	Po	lice Use Only		Con	nmonv	vealth	of Mass	act	iuse	etts	5		J	RMV Do	ocumen	it Number	<u>-</u>
	Date of Crash 03/04/2025			City/Town ington] Mot	tor Vel	nicle Cra	ash	N	unber			peed L		<u></u>	tate Police	
		24HR		riigton	-	Police	Report		1	-	0	1	atitude ongituc		<u> </u>	ABTA Police	i
		AT INTER	SECTIO	DN:	<	LOCA	TION	>			NO	ГАТ	INTI	ERSE	СТІС	DN:	
									14		CT		JT 2	17757			2 ¹⁰
1	Route# Dire	ction		Name of Roadway	/Street		Route# Dire	ction	Addr	ess #	<u> </u>			of Road	dway/Si	freet	
4	_			At			Feet	NS	EW	of				or			
	Route# Dire	ction		of Intersecting Ro							Mi	e Marl	er		E	exit Number	- 1 ¹¹
				Also at Intersection	n with				EW		Route	# -	Int	ersecting	g Roady	vay/Street	
² 1	Route# Dire	ction	Name	of Intersecting Roa	adway/Street		Feet	NS	ΕW	of							_
	Please Select (One 🔀 Vahial	le 1 1 #	Occupants	lit/Run	Moped	Crash I	-		25	6	0		Landma	ark		-
3	of the Followi	ng:	"	Final P	nt/Kun												4
L	License 1		Si	_ DOB/Ag(<u>725H69</u>								-	11	3 ¹²
	Sex F Lic.	-	Lic, Res	trictions B	CDL Endorsement	t	Year 2018								eh Conf	ìg 1	
⁴ 1	1	LEY, SHA	Fi	DAWN	Middle		er DALEY	Last			Fir			1	Middle		
L _		ESTDALE		TA Zip 018	87-0000	_	ess <u>8 WES'</u>			AVI	<u> </u>				1.00	7 2044	
				URANCE C			WILMING		Г	. 1938	22					7-3044	
	Vehicle Travel D			Responding to Em			te Action Prior to		<u> </u>	1 23	23		Status:		2 2		
5		ued) <u>23695</u>		Responding to Eff.	iergency :			22	996 - 694 - 694		344 1	Туре	of Tes	t:	2 2		
L	Viol. 1: Ch/Sec/S			ol. 2: Ch/Sec/Sub -			r Contributing Co			25	25		Test R		3	·	22 ¹³
	Viol. 3: Ch/Sec/S			l. 4: Ch/Sec/Sub -			r Distracted by	99		2	6	-		ol: 1 3 scene?	Sus	p. Drug: 99 ³² 3	
⁶ 1		Please fill out		and all occupants					34	35 Sefety	36 Airbag	37	38 3	9 40 ury Transj			4
L	Nonse (Lost First Mi				Address See Above		DOB/Age	Sex V	Роя.	System 99	Status 4	Code (ode Sta	itus Code		Medical Facility	-
	Operato						\sim	\frown		<u> </u>	4			, <u> </u>			-
															<u>.</u>		4
								-									
⁷ 1	Please Select O of the Followin		2#C	Decupants 🔲 Hi	it/Run	Moped	U Vulnera	ble Us	er Co	omplet	e the V	ılnerab	le User	section.			
	License #		St	DOB/Age		Reg #					Reg	Гуре		F	Reg Stat	te	1
	Sex Lic. C	lass 19 1	9 Lic, Restr		CDL	Veh Y	ear	\	/eh Mal	ke				Vel	lı Confi	g. 21	
8	Operator	Last	Firs		Middle	Owne	r	Lasi			First				Aiddle		
⁸ 1	Address					Addre	SS				1.03						
	City		State	Zip		City								-	<u></u>	······································	1 ¹⁴
	Insurance Compa	·				Vehicl	e Action Prior to			-3444	22		iged Ar Status:	ea Code	27		
	Vehicle Travel Di	rection: NS	EWF	Responding to Eme	ergency?	_ Event	Sequence	23	96 (20)3. 	23	23		of Test		29		
⁹ 2	Citation # (If Issu	-					Harmful Event		24	a Co	25	BAC	Test Re	sult:	30		
				. 2: Ch/Sec/Sub -			Contributing Co	de	26	20			Alcoho			Drug 32	
	Viol. 3: Ch/Sec/Su			. 4: Ch/Sec/Sub -		Driver	Distracted by		<u>े</u> ू ं.	35	J		d from		33		ļ
	Name (Last First Mid	dle)		and an occupants t	Address		DOB/Age	Sex	Seat 1	Safety .	Airbag I	ject 1	ap Inju de Stat	ry Transp.		Medical Facility	-
	Operato	r/Occupan	ts		See Above		\geq	Х	1						<u> </u>		
										Ţ		ſ					
																	1

