	Police Use Only	Com	monwealth	onwealth of Massachusetts RMV Document Number				승규는 아들은 도도로 한 것이 한 것이 있다.				
	1 1	City/Town ington	Motor Ve	hicle Cra	sh 🔤	lumber /ehicles	Number Injured	- Photo	d Limit	30	State Police Local Police MBTA Police Campus Police	
	24HR	TIIGCOIL	Police	Report	2		1	Latin Long	itude		Campus Police	5
	AT INTERSECTIO	ON:	< LOC.	ATION >	>		NOT A	T IN	TER	SEC'	TION:	
					35	:	CUN		CUN	мс	171	2 ¹⁰
1_	Route# Direction	Name of Roadway/St	reet	Route# Direct		ress #	<u></u>				vay/Street	
1	4	At		Feet	N S E	of	<u> </u>	(• —	or_		_
		of Intersecting Roady	,				Mile M	larker			Exit Number	3 11
		Also at Intersection v	vith		NSEW	-	Route#		Interse	ecting F	Roadway/Street	
² 1	Route# Direction Name	of Intersecting Roady	vay/Street	Feet	NSEW	/] of						
	Please Select One Vehicle 11			Moped Crash Report ID# 25-122-AC								
3	of the Following:									-		
	License # St	DOB/Age		# <u>8ELY70</u>							21	- 1 ¹²
	Sex <u>L</u> Lic. Class <u>D</u> Lic. Res		ndorsement	Year 2019				N		Veh	Config. 1	<u> </u>
⁴ 2	Operator TOMPKINS, LAUR	EN	Middle	her TOMPKI	ast		EN First			Mis	dille	-
2	Address 12 MOZART AVE	(7 0100		ress 12 MOZ		AVE						-
	City WILMINGTON State Insurance Company THE COMMERC	-		WILMINGT			_			· _	1887-2678	- [
	Vehicle Travel Direction: NSEX			cle Action Prior to C	Crash 3 23	23		est Stat		Couc.	2 3 1 1 28	
⁵ 1	Citation # (If Issued)	Responding to Emerg		it Sequence	1 24	<u> </u>		'ype of '	Test:		0 29	
	Viol. 1: Ch/Sec/SubViol	al 2: Ch/See/Sech		er Contributing Cod	- <u>1</u>	25	25	AC Te			1 30	13
	Viol. 3: Ch/Sec/SubViol			г	0 26	26	<u> </u>	usp. Al owed fi			Susp. Drug 2 32	1
⁶ 1	Please fill out for operator				34	35	36 37	38	39	40	1	-
L	Nome (Last First Middle)		Address	DOB/Age	Sex Pos.	System	Airbag Eject Status Code	Code	Injury Status	Transp. Code	Medical Facility	-
	Operator	Se	ee Above		X^1	1	1 0	0	9	1		
								<u> </u>				
⁷ 3	Please Select One of the Following: X Vehicle 21 #	Occupants 🛄 Hit/I	Run 🔲 Moped	Vulnerab	le User C	Complete	e the Vulne	rable U	Jser sec	ction.	,	7
	License # St.	DOB/Age	Reg	# DV7777			_ Reg Typ	e PC		Re	g State MA	1
	Sex M_Lic, Class D		DL Veh	Year 2018	Veh M	ake <u>CF</u>	IEVRC	LET	7	_ Veh (Config. 2	
8	Operator RIVERA, ANDREW		dorsement Own	er STONE ,	NORM	AN (EOR	E		Mid		
⁸ 1	Address 1 ARCHSTONE CIR	APT 109		ess 2 BALD	NIN R	Ð	F1181			M10		
	City READING State M	A Zip 01867	-3791 City	WILMINGT	ON					- س	887-2801	1 14
	Insurance Company PROGRESSIVE	DIRECT I	NSURA Vehic	le Action Prior to C	rash	1 2				Code:	9 27 7 27 27	
		Responding to Emerg	ency? <u>2</u> Even	t Sequence 1 23	23	23		est Stati		1	L 28 29	
⁹ 2	Citation # (If Issued) 396963AD-CN		Harmful Event	L ²⁴		В.	AC Tes		lt: 1	30		
	Viol, 1: Ch/Sec/Sub 89 8 Vio		r Contributing Code		25		ısp. Alc	cohol:	2 31	Susp. Drug 2 32		
		1. 4: Ch/Sec/Sub		r Distracted by	99 ²⁶	35	Te	owed fr		12	L ³³	_
	Please fill out for operator Name (Last First Middle)	•	olved Address	DOB/Age	Seat Sex Fos.	Safety A	36 37 Airbag Eject Status Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility	
	Operator/Occupants	Se	e Above		\mathbf{X}_{1}	1 4	o	0	10	1		
			••••••••••••••••••••••••••••••••••••••							T]
												1
	1894											1
L					I		<u> </u>					

Form No. 10364 CRA-65 08/23



Crash Narrative:

The operator of MV 1 stated that while she was traveling straight ahead on Cunningham St, MV 2 failed to stop at the stop signed and pulled out in front of her causing a collision. The operator of MV 1 stated that MV 2 never attempted to stop and crashed into her. MV 1 sustained right front and right-side damage. The vehicle had to be towed from the scene. The operator of MV 1 denied medical attention on scene but stated she may have sprained her right wrist.

