Restrictions B 20 CDL Endorsement |                               |                         | Veh Year 2011 Veh Make TOYOTA Veh Config. 1 21           |  |  |  | Owner MURPHY, KEVIN JOHN JR                             |                     |                   |          | Address 273 HYATT AVE                                   |                                                                       |  |  |                          |  |  |  |
| Operator MURPHY, KEVIN JOHN JR                                |                               |                         | City BRADFORD State MA Zip 01835-8250                    |  |  |  | City BRADFORD State MA Zip 01835-8250                   |                     |                   |          | Insurance Company THE STANDARD FIRE INSURAN             |                                                                       |  |  |                          |  |  |  |
| Vehicle Travel Direction: N S X W Responding to Emergency? 2  |                               |                         | Event Sequence 1 23 23 23 23                             |  |  |  | Most Harmful Event 1 24                                 |                     |                   |          | Driver Contributing Code 1 25 25                        |                                                                       |  |  |                          |  |  |  |
| Citation # (If Issued)                                        |                               |                         | Driver Distracted by 0 26 26                             |  |  |  | Towed from scene? 2 33                                  |                     |                   |          | Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub                 |                                                                       |  |  |                          |  |  |  |
| Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub                       |                               |                         | Please fill out for operator and all occupants involved  |  |  |  | Please fill out for operator and all occupants involved |                     |                   |          | Please fill out for operator and all occupants involved |                                                                       |  |  |                          |  |  |  |
| Operator                                                      |                               |                         | See Above                                                |  |  |  | See Above                                               |                     |                   |          | See Above                                               |                                                                       |  |  |                          |  |  |  |
| STARLIN AREAS                                                 |                               |                         | UNKNOWN UNKNOWN, MA UNKNOWN                              |  |  |  | UNKNOWN UNKNOWN, MA UNKNOWN                             |                     |                   |          | UNKNOWN UNKNOWN, MA UNKNOWN                             |                                                                       |  |  |                          |  |  |  |

### Crash Diagram:

ie: → 1 → 2 → ○ → ○



Lowell 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:

V1 was traveling east on the I93 SB off ramp and attempted to yield into oncoming traffic on Lowell St (Rt 129). Due to the snow and icy conditions, V1 was unable to slow down enough to avoid oncoming traffic. V2 was also traveling east on Lowell St (towards Reading) and ended up colliding with the left side of V1. There was no improper driving in this incident. The crash was due to the slippery road conditions. V1 sustained major damage to the entire left side and V2 sustained minor damage to the front bumper. Operator 1 was the only occupant of that V1 and he suffered no apparent injuries. V2 two occupants and they also suffered no apparent injuries. All parties denied medical attention. Both vehicles were able to be driven away.

### 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 W Powers

231

Wilmington Police Department

01/11/2025

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department  
Images Associated with 25-8-AC