	-	= Direction	= Vehicle 1 [2 = Vehicle 2	Q = Pedest	rian 💑	= Bicycle	
Crash Diagram:		ie: 🔶 🔤	□ →[2	→ ¥	- > 55		
12 Av	Strout	RMLD Pole :	308/5	14 Strout Ave			If Crash <u>Did</u> on a Public V	
		Q	The	1100			Off-Street Parl	ting Lot
		6	U_U				Garage	l
				4			Mall/Shopping	Center
							Other Private V	
							Indicate Nort	h by Arrow
Crash Narrative		have been tra	veling wes	stbound on S	trout Ave	and it i	left the	
roadway to the	right si	de. Once it le	ft the roa	adway the ve	hicle str	uck RMLD	Pole 308/5	
causing damage	to the c	enter and righ	t front of	E the vehicl	e as well	as the t	the right sid	le.
No airbags were	deploye	d. The vehicle	was towed	l by Cains T	'owing.			
						••••••••••••••••••••••••••••••••••••••		
							· · · · · · · · · · · · · · · · · · ·	
			<u></u>					
							· · · · · · · · · · · · · · · · · · ·	
		······						
Witnesses:								
Name (Last,First,Middle)		••••••••••••••••••••••••••••••••••••••	Address			Phone #		Statement
		<u></u>						
			l					
Property Damage								
Owner (Last,First,Middle)		Address		Phone #	41-Type	Description of	Damaged Property	
READING MUNICIPAL LIG	IT DEPARTMEN	230 ASH ST READ	ING MA 0186	7	4	WOODEN	UTILITY 1	POLE
Truck and Bus Inf	ormation:	Registration #		(From \	Vehicle Section)	L		
Carrier Name							Bus Use	42
Address				City		S	t Zip	·
US DOT #:		State Number		Issuing State	MC/MX	/ICC #:		
Interstate 43	Cargo Body Ty	pe Code	GVWR/GCWR	45		_		
Trailer Reg #:		Reg Type	Reg State	Reg Year_	Trai	ler Length	46	
Hazmat Information:	4. 1.1 1 1 1 1	48 Material Nam	a		Matarial A dia			49
Placard	terial 1 digit #					jit #	Release code	
Patrol Officer Mi							Department	03/04/2025
olice Officer Name (Please	Print)	Signature		ID/Badge # E	Department	Precinc	t/Barracks	Date