The operator of MV 2 stated that he was traveling straight ahead on Jacobs St towards

Cunningham St and came to a stop at the stop sign at the intersection of Jacobs St and

Cunningham St. The operator of MV 2 stated he saw MV 1 traveling on Cunningham St but

thought he had enough time to make the left hand turn onto Cunningham St. The operator of

MV 2 stated when he went to make the left-hand turn, MV 1 hit him. MV 2 sustained front

Witnesses:							
Name (Last,First,Middle)	· · · · · · · · · · · · · · · · · · ·	Address			Phone #		Statement
SHAUGHNESSY MATTHEW PA	UL	33 CUNNING	HAM ST WILMING	STON MA 01887			2
			· · · · · · · · · · · · · · · · · · ·				
Property Damage:							
Owner (Last, First, Middle)	Address		Phone #	41-Type Desc	ription of Damaged	Property	
Truck and Bus Information	Registration #		(From Ve	hicle Section)			
Carrier Name						Bus Use	42
Address			_ City		St	Zip	
US DOT #:	State Number		Issuing State	MC/MX/ICC #	k		
Interstate Cargo Body	Type Code	GVWR/GCWR	45				
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trailer Le	ngtlı 46		
Hazmat Information:					······································		
Placard Material 1 digit	# 48 Material Nar	ne		Material 4 digit #		Release code	49
Patrol Officer Robert M DeG	regorio III		223 W:	ilmington Po	lice Depart	ment 05/0	04/2025
Police Officer Name (Please Print)	Signature		ID/Badge # De	partment	Precinct/Barracks	Date	









Attachments for 25-122-AC	······································
Description	Туре
LN TÓMPKINS OPER CRASH RPT	PDF
Attachment#: 4D53201DACF248CC851B157EE2D92BE6	
CRASH VIDEO	MP4
Attachment#: E229F3F3054B474C973EAF9204127E64	· · · · · · · · · · · · · · · · · · ·

Wilmington Police Department Motor Vehicle Crash Report 25-586-OF

Requests for Wilmington Police Department Report, 25-586-OF, may be made via the department's Public Records Email at <u>publicrecords@wpd.org</u>

