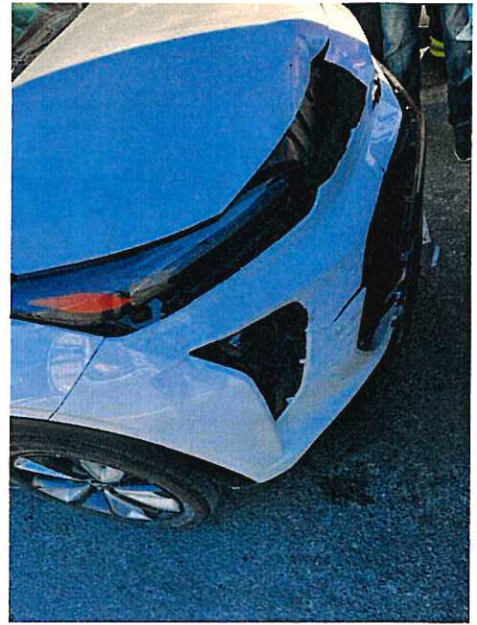
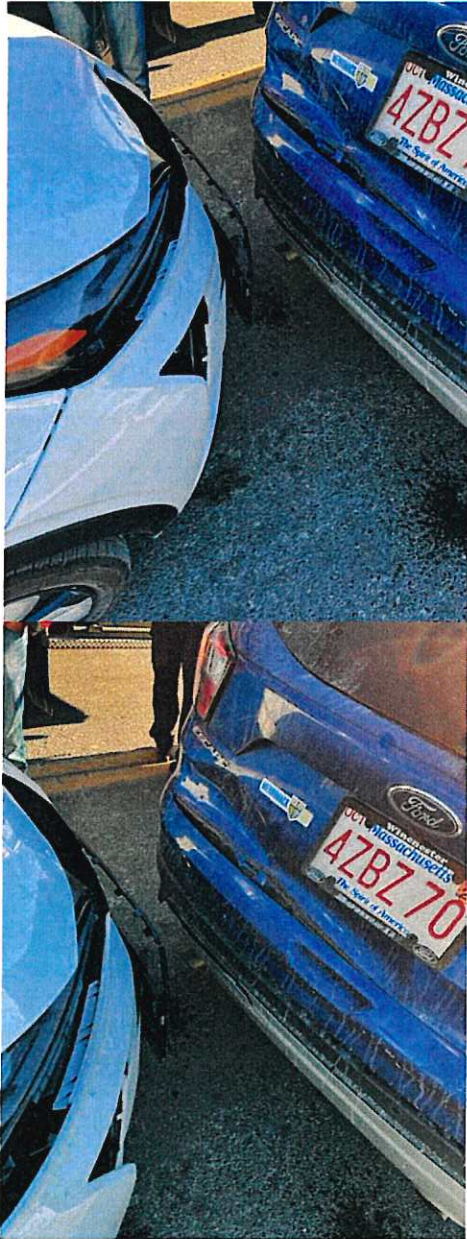


Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 01/27/2025	Time of Crash 0837 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit <u>25</u> Latitude _____ Longitude _____	State Police ☐ Local Police ☐ MBTA Police ☐ Campus Police ☐ Other: ☐				
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:							
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			Route# <u>181</u> Direction _____ Address # _____ Name of Roadway/Street <u>BALLARDVALE ST</u> _____ Feet <u>N S E W</u> of _____ Mile Marker _____ Exit Number _____											
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____			Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ _____ Feet <u>N S E W</u> of _____											
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ _____ Feet <u>N S E W</u> of _____ Landmark _____											
Please Select One of the Following: ☒ Vehicle <u>1</u> #Occupants <u>1</u> ☐ Hit/Run ☐ Moped			Crash Report ID# 25-32-AC											
License _____ St. _____ DOB/Ag _____ Sex <u>F</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>B</u> <u>20</u> CDL _____ Operator <u>MOHSIN, DIMA AHMED</u> Address <u>16 RICHARDSON ST</u> City <u>WINCHESTER</u> State <u>MA</u> Zip <u>01890-1817</u> Insurance Company <u>THE COMMERCE INSURANCE CO</u> Vehicle Travel Direction: <u>N</u> ☒ <u>E</u> ☒ <u>W</u> Responding to Emergency? <u>2</u> 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>4ZBZ70</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2017</u> Veh Make <u>FORD</u> Veh Config. <u>1</u> <u>21</u> Owner <u>FATHI, WAFAA GHANIM</u> Address <u>16 RICHARDSON ST APT 16</u> City <u>WINCHESTER</u> State <u>MA</u> Zip <u>01890-1817</u> Vehicle Action Prior to Crash <u>2</u> <u>22</u> Damaged Area Code: <u>5</u> <u>27</u> <u>27</u> <u>27</u> Event Sequence <u>1</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>1</u> <u>24</u> Type of Test: <u>0</u> <u>29</u> Driver Contributing Code <u>1</u> <u>25</u> <u>25</u> BAC Test Result: <u>1</u> <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				<u>1</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	
Please Select One of the Following: ☒ Vehicle <u>2</u> #Occupants <u>1</u> ☐ Hit/Run ☐ Moped ☐ Vulnerable User Complete the Vulnerable User section.														
License _____ St. _____ DOB/Ag _____ Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL _____ Operator <u>ANNIH, ERIC</u> Address <u>6 DONNA RD APT 1</u> City <u>WOBURN</u> State <u>MA</u> Zip <u>01801-1501</u> Insurance Company <u>FEDERAL INSURANCE COMPANY</u> Vehicle Travel Direction: <u>N</u> ☒ <u>E</u> ☒ <u>W</u> Responding to Emergency? <u>2</u> 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>VE5865</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2023</u> Veh Make <u>CHEVROLET</u> Veh Config. <u>1</u> <u>21</u> Owner <u>WHEELS LT</u> Address <u>666 GARLAND PL</u> City <u>DES PLAINES</u> State <u>IL</u> Zip <u>60016-0000</u> Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>1</u> <u>27</u> <u>27</u> <u>27</u> Event Sequence <u>1</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>1</u> <u>24</u> Type of Test: <u>0</u> <u>29</u> Driver Contributing Code <u>13</u> <u>25</u> <u>25</u> BAC Test Result: <u>1</u> <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/Occupants			See Above				<u>1</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	