Form No. 10364 CRA-65 08/23

Wilmington Police Department Images Associated with 25-69-AC





Wilmington Police Department Images Associated with 25-69-AC



	Po	lice Use Only		Com	monweal	lth	of Mass	ach	ius	etts	5			RM	IV Doc	cument Num	ber]
	Date of Crash 03/05/2025		TITA 7 m	City/Town ington] Motor `	Veh	icle Cra	ısh		lumber chicles		mber jured		d Limi	t_2	5 State Polis Local Polis MBTA Po	ce 🔯	1
	03/03/2023	24HR	1	ington	Poli	ice]	Report		2		0		Latin Long	itude		Campus F		
		AT INTER	SECTI	ON:	< L	OCA	TION	>			NO	TA	ΓIN	TER	ISEC	TION:]
									~~	-				-				2 10
1	Route# Dire	ction		Name of Roadway/S	treet		Route# Direc	tion	20 Add	D ress #	<u>M</u>	AIN			f Roady	way/Street		
1				At			Foot	NS	EW	- مر			_		• or			
	Route# Dire	ction	Name	of Intersecting Road	way/Street		1.661	<u>er</u> 12	1-21.1]01	M	lile Ma	arker		· 01 .	Exit Nu	nber	1 1
				Also at Intersection	with		Feet	NS	ΕW	of	Rou	e#		Inters	ecting	Roadway/Str	eet	2
2	Route# Dire	ction	Name	of Intersecting Road	way/Street		Feet	NS	EW] of					eeting.	10000110/1001		
1					- 										andmar	k		-
3	Please Select of the Followi		le 1 <u>1</u>	#Occupants 🛄 Hit	/Run 🛄 M	oped	Crash f	Report	ID#	25	; " ,	70·	-A	C				
	License ‡		9 St	DOB/Age		Reg #	SN27CV				Re	ед Туре	PC	,	R	teg State MZ	<u> </u>	12
	Sex F_Lic.	Class D 19	19 Lic. Re		DL	Veh Y	rear 2016		Veh M	lake 📘	OD	GE			Vel	n Config.	21	1
.	Operator CH		, DIA	NNE MARI	indorsement	Owne	er CHALIF	'OUI	<u>R,</u>	LEO		G				tidála		
⁴ 1	Address 411	CUTTS	AVE	••••••		Addre	ess <u>230 SI</u>	HAW	SHE	CEN					M	mulic		
	City PORT	SMOUTH	State	NH Zip 0380	1	City]	WILMING	TON	T							1887		
	Insurance Comp	any ARBEL	LA MU	TUAL INSU	JRANCE	Vehic	le Action Prior to	Crash	ı	1	22				a Code:		7 27	
5	Vehicle Travel I	Direction: N	EW	Responding to Emer	gency? 2	Event	Sequence 1	23	23	23	23		st Stat			1 28 1 29		
	Citation # (If Iss	sued)		-		Most	Harmful Event	1	24				-	st Res	ult:	0 1 ³⁰		
	Viol. 1; Ch/Sec/	Sub	Vi	ol. 2: Ch/Sec/Sub		Drive	r Contributing Co	de	1	25	24	5 Su	ısp. Al	cohol:	2 31	Susp. Drug	2 32	1 ¹³
⁶ 2	Viol, 3: Ch/Sec/	Sub	Vi	ol. 4: Ch/Sec/Sub		Drive	r Distracted by	0	26		26	Τo	wed f	rom sc	ene?	2 33		
2	Name (Last First M		for operato	r and all occupants in	Volved Address		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status		Medical I	acility	[
	Operate	or		s	ee Above		\boxtimes	\mathbf{N}	1	1	4	0	0	10	1			
			· · · · ·					Γ										
														1				
							-											
	Please Select C)ne - NZ 1	.1 4								L		L	<u> </u>]			1
⁷ 1	of the Followir		e <u>2_⊥</u> #	Occupants Hit/	Run Mo	ped	Ullucia Vulnera	ble Us	er C	Comple	te the	Vulner	able U	Jser se	ction.			
	License #	l Trol Trol	St ត	DOB/Age		+	VT38746									eg State MZ	21	
	Sex F Lic. (The second states of the second	<u>.</u>	trictions 1	DL ndorsement		ear <u>2013</u>									Config.		
⁸ 1	-	NLESS, E	F	RA	Middle		r LAWLES	Last			FRI F	ANC irst	IS	JR	Mi	iddle		
		CYNTHIA					ss <u>50 CYN</u>		IA	RD								14
	City TEWKS			<u>4A</u> Zip 01876			TEWKSBUI]		22				ip U . Code:	27 27 27		1L
			,,	OCK ASSUR			e Action Prior to		23	4 23	23		st Stat		Couc.	3 1 ²⁸		
	Vehicle Travel D	<u>v x</u>	EW	Responding to Emer	gency?		Sequence 1	- -	24			Ty	pe of I	Fest:		0 ²⁹		
⁹ 2	Citation # (If Issu						Harmful Event	L		25	25			t Resu		1 30		
L				ol. 2: Ch/Sec/Sub			Contributing Co	0	26		6	Su		cohol: om sce	2 ³¹	Susp. Drug	2 32	
	v101. 5: CIVSec/5			ol. 4: Ch/Sec/Sub		Diivei		<u> </u>	34	35	36	37	38	39	40	1		l
	Nome (Last First Mi	iddle)	•	T	Address		DOB/Age	Sex	Scat Pos.	Safety System	Airbag Status	Eject Code	Trap Code	Status	Transp. Code	Medical F	acility	
	Operato	pr/Occupan	its	Se	e Above		\mid	ľ	1	1	2	0	0	10	1			
																 _		
]											



