	Pol	lice Use Only		Com	monw	ealth	of Mass	ach	use	etts	;			RM	V Doci	ument Number		
	Date of Crash 02/16/2025	Time of Crash	City Wilmir	y/Town	Moto	or Veh	icle Cra	sh		imber hicles		nber ared	Speec Latitu	l Limi	. <u> </u>	State Police Local Police MBTA Police	0800	
	0., 20, 2025	24HR		<u></u>	<u> </u>	olice	Report		1		0			itude		Campus Police		
		AT INTER	RSECTION	:	<	LOCA	TION	>			NO	ΤAΊ	ſ IN	TER	SEC	TION:		
									13	0	SZ	ALE	м	ST				2 10
<u> </u>	Route# Direc	ction	Na	me of Roadway/	Street		Route# Direc	tion	Addr						Roadw	ay/Street		
4	4			At			Feet	NS	EW	of				• —	or _			
	Route# Direc	ction		Intersecting Road				NC	The basel		М	ile Ma	rker			Exit Number		1 ¹¹
			Als	so at Intersection	with				E W		Rout	e#		Inters	ecting R	Roadway/Street		
² 3	Route# Direc	ction	Name of I	Intersecting Road	dway/Street		Feet	11 3	E 11	or				Ĭa	Indmark			
	Please Select C		le 1 1 #Oc	cupants H	it/Run	Moped	Crash R	lenort	10#	25	F	Ω.	- 2					
³ 5	of the Followi	ng:																
L	License :	19	S	JB/Ag(<u>1JEE72</u>									42023	21	3 ¹²
	Sex <u>M</u> Lic, (GAN, TA	Lic, Restric	1.0000000	CDL Endorsement		(ear <u>2010</u> er <u>DOGAN ,</u>						<u>.</u>		Veh	Config.		
⁴ 1			First		Middle 1		er <u>DOGAN</u> ,	Last			F	rst	AP	- η	Mic	idie		
L	City BELMC			Zip 0245			BELMONT			<u> </u>					7in 02	2452		
	Insurance Comp						le Action Prior to		ſ	1	22					2 27 27	27	
	Vehicle Travel D			sponding to Eme			Sequence 30			23	23	Te	st Stat	tus:		1 28		
5	Citation # (If Iss	ued)	······			Most		30	24	and a second			pe of			0 ²⁹ 1 ³⁰		
	Viol. 1: Ch/Sec/S	Տաե		2: Ch/Sec/Sub		Drive	r Contributing Co	de	1	25	25			st Resi cohol:	ant: 2 31	<u>Loope</u>	32	10 ¹³
6	Viol. 3: Ch/Sec/S	Sub	Viol. 4	4: Ch/Sec/Sub —		Drive	r Distracted by	0	26	2	6			rom sc	$ \rightarrow $	1 33		I
⁶ 3	Name (Last First Mi		t for operator an	d all occupants i	nvolved 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		
	Operate				See Above			$\mathbf{\overline{X}}$		1	4	0	0	10	1	pitatal Facility		
							_											
																<u></u>		
	Please Select O													L			$ \rightarrow $	
⁷ 1	of the Followin		e 2#Oco	supants 🔲 Hit	t/Run	Moped	Vulnera	ble Us	er Co	omple	te the	/ulner	able U	lser se	ction.			I
L	License #	19	St I	DOB/Age		Reg #	<u> </u>				_ Reg	; Туре			Re		21]	I
	Sex Lic. C	Class	Lic. Restrict	tions	CDL Endorsement	"Veh Y	ear	v	eh Ma	ke					_ Veh (Config.		I
⁸ 1	Operator	Last	First		Middle		_	ત્રકા			Fi	si			Mid	dłe	—	I
	Address			7:_			SS							Z	··			4 ¹⁴
	Insurance Compa						e Action Prior to		Γ		22				.ip Code:	27 27	27	
	Vehicle Travel Di	• • • • • • • • • • • • • • • • • • • •		sponding to Eme			P. 100		23	23	23	Tes	st State	us:		28		
6	Citation # (If Issu	LL.					Harmful Event		24		100		pe of T			29 30		
⁹ 2	Viol. 1: Ch/Sec/S	ub	Viol. 2	: Ch/Sec/Sub -		Driver	Contributing Cod	de		25	25			t Resu	ult: 31	an sector and a se	32	
	Viol. 3: Ch/Sec/S						Distracted by		26		6			om sco		33	<u> 1</u>	
			for operator and	t all occupants ir			FORM			35 Safety	36 Airbag	37 Eject	38 Trap	39 Injury	40 Transp.			
	Name (Last First Mic Operato	r/Occupar	nts	5	Address See Above		DOB/Age	Sex	Pos.	System	Status	Code	Code	Status	Code	Medical Facility		
					-				-			-			\vdash			
		· · · · · · ·																