	Pol	ice Use Only	wealth	of Mass	sach	iuse	etts	5			RN	IV Do	cument Number				
	-Date of Crash	Time of Crash		City/Town		otor Ve	hicle Cr	ash		umber		mber ured	1 *	d Limi	t_3	0 State Police Local Police	
	05/06/2025	1540 24HR	1	ington		Police	Report		2	merça	0	urçu	Latiti Long	ude itude _		MBTA Police Campus Police Other:	8
		AT INTER	SECTI	ON:	<	LOC	ATION	>			NO	TA	Γ IN	TEF	SEC	CTION:	
										_							2 ¹⁰
1 1	Route# Dire	ction	· · · · · · · · · · · · · · · · · · ·	Name of Roa	dway/Street		Route# Dire	ection	45 Addi	<u>ජ</u> ress #	<u>M</u>	IDL			Road	VE way/Street	- '
¹ 1				A	.t		Faat	NS	FW] _ f							
	Route# Dire	ction	Name	e of Intersectin	g Roadway/Stre	et			1210	101	М	ile Ma	arker	. —	- or	Exit Number	
				Also at Inters	ection with		Feet	NS	EW	of	Rout	e#	SA		M S	T Roadway/Street	- 4
² 2	Route# Direc	tion	Name	e of Intersectin	g Roadway/Stre	et	Feet	NS	EW	of							
2							1								andma	rk	
³ 3	Please Select C of the Followi		le 1 <u>1</u>	#Occupants	Hit/Run	Moped	Crash	Report	ID#	25	-1	.2	4-	A	2		
Ľ	License #	r	s	DOB/Age	i	Re	g# <u>9RC216</u>				Re	g Type	e PC	;	F		- 12
	Sex <u>M</u> _ Lic. (Class D		estrictions	20 CDL Endorsem	Ve	h Year 2017		Veh M	ake <u>N</u>	IT:	SUB	IS	HI	Vel	h Config. 1 ²¹	
4	Operator BU	RKE, RI	CHARL	SCOTT	Middle		mer BURKE	, RJ	ICH	ARI		COT	T			Aiddle	_
⁴ 5		OCKWOOD				Ad	dress 6 LOC	KWO	OD	RD	•						-
	City WILM	NGTON	State	MA _Zip_0	1887-11	<u>20</u> Cìt	y WILMING	TON	ī						-	1887-1120	$\frac{1}{2}$
	Insurance Comp	any <u>GEICO</u>	GENE	RAL IN	SURANCE	<u>C</u> Ve	ticle Action Prior t			6	22				1 Code	2 27 27 27 27]
⁵ 1	Vehicle Travel D	irection: NS	Хw	Responding (to Emergency?	2 Ev	ent Sequence 1	23	23	23	23		est Sta /pe of			$\frac{1}{28}$	
1	Citation # (If Iss	ued)		-		Mo	st Harmful Event	1	24			-	•	st Res	ult:	0 1 30	
	Viol. 1: Ch/Sec/S	նսե	V	iol. 2: Ch/Sec/	Sub	Dri	ver Contributing C	ode	19	25	25	Sι	ısp. Al	cohol:	2 31	I Susp. Drug 2 32	1 1
⁶ 2	Viol. 3: Ch/Sec/S	Տսե	V	iol. 4: Ch/Sec/	Sub	Dri	ver Distracted by	0	26	2	6	То	wed f	rom so	ene?	2 33	']
2	Name (Last First M		for operato	or and all occup	cants involved		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	1
	Operato				See Abov	e	$\overline{}$	$\overline{\mathbf{X}}$	1	1	1	0	0	10	1	product, r berring	
				-					1								
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				<u> </u>													
⁷ 4	Please Select O of the Followin		2 <u>1</u>	#Occupants	. Hit/Run	Moped	Uulner:	able Us	er C	omple	te the '	Vulner	able U	Jser se	ction.		
L	License #_			DOB/Age_		Reį	# 3CTR33				Reį	<u>д</u> Туре	PC		R	eg State MA	
	Sex F Lic. C	lass D	9 Lic. Res	strictions	20 CDL	Vel	Year 2022		Veh Ma	ike J	eer	>			Veh	Config. 1	
0	Operator SHE	EHAN, P	ERRY	ANN	Endorseme		ner <u>SHEEH</u> Z	N,	KEI	RRY	AN	ĪN_				iddle	_
⁸ 1	Address 370	2 POULI	OT PÍ	J		Ade	iress 3702	POU	LIO	T I	?L	131			м	nddie	<u> </u>
	City WILMI	NGTON	State 1	MA_Zip_0.	1887-458	86 City	WILMING	TON	-			Stat	te <u>M7</u>	\ 2	.ip_ 0 :	1887-4586	1 14
	Insurance Compa	ny PLYMOU	TH RO	OCK ASS	SURANCE	<u>C</u> Veh	icle Action Prior to	o Crash	[1	22	Da	image	l Area	Code:	<u> </u>	
	Vehicle Travel Di	rection: XS	EW	Responding to	o Emergency? 2	2 Eve	nt Sequence 1	23	23	23	23		st Stat			1 ²⁸	
⁹ 2	Citation # (If Issu	ed)				Мо	st Harmful Event	1	24			-	pe of (l'est: at Resu	ılt.	0 23	
2	Viol. 1: Ch/Sec/S	ub	Vi	ol. 2: Ch/Sec/S	ub	Driv	er Contributing Co	ode	1	25	25				2 ³¹	<u> </u>	
	Viol. 3: Ch/Sec/S	ub	Vi	ol. 4: Ch/Sec/S	ub	Driv	er Distracted by	0	26	2	6			om sc		2 33	
	Magna (Laut Dime S.a.	Please fill out i	for operato	r and all occup	ants involved Address		D08/4	Part	34 Seat Bay	35 Safety	36 Airbag	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	LZ-D-LP	
	Name (Last First Mic	r/Occupan	uts		Address See Above	······	DOB/Age	$\mathbf{\nabla}$		System 1	Status 4		Code 0	Status	Code 1	Medical Facility	-
	- per uito			-				٢Y					-				-
				 				ļ									



Crash Narrative:

On Tuesday, May 6, 2025, Vehicle 2 was traveling north on Middlesex ave continuing onto Salem Street in a straight manner. Vehicle 1 was traveling on Salem Street and in order to continue on that road, needed to cross over Middlesex ave through two traffic Islands and merge onto the roadway. While attempting to merge, Vehicle 1 collided with vehicle 2 causing damage to vehicle 1's front right side. Vehicle 2 had no damage.

All parties refused medical aid and both vehicles were driven from the scene.

Photos attached.

Witnesses:							
Name (Last,First,Middle)		Address				Phone #	Statement
			1 4 4 6 10				
Property Damage:							
Owner (Last, First, Middle)	Address		Phone #	41-Type	Descri	ption of Damaged Property	
Truck and Bus Information:				Vehicle Section)		Bus Use	42
Address			_ City			5t Zip	
US DOT #:	State Number		Issuing State	MC/MX	K/ICC #:		
Interstate 43 Cargo Body Ty	vpe Code	GVWR/GCWR	45				
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	uler Leng	gth 46	
Hazmat Information:							
47 Placard 47 Material 1 digit #	48 Material Name			Material 4 di	git #	Release code	49
Patrol Officer Christopher k	Miccichi		232 1	Vilmington	n Pol	ice Department 05/	06/2025
Police Officer Name (Please Print)	Signature		and the second se	epartment		Precinct/Barracks Date	