| Police Use Only                                         |                               |                         | Commonwealth of Massachusetts                            |  |  |                                          | RMV Document Number                |                   |                                             |           |                                                                       |
|---------------------------------------------------------|-------------------------------|-------------------------|----------------------------------------------------------|--|--|------------------------------------------|------------------------------------|-------------------|---------------------------------------------|-----------|-----------------------------------------------------------------------|
| Date of Crash<br>01/11/2025                             | Time of Crash<br>0854<br>24HR | City/Town<br>Wilmington | Motor Vehicle Crash<br>Police Report                     |  |  | Number<br>Vehicles<br>2                  | Number<br>Injured<br>0             | Speed Limit<br>35 | Latitude                                    | Longitude | State Police<br>Local Police<br>MBTA Police<br>Campus Police<br>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:                     |                               |                         | <input checked="" type="checkbox"/> Vehicle 1 #Occupants |  |  | <input type="checkbox"/> Hit/Run         |                                    |                   | <input type="checkbox"/> Moped              |           |                                                                       |
|                                                         |                               |                         | Crash Report ID# 25-9-AC                                 |  |  |                                          |                                    |                   |                                             |           |                                                                       |
| License #                                               |                               |                         | DOB/Age                                                  |  |  | Reg # SM28P7                             |                                    |                   | Reg Type AP Reg State MA                    |           |                                                                       |
| Sex M Lic. Class D 19 19                                |                               |                         | Lic. Restrictions 1 20                                   |  |  | Veh Year 2012                            |                                    |                   | Veh Make Other-not listed Veh Config. 12 21 |           |                                                                       |
| Operator RUOCYS, MANTAS                                 |                               |                         |                                                          |  |  | Owner CUMBERLAND FARMS INC               |                                    |                   |                                             |           |                                                                       |
| Address 12 CELESTINE TER                                |                               |                         |                                                          |  |  | Address 165 FLANDERS RD                  |                                    |                   |                                             |           |                                                                       |
| City STONEHAM State MA Zip 02180-3320                   |                               |                         |                                                          |  |  | City WESTBOROUGH State MA Zip 01581-1032 |                                    |                   |                                             |           |                                                                       |
| Insurance Company ACE AMERICAN INSURANCE CO             |                               |                         |                                                          |  |  | Vehicle Action Prior to Crash 2 22       |                                    |                   | Damaged Area Code: 0 27 27 27               |           |                                                                       |
| Vehicle Travel Direction: X S E W                       |                               |                         | Responding to Emergency? 2                               |  |  | Event Sequence 1 23 23 23 23             |                                    |                   | Test Status: 1 28                           |           |                                                                       |
| Citation # (If Issued)                                  |                               |                         |                                                          |  |  | Most Harmful Event 1 24                  |                                    |                   | Type of Test: 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: 32          |           |                                                                       |
| 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:                     |                               |                         | <input checked="" type="checkbox"/> Vehicle 1 #Occupants |  |  | <input type="checkbox"/> Hit/Run         |                                    |                   | <input type="checkbox"/> Moped              |           |                                                                       |
|                                                         |                               |                         | Vulnerable User Complete the Vulnerable User section.    |  |  |                                          |                                    |                   |                                             |           |                                                                       |
| License #                                               |                               |                         | DOB/Age                                                  |  |  | Reg # 3VXW38                             |                                    |                   | Reg Type PC Reg State MA                    |           |                                                                       |
| Sex M Lic. Class D 19 19                                |                               |                         | Lic. Restrictions 1 20                                   |  |  | Veh Year 2012                            |                                    |                   | Veh Make GMC Veh Config. 1 21               |           |                                                                       |
| Operator DIONNE, LAWRENCE PETER                         |                               |                         |                                                          |  |  | Owner DIONNE, LAWRENCE PETER             |                                    |                   |                                             |           |                                                                       |
| Address 66 BRAND AVE                                    |                               |                         |                                                          |  |  | Address 66 BRAND AVE                     |                                    |                   |                                             |           |                                                                       |
| City WILMINGTON State MA Zip 01887                      |                               |                         |                                                          |  |  | City WILMINGTON State MA Zip 01887       |                                    |                   |                                             |           |                                                                       |
| Insurance Company ARBELLA MUTUAL INSURANCE              |                               |                         |                                                          |  |  | Vehicle Action Prior to Crash 1 22       |                                    |                   | Damaged Area Code: 1 27 27 27               |           |                                                                       |
| Vehicle Travel Direction: X S E W                       |                               |                         | Responding to Emergency? 2                               |  |  | Event Sequence 1 23 23 23 23             |                                    |                   | Test Status: 1 28                           |           |                                                                       |
| Citation # (If Issued)                                  |                               |                         |                                                          |  |  | Most Harmful Event 1 24                  |                                    |                   | Type of Test: 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: 32          |           |                                                                       |
| 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  
 ie: → 1 → 2 → ○ → ○

### Crash Diagram:

Main St

Railroad crossing

340 Main St  
AL Prime Energy

**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 travelling northbound on Main st in the town of Wilmington. This vehicle is a fuel carrier for Cumberland Farms. This vehicle stops at every railroad crossing. I spoke with the operator of the truck and he said he activated his hazards and slowed down to a stop. MV 2, also travelling northbound on Main St saw that MV 1 engaged their brakes and attempted to stop. At this time it had been snowing since the early hours of the morning and the roads were not plowed and the conditions of the road were icy. The operators of MV 2 said that he was travelling no faster than 5MPH, but was not able to stop.