\blacksquare = Direction $\boxed{1}$ = Vehicle 1 $\boxed{2}$ = Vehicle 2 \bigcirc = Pedestrian \bigotimes =	Bicycle
Crash Diagram: ie: -> 1 -> 2 -> $\hat{\chi}$ -> $\delta \delta$	
	If Crash <u>Did Not</u> Occur on a Public Way:
	Off-Street Parking Lot
	Garage
	Mall/Shopping Center
	D Other Private Way
	Indicate North by Arrow
Crash Narrative:	
On Sunday, February 16, 2025, at approximately 12:40AM, Vehicle 1 was travel	ing on Salem
street when it collided with a snow bank on the side of the road. The vehicl	e then began
to spin and crossed over the double yellow line. Vehicle 1 then collided wit	h the fence
which belonged to 130 Salem Street causing damage to both the vehicle and th	e fence.

The operator refused medical attention.

The vehicle was towed by Cain's Towing.

Photos attached.

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

Property Damage:					
Owner (Last, First, Middle)	Address	Phone #	41-Type	Description of Damaged	l Property
Portanova stephen g	130 SALEM ST WILMINGTON MA 01867	, 	97	FENCE	
Truck and Bus Information:	Registration #	(From Ve	chicle Section)		
Carrier Name				····	Bus Use 42
Address		City		St	Zip
US DOT #:	State Number	Issuing State	MC/MX	/ICC #:	
43 Interstate Cargo Body Ty	pe Code 44 GVWR/GCWR	45		46	
Trailer Reg #:	Reg Type Reg State	Reg Year	Tra	iler Length	
Placard Material 1 digit #	48 Material Name		Material 4 di	git #	Release code
Patrol Officer Christopher k			ilmingtor	n Police Depart	
Police Officer Name (Please Print)	Signature	ID/Badge # De	epartment	Precinct/Barracks	5 Date

Wilmington Police Department Images Associated with 25-58-AC





Attachments for 25-58-AC	
Description	Туре
MV INVENTORY	PDF
Attachment#: CB6313FD26B34C469EEE6092CEF49EE8	