Witnesses:						Damaged Property Bus Use 42 Cartering the second	
Name (Last,First,Middle)		Address			Phone #		Statement
Property Damage:							
Owner (Last,First,Middle)	Address		Phone #	41-Type	Description of Dama	ged Property	
Truck and Bus Information	1: Registration #		(From	Vehicle Section)			
Carrier Name						Bus Use	42
Address			_ City		St	Zip	
US DOT #:	State Number		Issuing State	MC/MX	/ICC #:		
43	44		45				
Interstate Cargo Body	y Type Code	GVWR/GCWR					
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	iler Length	5	
Hazmat Information:				114	nor songu	J	
47	48					1000	49
Placard Material 1 digit	# Material Nam	e		Material 4 dig	git #	Release code	49
							an and
Patrol Officer Kevin	J Skinner		200	Wilmington	n Police Depa	rtment 03,	/05/2025
Police Officer Name (Please Print)	Signature		ID/Badge #	Department	Precinct/Barra	acks Date	

	Polic	e Use Only		Com	monwe	alth	of Massa	ach	use	tts			RN	IV Doc	ument Number	
		Time of Crash	1	City/Town ington	Motor	r Veh	icle Cra	sh			Number Injured	Spee	d Limi	it(O State Police Local Police MBTA Police	
		24HR					Report		1	:			ude gitude _		Campus Police Other:	_ ŭ
	2	AT INTER	SECTIO	ON:	<	LOCA	TION	>		N	OT A	T IN	TER	RSEC	TION:	
	j.						-		47		WES	T S	դո			2 ¹⁰
1	Route# Directi	on		Name of Roadway/S	treet		Route# Direc	tion	Addre					f Roadv	way/Street	
4	_			At			Feet	NS	EW	of —			• —	- or]
	Route# Directi	on	Naine	of Intersecting Road			-		-		Mile N	larker			Exit Number	1
				Also at Intersection	with				EW.	R	oute#		Inters	secting	Roadway/Street	
² 3	Route# Direction	on	Name	of Intersecting Road	way/Street		Feet	11.9	Emi	ot				andmar	1.	
L	Please Select On		e 1 1 #	#Occupants 🔲 Hi	/Run	Moped	Crash R	anort	ID# 2	5_	71	Z		anuman	<u>к</u>	
3	of the Following					-										
	License #	19	St [9]	OB/Age			<u> 58YM34</u>								eg State MA	21 5 ¹²
	Sex <u>M</u> Lic. Cla Operator <u>ACK</u>				DL Indorsement		rear <u>2023</u>								1 Config.	
⁴ 1	Address 497	Last	F	inst	Middle		er <u>ACKERM</u> ess <u>497 WC</u>	.ast			First	<u>JUS.</u>	EPR		iddle	
Ľ	City WILMIN			MA_Zip_0188	7-2503		WILMING			<u> </u>	¢.	ate M	Α,	7in ().	1887-250) 3
	· ·			CE INSURA			le Action Prior to		6	22				-	11 27 27	27
	Vehicle Travel Dire		EX	Responding to Emer			Sequence			13 2.	, , ,	est Sta			1 28	
⁵ 2	Citation # (If Issue						Harmful Event	The second s				ype of			97 ²⁹	
	Viol. 1: Ch/Sec/Sut	, <u>90</u>	24J_Vi	ol. 2: Ch/Sec/Sub 9	<u>) 24</u> E		r Contributing Co	F	10 ²	5	25	AC Te		ult:	1 30 Susp. Drug: 1	32 21 ¹³
6	Viol. 3: Ch/Sec/Sut	90	23D Vie	ol. 4: Ch/Sec/Sub 8	9 4A	Drive	r Distracted by	99	26	26		owed f		-	1 33	
⁶ 2			for operato	r and all occupants in						35 3 Safety Air	bag Eject	38 Trap Code	39 Injury			
	Operator			s	Address ee Above		DOB/Age	Sex.		ystens Sta 9 3	ius Code	Code	Status 9	Code	Medical Facility	
							<	\sim								
					···· · · · · · · · · · · · · · · · · ·								-			
											_		 			
				I												
⁷ 1	Please Select One of the Following:		2#	Occupants Hit/	Run 🛄 N	Moped	Vulnerab	ole Use	er Con	nplete ti	ne Vulne	rable U	Jser se	ction.		
L	License #	(_ DOB/Age		Reg #]	Reg Typ	e		Re	· · · · · · · · · · · · · · · · · · ·	
	Sex Lic. Clas	ss 19 19	Lic. Res		DL	Veh Y	ear	Ve	eh Mak	e		-		Veh	Config.	
⁸ 2	Operator	asl	Fit	rst	Middle	Owne	rL	as1			First			Mie	delle	
_	Address						SS		· · · ·							14
			State	Zip						22		ate		Code:	27 27	27
	Insurance Company		-				e Action Prior to C		3 2	3 23	I т.	amaged est Stat		Code.	28	
	Vehicle Travel Direc	L	J	Responding to Emer	gency?				24			/pe of 🕽	Test:		29	
⁹ 2	Citation # (If Issued	, ,					Harmful Event Contributing Cod	<u>्र स्टेड</u> य	25		25	AC Tes	ſ			
				l. 2: Ch/Sec/Sub —			Distracted by		26	26		isp. Ale owed fr	E		Susp. Drug:	32
		· · ·		and all occupants inv					34 Seat S	35 30 afety Airt	37	38	39	40 L	<u></u>	
	Name (Last First Middle)		40	-	Address		DOB/Age	Sex	Pos. Sy	afety Airt stem Stat	ag Eject as Code	Trap Code	lajury Status	Trensp. Code	Medical Facility	
	Operator/	Occupan	15	Se	e Above			\land	1		-					
											_			 		
											_	ļ				

