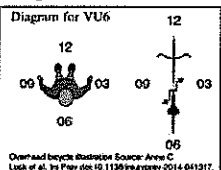
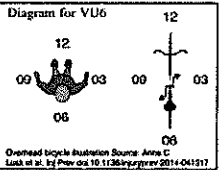
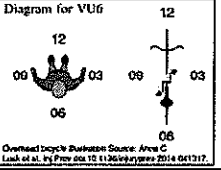


Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 12/23/2024	Time of Crash 0640 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 1	Number Injured 0	Speed Limit 40	State Police Local Police MBTA Police Campus Police Other		
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
Route# Direction CONCORD ST Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street		10					
At			Feet N S E W of . or		11					
Route# Direction I93 SOUTH OFF RAMP Name of Intersecting Roadway/Street			Feet N S E W of		5					
Also at Intersection with			Route# Intersecting Roadway/Street		11					
Route# Direction Name of Intersecting Roadway/Street			Landmark		11					
Please Select One of the Following: ☒ Vehicle 1 #Occupants ☐ Hit/Run ☐ Moped			Crash Report ID# 24-378-AC		12					
License # DOB/Age			Reg # 4TB587 Reg Type PC Reg State MA		12					
Sex M Lic. Class B 19 19 Lic. Restrictions B 20 CDL P Endorsement			Veh Year 2013 Veh Make HONDA Veh Config. 1 21		1					
Operator AQUINO, YHIMY ALBERTO Last First Middle			Owner AQUINO, MANUEL ALBERTO Last First Middle		11					
Address 9 LONGWOOD DR			Address 9 LONGWOOD DR		11					
City METHUEN State MA Zip 01844-5015			City METHUEN State MA Zip 01844-5015		11					
Insurance Company GOVERNMENT EMPLOYEES INSU			Vehicle Action Prior to Crash 4 22		Damaged Area Code: 0 27 27 27					
Vehicle Travel Direction: N S E W Responding to Emergency? 2			Event Sequence 12 23 23 23 23		Test Status: 1 28					
Citation # (If Issued)			Most Harmful Event 12 24		Type of Test: 0 29					
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Driver Contributing Code 19 25 25		BAC Test Result: 1 30					
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Distracted by 0 26 26		Susp. Alcohol: 2 31 Susp. Drug: 2 32					
Please fill out for operator and all occupants involved					11					
Name (Last First Middle) Address			DOB/Age Sex		34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trip Code 39 Injury Status 40 Transp. Code Medical Facility					
Operator See Above			1 99 4 0 0 10 1							
Please Select One of the Following: ☐ Vehicle 2 #Occupants ☐ Hit/Run ☐ Moped ☒ Vulnerable User Complete the Vulnerable User section.					14					
License # St DOB/Age			Reg # Reg Type Reg State		21					
Sex Lic. Class B 19 19 Lic. Restrictions B 20 CDL Endorsement			Veh Year Veh Make Veh Config.		21					
Operator Last First Middle			Owner Last First Middle		1					
Address			Address		1					
City State Zip			City State Zip		1					
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					14					
Name (Last First Middle) Address			DOB/Age Sex		34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trip Code 39 Injury Status 40 Transp. Code Medical Facility					
Operator/Occupants See Above			1							