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	Pol	lice Use Only	Con	nmonwealth	of Massa	chusett	S	R	MV Doc	ument Number	
	Date of Crash 02/16/2025	Time of Crash	City/Town Wilmington	Motor Vel		sh Numb Vehicle		Dpood Di		5 State Police C Local Police MBTA Police	
		24HR			Report	2	0	Longitud		Campus Police	I .
		AT INTER	SECTION:	< LOC	ATION >	•	NOT A	T INTE	RSEC	TION:	10
						8	MOR	GAN R	Ð		2 "
¹ 1	Route# Dire	ction	Name of Roadway At	/Street	Route# Direction	on Address	7	Name	of Roadv	vay/Street	_
_	4		A		Feet	SEWof		<u> </u>	— or _		
	Route# Direc	ction	Name of Intersecting Ro Also at Intersectio			SEW of	Mile N	larker		Exit Number	7 11
			Also at intersectio	n with		VSEW of	Route#	Inte	ersecting	Roadway/Street	J
² 4	Route# Direc	ction	Name of Intersecting Ro	adway/Street					Landmar	k	_
L	Please Select (le 10_#Occupants	lit/Run 🔲 Moped	Crash Re	port ID# 2 5	5-59				1
³ 5	of the Followi	ng.								- 1/2	4
	License #	19	StDOB/Age 1920		# <u>5DFC88</u> Year <u>2018</u>					21	1 12
	Sex Lic.	- 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997	Lic. Restrictions	Endorsement	rear 2018				Veh	Config.	J
⁴ 1	Address	iverles:	First	Middle	ress 8 MORG	કા	First		М	id dle	
Ľ			State Zip		WILMINGT		s	tate MA	Zin 0:	1887-3005	
			OMMERCE INSUR	-	cle Action Prior to C					6 27 5 27 4 27	
	Vehicle Travel D	Direction: N S	E W Responding to En	nergency? Ever	it Sequence	3 23 23	, and a second	Fest Status:		1 28	
⁵ 2	Citation # (If Iss	ued)		Mos	t Harmful Event	2 24		Type of Test		29 30	
	Viol. 1: Ch/Sec/S	Sub	Viol. 2: Ch/Sec/Sub -	Driv	er Contributing Code	e 1 ²⁵	35	3AC Test R Susp. Alcoh		1993 - F	2 ¹³
6_	Viol. 3: Ch/Sec/S	Sub	Viol. 4: Ch/Sec/Sub	Driv	er Distracted by	D 26		rowed from	—	2 33	l
ॅ 4	Name (Last First M		for operator and all occupants	involved Address	DOB/Age	34 35 Sent Safe Sex Pos. Syste	y Airbag Ejew	t Trap Jaj	9 40 ury Transp. tus Code	Medical Facility	1
	Operate			See Above			BI SUIUS COO	e code sta	ius code	Mandar Facinity	1
					$-\gamma$						-
									_		-
											-
	Please Select O	5-74									
⁷ 1	of the Followir		e 21#Occupants	(it/Run 🛄 Moped	Vulnerabl	e User Comp	lete the Vuln	erable User	section.	<u>.</u>	
L	License		St DOB/Age [9] 20	_	# <u>M3667B</u>			e <u>CI</u>	Re	eg State MA	
	Sex M Lic. C	lass D	Lic. Restrictions	Endorsement	Year 2022				Veh	Config. 97	
⁸ 1		Last	First	Middle	er <u>WILMING</u>	ıt	First		мі	ddle	
L -		GLEN R			ess <u>121 GLF</u>			×/=	^-		14
	City WIIMI		State MA Zip_0188		WILMINGT	35/55	22	ate <u>PIA</u> Damaged Ar		<u>1887-3500</u>	4
	Insurance Compa Vehicle Travel D		E W Responding to En		t Sequence		0.08	est Status:	cu couo.	0 1 28	
		irection: S			Harmful Event		1	ype of Test	:	0 29	
⁹ 2			Viol. 2: Ch/Sec/Sub -		er Contributing Code		0.5	BAC Test Re		30 Susp. Drug 2 32	
	Viol. 3: Ch/Sec/S				er Distracted by	الـــــا	24	owed from		2 33	
		Please fill out	for operator and all occupants	involved		34 35 Seat Safet	36 37 Airbag Ejec	38 3	2 40		4
	Name (Last First Mi	^{ddie)} r/Occupar	nts	Address See Above	DOB/Age	Sex Pos. System		Trap Inju Code Stat	us Code	Medical Facility	-
	Operato		<i>(1)</i>	JCC AUU¥6	$ \rightarrow $					<u></u>	-
											-
				·····					_		4
		····									

Form No. 10364 CRA-65 08/23

Crash Diagram:	= Direction	1 = Vehicle 1 [2 = Vehicle 2	Q = Pedestria	n 🕉 = Bic	ycle	
[]:			••••••••••••••••••••••••••••••••••••••			f Crash <u>Did Not</u> Occu on a Public Way:	ır
Rd	MV 2					Off-Street Parking Lot	
8 Morgan Rd	6110F	7m1				Garage	
8 W	T		<u>}</u>	X		Mall/Shopping Center	
					L.	Other Private Way	
						Indicate North by Arrow	v
					n	(\uparrow)	:
Crash Narrative:	I						
7 1 is a town of Wi	lmington DPW veh	icle and wa	as operated by	a town e	amployee.	The	
perator was conduct							
	MV 1 was going b			of the c	uldesac re	emoving	
now, while backing	up the plow truc	k backed in	nto MV 2.				
	~						
		<u>.</u>					
Witnesses:	<u></u>						
ame (Last,First,Middle)		Address			Phone #	Sta	atemen
	<u></u>						
Property Damage:							
wner (Last,First,Middle)	Address		Phone #	41-Type D	escription of Dam	aged Property	
Truck and Bus Informati	On: Registration #		(From Vehi	cle Section)			
Carrier Name						Bus Use	
Address	<u> </u>		City		St	Zip	
	State Number			MC/MX/IC	C #:	······································	
	ody Type Code	GVWR/GCWR			100551162	6	
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trailer	Length		
Hazmat Information:	48					49	
Placard Material 1 di	git # Material Nan	ne		Material 4 digit	#	Release code	
						and the second	
trol Officer Shane	A Foley Signature			Lmington 1 urtment	Police Depa Precinct/Ban		2025

Form No.	10364	CRA-65	08/23
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Wilmington Police Department Images Associated with 25-59-AC