Wilmington Police Department
Images Associated with 25-32-AC

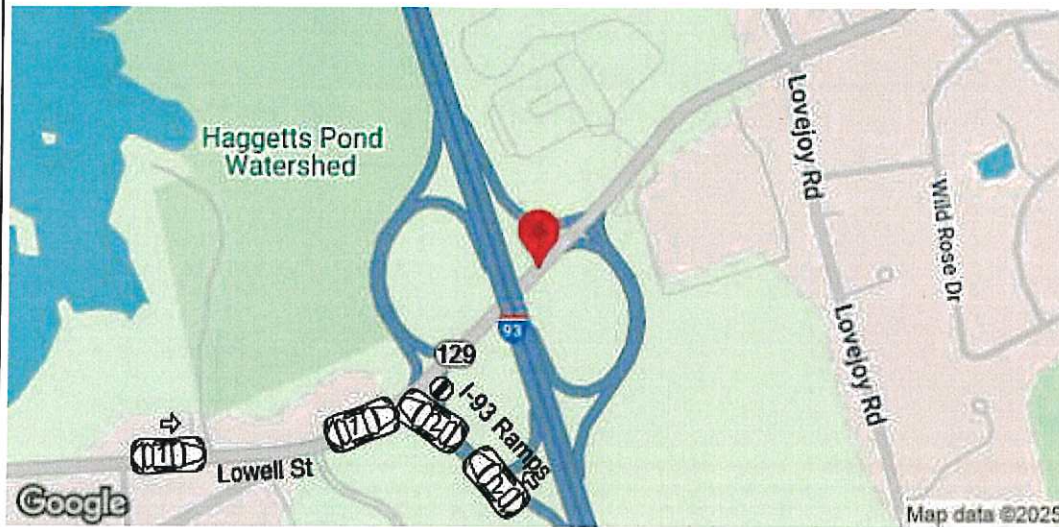


Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 01/28/2025	Time of Crash 0834 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit 30 Latitude Longitude	State Police Local Police MBTA Police Campus Police Other
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:			
Route# Direction Name of Roadway/Street At			Route# Direction Address # Name of Roadway/Street 331 LOWELL ST							
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of Mile Marker Exit Number							
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Route# Intersecting Roadway/Street				Landmark			
Please Select One of the Following: ☒ Vehicle 12 #Occupants ☐ Hit/Run ☐ Moped			Crash Report ID# 25-33-AC							
License # S DOB/Agt			Reg # TC65GK Reg Type PC Reg State MA							
Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2021 Veh Make HONDA Veh Config. 1 21							
Operator ALFANO, CHRISTINA MARIA Last First Middle			Owner ALFANO, DARIO G Last First Middle							
Address 72 MORELAND ST APT 2			Address 72 MORELAND ST APT 2							
City SOMERVILLE State MA Zip 02145-1424			City SOMERVILLE State MA Zip 02145-1424							
Insurance Company THE STANDARD FIRE INSURAN			Vehicle Action Prior to Crash 1 22 Damaged Area Code: 2 27 27 27							
Vehicle Travel Direction: N S X W Responding to Emergency? 2			Event Sequence 1 23 23 23 23 Test Status: 1 28							
Citation # (If Issued)			Most Harmful Event 1 24 Type of Test: 0 29							
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Driver Contributing Code 1 25 25 BAC Test Result: 1 30							
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Distracted by 0 26 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32							
Please fill out for operator and all occupants involved			Towed from scene? 1 33							
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										
MIA ALFANO 72 MORELAND ST SOMERVILLE, MA 02145										
Please Select One of the Following: ☒ Vehicle 21 #Occupants ☐ Hit/Run ☐ Moped ☐ Vulnerable User Complete the Vulnerable User section.										
Licenses S DOB/A			Reg # 4PMS65 Reg Type PC Reg State MA							
Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement			Veh Year 2025 Veh Make CHEVROLET Veh Config. 1 21							
Operator WINGREN, JOSEPH ROMANSKI Last First Middle			Owner WINGREN, JOSEPH ROMANSKI Last First Middle							
Address 167 CHARLES DR			Address 167 CHARLES DR							
City TEWKSBURY State MA Zip 01876-3505			City TEWKSBURY State MA Zip 01876-3505							
Insurance Company QUINCY MUTUAL FIRE INSURA			Vehicle Action Prior to Crash 4 22 Damaged Area Code: 8 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: 0 29							
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Driver Contributing Code 19 25 25 BAC Test Result: 1 30							
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Distracted by 0 26 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32							
Please fill out for operator and all occupants involved			Towed from scene? 1 33							
Name (Last First Middle) Address DOB/Age Sex 34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code Medical Facility										
Operator/Occupants See Above										

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

Crash Diagram:

ie: → 1 → 2 → O → B



If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow



Crash Narrative:

MV 1 was driving on Lowell Street. MV 2 was attempting to turn left onto Lowell Street from the I-93 Ramps. The motorists stated that due to the congested roadway the collision occurred. No injuries. Both vehicles were towed by Cains 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 Kevin J Skinner

Police Officer Name (Please Print)

Signature

200

ID/Badge #

Wilmington Police Department

Department

Precinct/Barracks

01/28/2025

Date

Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 01/28/2025	Time of Crash 0908 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit 40	Latitude	Longitude	State Police Local Police MBTA Police Campus Police Other:		
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:							
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street											
At														
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Mile Marker Exit Number											
Also at Intersection with			Feet N S E W of Route# Intersecting Roadway/Street											
Route# Direction Name of Intersecting Roadway/Street			Landmark											
Please Select One of the Following:			☒ Vehicle 1 #Occupants			☐ Hit/Run			☐ Moped			Crash Report ID# 25-34-AC		
License S DOB/Ag			Reg # 229BC1			Reg Type PC			Reg State MA					
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2016			Veh Make FORD			Veh Config. 2 21					
Operator PEREZ-RAMIREZ, GERMAN ENRIQUE			Owner RAMOS, CHRISTIAN GABRIEL											
Address 359 SUMMER ST			Address 564 HAYNES ST											
City LYNN State MA Zip 01905-2944			City STURBRIDGE State MA Zip 01566-0016											
Insurance Company THE STANDARD FIRE INSURAN			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: 0 29								
Viol. 1: Ch/Sec/Sub			Driver Contributing Code 99 25 25			BAC Test Result: 30								
Viol. 2: Ch/Sec/Sub			Driver Distracted by 0 26 26			Susp. Alcohol: 2 31 Susp. Drug: 2 32								
Viol. 3: Ch/Sec/Sub						Towed from scene? 1 33								
Viol. 4: Ch/Sec/Sub														
Please fill out for operator and all occupants involved														
Name (Last First Middle)			Address			DOB/Age			Sex			Medical Facility		
Operator			See Above			X			X					
Please Select One of the Following:			☒ Vehicle 2 1 #Occupants			☐ Hit/Run			☐ Moped			☐ Vulnerable User Complete the Vulnerable User section.		
License f St DOB/Ag			Reg # 3990756			Reg Type PC			Reg State NH					
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2017			Veh Make NISSAN			Veh Config. 2 21					
Operator PICKERING, JAMES DEREK			Owner PICKERING, JAMES DEREK											
Address 13 BITTERSWEET LN			Address 13 BITTERSWEET LN											
City ATKINSON State NH Zip 03811			City ATKINSON State NH Zip 03811											
Insurance Company PROGRESSIVE			Vehicle Action Prior to Crash 2 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: 1 28								
Citation # (If Issued)			Most Harmful Event 1 24			Type of Test: 29								
Viol. 1: Ch/Sec/Sub			Driver Contributing Code 1 25 25			BAC Test Result: 30								
Viol. 2: Ch/Sec/Sub			Driver Distracted by 0 26 26			Susp. Alcohol: 2 31 Susp. Drug: 2 32								
Viol. 3: Ch/Sec/Sub						Towed from scene? 2 33								
Viol. 4: Ch/Sec/Sub														
Please fill out for operator and all occupants involved														
Name (Last First Middle)			Address			DOB/Age			Sex			Medical Facility		
Operator/Occupants			See Above			X			X					

→ = 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:

MV2 AND MV1 WERE TRAVELING NORTHWEST ON BALLARDVALE ST. THE OPERATOR OF MV2 STATED THAT THE LIGHT WAS YELLOW, SO HE WAS SLOWING TO A STOP WHEN HE LOOKED INTO HIS REARVIEW MIRROR AND SAW MV1 QUICKLY APPROACHING FROM THE REAR, SO HE CONTINUED FORWARD SLIGHTLY TO LESSEN THE IMPACT. THE OPERATOR OF MV1 STATED THAT MV2 RAPIDLY HIT THE BRAKES AS HE APPROACHED THE INTERSECTION. THE FRONT OF MV1 COLLIDED WITH THE REAR OF MV2. THE FRONT DRIVERS SIDE AIRBAG DEPLOYED IN MV1. MV1 WAS TOWED BY CAINS TOWING. NO AIRBAGS AND NO TOWS FOR MV2. NO INJURIES REPORTED.

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

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

Hazmat Information:

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

Patrol Officer Kayla M Hanson

Police Officer Name (Please Print)