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

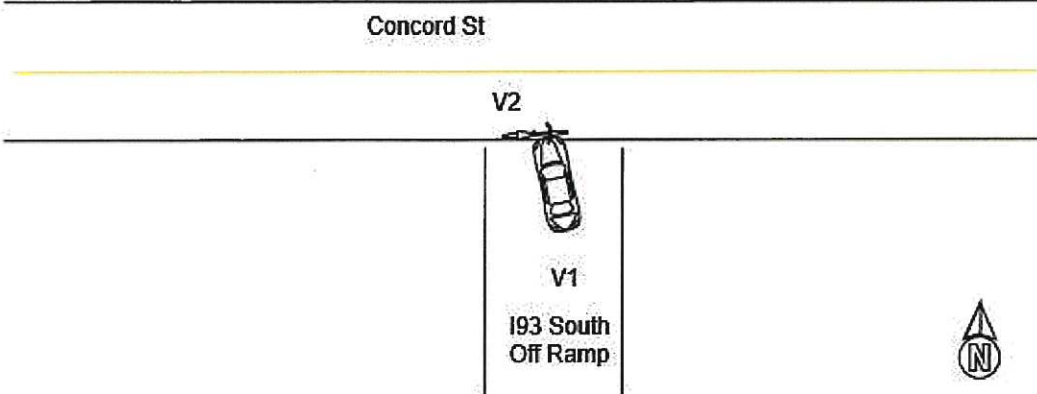
Vulnerable User		Type 2 VU1		Action 1 VU2		Location 2 VU3	
VU: <u>MONROE, CHRISTOPHER A</u> Last First Middle							
Address <u>2 LORD TER</u>							
City <u>WOBURN</u> State <u>MA</u> Zip <u>01801</u>							
License # <u>S18110540</u> St <u>MA</u> DOB/Age <u>05/25/1989</u>							
Traffic Control Device 0 VU4		Origin/Destination 97 VU5		Contact Point: 03 VU6		Primary Injury Area: 4 VU7	
				Event Sequence 13 VU8 VU8 VU8 VU8		Type of Test: 1 VU11	
		Contributing Code 11 VU9 VU9		BAC Test Result: 1 VU13		Susp. Alcohol: 2 VU14	
		Distracted by 1 VU10 VU10		Susp. Drug: 2 VU15			
Overhead bicycle illustration Source: Anne C. Look et al. In: Proc. 10th Int. Conf. on Traffic and Transport Psychology 2014, 641-647.							
	Sex	VU16 Seat Pos.	VU17 Safety Equipment	VU18 Eject Code	VU19 Trap Code	VU20 Injury Status	VU21 Transp. Code
Vulnerable User	M	8	10	0	0	8	0
Medical Facility							

Vulnerable User		Type VU1		Action VU2		Location VU3	
VU: _____ Last First Middle							
Address _____							
City _____ State _____ Zip _____							
License # _____ St _____ DOB/Age _____							
Traffic Control Device VU4		Origin/Destination VU5		Contact Point: VU6		Primary Injury Area: VU7	
				Event Sequence VU8 VU8 VU8 VU8		Type of Test: VU11	
		Contributing Code VU9 VU9		BAC Test Result: VU13		Susp. Alcohol: VU14	
		Distracted by VU10 VU10		Susp. Drug: VU15			
Overhead bicycle illustration Source: Anne C. Look et al. In: Proc. 10th Int. Conf. on Traffic and Transport Psychology 2014, 641-647.							
	Sex	VU16 Seat Pos.	VU17 Safety Equipment	VU18 Eject Code	VU19 Trap Code	VU20 Injury Status	VU21 Transp. Code
Vulnerable User							
Medical Facility							

Vulnerable User		Type VU1		Action VU2		Location VU3	
VU: _____ Last First Middle							
Address _____							
City _____ State _____ Zip _____							
License # _____ St _____ DOB/Age _____							
Traffic Control Device VU4		Origin/Destination VU5		Contact Point: VU6		Primary Injury Area: VU7	
				Event Sequence VU8 VU8 VU8 VU8		Type of Test: VU11	
		Contributing Code VU9 VU9		BAC Test Result: VU13		Susp. Alcohol: VU14	
		Distracted by VU10 VU10		Susp. Drug: VU15			
Overhead bicycle illustration Source: Anne C. Look et al. In: Proc. 10th Int. Conf. on Traffic and Transport Psychology 2014, 641-647.							
	Sex	VU16 Seat Pos.	VU17 Safety Equipment	VU18 Eject Code	VU19 Trap Code	VU20 Injury Status	VU21 Transp. Code
Vulnerable User							
Medical Facility							

→ = 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 Monday December 23, 2024 at approximately 6:40am I was dispatched to a motor vehicle crash involving one vehicle and a bicycle. Upon arrival I observed Op1 sitting in his vehicle across from the ramp and a male party standing by the ramp with his bicycle. Op1 stated he was attempting to turn off the ramp and saw he had a green light and attempted to turn and struck Op2 on his bicycle. Op1 stated he did not see Op2 due to his dark clothing. Op2 stated he was riding past the intersection and saw the light change but was already traveling through when he was struck by V1. Op2 stated he had leg pain but refused transport to the hospital. Op2 and his bicycle were transported to his work address by the Wilmington Fire Department.