Image: Crash Diagram:Image: Image: Imag	= Bicycle
47 West St	If Crash <u>Did Not</u> Occur on a Public Way: Off-Street Parking Lot Garage Mall/Shopping Center Other Private Way
West St	Indicate North by Arrow
Crash Narrative:	
03/06/25 appx 1215hrs, dispatched, 1-car MVC, car v. tree area 47 West St ()	25-115-AR), On
arrival, full airbag deployment, OP1 fled prior to police arrival. WIT1 sta	
and came out. Shouted for OP1 but no response. Reviwed video footage from W.	
video: MV1 traveling high rate of speed W-Bound West St. MV1 traveled straig	ght as roadway
turned to L. MV1 off roadway R-side. Head-on into tree. MV1 spun and sat per	rpendicular to
roadway. OP1 exited MV1 and fled E-Bound down West St. MV1 totaled, Cain's ?	Towed MV1.
Possible minor injury sustained, OP1 not forthcoming on injury, no apparent	serious
injury.	

Witnesses:							
Name (Last,First,Middle)		Address				Phone #	Statement
ZANNELLI NICOLO J		44 WEST ST 1	VILMINGTON	MA 01887-3	8040		
MORRISSEY CLAYTON		47 WEST ST	WILMINGTON	N MA 01887	1		
Property Damage:							
Owner (Last,First,Middle)	Address		Phone #	41-Type	Descr	iption of Damaged Property	
TOWN OF WILMINGTON	121 GLEN RD WILMIN	NGTON MA 01887		3	TRE	E	
Truck and Bus Information: Carrier Name Address US DOT #: 43			City			Bus Use St Zip	
Interstate Cargo Body Typ Trailer Reg #:	pe Code	GVWR/GCWR		Trai	iler Len	46	
Hazmat Information: Placard 47 Material 1 digit #						Release code	49
Patrol Officer Joseph A Fit Police Officer Name (Please Print)	zgerald Signature			Wilmington Department	Pol	ice Department 03/ Precinct/Barracks Date	06/2025

Police Officer Name (Please Print) ID/Badge # Department Signature

Wilmington Police Department Images Associated with 25-71-AC





Description	Туре
VIDEO3	MP4
Attachment#: 5AEE90DD74A54461B504C1CDBB47CED5	
VIDEO2	MP4
Attachment#: ABF3B0325DAC4D9B8805F0198B6355B6	· · · · · · · · · · · · · · · · · · ·
VIDEO1	MP4
Attachment#: D880AE217A0C4DE4BDA231F897B342DD	···· ··· ·····