Signature

230

ID/Badge #

Wilmington Police Department

Department

Precinct/Barracks

01/28/2025

Date

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 01/29/2025	Time of Crash 0802 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit 35	State Police Local Police MBTA Police Campus Police Other
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:			
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street				2 10			
At			38 N 273 MAIN ST							
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Mile Marker Exit Number				4 11			
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:			Crash Report ID# 25-35-AC							
☒ Vehicle 11 #Occupants			☐ Hit/Run				☐ Moped			
License # SI DOB/Age			Reg # SRW333 Reg Type CO Reg State MA				1 12			
Sex M Lic. Class A 19 19 Lic. Restrictions B 20 CDL Endorsement			Veh Year 2009 Veh Make Mack Truck Veh Config. 7 21							
Operator DE LIMA, SIDNEY NARKIEVICIUS			Owner MT MAYO CORPORATION							
Address:			Address 10 TOWER OFFICE PARK SUITE 2							
City State Zip			City WOBURN State MA Zip 01801							
Insurance Company CONTINENTAL CASUALTY COMP			Vehicle Action Prior to Crash 5 22				Damaged Area Code: 0 27 27 27			
Vehicle Travel Direction: ☒ S ☒ E ☒ W Responding to Emergency? 2			Event Sequence 1 23 23 23 23				Test Status: 1 28			
Citation # (If Issued)			Most Harmful Event 1 24				Type of Test: 0 29			
Viol. 1: Ch/Sec/Sub			Driver Contributing Code 18 25 25				BAC Test Result: 1 30			
Viol. 2: Ch/Sec/Sub			Driver Distracted by 0 26 26				Susp. Alcohol: 2 31 Susp. Drug: 2 32			
Viol. 3: Ch/Sec/Sub			Towed from scene? 2 33				1 13			
Viol. 4: Ch/Sec/Sub										
Please fill out for operator and all occupants involved										
Name (Last First Middle)			DOB/Age				Sex			
Operator			See Above				1 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			Reg # 854XB4 Reg Type PC Reg State MA							
Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement			Veh Year 2020 Veh Make NISSAN Veh Config. 1 21							
Operator MWORIA, LYDIA G			Owner MWORIA, LYDIA G							
Address 2410 SKYLINE DR APT 7			Address 2410 SKYLINE DR APT 7							
City LOWELL State MA Zip 01854-1464			City LOWELL State MA Zip 01854-1464							
Insurance Company PROGRESSIVE DIRECT INSURA			Vehicle Action Prior to Crash 1 22				Damaged Area Code: 10 27 27 27			
Vehicle Travel Direction: ☒ S ☒ E ☒ W Responding to Emergency? 2			Event Sequence 1 23 23 23 23				Test Status: 1 28			
Citation # (If Issued)			Most Harmful Event 1 24				Type of Test: 0 29			
Viol. 1: Ch/Sec/Sub			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				14			
Viol. 4: Ch/Sec/Sub										
Please fill out for operator and all occupants involved										
Name (Last First Middle)			DOB/Age				Sex			
Operator/Occupants			See Above				1 1 4 0 0 10 1			

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

Crash Diagram:

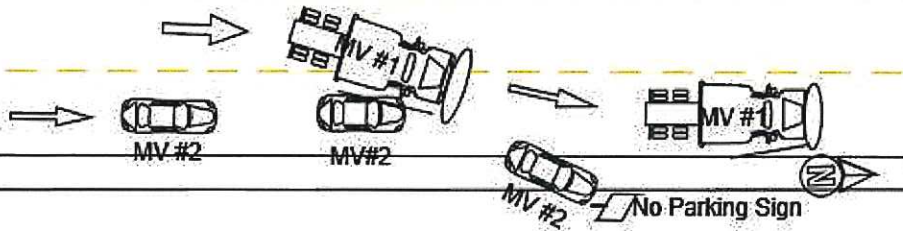
ie: → 1 → 2 → ○ → ○

Speedway Gas Station
273 Main Street

If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow



Crash Narrative:

Operator of veh.#1 (MA DOT Contractor E#08714 plow truck with a front and wing plow attached NOT plowing or sanding at time of crash) stated as he was traveling north on Rt. 38 in the second lane, a vehicle cut in front of him from the first lane to turn left. The operator of veh.#1 stated he could not stop in time so he changed lanes and in doing so he sideswiped veh.#2 hitting it with the wing plow. Operator of veh.#2 stated she was traveling north on Rt. 38 in the first lane when veh.#1 made an abrupt lane change hitting her vehicle with the wing plow causing her to drive off the road, onto the sidewalk and into a No Parking sign. Veh.#1 had scuffmarks on the wing plow blade. Veh.#2 had front and left side damage and had to be towed. No injuries were observed or reported.

Witnesses:

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

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
MASS DOT	240 MAIN ST WILMINGTON MA 01887		1	NO PARKING SIGN

Truck and Bus Information:

Registration # **SRW333** (From Vehicle Section)

Carrier Name **MT MAYO CORPORTION**

Bus Use **42**

Address **10 TOWER OFFICE PARK 204** City **WOBURN** St **MA** Zip **01801**

US DOT #: **3177519** State Number _____ Issuing State _____ MC/MX/ICC #: _____

Interstate **4** ⁴³ Cargo Body Type Code **8** ⁴⁴ GVWR/GCWR **3** 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**

Lieutenant Daniel Murray

Police Officer Name (Please Print)