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use ☐ 42

Address _____ City _____ St _____ Zip _____

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

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

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

Hazmat Information:

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

Patrol Officer John A Fortes

Police Officer Name (Please Print)

Signature

228

ID/Badge #

Wilmington Police Department

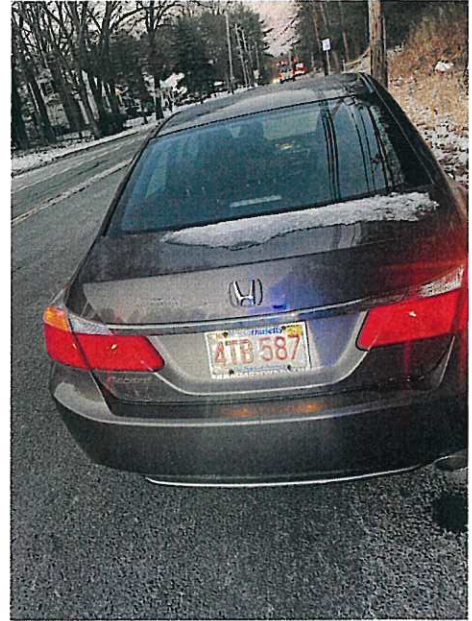
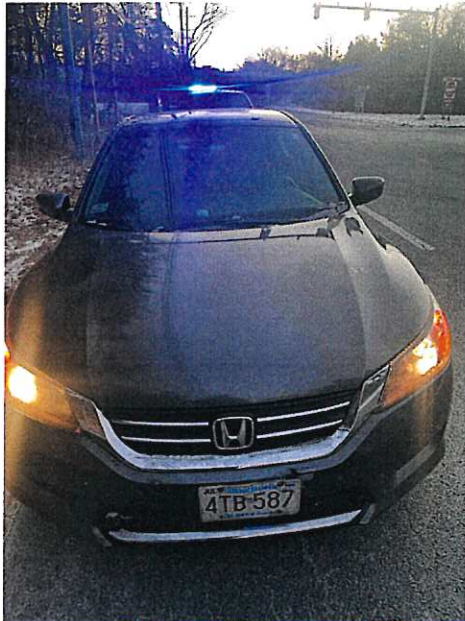
Department