	Pol	lice Use Only		Con	imonv	vealth	of Mass	ach	uset	tts			RN	IV Doc	cument Number	
	Date of Crash 02/19/2025	Time of Crash 0727		City/Town	1		icle Cra	ish	Nun Vehi		Numb Injure	, 0,000	ed Limi tude	it_3.	MBTA Police	0800
		24HR					Report		1		0		gitude_		Campus Police Other:	<u> </u>
		AT INTER	SECTIO	N:	<	LOCA	TION	>]	NOT	AT IN	ITER	SEC	TION:	
									52		<u>MA:</u>	<u>IN S</u>				2
¹ 1	Route# Dire	ction		Name of Roadway, At	/Street		Route# Direc	tion	Addres	s #		N	lame of	f Roady	way/Street	
L -							Feet	NS	ΕWο	f –	 Mile	 Marker	•	or	Exit Number	
	Route# Dire	ction		of Intersecting Roa			Feet	NS	EWo	f						
									EW o		Route#		Inters	secting	Roadway/Street	
² 1	Route# Dire	ction	Name	of Intersecting Roa	ndway/Street					_			L	andınar	k	—
[<u>3</u>	Please Select 0 of the Followi		le 1 <u>1</u> #	Occupants 🔲 H	lit/Run	Moped	Crash F	Report	1D# 2	5.	-6)-Z	7C			
	License #		_ St	OB/Agi		Regi	1 # 2FNP78				Revi	vne P(2	R	leg State MA	
	Sex <u>M</u> Lic.	Class D 19	19	20	CDL		Year 2021				_				100 Store	1 1
				Z, ANGEL	CDL Endorsement	t	er TURCIO									
⁴ 1	Address 168	BUCKNA	M_ST	APT A	Middle		ess 168 BI	ast			First	PT Z		м	liddle	
L	City EVERE	CTT .	State N	IA Zip 0214	49-1231	7 City	EVERETT					State M	A_ :	Zip	2149-123	2
	Insurance Comp	any GEICO	GENER	AL INSU	RANCE	C Vehic	le Action Prior to	Crash	3	2	2	Damag	ed Area	a Code:	4 27 5 27 2	27
5	Vehicle Travel D	Direction: XS	S E W	Responding to Em	hergency? 2	Even	t Sequence	23	23 2	3	23	Test Sta			1 28	
2	Citation # (If Iss	ued)				Most	Harmful Event	1	24			Type of BAC Te		ault.	0 ²⁹ 130	
	Viol. 1: Ch/Sec/	Sub	Vio	l. 2: Ch/Sec/Sub -		Drive	r Contributing Co	ode	1 25		25	Susp. A			<u> </u>	32 1 ¹
6	Viol. 3: Ch/Sec/S	Sub	Vio	I. 4: Ch/Sec/Sub -		Drive	r Distracted by	0	26	26		Towed			2 33	
⁶ 1	Name (Last First M		for operator	and all occupants	involved Address		DOB/Age	Sex	Seat S		Virbag E	7 38 ect Trap ode Code			Medical Facility	
	Operate				See Above		- Doni/Age		1 1	4		0	10	1	Medical Facility	
												_	+			
⁷ 3	Please Select C of the Followir		e 2#(Occupants 🛄 H	it/Run	Moped	Vulnera	ble Use	er Con	nplete	the Vu	nerable	User se	ection.		
	License #	·	_	DOB/Age							. Reg T	уре		R	-	-
	Sex Lic. C	Class 19	Lic. Rest	rictions 20	CDL	Veh Y	'ear	v	eh Make		•			Veh	Config.	
⁸ 1	Operator	Lost	Fin		Middle		er	asi			First			мі	iddle	
1	Address					Addre	ess									1
	City		State	Zip		City	·····		L.S.		-	State				_ l1
	Insurance Compa	-				Vehic	le Action Prior to			2		Damage Test Sta		Code:	27 27 2 28	7
	Vehicle Travel D	irection: N S	EW	Responding to Em	ergency?	Event	Sequence	48. (ABS)	96 (SS196)		2 3 %	Type of			29	
⁹ 2	Citation # (1f Issi	ued)					Harmful Event	889000 T	24	10000	- ac	BAC Te			30	
	Viol. 1: Ch/Sec/S	ub	Viol	. 2: Ch/Sec/Sub			r Contributing Co	L	25 26	26	25	Susp. A				2
	Viol. 3: Ch/Sec/S			. 4: Ch/Sec/Sub -		Drive	r Distracted by				36 3	Towed i	from sc	ene?	33	
	Name (Last First Mi		tor operator	and all occupants i	Address		DOB/Age	Sex	Seat Sa	ilety A	ariong Ej	de Code	Injury		Medical Facility	
	Operato	or/Occupar	nts		See Above		\geq	Х	1							
								$ \top$								
															· · ·	
													-		<u></u>	
			 _													