Signature

175

ID/Badge #

Wilmington Police Department

Department

Precinct/Barracks

01/29/2025

Date

Wilmington Police Department
Images Associated with 25-35-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 01/29/2025	Time of Crash 1253 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit 35	State Police ☐
							Latitude	Local Police ☐		
							Longitude	MBTA Police ☐		
								Campus Police ☐		
								Other: ☐		
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:			
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street				2 10			
At			191 MIDDLESEX AVE							
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							
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Landmark							
Please Select One of the Following:			Crash Report ID# 25-36-AC							
☒ Vehicle 1 Occupants			☐ Hit/Run				☐ Moped			
License # St. DOB/Ag			Reg # 4LTK57 Reg Type PC Reg State MA				1 12			
Sex M Lic. Class D M Lic. Restrictions B 20 CDL Endorsement			Veh Year 2007 Veh Make SATURN Veh Config. 2 21							
Operator LANE, ROBERT D			Owner LANE, ROBERT D							
Address 9 DEMING WAY			Address 9 DEMING WAY							
City WILMINGTON State MA Zip 01887-3638			City WILMINGTON State MA Zip 01887-3638							
Insurance Company THE COMMERCE INSURANCE CO			Vehicle Action Prior to Crash 2 22				Damaged Area Code: 4 27 27 27			
Vehicle Travel Direction: N X E W Responding to Emergency? 2			Event Sequence 1 23 23 23 23				Test Status: 1 28			
Citation # (If Issued)			Most Harmful Event 1 24				Type of Test: 0 29			
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Driver Contributing Code 1 25 25				BAC Test Result: 1 30			
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Distracted by 0 26 26				Susp. Alcohol: 2 31 Susp. Drug: 2 32			
Please fill out for operator and all occupants involved			Towed from scene? 1 33				1 13			
Name (Last First Middle) Address DOB/Age Sex			34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code Medical Facility							
Operator See Above			1 1 4 0 0 10 1							
Please Select One of the Following:			☒ Vehicle 2 Occupants				☐ Hit/Run			
			☐ Moped				☐ Vulnerable User Complete the Vulnerable User section.			
License # St. DOB/Ag			Reg # OCVE8 Reg Type PC Reg State UT							
Sex M Lic. Class D M Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2011 Veh Make TOYOTA Veh Config. 1 21							
Operator WEGELIN, BRADLEY JAMES			Owner WEGELIN, BRADLEY JAMES							
Address 1 CONNOLLY RD			Address 1 CONNOLLY RD							
City BILLERICA State MA Zip 01821-5039			City BILLERICA State MA Zip 01821-5039				1 14			
Insurance Company			Vehicle Action Prior to Crash 3 22				Damaged Area Code: 8 27 27 27			
Vehicle Travel Direction: N X E W Responding to Emergency? 2			Event Sequence 1 23 23 23 23				Test Status: 1 28			
Citation # (If Issued)			Most Harmful Event 1 24				Type of Test: 0 29			
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Driver Contributing Code 19 25 25				BAC Test Result: 1 30			
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Distracted by 0 26 26				Susp. Alcohol: 2 31 Susp. Drug: 2 32			
Please fill out for operator and all occupants involved			Towed from scene? 1 33							
Name (Last First Middle) Address DOB/Age Sex			34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code Medical Facility							
Operator/Occupants See Above			1 1 4 0 0 10 1							

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

Crash Diagram:

Glen RD

Middlesex Ave

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Indicate North by Arrow

Crash Narrative:

On Wednesday, January 29th 2024, at approximately 1:05PM V1, which was operated by Robert Lane was traveling south on Middlesex Ave. V2 was operated by Bradley Wegelin. Bradley attempted to change lanes and turn onto Glen Rd when he struck the back of V1. Both operators signed refusals for medical transport. Both vehicles were towed 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 Caleb A Wiig

237

Wilmington Police Department

01/29/2025

Police Officer Name (Please Print)