Precinct/Barracks

12/23/2024

Date

Wilmington Police Department
Images Associated with 24-378-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 12/24/2024	Time of Crash 1336 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 25	State Police Local Police MBTA Police Campus Police Other:	
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
Route# Direction BURLINGTON AVE At Route# Direction MAIN ST Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street			Route# Direction Address # Name of Roadway/Street Feet N S E W of Mile Marker Exit Number Feet N S E W of Route# Intersecting Roadway/Street Feet N S E W of Landmark							
Please Select One of the Following: ☒ Vehicle 12 #Occupants ☐ Hit/Run ☐ Moped			Crash Report ID# 24-379-AC							
License # Sex M Lic. Class D Lic. Restrictions 1 CDL Endorsement Operator MURPHY, CHRISTOPHER ADAM Address 15 COBB ST City MEDFORD State MA Zip 02155-1273 Insurance Company FARMERS PROPERTY & CASUAL Vehicle Travel Direction: N S X W Responding to Emergency? 2 Citation # (If Issued) Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Reg # USDR47 Reg Type PC Reg State MA Veh Year 2016 Veh Make GMC Veh Config. 1 Owner MURPHY, CHRISTOPHER ADAM Address 15 COBB ST City MEDFORD State MA Zip 02155-1273 Vehicle Action Prior to Crash 2 Event Sequence 1 23 23 23 23 Most Harmful Event 1 24 Driver Contributing Code 1 25 25 Driver Distracted by 0 26 26 Damaged Area Code: 5 27 27 27 Test Status: 28 Type of Test: 29 BAC Test Result: 30 Susp. Alcohol: 31 Susp. Drug: 32 Towed from scene? 2 33							
Please fill out for operator and all occupants involved										
Name (Last First Middle) Address DOB/Age Sex 34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code Medical Facility										
Operator See Above										
ANDREW MURPHY 15 COBB ST MEDFORD, MA 02155			07/19/2019 M 6 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 # Sex M Lic. Class D Lic. Restrictions 1 CDL Endorsement Operator DOS SANTOS SCHERER, ERICK Address 534 SALEM ST APT 3 City WAKEFIELD State MA Zip 01880-1237 Insurance Company THE COMMERCE INSURANCE CO Vehicle Travel Direction: N S X W Responding to Emergency? 2 Citation # (If Issued) Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Reg # 4LKP57 Reg Type PC Reg State MA Veh Year 2004 Veh Make TOYOTA Veh Config. 1 Owner DOS SANTOS SCHERER, ERICK Address 534 SALEM ST APT 3 City WAKEFIELD State MA Zip 01880-1237 Vehicle Action Prior to Crash 1 Event Sequence 1 23 23 23 23 Most Harmful Event 1 24 Driver Contributing Code 19 25 25 Driver Distracted by 0 26 26 Damaged Area Code: 1 27 27 27 Test Status: 28 Type of Test: 29 BAC Test Result: 30 Susp. Alcohol: 31 Susp. Drug: 32 Towed from scene? 2 33							
Please fill out for operator and all occupants involved										
Name (Last First Middle) Address DOB/Age Sex 34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code Medical Facility										
Operator/Occupants See Above										

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○

Main St Burlington Ave	If Crash Did Not Occur on a Public Way: ☐ Off-Street Parking Lot ☐ Garage ☐ Mall/Shopping Center ☐ Other Private Way Indicate North by Arrow
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Crash Narrative:

On December 24, 2024, I Officer Dale Parsons #236, responded to the area of Burlington Ave @ Main St. for report of a minor motor vehicle crash. Upon my arrival I confirmed that no one was injured. Both driver's for MV#1 and MV#2 did not report any injuries, nor did the passenger in MV#1. Both drivers said that when they were at the intersection, MV#1 stopped because the car in front of him stopped. MV#2, not noticing that MV#1 had come to a stop, then rear ended MV#1. MV#1 appeared to have a cracked rear bumper, but no other visible damage. MV#2 had extensive front end damage. Information was exchanged, and MV#2 pulled into the lot of 460 Main St. to call for a private tow.

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

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

Hazmat Information:

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

Patrol Officer Dale H Parsons

236

Wilmington Police Department

12/24/2024

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 12/25/2024	Time of Crash 2132 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit <u>25</u> Latitude _____ Longitude _____	State Police ☐ Local Police ☐ MBTA Police ☐ Campus Police ☐ Other: _____
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:			
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			Route# <u>20</u> Direction <u>NORTH</u> Address # <u>ST</u> Name of Roadway/Street _____ _____ Feet <u>N</u> <u>E</u> <u>W</u> of _____ or _____ Exit Number _____ _____ Feet <u>N</u> <u>S</u> <u>E</u> <u>W</u> of _____ Mile Marker _____ _____ Feet <u>N</u> <u>S</u> <u>E</u> <u>W</u> of _____ Route# _____ Intersecting Roadway/Street _____ Landmark _____							
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____			Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Landmark _____							
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Landmark _____							
Please Select One of the Following: ☒ Vehicle <u>1</u> #Occupants ☐ Hit/Run ☐ Moped			Crash Report ID# 24-380-AC							
License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____ Operator <u>Driverless M.V.</u> Last First Middle Address _____ City _____ State _____ Zip _____ Insurance Company <u>THE COMMERCE INSURANCE CO</u> Vehicle Travel Direction: <u>N</u> <u>E</u> <u>W</u> Responding to Emergency? _____ Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____			Reg # <u>71H420</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2003</u> Veh Make <u>TOYOTA</u> Veh Config. <u>1</u> <u>21</u> Owner <u>WEBB, LENA I</u> Last First Middle Address <u>41 LAUREL VIEW RD</u> City <u>TEMPLETON</u> State <u>MA</u> Zip <u>01468-1550</u> Vehicle Action Prior to Crash <u>11</u> <u>22</u> Damaged Area Code: <u>1</u> <u>27</u> <u>8</u> <u>27</u> <u>27</u> Event Sequence <u>2</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u> Most Harmful Event <u>2</u> <u>24</u> Type of Test: <u>29</u> Driver Contributing Code <u>1</u> <u>25</u> <u>25</u> BAC Test Result: <u>30</u> Driver Distracted by <u>0</u> <u>26</u> <u>26</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u> Towed from scene? <u>2</u> <u>33</u>							
Please fill out for operator and all occupants involved										
Name (Last First Middle) Address DOB/Age Sex 34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code Medical Facility										
Operator See Above										
Please Select One of the Following: ☐ Vehicle <u>2</u> #Occupants ☒ Hit/Run ☐ Moped ☐ Vulnerable User Complete the Vulnerable User section.										
License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____ Operator <u>unknown</u> Last First Middle Address _____ City _____ State _____ Zip _____ Insurance Company _____ Vehicle Travel Direction: <u>N</u> <u>S</u> <u>E</u> <u>W</u> Responding to Emergency? _____ Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____			Reg # <u>unknown</u> Reg Type _____ Reg State _____ Veh Year _____ Veh Make _____ Veh Config. <u>21</u> Owner _____ Last First Middle Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash <u>22</u> Damaged Area Code: <u>27</u> <u>27</u> <u>27</u> Event Sequence <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>28</u> Most Harmful Event <u>24</u> Type of Test: <u>29</u> Driver Contributing Code <u>25</u> <u>25</u> BAC Test Result: <u>30</u> Driver Distracted by <u>26</u> <u>26</u> Susp. Alcohol: <u>31</u> Susp. Drug: <u>32</u> Towed from scene? <u>33</u>							
Please fill out for operator and all occupants involved										
Name (Last First Middle) Address DOB/Age Sex 34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code Medical Facility										
Operator/Occupants See Above										

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

Crash Diagram:

23 North ST	North Street	20 North ST	If Crash Did Not Occur on a Public Way: ☐ Off-Street Parking Lot ☐ Garage ☐ Mall/Shopping Center ☐ Other Private Way
Mail Box			Indicate North by Arrow N ↓

Crash Narrative:

At approximately 9:32 V1 operator called to report that their vehicle had front end damage. The V1 operator stated the vehicle was parked on the street from the hours of 3:00PM to 9:00PM approximately. V1 was unoccupied at the time of the collision. V1 was moved into the drive way of 20 North ST to be towed at a later date. No medical was needed.

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

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

Hazmat Information:

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

Patrol Officer Caleb A Wiig

Police Officer Name (Please Print)

Signature

237

ID/Badge #

Wilmington Police Department

Department

Precinct/Barracks

12/25/2024

Date

Wilmington Police Department
Images Associated with 24-380-AC





Wilmington Police Department
Incident Report

Page: 1
01/02/2025

Incident #: 24-1608-OF
Call #: 24-28519

Date/Time Reported: 12/25/2024 2132
Report Date/Time: 12/25/2024 2234
Occurred Between: 12/25/2024 1500-12/25/2024 2152
Status: Incident Open

Reporting Officer: Patrol Officer Caleb Wiig
Assisting Officer: Patrol Officer Kathryn Goodwin
Approving Officer: Sergeant Daniel Furbush



#	OFFENSE(S)	ATTEMPTED	TYPE
	LOCATION TYPE: Residence/Home/Apt./Condo 20 NORTH ST WILMINGTON MA 01887	Zone: Sector 2	
1	LEAVE SCENE OF PROPERTY DAMAGE 90/24/c	N	Misdemeanor
	90 24 OCCURRED: 12/25/2024 2132		