	Po	lice Use Only	wealth of Massachusetts RMV.Document Number						<u> </u>]								
	Date of Crash	1		City/Town] Motor	• Veh	icle Cra	sh		umber chicles		nber ured	1 *	d Limit	3(Local Police		1
	05/08/2025	1039 24HR		ington	Po	lice	Report		2	metes	0	urea	Latiti Longi	itude		MBTA Police Campus Police Other:		
		AT INTER	SECTIO	N:	<	LOCA	TION	>			NO	T A I	£			TION:		
																		2 ¹⁰
	Route# Dire	ction		Name of Roadway	/Street		Route# Direc		<u>35</u> Addr	ess #	L	OWE		ST ane of		vay/Street]
¹ 1				At														
L	Route# Dire	ction	Nome	of Interesting De	- d	<u> </u>	Feet	NS	EW	of	— . м	ile Ma		•	or .	Exit Number		11
	Koule# Dire	cuon		of Intersecting Roa			Feet	NS	e w	of								5 ''
							Feet	NS	E W	of	Rout	e#		Inters	ecting l	Roadway/Street		
² 1	Route# Dire	ction	Name	of Intersecting Roa	adway/Street									La	ındmar	k		
3	Please Select of the Followi		le 1 <u>1</u> #	lit/Run	Moped Crash Report ID# 25-125-AC													
_		ug.														M7		
	License #	19	St.	DOB/Agu trictions 1	CDL		# <u>5143BS</u>										21	1 ¹²
	Sex M_Lic.				Year <u>2011</u>													
⁴ 1	7	LLEY, J Last STROUT	Fi	MANINUK.	Middle		er <u>KELLEY</u> ess <u>10 STF</u>	Last			F F	irst	HIN.	T.OT	M	liddle	-	
Ľ	-			IA Zip0181	87-3045		WILMING							n	~ 0·	1007-204		
				E INSURA					1		22					1887-304	27	
	· ·						the Action Prior to		23	4 23	23		st Stat		Couc.	1 28		
5	Vehicle Travel E			Responding to En	hergency?		<u>L</u>		24			Ту	pe of	Test:		29		
L	1	aued)					Harmful Event	L.		25	25			st Res		1 30		13
							r Contributing Co		9 26		6] Su			2 31		32	1
⁶ 1	Viol. 3: Ch/Sec/		-	and all occupants	involved	Drive	r Distracted by	0	34	35	36	10	wed r	rom sc	ene?	2 33		l
L	Name (Last First M			and an occupants	Address		DOB/Age	Sex	Seat Pos.	Safety System	Airbag Status	Ejeci Coda	Trap Code	injury Status	Transp. Code	Medical Facility		
	Operate	or			See Above		\succ	Х	1	1	4	0	0	10	1			
														\square				
-	Please Select C	One Vehicle	. .2 #0	Decupants H				LL					L	<u></u>		I		
⁷ 1	of the Followin		e <u>z</u> "\	H H		Moped	Uulnera	Die Use	r C	ompie							\square	
	License #	19 1	St	DOB/Age		-	9LF319									eg State MA	1	
	Sex <u>M</u> Lic. (Class D	Lic. Rest	rictions 1	CDL Endorsement		^{/ear} 2020					TA			Veh	Config. 1] [
⁸ 1	-	SSEINI,	Fin	st	Middle		HOSSET	ast			Fi	rst			Mi	iddle		
-		LLEN PA		- 0100			ess 2 ALLE		AR	<u>K I</u>	DR						<u> </u>	14
				A Zip 0188		-	WILMING'		7		22				Code:	1887-293	27	1
	-	-		EMPLOYER			le Action Prior to			4	23		unageo st Stat		Code:	8 ²¹ 1 ²¹	ן ב	
	Vehicle Travel D	K	EW	Responding to Em	ergency? 2		1	23 2 [-	24		23		pe of 7			±29		I
⁹ 2	Citation # (If Issu	,					Harmful Event			25		BA	AC Tes	st Resu	ilt:	1 30		
L				l. 2: Ch/Sec/Sub -			r Contributing Co		L 26	2	25 हो			cohol:			32	
	Viol. 3: Ch/Sec/S			l. 4: Ch/Sec/Sub -		Drive	r Distracted by	0	34	35	36	To [.] 37	wed fr 38	om sco 39	ene?	2 33	_	
	Name (Last First Mi		tor operator	and all occupants	Address		DOB/Age		Seat	Safety System	Airbag Status	Eject Code	50 Tráp Code	injury Status	40 Transp. Code	Medical Facility		
	Operato	or/Occupar	nts		See Above		\geq	Х	1	1	4	0	0	10	1			
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																" <u>"</u> , «	_	
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Form No. 10364 CRA-65 08/23