	Po	lice Use Only		Com	monweal	th e	of Mass:	ach	iuse	etts			RM	AV Do	cument Number	
	Date of Crash 03/06/2025			City/Town ington	Motor V			sh		unber hicles	Num Inju	~ ⁰ 2'	ed Lim		5 State Police Local Police MBTA Police	800
		24HR		_			Report		3		1	Loi	igitude .		Campus Police Other:	
		AT INTER	SECTIO	ON:	< L(DCA	TION	>			NOT	ATI	NTEI	RSEC	CTION:	
	Route# Dire	ction		Name of Roadway/St	zeet		62 Route# Direc	tion	62 Addre		BU	RLI			AVE way/Street	2 10
¹ 1				At												
							Feet	NS	EW	of		 Marker		- ог	Exit Number	— <u> </u>
	Route# Dire	ction		of Intersecting Roady Also at Intersection v	· · · · · · · · · · · · · · · · · · ·		Feet	NS	EW	of						1 ¹¹
² 2	Route# Dire	ction	Name	of Intersecting Roady	vay/Street				EW		Route		Inter	secting	Roadway/Street	
Ľ		0										<u> </u>		andma	rk	
3	Please Select of the Followi		le 1 <u>1</u>	#Occupants 🛄 Hit/	Run 🛄 Mo	ped	Crash R	leport	1D# 2	25	-7	2-1	AC			
L,,_	License #	Class D 19		OOB/Ag			71JW20				-					21 5 ¹²
	1	F		NT RAYMON	ndorsement		er GRASSI				NT	RAYN)	· • • • • • • • • • • • • • • • • • • •	
⁴ 1		MULLER		irst		Addre	ess 72 MUI	Last	<u>r r</u>	D	Firs			h	Middle	
L	City BURL	INGTON	State 1	MA Zip 01803	8-5111	City]	BURLING	TON	I			State 1	1A	Zip _0	1803-511	1
	Insurance Comp	any GEICO	GENEI	RAL INSUR	NCE C	Vehicl	le Action Prior to	Crash		1	22	Dama	ged Are	a Code	1 27 27	27
6	Vehicle Travel I	Direction: NS	s Xw	Responding to Emerge	gency? 2	Event	Sequence 22	23	23	23	23	Test S	atus:		1 28	
⁵ 2	Citation # (If Iss	ued)				Most I		22	24			Туре с			29	
	Viol. 1: Ch/Sec/	Sub	Vie	ol. 2: Ch/Sec/Sub		Driver	r Contributing Co	de	11	25	25	Susp. 2	est Res		1	32 22 ¹³
[<u></u>	- Viol. 3: Ch/Sec/:	Sub	Vie	ol. 4: Ch/Sec/Sub —		Driver	Distracted by	0	26	26	5		from s		1 33	
⁶ 1			for operator	r and all occupants inv	volved				34 Seal	35 Safety	-J 36 Airbag	37 38 Sject Tra	39 Injuy	40 Transp		
L	Name (Last First M			5	Address		DOB/Age	Sex	Pos,	System		Code Cou	e Statu:		Medical Facility	
	Operan						\sim	\sim	1							
					······											
⁷ 1	Please Select C of the Followit		e 2 1 #	Occupants 🛄 Hit/I	Run 🔲 Mop	oed	Vulnerat	ole Us	er Co	mplete	e the Vi	Inerable	User s	ection.		
	License 7		it	DOB/Ag.	:	Reg #.	W98406				Reg	уре <u>С(</u>	2	R	teg State MA	
	Sex <u>M</u> Lic. (Lic. Rest	En En	DL	Veh Ye	ear <u>2003</u>	V	/eh Mal	ce FC	ORD			Vel	h Config. 2	<u> </u>
⁸ 1	Operator MI	FZA, LAV	WRENCI	S H	Middle	Owner	LH MIT		LAN	DSC	CAP First	ING		м	liddle	
1		JACQUIT				Addres	ss <u>86 LOW</u>	ELI	L S.	r						14
	-			IA Zip 01887		City 🚺	VILMING7	<u>'ON</u>							1887-291	<u>1</u> 5
	Insurance Compa	-		URANCE CO	MPANY	Vehicle	e Action Prior to			Netwo Netwo	2	Damag Test St		a Code:	0 27 27 27	27
	Vehicle Travel D			Responding to Emerg	ency? 2 1	Event :	Sequence 48			23	23	Type of			29	
⁹ 2		_{red)} 240924.				Most H	Iannful Event	48				BAC T		ult:	1 30	
	Viol, 1: Ch/Sec/S	sub <u>85</u>	<u>36</u> _Vio	I. 2; Ch/Sec/Sub 90	<u> 11 </u>	Driver	Contributing Cod	le [5	25	Susp. A	Jcohol:	2 31	Susp. Drug. 2	32
	Viol. 3: Ch/Sec/S			l. 4: Ch/Sec/Sub		Driver	Distracted by	0	26	26	1	Towed			2 33	
	Name (Lost First Mi		for operator	and all occupants inv	olved Address		DOB/Age	Sex		35 Safety / System 2	Airbag 🛛 🗈	37 38 ject Traj ode Cod	39 Injury Status		Medical Facility	
		or/Occupar	nts	Se	e Above		\searrow	\mathbf{X}		99 5		0	10	1		
													1	1		
													-			
			· · · · · · · ·										-		1	