Please complete a section for each vulnerable user involved in the crash.										
Vulnerable		Ty	pe 2 VU	1	Action 2 VU2			Location 4 VU3		
VU: CARAWAY, Address 120 COMM		First	APT	Middle 200		Pr	imary Inju	iry Area: 2 VU7		
City WOBURN State MAZip_01801 Test Status: 1										
License # AD01809	U8 Type of Test: 0 VU12									
Traffic Control De	evice 0	VU4	Diagram for V 12	ບ _{6 12}			quence 4	7 ¹⁰⁸ 19 ¹⁰⁸ 19 ¹⁰⁸ 19 9 ⁷¹⁰⁹ 709	BAC Test Result:	
Origin/Destin	ation 2	VU5	~¥	03 00 J	* 03	Distracte	d bv	9 YUI0 VUI0	Susp. Alcohol: 2	
Contact I	Point: 1	2706	OG Overhead buycle Built Link of al. Inj Play flai	06 nion Science: Arris C 10.1135/injury.prev 2014	-041317.			99	Susp. Drug; 2	
	VU16 Seat Pos.	VU17 Safety Equipment	VU18 Eject Code	VU19 Trap Code	VU20 Injury Status	VU21 Transp. Code	Meo	lical Facility		
Vulnerable User	М	8	6	1	0	8	2	Lahey Clinic		

Vulnerable	User		Ty	Туре			Acti	on VU2	Location VU3
VU: Address City	S	First	Zip	Middle		Pr	imary Inju	ry Area: VU7	Test Status:
License # Traffic Control De Origin/Destin Contact H	evice	VU4 VU5 VU6	Diagram for V 12 09 06 06	UG 12 03 09	03	Event Se Contribu Distracte	equence	U8 VU8 VU8 VU9 VU9 VU9 VU9 VU10 VU10	VU8 Type of Test: VU12 BAC Test Result: VU13 Susp. Alcohol: VU14 Susp. Drug: VU15
	Sex	VU16 Seat Pos.	VU17 Safety Equipment	VU18 Eject Code	VU19 Trap Code	VU20 Injury Status	VU21 Transp. Code	M	ledical Facility
Vulnerable User									

Vulnerable	User		Ту	pe V U	11		Acti	ion VU2	Location VU3		
VU:Last Address City		First	Zip	Middle		Pr	imary Inju	ry Area:	Test Status:		
License # Traffic Control De Origin/Destin Contact I	evice	VU4 VU5 VU6	Diagram for V 12 09 06 06 Overhead topole And Look et al. 1/ Prov Ben	U6 12 03 09	• 03	Event Se Contribu Distracte	iting Code	7U8 YU8 YU8 YU9 YU9 YU9 YU9 YU10 YU10	YU8 Type of Test: YU12 BAC Test Result: YU13 Susp. Alcohol: YU14 Susp. Drug: YU15		
Sex Seat Pc			VU17 Safety Equipment	VU18 Eject Code	VU19 Trap Code	VU20 Injury Status	VU21 Transp. Code	N	1edical Facility		
Vulnerable User											

Form No. 10364 CRA-65 08/23



Operator of MV 1 stated that he was driving North on Main Street (Route 38) and was turning right onto Oakwood Road. Operator of MV 1 stated that as he slowed to make his right turn he was rear ended by an electric bicyclist. The bicyclist stated that he drove into the back of MV 1 at approximately 30 MPH. Upon arrival he was laying in the middle of the Northbound travel lane and was not moving. He was wearing several layers of clothing and a motorcycle full head helmet. The bicyclist stated that he had pain in his left wrist/ arm as well as his left leg. The bicyclist was transported to Lahey Hospital by the Wilmington Fire Department. The electric bicycle was brought to the Wilmington Police Department to be later picked up by the bicyclist.

Witnesses:					
Name (Last,First,Middle)	Address			Phone #	Statement
Property Damage:					
Owner (Last,First,Middle) Ad	dress	Phone #	41-Type	Description of Damaged Property	
Truck and Bus Information:	Registration #	(i tom i	/ehicle Section)	Bus U	se 42
Address		City		St Zip	
US DOT #: State	Number	Issuing State	MC/MX	ЛСС #:	
Interstate 43 Cargo Body Type Co	ode 44 GVWR/GCV	WR 45			
Trailer Reg #:	Reg Type Reg State	Reg Year	Tra	iler Length	
Hazmat Information: Placard 47 Material 1 digit #	48 Material Name		Material 4 di	git #Release co	49
Patrol Officer James R Hil Police Officer Name (Please Print)	1 Signature		Wilmington Department	Police Department Precinct/Barracks	02/19/2025 Date