Signature

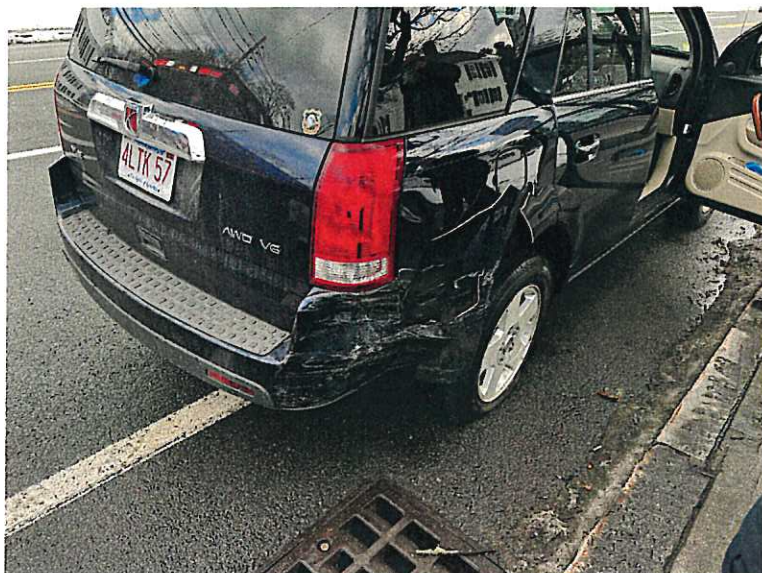
ID/Badge #

Department

Precinct/Barracks

Date

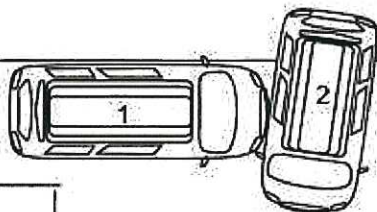
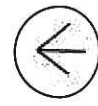
Wilmington Police Department
Images Associated with 25-36-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 01/29/2025	Time of Crash 1529 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit 35	State Police Local Police MBTA Police Campus Police Other
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:			
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street							
At			Feet N S E W of or Exit Number							
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of				Route# Intersecting Roadway/Street			
Also at Intersection with			Landmark							
Route# Direction Name of Intersecting Roadway/Street										
Please Select One of the Following:			☒ Vehicle 1 #Occupants				☐ Hit/Run			
			☐ Moped				Crash Report ID# 25-37-AC			
License St DOB/Ag			Reg # 2395348 Reg Type PC Reg State NH							
Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2015 Veh Make AUDI Veh Config. 1 21							
Operator NUTILE, STACEY M			Owner NUTILE, STACEY M							
Address 1 OCEAN N BLVD			Address 1 OCEAN N BLVD							
City HAMPTON State NH Zip 03862			City HAMPTON State NH Zip 03862							
Insurance Company GEICO			Vehicle Action Prior to Crash 1 22				Damaged Area Code: 1 27 27 27			
Vehicle Travel Direction: N X E W Responding to Emergency? 2			Event Sequence 1 23 23 23 23				Test Status: 1 28			
Citation # (If Issued)			Most Harmful Event 1 24				Type of Test: 29			
Viol. 1: Ch/Sec/Sub 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)			DOB/Age				Sex			
Operator			See Above				1 99 4 0 0 10 1			
Please Select One of the Following:			☒ Vehicle 21 #Occupants				☐ Hit/Run			
			☐ Moped				☐ Vulnerable User Complete the Vulnerable User section.			
License # S DOB/Ag			Reg # 1YTD30 Reg Type PC Reg State MA							
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2006 Veh Make TOYOTA Veh Config. 1 21							
Operator COWELL, DOUGLAS R			Owner COWELL, DOUGLAS R							
Address 958 MAIN ST			Address 958 MAIN ST							
City READING State MA Zip 01867-1719			City READING State MA Zip 01867-1719							
Insurance Company PLYMOUTH ROCK ASSURANCE C			Vehicle Action Prior to Crash 1 22				Damaged Area Code: 2 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 4 25 25				BAC Test Result: 1 30			
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Distracted by 99 26 26				Susp. Alcohol: 2 31 Susp. Drug: 2 32			
Please fill out for operator and all occupants involved										
Name (Last First Middle)			DOB/Age				Sex			
Operator/Occupants			See Above				1 99 4 0 0 10 1			

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

Crash Diagram:

Main St. Left turn only lane 	If Crash Did Not Occur on a Public Way: ☐ Off-Street Parking Lot ☐ Garage ☐ Mall/Shopping Center ☐ Other Private Way Indicate North by Arrow 
---	--

Crash Narrative:

MV1 WAS TRAVELLING SOUTHBOUND ON MAIN ST. MV2 WAS ATTEMPTING TO TURN INTO 603 MAIN ST. AND CROSS TWO LANES OF TRAFFIC. MV2 STATED HE DIDNT SEE MV1. MV1 COLLIDED INTO MV2 WHILE TRAVELLING STRAIGHT DOWN MAIN ST.

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

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

Hazmat Information:

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

Patrol Officer Brian Tavares

Police Officer Name (Please Print)

Signature

206

ID/Badge #

Wilmington Police Department

Department

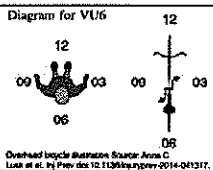
Precinct/Barracks

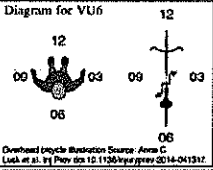
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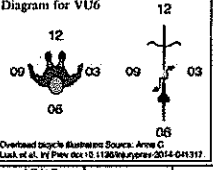
Date

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 01/31/2025	Time of Crash 1308 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 1	Number Injured 0	Speed Limit 10 Latitude Longitude	State Police Local Police MBTA Police Campus Police Other	
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
Route# Direction Name of Roadway/Street At			Route# Direction Address # Name of Roadway/Street 260 MAIN ST							
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of Mile Marker Exit Number							
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Route# Intersecting Roadway/Street Landmark							
Please Select One of the Following: ☒ Vehicle 1 Occupants ☐ Hit/Run ☐ Moped			Crash Report ID# 25-38-AC							
License # SI JOB/Ag			Reg # 3JX232 Reg Type PC Reg State MA							
Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2011 Veh Make TOYOTA Veh Config. 1 21							
Operator MALONEY, DONNA ANNE Last First Middle			Owner MALONEY, JAMES JOSEPH Last First Middle							
Address 11 MACARTHUR RD			Address 11 MACARTHUR RD							
City NORTH READING State MA Zip 01864-2043			City NORTH READING State MA Zip 01864-2043							
Insurance Company LM GENERAL INSURANCE COMP			Vehicle Action Prior to Crash 10 22 Damaged Area Code: 4 27 27 27							
Vehicle Travel Direction: ☒ S ☐ E ☐ W Responding to Emergency? 2			Event Sequence 3 23 23 23 23 Test Status: 1 28							
Citation # (If Issued)			Most Harmful Event 3 24 Type of Test: 0 29							
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			BAC Test Result: 1 30							
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			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 34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code Medical Facility										
Operator See Above			1 1 4 0 0 10 1							
Please Select One of the Following: ☐ Vehicle 2 Occupants ☐ Hit/Run ☐ Moped ☒ Vulnerable User Complete the Vulnerable User section.										
License # St DOB/Age			Reg # Reg Type Reg State							
Sex Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement			Veh Year Veh Make Veh Config. 21							
Operator Last First Middle			Owner Last First Middle							
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			BAC Test Result: 30							
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Susp. Alcohol: 31 Susp. Drug: 32							
Please fill out for operator and all occupants involved			Towed from scene? 33							
Name (Last First Middle) Address DOB/Age Sex 34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code Medical Facility										
Operator/Occupants See Above			1							