	= Direction 1 = Vehicle 1 2 = Vehicle 2	= Pedestrian \overrightarrow{OO} = Bicycle
Crash Diagram:		→ 63
	62 Burling	pton Ave. If Crash <u>Did Not</u> Occur on a Public Way:
	¥b	Off-Street Parking Lot
	<	
	objec	ি Mall/Shopping Center
	roadw	Vay from MV2 Other Private Way
	man B	F=1509
	Mast de	Indicate North by Arrow
	8. 	
Webber St.		
Crash Narrative:	I	V

MV2 was traveling westbound on Burlington Ave with a pickup truck bed loaded with various wooden furniture pieces and scrap metal. A piece of wooden furniture fell onto the roadway near 62 Burlington Ave. In an attempt to avoid the obstacle, MV1 swerved to the right and collided with a pole. As the wooden object hit the road, a fragment broke off and struck MV3.

Video footage from MV3 have been attached.

Witnesses:							
Name (Last,First,Middle)	Addres	SS			Phone #		Statement
DANIELS SCOTT LEE	5 CH	ESTER A	VE BURLING	TON MA 018	803	of Damaged Property TY POLE Bus Use St Zip 46Release code	
Property Damage:			-				
Owner (Last, First, Middle)	Address		Phone #	41-Туре	Description of Da	maged Property	
VERIZON	28 DIANA LN DRACUT M	A 01826	!	4	UTILITY	tion of Damaged Property LITY POLE Bus Use St Zip 1 46 Release code	
Truck and Bus Information: Carrier Name	State Number pe Code 44 GVWF Reg Type Reg	R/GCWR	City _ Issuing State 45 Reg Year _	MC/MX/	ICC #:	POLE	
Patrol Officer Brian Tay					Police De Precinct/B		03/06/2025
Police Officer Name (Please Print)	Signature	11	D/Badge # I	Department	Precincul	allacks	Date