Wilmington Police Department Images Associated with 25-60-AC



	Po	lice Use Only		Co	mmonw	ealth	of Massa	achu	sett	S			RM	V Doe	ument Number	
	Date of Crash 02/21/2025	Time of Crash 1438 24HR	Wilmi	ity/Town ngton	n on Motor Vehicle Crash Police Crash Police Crash Director Vehicles I Unit 35 State Police Computer Vehicles I Unit 400 Computer							0800				
		AT INTER	SECTIO	N:	<	LOCA	TION	>		NO	T A I	Γ IN'	TER	SEC	TION:	
r 	Route# Dire	ction	N	ame of Roadw	vay/Street		Route# Direct		08 ddress #		URL			N F	AVE	2 ¹
1				At			Feet	NSE	W of		ile Ma	•	·	or .	Exit Number	
	Route# Dire	ction		f Intersecting I Iso at Intersec	Roadway/Street tion with			N S E N S E	_	Rout			Inters	ecting	Roadway/Street	– 1
² 1	Route# Dire	ction	Name o	f Intersecting I	Roadway/Street		Feel [I B B	10				La		1-	
	Please Select One Landmark Bit Run Moped Crash Report ID# 25-61-AC															
3	of the Followi		le <u>L</u> #(Hit/Run	Moped	Crash R	eport ID	¥ Z 5	<u>) - e</u>	эт.	-A	<u>.C</u>			
L	License # Sex F Lic.			ictions 1	20 CDL Endorsement	Veh	# CAHILL Year 2021	Veh	Make I	IONI	DA				eg State <u>MA</u> a Config. 1	7
4	Operator CAHILL, ELEANOR R Last First Middle Owner CAHILL, ELEANOR R Last First Middle															
⁴1		CENTER		PT 106			ess <u>59 CEN</u>		ST	AP						
5																
	-			. 2: Ch/Sec/Su	b		Harmful Event	de 9	sector weards and	21 25			st Resu cohol:	ılt: 2 31	1 30 Susp. Drug: 2 3	2 271
⁶ 1	Viol. 3; Ch/Sec/S	Sub	——— Viol	. 4: Ch/Sec/Su	b	Drive	er Distracted by	0 26		26	То	wed fr	rom sc	ene?	1 33	
1	Name (Last First M	Please fill out	for operator a	and all occupation	nts involved Address		DOB/Age	3. Sex Po	al Safety		37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility	
	Operate				See Above					3	0	1	8	2	Lahey Clinic	
																_
⁷ 1	Please Select O of the Followir		e 2#O	ccupants	Hit/Run	Moped	Uulaerat	ole User	Comple	ete the	Vulner	able U	lser se	ction.		
	License #		St	DOB/Age		Reg #	ا			Re	g Type			R	eg State	
	Sex Lic. C	Class	9 Lic. Restri	0.862	CDL Endorsement	_ Veh Y	/ear								21	
⁸ 2	Address	Last	First		Middle		L	asi		Fi	rsl			Mi	ddle	-
L						_					<u> </u>					
.	City										7					
⁹ 2	Viol 1 Ch/Sec/S	Sub		2: Ch/Sec/Sul	b	Drive	r Contributing Cod	le 🖉	25	25			t Resu cohol:		30 Susp. Drug: 3	2
L					b		r Distracted by	26		26		-	on see	10012-00	Susp. Drug:	
		Please fill out	for operator a	nd all occupan				34 Sez	a Safety		37 Eject	38 Trap Code		40 Transp.		
	Name (Last First Mi Operato	or/Occupar	nts		Address See Above		DOB/Age	$\frac{Sex}{1}$. System	Status	Code	Code	Status	Code	Medical Facility	
								\rightarrow								
															····	

Crash Diagram:	$= Vehicle 1 \qquad 2 = Vehicle 2 \qquad Q = Pedestrian$	ණි = Bicycle ⊅ ණී	
Bunington Ave, Wilmington, MA Bunington Ave, Wilmington, MA Bunington Ave, Wilmington, MA Dill da Dill da Dill da Dill da Dill da Dill	308 Driveway Mailbox CULD CULD CULD CULD CULD CULD CULD CULD	If Crash <u>Did Not</u> Occur on a Public Way: Off-Street Parking Lot Garage Mall/Shopping Center Other Private Way Indicate North by Arrow	
Witnesses stated that MV 1 was headed	Wast on Burlington Ave entered t	he Fasthound lane	
and continued off the road to the left		· · · · · · · · · · · · · · · · · · ·	
306R and 308 Burlington Avenue before			
Burlington Ave. The vehicle struck se			
and began rolling down the hill in th			
leading to the house. Comcast and RML			
Operator of MV 1 was transported to L	ahey Hospital and did not appear t	o have serious	
injury. Operator's family was notifie			
have dozed off while driving. Operato	r's family indicated they had been	trying to get her	
to stop driving due to health issues.	An immediate threat will be filed	with the RMV. See	
report 25-209-OF.			
Witnesses:			
Name (Last, First, Middle)	Address	Phone # Staten	nent
MACDONALD SHARON LYNN	8 ALDRICH RD WILMINGTON MA 01887-2276		
TOPPI FREDERICK DAVID	28 SPRAGUE ST NORTH BILLERICA MA 01862-1444		
Property Damage:			