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

Vulnerable User		Type 1 VU1	Action 2 VU2	Location 97 VU3																		
VU: <u>WALLES, WILLIAM FRANCIS</u> Last First Middle Address <u>22 GATELY DR</u>																						
City <u>WOBURN</u> State <u>MA</u> Zip <u>01801</u>																						
License # _____ St _____ DOB/Age _____																						
Traffic Control Device 0 VU4		Diagram for VU6 		Primary Injury Area: 4 VU7																		
Origin/Destination 97 VU5		Event Sequence 97 VU8 VU8 VU8 VU8		Test Status: 1 VU11																		
Contact Point: 06 VU6		Contributing Code 11 VU9 VU9		Type of Test: 0 VU12																		
		Distracted by 1 VU10 VU10		BAC Test Result: 1 VU13																		
				Susp. Alcohol: 2 VU14																		
				Susp. Drug: 2 VU15																		
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 10%;"></th> <th style="width: 5%;">Sex</th> <th style="width: 10%;">VU16 Seat Pos.</th> <th style="width: 10%;">VU17 Safety Equipment</th> <th style="width: 10%;">VU18 Eject Code</th> <th style="width: 10%;">VU19 Trap Code</th> <th style="width: 10%;">VU20 Injury Status</th> <th style="width: 10%;">VU21 Transp. Code</th> <th style="width: 30%;">Medical Facility</th> </tr> <tr> <td>Vulnerable User</td> <td>M</td> <td>97</td> <td>99</td> <td>0</td> <td>0</td> <td>8</td> <td>2</td> <td>Winchester Hospital</td> </tr> </table>						Sex	VU16 Seat Pos.	VU17 Safety Equipment	VU18 Eject Code	VU19 Trap Code	VU20 Injury Status	VU21 Transp. Code	Medical Facility	Vulnerable User	M	97	99	0	0	8	2	Winchester Hospital
	Sex	VU16 Seat Pos.	VU17 Safety Equipment	VU18 Eject Code	VU19 Trap Code	VU20 Injury Status	VU21 Transp. Code	Medical Facility														
Vulnerable User	M	97	99	0	0	8	2	Winchester Hospital														

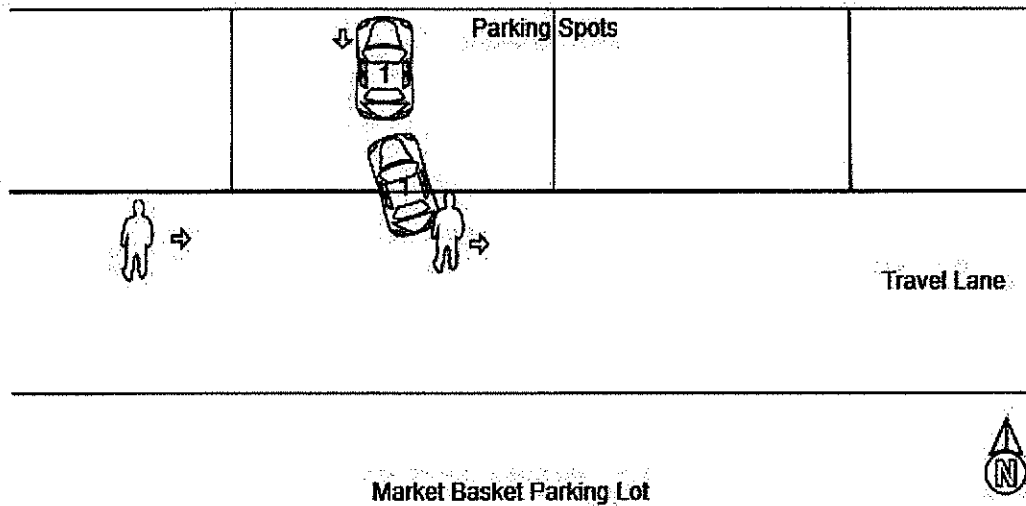
Vulnerable User		Type VU1	Action VU2	Location VU3																		
VU: _____ Last First Middle Address _____																						
City _____ State _____ Zip _____																						
License # _____ St _____ DOB/Age _____																						
Traffic Control Device VU4		Diagram for VU6 		Primary Injury Area: VU7																		
Origin/Destination VU5		Event Sequence VU8 VU8 VU8 VU8		Test Status: VU11																		
Contact Point: VU6		Contributing Code VU9 VU9		Type of Test: VU12																		
		Distracted by VU10 VU10		BAC Test Result: VU13																		
				Susp. Alcohol: VU14																		
				Susp. Drug: VU15																		
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 10%;"></th> <th style="width: 5%;">Sex</th> <th style="width: 10%;">VU16 Seat Pos.</th> <th style="width: 10%;">VU17 Safety Equipment</th> <th style="width: 10%;">VU18 Eject Code</th> <th style="width: 10%;">VU19 Trap Code</th> <th style="width: 10%;">VU20 Injury Status</th> <th style="width: 10%;">VU21 Transp. Code</th> <th style="width: 30%;">Medical Facility</th> </tr> <tr> <td>Vulnerable User</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>						Sex	VU16 Seat Pos.	VU17 Safety Equipment	VU18 Eject Code	VU19 Trap Code	VU20 Injury Status	VU21 Transp. Code	Medical Facility	Vulnerable User								
	Sex	VU16 Seat Pos.	VU17 Safety Equipment	VU18 Eject Code	VU19 Trap Code	VU20 Injury Status	VU21 Transp. Code	Medical Facility														
Vulnerable User																						