### 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 # **SM28P7** (From Vehicle Section)

Carrier Name Cumberland Farms Bus Use 42

Address 165 FLANDERS RD City WESTBOROUGH St MA Zip 01581

US DOT #: 017902 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 **Shane A Foley** 211 **Wilmington Police Department** 01/11/2025  
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

| Police Use Only                                         |                               |                         | Commonwealth of Massachusetts                            |  |                      |                                         | RMV Document Number    |                   |                                                                       |  |  |                                                                                |  |  |
|---------------------------------------------------------|-------------------------------|-------------------------|----------------------------------------------------------|--|----------------------|-----------------------------------------|------------------------|-------------------|-----------------------------------------------------------------------|--|--|--------------------------------------------------------------------------------|--|--|
| Date of Crash<br>01/11/2025                             | Time of Crash<br>1605<br>24HR | City/Town<br>Wilmington | Motor Vehicle Crash<br>Police Report                     |  |                      | Number<br>Vehicles<br>1                 | Number<br>Injured<br>0 | Speed Limit<br>35 | State Police<br>Local Police<br>MBTA Police<br>Campus Police<br>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 of or                                    |  |                      | Exit Number                             |                        |                   |                                                                       |  |  |                                                                                |  |  |
| Route# Direction Name of Intersecting Roadway/Street    |                               |                         | Feet N S E W of                                          |  |                      | Route# Intersecting Roadway/Street      |                        |                   |                                                                       |  |  |                                                                                |  |  |
| Also at Intersection with                               |                               |                         | Feet N S E W of                                          |  |                      | Landmark                                |                        |                   |                                                                       |  |  |                                                                                |  |  |
| Route# Direction Name of Intersecting Roadway/Street    |                               |                         |                                                          |  |                      |                                         |                        |                   |                                                                       |  |  |                                                                                |  |  |
| Please Select One of the Following:                     |                               |                         | <input checked="" type="checkbox"/> Vehicle 1 #Occupants |  |                      | <input type="checkbox"/> Hit/Run        |                        |                   | <input type="checkbox"/> Moped                                        |  |  | Crash Report ID# 25-10-AC                                                      |  |  |
| License #                                               |                               |                         | DOB/Age                                                  |  |                      | Reg # SRN385                            |                        |                   | Reg Type CO                                                           |  |  | Reg State MA                                                                   |  |  |
| Sex M Lic. Class B 19 19                                |                               |                         | Lic. Restrictions 20                                     |  |                      | Veh Year 2004                           |                        |                   | Veh Make Freightliner                                                 |  |  | Veh Config. 6 21                                                               |  |  |
| Operator BERROA, EUSTACIO ARNULFO                       |                               |                         |                                                          |  |                      | Owner R AND G LEASING INC               |                        |                   |                                                                       |  |  |                                                                                |  |  |
| Address 182 GARDEN ST APT 2                             |                               |                         |                                                          |  |                      | Address 236 ANDOVER ST                  |                        |                   |                                                                       |  |  |                                                                                |  |  |
| City LAWRENCE State MA Zip 01840-1667                   |                               |                         |                                                          |  |                      | City WILMINGTON State MA Zip 01887-1022 |                        |                   |                                                                       |  |  |                                                                                |  |  |
| Insurance Company FIREMENS INSURANCE COMPAN             |                               |                         |                                                          |  |                      | Vehicle Action Prior to Crash 1 22      |                        |                   | Damaged Area Code: 0 27 27 27                                         |  |  |                                                                                |  |  |
| Vehicle Travel Direction: X S E W                       |                               |                         | Responding to Emergency? 2                               |  |                      | Event Sequence 22 23 23 23 23           |                        |                   | Test Status: 1 28                                                     |  |  |                                                                                |  |  |
| Citation # (If Issued)                                  |                               |                         |                                                          |  |                      | Most Harmful Event 22 24                |                        |                   | Type of Test: 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? 2 33                                                |  |  |                                                                                |  |  |
| Name (Last First Middle)                                |                               |                         | Address                                                  |  |                      | DOB/Age                                 |                        |                   | Sex                                                                   |  |  | Medical Facility                                                               |  |  |
| Operator                                                |                               |                         | See Above                                                |  |                      | 1                                       |                        |                   | 1                                                                     |  |  | 4                                                                              |  |  |
|                                                         |                               |                         |                                                          |  |                      |                                         |                        |                   |                                                                       |  |  |                                                                                |  |  |
|                                                         |                               |                         |                                                          |  |                      |                                         |                        |                   |                                                                       |  |  |                                                                                |  |  |
|                                                         |                               |                         |                                                          |  |                      |                                         |                        |                   |                                                                       |  |  |                                                                                |  |  |
| Please Select One of the Following:                     |                               |                         | <input type="checkbox"/> Vehicle 2 #Occupants            |  |                      | <input type="checkbox"/> Hit/Run        |                        |                   | <input type="checkbox"/> Moped                                        |  |  | <input type="checkbox"/> Vulnerable User Complete the Vulnerable User section. |  |  |
| License #                                               |                               |                         | St                                                       |  |                      | DOB/Age                                 |                        |                   | Reg #                                                                 |  |  | Reg Type                                                                       |  |  |
| Sex Lic. Class B 19 19                                  |                               |                         | Lic. Restrictions 20                                     |  |                      | 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                                                                   |  |  | Medical Facility                                                               |  |  |
| Operator/Occupants                                      |                               |                         | See Above                                                |  |                      | 1                                       |                        |                   | 1                                                                     |  |  | 4                                                                              |  |  |
|                                                         |                               |                         |                                                          |  |                      |                                         |                        |                   |                                                                       |  |  |                                                                                |  |  |
|                                                         |                               |                         |                                                          |  |                      |                                         |                        |                   |                                                                       |  |  |                                                                                |  |  |
|                                                         |                               |                         |                                                          |  |                      |                                         |                        |                   |                                                                       |  |  |                                                                                |  |  |