<u></u>	Police Use Only	<u> </u>	<u>Com</u> monwea	lth of	Massa	achus	sett	S			RMV Do	cument Number	
Date of Cra 03/06/202	1401	City/Town Wilmington	n Motor	Vehic ice Ro			Number Vehicle:	s Inji	ired	Speed L Latitude		5 State Police Local Police MBTA Police Campus Police	
	AT INTER	SECTION:		LOCATI	-			1		Longituc		Other:	
		She mon.			UN			NU		119 1 1	LKSE	CTION:	
			· · · · · · · · · · · · · · · · · · ·		2	6;		B	JRL	ING	TON 2	AVE	
Route# D	irection		adway/Street At	Ro	ute# Direct	ion Ad	dress #			Name	e of Road	lway/Street	
-			4 51	_	Feet	NSE	V of				or		
Route# D	irection	Name of Intersecti	·					M	ile Mar	ker		Exit Number	r
		Also at Inter	section with			NSEV		Rout	#	Int	ersecting	Roadway/Street	—
Route# D	irection	Name of Intersecti	ng Roadway/Street		Feet	NSEV	V of						
Please Sele	t One		<u> </u>	<u> </u>							Landma	ırk	
of the Follo		e <u>31</u> #Occupants	Hit/Run M	loped	Crash R	eport ID#	25	-7	2-	-AC	•		
License #	<u> </u>	S()OB/Age	÷	Reg # F	W637K			Reg	; Туре	PC	I	Reg State MA	
Sex <u>M</u> L	c. Class D	9 Lic. Restrictions B	20 CDL	Veh Year	2013	Veh I	/lake C	HEV	ROI	ET	Ve	h Config.	21
Operator D	ANIELS, S	SCOTT LEE	Endorsement	Owner L	ANIEL	<u>s, s</u> (OTI		E			- .	
	CHESTER		Middle	Address	5 CHES	TER	AVE	Fi	rst		Ņ	vliddle	
City BUR	INGTON	State MA Zip_C	1803-1311	City BU	RLING	ION			State	MA	Zin O	1803-13:	11
		INSURANC			ction Prior to		1	22			-		27
Vehicle Trave			to Emergency? 2	Event Seq			23	23	Tes	t Status:		1 28	
Citation # (If	Issued)		5	-		10 ²⁴			Тур	e of Tes	t:	29	
-			/Sub		ntributing Cod		25	25		C Test R		1 30	32
			/Sub	Driver Dis		0 26	<u></u>	6			ol: 2 31 scene?	1 Susp. Drug 2	
		for operator and all occu			inacted by	34	35]	37		scene /	2 T	
Name (Lost Fir:		·····	Address		DOB/Age	Sex Pos.	Safety System	Aisbag Status	Eject		ury Transp aus Code		<u> </u>
Opera	tor		See Above		\geq	X_1	99	4	0 0) 10) 1		
Please Selec	One (TT)		-	1 r							ľ	L	
of the Follow		4#Occupants	Hit/Run Mo	oped	Vulnerab	le User	Comple	te the V	ulnerat	ole User	section.		
License #		St DOB/Age		Reg #				_ Reg	Туре_		R		
	19 19	Lic. Restrictions	20 CDL Endorsement	Veh Year_		Veh M	ake				Veh	1 Config.	21
Sex Lic	. Class	J	Endorsement										- 1
		First	Middle	Owner		-1		74			· · · ·	17. P. H.	
Sex Lic	Last	J	Middle	Owner	La	st		Firs	ι		. м	jiddle	
Sex Lic Operator Address	Last	J		Address	La							jiddle	
Sex Lic Operator Address City	Last	First		Address	La				State				
Sex Lic Operator Address City	Last	First Zip		Address	La tion Prior to C	rash	23		. State Dam Test	aged Ar Status:	. Zip <u> </u>	27 27 28	
Sex Lic Operator Address City Insurance Con Vehicle Travel	Last	First State Zip E W Responding t	o Emergency?	Address City Vehicle Ac	La tion Prior to C ence	rash	1.000	22	, State Dam Test Type	aged Ar Status: of Test:	. Zip <u> </u>	27 27 28 29	
Sex Lic Operator Address City Insurance Con Vehicle Travel Citation # (If I	Last pany Direction: NS ssued)	First First State Zip E W Responding t	o Emergency?	Address City Vehicle Ac Event Sequ Most Hamm	La tion Prior to C ence	Grash 3 23 24	1.000	22	. State Dam Test Type BAC	aged Ar Status: of Test: Test Ro	_ Zip ea Code: esult:	27 27 28 29 30	27
Sex Lic Operator Address City Insurance Con Vehicle Travel Citation # (If I Viol. 1: Ch/Sec	Last pany Direction: NS sued) /Sub	First First State Zip EW Responding t Viol. 2: Ct/Sec/S	to Emergency?	Address City Vehicle Ac Event Sequ Most Hamm	tion Prior to C ence 23 ful Event tributing Code	Grash 3 23 24	23	22 23 25	, State Dam Test Type BAC Susp	aged Ar Status: of Test: Test Ro	_ Zip ea Code: esult:	27 27 28 29 30	27
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Sex Lic Operator Address City Insurance Con Vehicle Travel Citation # (If Is Viol. 1: Ch/Sec Viol, 3: Ch/Sec Name (Last First	Last pany Direction: NS sued) /Sub /Sub Please fill out fo Middley	First First State Zip Kesponding t Viol. 2: Ctt/Sec/S Viol. 4: Ch/Sec/S Or operator and all occup	SubSub	Address City Vehicle Ac Event Sequ Most Harm Driver Con	tion Prior to C ence 23 ful Event tributing Code	23 24 24 26 26 34 Seat Pos.	23 25 21 21	22 23 25 36	State, Dam Test Type BAC Susp Towe	aged Ar Status: of Test: Test Re . Alcoho ed from	2 Zip ea Code: esult: bl: 31 scene?	27 27 28 29 30 Susp. Drug.	27
Sex Lic Operator Address City Insurance Con Vehicle Travel Citation # (If h Viol. 1: Ch/Sec Viol, 3: Ch/Sec Name (Last First	Last pany Direction: NS sued) /Sub /Sub Please fill out for	First First State Zip Kesponding t Viol. 2: Ctt/Sec/S Viol. 4: Ch/Sec/S Or operator and all occup	o Emergency? Sub Sub	Address City Vehicle Ac Event Sequ Most Harm Driver Con	tion Prior to C ence 22 ful Event [tributing Code racted by [crash 5 23 24 3 26 26	23 25 25 20 21	22 23 25 36	State, Dam Test Type BAC Susp Towe	aged Ar Status: of Test: Test Ro . Alcoho ed from 38 39 Trap 1aju	2 Zip ea Code: esult: bl: 31 scene?	27 27 28 29 30 Susp. Drug.	27
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Description	Туре
INSIDE CABIN VIEW	MP4
Attachment#: 42D33333C7724FE2B5AEA702B578F003	#F####################################
FOWARD FACING CAMERA	MP4
Attachment#: E6D154F2AA344C1A96833A0F8341FEEC	