Crash Diagram:				• 0			
35 Lowell St	ie: ->					Crash <u>Did Not</u> a Public Way: Off-Street Parking Lot Garage Mall/Shopping Center Other Private Way ndicate North by A	
Crash Narrative:							
1 was traveling WB o	n Lowell stree	t and was t	urning left	into the p	arking lot	of 35	
well St when the dri	ver's side rea	r tire made	e contact wi	th the fron	t of MV2. M	V2 was	
aving the parking lo					todayat.		
ash. Operator of MV1	mentioned tak	ing the lef	ft turn tight	t when ente	ring the pa	rking lot	
e to being in a rush	•		1				
Vitnesses:							
Witnesses: me (Last,First,Middle)		Address			Phone #		Staten
		Address			Phone #		Statem
		Address			Phone #		Staten
		Address			Phone #		Staten
me (Last,First,Middle)		Address			Phone #		Staten
me (Last,First,Middle) Property Damage:	Address	Address	Phone #	41-Type D	Phone #	ed Property	Staten
ne (Last,First,Middle) roperty Damage:	Address	Address	Phone #	41-Type D		ed Property	Staten
me (Last,First,Middle) Property Damage:	Address	Address	Phone #	41-Type D		ed Property	Staten
me (Last,First,Middle) Property Damage: mer (Last,First,Middle)		Address	Phone #	41-Type D		ed Property	Staten
me (Last,First,Middle) roperty Damage: ner (Last,First,Middle)			Phone #			ed Property	
me (Last,First,Middle) Froperty Damage: ner (Last,First,Middle) ruck and Bus Information:	Registration #					ed PropertyBus Use	Staten 42
me (Last,First,Middle) Property Damage: ner (Last,First,Middle) ruck and Bus Information: arrier Name	Registration #		(From V	/ehicle Section)	escription of Damag	Bus Use	
me (Last,First,Middle) Property Damage: mer (Last,First,Middle) ruck and Bus Information: arrier Name	Registration #		(From V	/ehicle Section)	escription of Damag	Bus Use	
me (Last,First,Middle) Property Damage: //ner (Last,First,Middle) Ynuck and Bus Information: arrier Name	Registration #		(From V	/ehicle Section)	escription of Damag	Bus Use	42
me (Last,First,Middle) Property Damage: //ner (Last,First,Middle) 'ruck and Bus Information: arrier Name ddress S DOT #: 43	Registration #		(From V City Issuing State 45	/ehicle Section)	escription of Damag	Bus Use	42
me (Last,First,Middle) Property Damage: Property Damage: Proceeding of the second seco	Registration # State Number Iype Code44	GVWR/GCWR	(From V City Issuing State 45	/ehicle Section)	escription of Damag	Bus Use	42
me (Last,First,Middle) Property Damage: Property Damage: Proceeding of the second seco	Registration #	GVWR/GCWR	(From V City Issuing State 45	/ehicle Section)	escription of Damag	Bus Use	42
me (Last,First,Middle) Property Damage: Aner (Last,First,Middle) Truck and Bus Information: Arrier Name Address S DOT #: Arrier Reg #: Arrier	Registration # State Number Iype Code44	GVWR/GCWR	(From V City Issuing State 45	/ehicle Section)	escription of Damag	Bus Use	42
me (Last,First,Middle) Property Damage: The construction of the second	Registration # State Number Type Code Reg Type 48	GVWR/GCWR	(From V City Issuing State 45	/ehicle Section)MC/MX/IC	escription of Damag escription of Damag St C #: Length 46	Bus Use	42

Attachments for 25-125-AC	
Description	Туре
R HOSSEINI OPER CRASH RPT	PDF
Attachment#: 3444D1714BC34DA4AA5BAC73D4FE4FFB	