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

### Crash Diagram:

ie: → 1 → 2 → ○ → ○

52 Main St

utility pole

snow plow truck

72 Main 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 was plowing the side of the road in the area of 72 Main street traveling north. Vehicle 1 was following too closely to the side of the road and sideswiped the Utility pole in between 72 and 52 Main Street. Vehicle 1 suffered no damage but the base of the utility pole had been damaged but was still standing. the operator of vehicle 1 stated they did not realized they had struck the pole and continue on up the street. I was able to locate the vehicle from the description given by a witness to the crash (see below). Vehicle 1 did have a small peice of the wood from the utility pole on the passenger side of the truck. The operator did admit to plowing in that area of the crash. Verizon was notified about the damaged to the pole.

### Witnesses:

| Name (Last,First,Middle) | Address                                 | Phone # | Statement |
|--------------------------|-----------------------------------------|---------|-----------|
| LEE RICHARD JAMES        | 6 RAILROAD AVE WILMINGTON MA 01887-2310 |         |           |
|                          |                                         |         |           |

### Property Damage:

| Owner (Last,First,Middle) | Address                         | Phone # | 41-Type | Description of Damaged Property |
|---------------------------|---------------------------------|---------|---------|---------------------------------|
| VERIZON                   | 408 MAIN ST WILMINGTON MA 01887 |         |         | 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 Thomas Lawrenson

222

Wilmington Police Department

01/11/2025

Police Officer Name (Please Print)

Signature

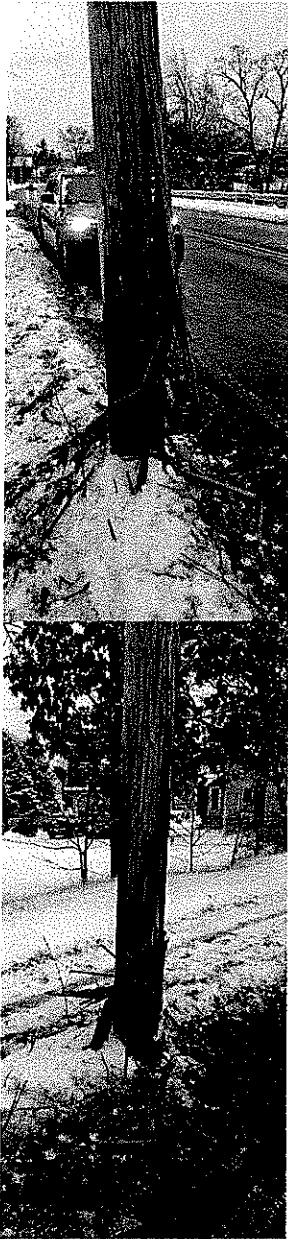
ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department  
Images Associated with 25-10-AC



## Police Use Only

## Commonwealth of Massachusetts

## RMV Document Number

Date of Crash  
01/11/2025

Time of Crash  
1607  
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:

&lt; LOCATION &gt;

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

29 ROOSEVELT RD

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 11 #Occupants ☐ Hit/Run ☐ Moped