NARRATIVE FOR PATROL OFFICER CALEB A WIIG

Ref: 24-1608-OF

Entered: 12/25/2024 @ 2344	Entry ID: 237
Modified: 12/25/2024 @ 2345	Modified ID: 237
Approved: 12/30/2024 @ 1223	Approval ID: 196

On Wednesday, December 25, 2024, I Officer Caleb Wiig, was assigned to sector 3, cruiser 33, along with my FTO Officer Kathryn Goodwin cruiser 37, on the 4:00PM – 12:00AM shift. Below is brief summary of the facts of what transpired while conducting a hit and run investigation at 20 North Street.

At approximately 9:32PM, I responded to 20 North Street for a report of a past hit and run. While responding, Dispatch reported that the other vehicle was unknown. Upon arrival, I met with Lena Webb and two other relatives. I observed a grey Toyota parked on North Street with front bumper damage and it was also missing the Toyota symbol above the bumper. I did not observe any other damage from another vehicle or any surrounding damage to the telephone pole or mail box of 20 North Street.

It should be known, Lena is the registered owner of the vehicle that was hit (MA 71H420). Lena stated that they had arrived at 20 North Street around 3:00PM, and when she came out several hours later around 9:00PM, she found that her vehicle had been damaged (see images). Lena informed Officers that the vehicle was unoccupied at the time it was struck.

Lena was given information on how to complete an accident report. The Toyota was moved into the drive way of 20 North Street to be towed at a later date.

At this time the second vehicle is unknown.

See accident report 24-380-AC.

This report will be forwarded to Detective LT Charles Fiore.