	Police Use Only	Com	monwealth	of Massa	ichus	etts		RM	V Docu	ment Number	1
	Date of Crash Time of Crash 05/09/2025 1158 Will	City/Town .mington] Motor Vel	hicle Cra	sh 🔽			ed Limit	10	Local Police	
	24HR	liting ton	Police	Report	2		Lau	tude gitude		Campus Police	
	AT INTERSECT	ION:	< LOC.	ATION :	>	NC)T AT IN	NTER	SECT	TION:	1
					_						2 ¹⁰
ı 	Route# Direction	Name of Roadway/	Street	Route# Direct	ion <u>2</u>	ress #	OWELI	ST Name of		ay/Street	-
11	······································	At	····		Nolph						1
L	Route# Direction Na	ume of Intersecting Roa	dway/Street	Feet _	NSEW		Mile Marker	•	or	Exit Number	
		Also at Intersection		Feet [NSEW			_			5
2	Dentelle Discology N		1 (7)	Feet [NSEW] of Rou	ite#	Interse	ecting R	oadway/Street	
² 2	Route# Direction Na	ame of Intersecting Road	1way/Street					La	ndmark		-
3	Please Select One of the Following: X Vehicle 11	#Occupants	t/Run 🔲 Moped	Crash R	eport ID#	25-	126-	-AC	,		
	License #St.	DOB/Age	l	# 146LC3				- -	D	g State MA	-
		20		" <u>170100</u> Year <u>2018</u>			• • •			21	7 12
	Operator GRUNDSTROM, P	······	Endorsement	ten <u>GRUNDS</u>					ven t	Coning.	
⁴ 1	Address 449 MIDDLESEX	First	Middle	ress 449 MI	ast		First		Mid	dle	
L	City WILMINGTON Sta			WILMING		DEA A			. 01	007_2112	
	Insurance Company FARMERS P		-			1 1 22		ed Area	-	887-3112	
				cle Action Prior to 0	Crash 3 23	11 ²² 23 23	Test St		Couc.13	28	
5	Vehicle Travel Direction: SEW	Responding to Eme	•••	it Sequence 2			Туре о	f Test:	f	29	
	Citation # (If Issued)			t Harmful Event	2 24			est Resu	dt: 1	30	12
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Driv	er Contributing Cod		25 2	Susp. A	lcohol:	2 31	Susp. Drug: 2 32	2 13
⁶ 1		Viol. 4: Ch/Sec/Sub		er Distracted by	0 ²⁶	26	, ,	from sce	ene? 2	33	
L _	Please fill out for oper Name (Last First Middle)	ator and all occupants in	Address	DOB/Age	34 Seat Sex Pos.	35 36 Safety Airba System Status	g Bjeet Traj Gode Code	> Injury	40 Traasp. Code	Medical Facility	Ţ
	Operator		See Above	Ň	\mathbf{X}_{1}	99 4	0 0		1		1
				$r \rightarrow$							-
											-
								_			-
⁷ 1	Please Select One Vehicle 21	#Occupants	/Run 🛄 Moped	Ulnerab	le User C	Complete the	Vulnerable	User sec	ction.		
-	License # St	DOB/Age	IReg	# 3WXX81		p,	eg Type PC	-	Reo	g State MA	1
	_ 19 19	20	_	Year 2020	Val. M					Config. 1 21	
	Operator KUSHTA, ELIVE	الـــــــا A	Endorsement	er KUSHTA					ven C		
⁸ 1	Address 94 BIRCH ST	First	Middle		sl	1	៊ាំវន		Midd	lle	
L	4	MA Zip 0196		PEABODY			54.44 M	A 7:	- 01	960-1060	1 ¹⁴
	Insurance Company THE STAND	-	-			22		ed Area (· –		
				the Action Prior to C		11 ⁴² 23 23	Test Sta		1	28	
	Vehicle Travel Direction: NXEW	Responding to Eme		²			Type of	Test:	Ē	29	
⁹ 2	Citation # (If Issued)	_		Ľ	-	25 - 24		est Resul	t: 1	30	
L	Viol. 1: Ch/Sec/Sub			r Contributing Cod		²⁵ 3 ²⁵	Susp. A	icohol: 2		Susp. Drug: 2 32	
		Viol. 4: Ch/Sec/Sub	······································	r Distracted by	<u> </u>	26		from see	Ľ.	33]
	Please fill out for opera Name (Last First Middle)	tor and all occupants in	Nolved Address	DOB/Age	34 Seal Sex Pos,	35 36 Safety Airbag System Status	37 38 Eject Trap Code Code	39 Injury Status	40 Transp. Code	Medical Facility	
	Operator/Occupants	S	see Above	$\mathbf{>}$	$\sqrt{1}$	99 4	0 0	10	1		
				<u> </u>							
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								+		· · _ · · · · · · · · · · · · · · · · ·	

	= Direction	1 = Vehicle 1 2	= Vehicle 2	S = Pedestrian	🔊 = Bicycle
• Crash Diagram:	ie: 🖚			▶ ⁹ →	<i>6</i> 6
					If Crash <u>Did Not</u> Occur on a Public Way:
			an printer.		Off-Street Parking Lot
)		Garage
					Mall/Shopping Center
. 					Other Private Way
					Indicate North by Arrow
					$ (\rightarrow) $
				2E	▶
Crash Narrative:					

Vehicle 1 was parked in the parking lot located at 2 Lowell Street with the operator seated inside. Vehicle 2 was attempting to pull into a parking space adjacent to Vehicle 1 when it understeered and collided with Vehicle 1, scraping along the entire length of its front fender.

Witnesses:							
Name (Last,First,Middle)		Address			Phone #		Statement
Property Damage:	y						
Owner (Last,First,Middle)	Address		Phone #	41-Type D	escription 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	мс/мх/іс	C #:		
43 Interstate Cargo Body Ty	pe Code	GVWR/GCWR	45				
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trailer	Length 46		
Hazmat Information:							
Placard 47 Material 1 digit #	48 Material Name	3		Material 4 digit #	¥}	Release code	49
Patrol Officer Brian Tay			206		Police Depart		09/2025
Police Officer Name (Please Print)	Signature		ID/Badge #	Department	Precinct/Barracks	Date	