Crash Report ID# 25-11-AC

License # SI DOB/Age

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

Operator COOK, KIMBERLY ANN

Address 59A FOREST ST

City WILMINGTON State MA Zip 01887-2854

Insurance Company THE COMMERCE INSURANCE CO

Vehicle Travel Direction: N X E W Responding to Emergency? 2

Citation # (If Issued)

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

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

Reg # TC7327 Reg Type PC Reg State MA

Veh Year 2018 Veh Make MAZDA Veh Config. 1 21

Owner COOK, KIMBERLY ANN

Address 59A FOREST ST

City WILMINGTON State MA Zip 01887-2854

Vehicle Action Prior to Crash 1 22 Damaged Area Code: 8 27 27 27

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

Most Harmful Event 1 24 Type of Test: 0 29

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

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

Towed from scene? 1 33

Please fill out for operator and all occupants involved

| Name (Last First Middle) | Address   | DOB/Age | Sex | 34<br>Seat<br>Pos. | 35<br>Safety<br>System | 36<br>Airbag<br>Status | 37<br>Eject<br>Code | 38<br>Trap<br>Code | 39<br>Injury<br>Status | 40<br>Transp.<br>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: S DOB/Age

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

Operator

Address

City State Zip

Insurance Company FARMERS PROPERTY &amp; CASUAL

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

Citation # (If Issued)

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

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

Reg # 3WAS96 Reg Type PC Reg State MA

Veh Year 2015 Veh Make Jeep Veh Config. 1 21

Owner QUINN, MATTHEW RONALD

Address 2A ELWOOD RD

City WILMINGTON State MA Zip 01887-2834

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

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

Most Harmful Event 1 24 Type of Test: 0 29

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

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

Towed from scene? 2 33

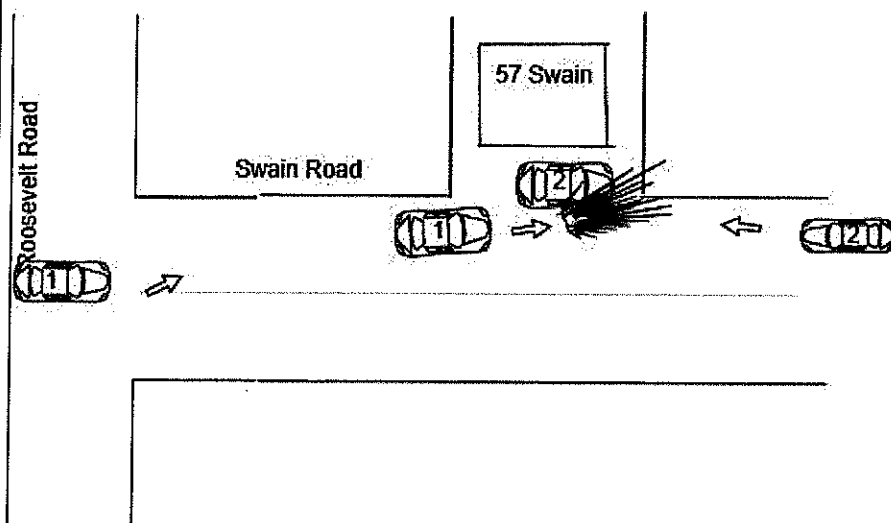
Please fill out for operator and all occupants involved

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

Motor vehicle 1 was traveling South on Swain Road and lost control of her vehicle due to the curve of the street as well as the snow and icy road conditions. Motor vehicle 1 drove into the opposite travel lane and while motor vehicle 2 was traveling North on Swain Road, Motor vehicle 2 pulled into the driveway of 57 Swain road. After pulling into the driveway, motor vehicle 1 made impact with motor vehicle 2 and slid back into the correct travel lane. Motor vehicle 1 had significant damage to the front left driver side and motor vehicle 2 had minor damage to the left side of the vehicle (see images). No airbag deployment or injuries. Motor vehicle 1 was towed off scene by Forrest Towing.