Owner (Last,First,Middle)	Address	Phone #	41-Type Descri	ption of Damaged Property
HOLDEN JARED	308 BURLINGTON AVE WILMINGTON MA 0		97 MAI	LBOX
HOLDEN JARED	308 BURLINGTON AVE WILMINGTON MA 0		97 TRE	E / UTLITY WIRE
Truck and Bus Information:	Registration #	(From Vehic	e Section)	
Carrier Name			······································	Bus Use
Address		City		St Zip
US DOT #:	State Number	Issuing State	MC/MX/ICC #:	
43 Interstate Cargo Body Tyj	pe Code 44 GVWR/GCWR	45		46
Trailer Reg #:	Reg Type Reg State	Reg Year	Trailer Leng	gth 40
Hazmat Information:				
47 Placard Material 1 digit #	48 Material Name	1	Material 4 digit #	Release code 49
Patrol Officer James R H	Hill	225 Wil	mington Pol	ice Department 02/21/2025
Police Officer Name (Please Print)	Signature I		tment	Precinct/Barracks Date

Wilmington Police Department Images Associated with 25-61-AC













Wilmington Police Department Images Associated with 25-61-AC













Wilmington Police Department Images Associated with 25-61-AC





Attachments for 25-61-AC	
Description	Туре
RMV IMMEDIATE THREAT PACKET	PDF
Attachment#: C99175E983B342229C61C0B37F31A947	

.