	Pol	ice Use Only		C	ommonwealth of Massachusetts					RMV Document Number						
	• Date of Crash 05/10/2025	Time of Crash 0258		City/Town ington	Moto	or Veh	icle Cra	ısh 🛛	Number Vehicles				it_3	0 State Police Local Police MBTA Police		
		24HR	FF als als 255		<u> </u>	olice	Report	2	2	1		ude gitude _		Campus Police Other:	<u> </u>	
		AT INTER	SECTIO	ON:	<	LOCA	TION	>		NOT	AT IN	TEF	RSEC	CTION:		
								25	57	мтг	DLE	9 F 3	7 3 1	76	2	10
1_	Route# Dire	ction		Name of Road			Route# Direc		dress #	<u>+,1 + F</u>				way/Street		
·4	_			А	t		Feet	NSEV	Vof			• —	- or			
	Route# Dire	ction	Name	of Intersecting	g Roadway/Street					Mile	Marker			Exit Number	3	11
				Also at Interse	ection with			NSEV		Route#		Inters	secting	Roadway/Street	- Ĕ	
² 3	Route# Direc	tion	Name	of Intersecting	g Roadway/Street		Feet	NSEV	V of							
	Please Select ()ae 🔽	.1 .	"O	<u> </u>				<u> </u>		. –		andmar	rk		
3	of the Followi		• لے ^	#Occupants	Hit/Run	Moped Crash Report ID# 25-127-AC										
	License #	10	 ត	DOB/Age		Reg # 3TJD34 Reg Type PC Reg State MA										12
	Sex <u>M</u> Lic.			strictions 1	CDL Endorsement	_ Veh Y	rear <u>2002</u>	Veh N	/ake <u>H</u>	ONDA	. <u> </u>		Vel	h Config. 1		
⁴ 1		OLINSKY,	F	ONIO J	OSEPH Middle		er SMOLIN	Last		SELI First	E		м	fiddle		
1		BIGGAR 2					ess 20 BI(AVE						-1	
					1887-4001	•	WILMING	TON						1887-400		
					JRANCE CO	_	le Action Prior to				Damage Test Sta		a Code:	1 27 2 27 B	"	
⁵ 2		E	EW	Responding to	o Emergency? 2	_ Event	Sequence 2		23 5 40	23	Type of			29		
-	-	ued) 4112532					Harmful Event	2 24			BAC Te	est Res	ult:	1 ³⁰		13
							r Contributing Co		25	7	Susp. A				32 2 '	1.5
⁶ 2	Viol. 3: Ch/Sec/S				ab	Drive	r Distracted by	0 26	35	36 3	Towed 1	from se	2ene?	1 33		
	Name (Last First M	Please fill out i			Address		DOB/Age	Sex Pos.	Safety	Airbag Ejs	ci Trap	Injury Status	Transp.	Medical Facility		
	Operato)r			See Above		\geq	X_1	1	1 0	0	9	1			
												1				
7	Please Select O		2 0 #	Occupants	Litt/Pun	Moped	U Vulnera	hia Hean	Complete	a tha Vub				I		
1	of the Followin	g:	4													
	License #	19 19	7	DOB/Age	20	-	<u>3GVP75</u>							eg State MA	.	
	Sex Lic, C		Lic. Res	L	CDL Endorsement		ear <u>2022</u>							Config.		
⁸ 1		verless	Fit	rst	Midule		MIKALI	Last		First	PRO	COP		idale	-	
	Address				. .		ss <u>257 MI</u>		244		M			1887-211		4
	•			•	EES INSU		VILMING		11 2						2 L 	
	Vehicle Travel Di				Emergency? 2		e Action Prior to Sequence	23 23			Test Stat			⁷ 8 1 ²⁸		
		ed)	£¥i	Responding to	Entergency :		2	35 ²⁴			Type of	Test:		0 29		
່ 2		•		1 24 Ch Factor	ub		Contributing Co		25	25	BAC Te	(1 30	-	
L					ub		Distracted by	0 26	26		Susp. Al Fowed fi		~	Susp. Drug: 2 3	_	
	VION 5, CIL 300/3	Please fill out fo						34	35	36 37	38	39	40	<u>۲. </u>		
	Name (Last First Mic		4-		Address		DOB/Age	Sex Pos.	Safety A System	Airlung Ejer Status Cod	t Trap a Code	İnjury Status	Transp. Code	Medical Facility		
	Operato	r/Occupan	IS		See Above			X^1								
						····· ,										



Middlesex Ave when he lost control of the vehicle. The operator stated that he was speeding traveling about 10 to 15 mph over the speed limit. The operator said something along the lines of due to the wet road conditions and his speed it what likely caused the crash. MV 1 hit the corner of the house on 257 Middlesex Ave causing damage to the fence, the external air conditioning unit, the house and its foundation, the external utilities, and a recycling bin. MV 1 also caused damage to the left side of MV 2. The operator of MV 1 sustained minor injury to his left eye, and lips from the airbag impact. The operator of MV 1 also stated his head was bothering him. The operator signed a refusal and declined transport to an area hospital. The registered owner of MV 2 who is also the home owner was notified of all damages.

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

Property Damage:				
Owner (Last,First,Middle)	Address	Phone #	41-Туре	Description of Damaged Property
MIKALIXEN ALIETE PROCOP	257 MIDDLESEX AVE WILMINGTON MA 01		97	DAMAGE TO LEFT SIDE OF VEHICLE
MIKALIXEN ALIETE PROCOP	257 MIDDLESEX AVE WILMINGTON MA 01		97	DAMAGE TO HOUSE, FENCE AND UTILITIES
Truck and Bus Information:	Registration #	(From Vehicle	e Section)	
Carrier Name				Bus Use 42
Address		City		St Zip
US DOT #:	State Number	_ Issuing State	MC/MX	ЛСС #:
Interstate 43 Cargo Body Typ	pe Code 44 GVWR/GCWR	45		
	Reg Type Reg State	Reg Year	——— Tra	iler Length
Hazmat Information: Placard 47 Material 1 digit #	48 Material Name	N	faterial 4 di	zit #Release code 49
Patrol Officer Robert M DeGree	gorio III 2	23 Wilm	ningtor	Police Department 05/10/2025
Police Officer Name (Please Print)	Signature II	D/Badge # Depart	ment	Precinct/Barracks Date

