Vulnerable User		Type VU1	Action VU2	Location VU3																		
VU: _____ Last First Middle Address _____																						
City _____ State _____ Zip _____																						
License # _____ St _____ DOB/Age _____																						
Traffic Control Device VU4		Diagram for VU6 		Primary Injury Area: VU7																		
Origin/Destination VU5		Event Sequence VU8 VU8 VU8 VU8		Test Status: VU11																		
Contact Point: VU6		Contributing Code VU9 VU9		Type of Test: VU12																		
		Distracted by VU10 VU10		BAC Test Result: VU13																		
				Susp. Alcohol: VU14																		
				Susp. Drug: VU15																		
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 10%;"></th> <th style="width: 5%;">Sex</th> <th style="width: 10%;">VU16 Seat Pos.</th> <th style="width: 10%;">VU17 Safety Equipment</th> <th style="width: 10%;">VU18 Eject Code</th> <th style="width: 10%;">VU19 Trap Code</th> <th style="width: 10%;">VU20 Injury Status</th> <th style="width: 10%;">VU21 Transp. Code</th> <th style="width: 30%;">Medical Facility</th> </tr> <tr> <td>Vulnerable User</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>						Sex	VU16 Seat Pos.	VU17 Safety Equipment	VU18 Eject Code	VU19 Trap Code	VU20 Injury Status	VU21 Transp. Code	Medical Facility	Vulnerable User								
	Sex	VU16 Seat Pos.	VU17 Safety Equipment	VU18 Eject Code	VU19 Trap Code	VU20 Injury Status	VU21 Transp. Code	Medical Facility														
Vulnerable User																						

→ = 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:

MV 1 was parked in a parking spot at the Market Basket Plaza. MV 1 was attempting to back out of the spot when she struck Pedestrian 1. The operator and pedestrian stated they did not see each other until they collided. Pedestrian 1 was transported to the hospital due to pain in his leg after being knocked to the ground by the vehicle. Pedestrian 1 showed no external injuries.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
YOST KYLE ALEXANDER	288 SHAWSHEEN AVE WILMINGTON MA 01887-2223		

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 Kevin J Skinner

Police Officer Name (Please Print)

Signature

200

ID/Badge #

Wilmington Police Department

Department

Precinct/Barracks

01/31/2025

Date

Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 01/31/2025	Time of Crash 2046 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 10	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 12 #Occupants		☐ Hit/Run		☐ Moped		Crash Report ID# 25-39-AC					
License # St DOB/Ag			Reg # AMB7662		Reg Type AM		Reg State MA							
Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2014		Veh Make FORD		Veh Config. 8 21							
Operator CAHILL, LEAH ANNE-MAY			Owner ACTION AMBULANCE SERVICE INC											
Address 3 GEORGE BROWN ST			Address 1 JEWEL DR											
City BILLERICA State MA Zip 01821-2109			City WILMINGTON State MA Zip 01887-3385											
Insurance Company ARBELLA PROTECTION INSURA			Vehicle Action Prior to Crash 3 22		Damaged Area Code: 2 27 27 27									
Vehicle Travel Direction: N S E W Responding to Emergency? 1			Event Sequence 2 23 23 23 23		Test Status: 28									
Citation # (If Issued)			Most Harmful Event 2 24		Type of Test: 29									
Viol. 1: Ch/Sec/Sub			Driver Contributing Code 1 25 25		BAC Test Result: 30									
Viol. 2: Ch/Sec/Sub			Driver Distracted by 0 26 26		Susp. Alcohol: 31 Susp. Drug: 32									
Viol. 3: Ch/Sec/Sub					Towed from scene? 2 33									
Viol. 4: Ch/Sec/Sub														
Please fill out for operator and all occupants involved														
Name (Last First Middle)			Address		DOB/Ag	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	
BRADEN BEAUMIER			2118 BAPTIST HILL RD PALMER, MA 01969			M	5	1	4	0	0	10	1	
Please Select One of the Following:			☒ Vehicle 21 #Occupants		☐ Hit/Run		☐ Moped		☐ Vulnerable User Complete the Vulnerable User section.					
License # St DOB/Ag			Reg # 5478162		Reg Type PC		Reg State NH							
Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2021		Veh Make LEXUS		Veh Config. 1 21							
Operator DELGADO, JESSICA M			Owner DELGADO, JESSICA M											
Address 12702 ASBURY DR			Address 12702 ASBURY DR											
City FORT WASHINGTON State MD Zip 20744			City FORT WASHINGTON State MD Zip 20744											
Insurance Company			Vehicle Action Prior to Crash 11 22		Damaged Area Code: 2 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			Driver Contributing Code 1 25 25		BAC Test Result: 30									
Viol. 2: Ch/Sec/Sub			Driver Distracted by 0 26 26		Susp. Alcohol: 31 Susp. Drug: 32									
Viol. 3: Ch/Sec/Sub					Towed from scene? 2 33									
Viol. 4: Ch/Sec/Sub														
Please fill out for operator and all occupants involved														
Name (Last First Middle)			Address		DOB/Ag	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Occupants			See Above				1	1	4	0	0	10	1	

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○

If Crash Did Not Occur on a Public Way:

☒ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Indicate North by Arrow

Crash Narrative:

On January 31, 2025, I, Officer Parsons #236, responded to the Shriner's Auditorium for a motor vehicle accident involving an Action Ambulance. Upon my arrival, I was told that the ambulance (MA registration AMB7662) was leaving the parking lot, after clearing a medical incident and transporting a patient. While the ambulance attempted to turn right, the vehicle slid on the ice and contacted vehicle #2 (NH registration 5478162). Vehicle #2 was unoccupied at the time. Once the registered owner of vehicle #2 came out, I explained what had happened, and collected her information for the exchange form. I explained that I would do an accident report on the incident, and assist with the exchange of information between the two parties. No injuries were reported, and both vehicles were able to drive from the scene. Both vehicles had minor damage to their front bumpers.

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

01/31/2025

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department
Images Associated with 25-39-AC