	Pol	ice Use Only		Con	imon	wealth	of Mass	ach	us	etts	5			RM	IV Doc	cument Number	
	Date of Crash 02/22/2025	Time of Crash	Ci Wilmi	ity/Town			nicle Cra	ish		umber hicles		mber ured	Spee: Latitu	d Limi	2	O State Police C Local Police MBTA Police	
		24HR					Report		2		0			itude_		Campus Police	i j
		AT INTER	SECTIO	N:	<	LOCA	TION	>			NO	T A'	ΓIN	TER	SEC	CTION:	10
									26	0	м	AIN	I S'	T			2 10
¹ 1	Route# Dire	ction	N	ame of Roadway/ At	Street		Route# Direc	tion	Addı	ess #					Roady	way/Street	_
	-			Al			Feet	NS	ΕW	of					or		
	Route# Dire	ction		f Intersecting Roa		i		NIC	72 111/	1	M	lile Ma	arker			Exit Number	1 11
			A	lso at Intersection	1 With			NS			Rout	e#		Inters	ecting	Roadway/Street	
² 1	1 Route# Direction Name of Intersecting Roadway/Street																
3	Please Select One Vehicle 1.3 #Occupants Hit/Run Moped Crash Report ID# 25-62-AC																
		ng.			~												
	License #St. DOB/Age. Reg # MF86M Reg Type DC Reg State MA 7 12 7 12 7 12 7 12																
	Sex M Lic. Class Lic. Restrictions CDL Veh Year 2017 Veh Make Other-not 118ted Veh Config.																
41	Operator FOLEY, TREVOR CARLISLE Owner WILMINGTON TOWN OF FIRE DEPT Last First Middle 1 Address 1 ADELAIDE ST Middle																
		INGTON		A_Zip 0188	37-203	_	WILMING					Sta	te M Z	A 2	Zip O	1887-3500	
		any SELF		-		·	cle Action Prior to		1	4	22				Code:		
(irection: XS		tesponding to Em	ergency? 2	Even	t Sequence	23	23	23	23	Te	est Stat	tus:		1 28	
5	Citation # (If Iss	ued)				Most	Harmful Event	2	24	(144) (14 (144)			pe of			29 30	
L	Viol. 1; Ch/Sec/S	Sub	Viol.	2: Ch/Sec/Sub -		Drive	er Contributing Co	de	6	25	25			st Resi cohol:	ult: 2 31	3(22) 224	2 ¹³
4	Viol. 3: Ch/Sec/S	Sub	Viol.	4: Ch/Sec/Sub _		Drive	r Distracted by	0	26	2	6			rom so		2 33	
⁶ 1			for operator a	ind all occupants					34 Seat	35 Safety	36 Airbag	37 Eject	38 Trap	39 Injury	40 Transp.		-1
	Nanie (Last First M				Address See Above		DOB/Age	Sex.	Fos.	System 1	Status 4	Code O	Code O	Status	Code	Medical Facility	-
	ERIC ROBBIN			ADELAIDE ST				\square		1	4	0	0	10	1		_
			1	ALMINGTON, MA							_		-				-
	GEORGE ROBI	NSON		TILMINGTON, MA	01887			м	5	1	4	0	0	10	1		-
				I													-
⁷ 1	Please Select O of the Followin		2 0 #00	ccupants 🔲 Hi	it/Run	Moped	Vuinera	ble Us	er C	omple	te the	Vulner	able U	Jser se	ction.		
	License #		St	DOB/Age		Reg #	3RWB76				Re	g Type	PC		R	-	
	Sex Lic. C	lass 19 1	9 Lic. Restri	ctions 20	CDL	Veh Y	_{(ear} 2023	V	eh Ma	ike <u>C</u>	HEN	RO	LEI		Veh	n Config. 1	
8	Operator Dr	iverless	s M.V.		Middle		MORAIS	MY	R,	AL	IN	rst			Mi	idele	
⁸ 1	Address					Addro	ess 35 ESS	EX	ST								14
	-			-		-	LOWELL		r							1854	1 14
	Insurance Compa	ny PROGRE	SSIVE	DIRECT	INSUR	A Vehic	le Action Prior to		╶╓─┕	⊴ بل بل	22		mageo st Stat		Code:	2 27 3 27 27 28	Γ
	Vehicle Travel Di	rection: XS	EWR	esponding to Eme	ergency? 2	Event	Sequence 1	23		23	23		pe of 1			29	
⁹ 2	Citation # (If Issu	•					Harmful Event	1	24	a el Co	35		C Tes	at Resu	ılt:	30	
		ub					r Contributing Co	1110,000	1 26	25	25 हो	Su		cohol:			
	Viol. 3: Ch/Sec/S	ub				Drive	r Distracted by	0	34	35	36	To 37	wed fr 38	om sca 39	ene? 40	2 33	1
	Name (Last First Mi		tor operator as	nd all occupants i	Address		DOB/Age	Sex	Seat	Safety	Airbag Status	Eject Code	Trap Code	lajury Status	Transp. Code	Medical Facility	-
	Operato	r/Occupan	nts		See Above		\geq	Х	1								
																	1
														L			1
l	Form No. 10364 CRA-65	08/23						i l									1



Engine 4 WFD (MA-Fire Official 86) was parked in Wilmington Plaza lot next to V2 (MA-
3RWB76) between rows 3C and 4C. V2 was parked and unattended on the driver's side of the
fire truck and facing the same direction. V1 was leaving the parking spot by traveling
straight and attempted wide turn to go around V2 due to a more crowded lot. In the process
of doing so the rear left quarter of V1(Engine 4) clipped the front right fender/ bumper
of V2. No injuries. Minor scuff/dent damage to left rear quarter of Engine 4 along end of
rear wheel cowling, and along metal frame including left rear metal diamond plate step
bumper. V2 (MA-3RWB76) damaged on right front fender, bumper and headlight assembly. Refer
images. V2 owner is employee of Market Basket and was contacted with assistance of Manager
Cohello. R/O (and husband by phone)advised of incident, report, and insurance process.

Witnesses:						
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:						
Owner (Last,First,Middle)	Address		Phone #	41-Type	Description of Damaged Pro	operty
Truck and Bus Information			(From			Bus Use
Address			City		St 2	Zip
US DOT #:	State Number		Issuing State	MC/MX/I	CC #:	· · · · · · · · · · · · · · · · · · ·
43 Interstate Cargo Body	Type Code	GVWR/GCWR	45			
Trailer Reg #:	Reg Type	Reg State	Reg Year	Traile	r Length	
Hazmat Information:					1. 1999 8 201 - 1993 1	
Placard Material 1 digit #	48 Material Name				#Rele	ease code
Patrol Officer Richard	DiPerri		173	Wilmington	Police Departme	nt 02/22/2025
Police Officer Name (Please Print)	Signature		ID/Badge # I	Department	Precinct/Barracks	Date

Attachments for 25-62-AC	
Description	Туре
MVC WFD E4, VS PARKED V2 MA-3RWB76	PDF
Attachment#: 532DDBEAA20D444B9B812D941297F13A	