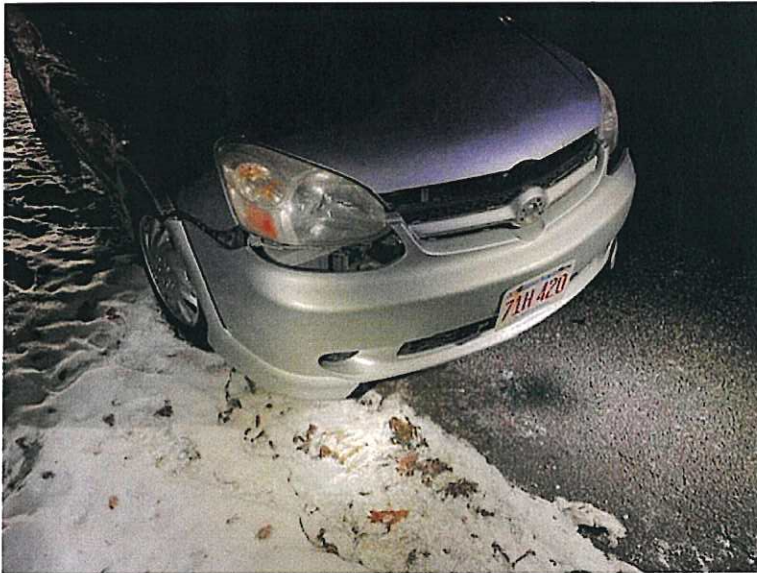
Respectfully submitted,

Officer Caleb Wiig

Patrolman #237

Wilmington Police Department

Wilmington Police Department
Images Associated with 24-1608-OF



Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 12/28/2024	Time of Crash 1122 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 1	Number Injured 0	Speed Limit 5	State Police Local Police MBTA Police Campus Police Other:					
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:									
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street											
At			Feet N S E W of or Exit Number											
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Mile Marker											
Also at Intersection with			Route# Intersecting Roadway/Street											
Route# Direction Name of Intersecting Roadway/Street			Landmark											
Please Select One of the Following:			☒ Vehicle 1 #Occupants			☐ Hit/Run		☐ Moped		Crash Report ID# 24-381-AC				
License St DOB/Age			Reg # 4800FT			Reg Type PC		Reg State MA						
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2012			Veh Make TOYOTA		Veh Config. 2 21						
Operator PETERSON, MARK ARNOLD			Owner PETERSON, MARK ARNOLD											
Address 27 TOWPATH DR			Address 27 TOWPATH DR											
City WILMINGTON State MA Zip 01887-3917			City WILMINGTON State MA Zip 01887-3917											
Insurance Company VERMONT MUTUAL INSURANCE			Vehicle Action Prior to Crash 1 22			Damaged Area Code: 1 27 8 27 27								
Vehicle Travel Direction: N X E W Responding to Emergency? 2			Event Sequence 35 23 23 23 23			Test Status: 1 28								
Citation # (If Issued)			Most Harmful Event 35 24			Type of Test: 29								
Viol. 1: Ch/Sec/Sub			Driver Contributing Code 97 25 25			BAC Test Result: 30								
Viol. 2: Ch/Sec/Sub			Driver Distracted by 0 26 26			Susp. Alcohol: 2 31 Susp. Drug: 2 32								
Viol. 3: Ch/Sec/Sub			Towed from scene? 2 33											
Viol. 4: Ch/Sec/Sub														
Please fill out for operator and all occupants involved														
Name (Last First Middle)			Address		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator			See Above				1	99	4	0	0	10	1	
Please Select One of the Following:			☐ Vehicle 2 #Occupants			☐ Hit/Run		☐ Moped		☐ Vulnerable User Complete the Vulnerable User section.				
License # St DOB/Age			Reg #			Reg Type		Reg State						
Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement			Veh Year			Veh Make		Veh Config. 21						
Operator			Owner											
Address			Address											
City State Zip			City State Zip											
Insurance Company			Vehicle Action Prior to Crash 22			Damaged Area Code: 27 27 27								
Vehicle Travel Direction: N S E W Responding to Emergency?			Event Sequence 23 23 23 23			Test Status: 28								
Citation # (If Issued)			Most Harmful Event 24			Type of Test: 29								
Viol. 1: Ch/Sec/Sub			Driver Contributing Code 25 25			BAC Test Result: 30								
Viol. 2: Ch/Sec/Sub			Susp. Alcohol: 31 Susp. Drug: 32											
Viol. 3: Ch/Sec/Sub			Driver Distracted by 26 26			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	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Occupants			See Above				1							

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○

Elia's Country Store
381 Middlesex Ave

Walkway

Walkway

Parking Spaces not exact

If Crash Did Not Occur
on a Public Way:

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

Indicate North by Arrow



Crash Narrative:

Operator stated he was pulling into a parking spot then he hit the gas instead of the break by accident. When he hit the gas, he struck the front side of Elia's Country Store, 381 Middlesex Ave. There was an off and on light rain at the time. The ground was wet. Opr stated he was traveling at a low rate of speed since he was in the parking lot. The parking lot is a horseshoe shape, one way in, one way out. There was moderate damage to the front of his truck. There was no airbag deployment and the truck was still operable. The building inspector was contacted and he responded to the scene. Inside the building, the shelves were knocked over, liquor bottles were damaged and liquor was spilled in their register area. The business sustained damage to the inside and outside. Damage to siding, insulation, dry wall, shelving, liquor, and more. There were no injuries reported or observed to the operator of the truck or to employees/customers inside the building.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
HOLAHAN JOANNE MARIE	12 FLORENCE RD BURLINGTON MA 01803-4305		
MCCRACKEN THOMAS ROBERT	4 PORTER AVE BURLINGTON MA 01803-3051		

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41:Type	Description of Damaged Property
ELIA MELISSA	4 PALMER WAY WILMINGTON MA 01887			BUILDING
ELIA MELISSA	4 PALMER WAY WILMINGTON MA 01887			SHELVING/LIQUOR/MISC MERCHANDISE

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use ☐ 42

Address _____ City _____ St _____ Zip _____

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

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

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

Hazmat Information:

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

Patrol Officer Kathryn C Goodwin

216

Wilmington Police Department

12/28/2024

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department
Images Associated with 24-381-AC



Wilmington Police Department
Images Associated with 24-381-AC