### Witnesses:

| Name (Last,First,Middle) | Address                         | Phone # | Statement |
|--------------------------|---------------------------------|---------|-----------|
| TURCOTTE BRUCE S         | 48 SWAIN RD WILMINGTON MA 01887 |         |           |
|                          |                                 |         |           |

### Property Damage:

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

### Truck and Bus Information:

Registration # \_\_\_\_\_ (From Vehicle Section)

Carrier Name \_\_\_\_\_ Bus Use ☐ 42

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

US DOT #: \_\_\_\_\_ State Number \_\_\_\_\_ Issuing State \_\_\_\_\_ MC/MX/ICC #: \_\_\_\_\_

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

Trailer Reg #: \_\_\_\_\_ Reg Type \_\_\_\_\_ Reg State \_\_\_\_\_ Reg Year \_\_\_\_\_ Trailer Length ☐ 46

### Hazmat Information:

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

Patrol Officer Zachary A Leighton

227

Wilmington Police Department

01/11/2025

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

|                                               |             |
|-----------------------------------------------|-------------|
| Attachments for 25-11-AC                      |             |
| <b>Description</b>                            | <b>Type</b> |
| MOTOR VEHICLE CRASH - PICTURES                | PDF         |
| Attachment#: E851CA6BB8DC4723AE10A57E150BC04A |             |

Wilmington Police Department  
Images Associated with 25-11-AC



| Police Use Only                                                 |                               |                         | Commonwealth of Massachusetts                                                                                               |  |                                                |                         | RMV Document Number                  |                   |                                                                                                                                                                                                     |  |
|-----------------------------------------------------------------|-------------------------------|-------------------------|-----------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------|-------------------------|--------------------------------------|-------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Date of Crash<br>01/11/2025                                     | Time of Crash<br>2218<br>24HR | City/Town<br>Wilmington | Motor Vehicle Crash<br>Police Report                                                                                        |  |                                                | Number<br>Vehicles<br>2 | Number<br>Injured<br>0               | Speed Limit<br>35 | State Police <input type="checkbox"/><br>Local Police <input type="checkbox"/><br>MBTA Police <input type="checkbox"/><br>Campus Police <input type="checkbox"/><br>Other: <input type="checkbox"/> |  |
| 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 Exit Number                                                                                              |  |                                                |                         |                                      | 6 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:                             |                               |                         | <input checked="" type="checkbox"/> Vehicle 1 #Occupants                                                                    |  | <input type="checkbox"/> Hit/Run               |                         | <input type="checkbox"/> Moped       |                   | Crash Report ID# 25-12-AC                                                                                                                                                                           |  |
| License # St DOB/Age                                            |                               |                         | Reg # 1FYA18 Reg Type PC Reg State MA                                                                                       |  | Veh Year 2007 Veh Make TOYOTA Veh Config. 1 21 |                         | 1 12                                 |                   |                                                                                                                                                                                                     |  |
| Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement |                               |                         | Owner VALANDRO, NELSON                                                                                                      |  | Address 402 DANA CT                            |                         |                                      |                   |                                                                                                                                                                                                     |  |
| Operator VALANDRO, NELSON                                       |                               |                         | City WILMINGTON State MA Zip 01887-6227                                                                                     |  | Vehicle Action Prior to Crash 4 22             |                         | Damaged Area Code: 2 27 27 27        |                   |                                                                                                                                                                                                     |  |
| Insurance Company PROGRESSIVE CASUALTY INSU                     |                               |                         | Event Sequence 1 23 23 23 23                                                                                                |  | Test Status: 1 28                              |                         | Type of Test: 1 29                   |                   |                                                                                                                                                                                                     |  |
| Vehicle Travel Direction: N S E X Responding to Emergency? 2    |                               |                         | Most Harmful Event 1 24                                                                                                     |  | BAC Test Result: 1 30                          |                         | Susp. Alcohol: 2 31 Susp. Drug: 2 32 |                   | 1 13                                                                                                                                                                                                |  |
| Citation # (If Issued) 118976AD                                 |                               |                         | Driver Contributing Code 4 25 25                                                                                            |  | Towed from scene? 1 33                         |                         |                                      |                   |                                                                                                                                                                                                     |  |
| Viol. 1: Ch/Sec/Sub 89 9 Viol. 2: Ch/Sec/Sub                    |                               |                         | Driver Distracted by 0 26 26                                                                                                |  |                                                |                         |                                      |                   |                                                                                                                                                                                                     |  |
| 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 1 1 0 0 10 1                                                                                                              |  |                                                |                         |                                      |                   |                                                                                                                                                                                                     |  |
|                                                                 |                               |                         |                                                                                                                             |  |                                                |                         |                                      |                   |                                                                                                                                                                                                     |  |
|                                                                 |                               |                         |                                                                                                                             |  |                                                |                         |                                      |                   |                                                                                                                                                                                                     |  |
|                                                                 |                               |                         |                                                                                                                             |  |                                                |                         |                                      |                   |                                                                                                                                                                                                     |  |
| Please Select One of the Following:                             |                               |                         | <input checked="" type="checkbox"/> Vehicle 2 1 #Occupants                                                                  |  | <input type="checkbox"/> Hit/Run               |                         | <input type="checkbox"/> Moped       |                   | <input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.                                                                                                                      |  |
| License # St DOB/Age                                            |                               |                         | Reg # 772510 Reg Type PC Reg State MA                                                                                       |  | Veh Year 2004 Veh Make DODGE Veh Config. 1 21  |                         | 1 12                                 |                   |                                                                                                                                                                                                     |  |
| Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement   |                               |                         | Owner RICH, PAUL DONALD                                                                                                     |  | Address 6 TEMPLE ST                            |                         |                                      |                   |                                                                                                                                                                                                     |  |
| Operator RICH, CYRUS PAUL                                       |                               |                         | City TEWKSBURY State MA Zip 01876-4333                                                                                      |  | Vehicle Action Prior to Crash 1 22             |                         | Damaged Area Code: 1 27 27 27        |                   |                                                                                                                                                                                                     |  |
| Insurance Company THE COMMERCE INSURANCE CO                     |                               |                         | Event Sequence 1 23 23 23 23                                                                                                |  | Test Status: 1 28                              |                         | Type of Test: 0 29                   |                   |                                                                                                                                                                                                     |  |
| Vehicle Travel Direction: N X E W Responding to Emergency? 2    |                               |                         | Most Harmful Event 1 24                                                                                                     |  | BAC Test Result: 1 30                          |                         | Susp. Alcohol: 2 31 Susp. Drug: 2 32 |                   | 4 14                                                                                                                                                                                                |  |
| Citation # (If Issued)                                          |                               |                         | Driver Contributing Code 1 25 25                                                                                            |  | Towed from scene? 2 33                         |                         |                                      |                   |                                                                                                                                                                                                     |  |
| Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub                         |                               |                         | Driver Distracted by 0 26 26                                                                                                |  |                                                |                         |                                      |                   |                                                                                                                                                                                                     |  |
| 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 1 4 0 0 10 1                                                                                                              |  |                                                |                         |                                      |                   |                                                                                                                                                                                                     |  |
|                                                                 |                               |                         |                                                                                                                             |  |                                                |                         |                                      |                   |                                                                                                                                                                                                     |  |
|                                                                 |                               |                         |                                                                                                                             |  |                                                |                         |                                      |                   |                                                                                                                                                                                                     |  |
|                                                                 |                               |                         |                                                                                                                             |  |                                                |                         |                                      |                   |                                                                                                                                                                                                     |  |

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

### Crash Diagram:

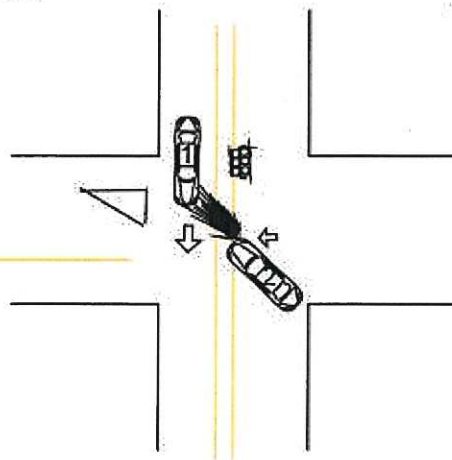
ie: → 1 → 2 → ○ → ○

Roccas Restaurant  
193 Main Street

Dunkin Donuts  
195 Main Street

188 Main Street

Richmond 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 was traveling South onto Main Street, who had a green light, where motor vehicle 2 was taking a taking a left turn onto Richmond Street and crashed into Motor vehicle 1. Motor vehicle 1 sustained minor damage to the front center of the snow plow (see images). Motor vehicle 2 sustained major damage to the front right side of the vehicle with air bag deployment in the front (steering wheel). Motor vehicle 2 had also crashed into the side walk of Richmond street, which caused additional damage to the front right side (see attachments). No injuries. Motor vehicle 2 was towed off scene by Forrest 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 Zachary A Leighton

227

Wilmington Police Department

01/11/2025

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department  
Images Associated with 25-12-AC