	Pol	lice Use Only		Commonwealth of Massachusetts						V Doc	Document Number]					
	[•] Date of Crash 05/10/2025	Time of Crash 1019	1	City/Town ington	Motor	·Veh	nicle Cra	ish		imber hicles		nber .ured		l Limit	t	5 State Police Local Police MBTA Police		
	05/10/2025	24HR	1	Ington	Po	lice	Report		2		0		Latitu Longi			Campus Police Other:		
		AT INTER	SECTIO	DN:	<	LOCA	TION	>			NO	T A I	ΓΙΝ	TER	SEC	TION:		
									~ ~				***		-			2 ¹⁰
<u> </u>	Route# Dire	ction		Name of Roadw	ay/Street		Route# Direc	tion	99 Addro	ess #	PC	JRD		M R ume of		vay/Street		J
¹ 1				At			Faat	NS	EW	of					. or			
	Route# Dire	ction	Name	of Intersecting R	Roadway/Street				~	01	М	ile Ma	rker		or .	Exit Number		11
				Also at Intersect	ion with		Feet	NS	EW	of	Rout	 a#		Intere	ecting	Roadway/Street		4
² 3	Route# Dire	ction	Name	of Intersecting R	loadway/Street		Feet	NS	EW	of					indmar	-		
	Please Select (One XI Vahia	La 1 1 #	Occupants		Moped	Crash F	A	1174	2 5	_1	2	<u> </u>			K		
3	of the Followi	ng:	i¢ L <u>.≢</u> "			•												
L	License #.	10	St	DOB/Age			# <u>VT1578(</u>									-	21	7 12
	Sex F Lic.			strictions 1	CDL Endorsement		Year 2019								Veh	ı Config. 1		Ľ
4	-	RALDO	F	irst	Middle		er GAITAN	Lasi			F	rst			м	ïddle		
⁴ 1		FREMONT					ess <u>95 FRE</u>		NT .	AVI	<u>.</u>	AP	<u> </u>					
				-	149-5022	City	EVERETT		r		20					2149-502		
	Insurance Comp	-		VICES AU	JTOMOBIL	Vehic	cle Action Prior to		Ľ	1	22		amage st Stat		Code:	3 27 27 3 28	27	
5	Vehicle Travel D	Direction: X	S E W	Responding to I	Emergency? 2	Even	t Sequence 2	23		23	23		pe of			29		
	Citation # (If Iss	ued)				Most	Harmful Event	2	24			BA	-	st Resi	ult:	1 ³⁰		
	Viol. 1: Ch/Sec/	Sub	Vie	ol. 2: Ch/Sec/Sut)	Drive	er Contributing Co		19	ال	25	Su	sp. Al	cohol:	99 ³¹	Susp. Drug:99	32	2 ¹³
⁶ 2	Viol. 3: Ch/Sec/	Sub	Vie	ol. 4: Ch/Sec/Sut)	Drive	r Distracted by	99	26	2	6	To	wed fi	rom sc	ene?	2 33		
2	Name (Last First M		for operator	r and all occupan	its involved 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	or			See Above		\searrow	X	1	99	5	3	0	99	1			
				[I													1
⁷ 9	Please Select C of the Followir		e 2 0 #	Occupants	Hit/Run	Moped	Uinera	ble Uso	er Co	omple	te the V	/ulner	able U	lser se	ction.			
	License #		St	_ DOB/Age		Reg #	2NKR88				Reg	; Туре	PC		Re	eg State MA		
	Sex Lic. C	Class 19 1	19 Lic. Rest	trictions 2	CDL	Veh Y	(ear <u>2022</u>	v	/eh Mal	ke H	OND	A			_ Veh	Config. 1 .	1	
0	Operator Dr:	iverles	<u></u> <u></u>		- Endorsement	Owne	er BOSCO,	JU	LIA	R	OSE					ddie	_	
⁸ 99	Address	Lest	F II		Middle	Addre	<u>15 ALC</u>)EN	AV	E	ru	n i			Mi			
	City		State	Zip		City	REVERE					Stat	e M Z	Z	ip <u>02</u>	2151-172	0	1 14
	Insurance Compa	any ARBELJ	A MU	FUAL IN	SURANCE	Vehic	le Action Prior to	Crash	[11	22				Code:	<u> </u>	27	
	Vehicle Travel D	irection: NS	EW	Responding to E	imergency?	Event	Sequence 2	23	23	23	23		st Statu			3 ²⁸		
⁹ 2	Citation # (If Issu	ued)				Most	Harmful Event	2	24				pe of T	test: t Resu	ılt [,]	0 ²³ 30		
2	2 Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Driver Contributing Code 1 25 25 Susp. Alcohol: 2 31 Susp. Drug; 2 32									32								
	Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Drive							river Distracted by 0 26 26 Towed from scene? 2 33										
	Name (I and Plane 1 1		for operator	and all occupant	ts involved Address		DOD/4 -			35 Safety	36 Airbag	37 Eject	38 Trap	39 Injury Status	40 Transp.			
	Name (Last First Mi	or/Occupai	nts		See Above		DOB/Age	Sex X	Pos. :	System	Status	Code	Code	Status	Code	Medical Facility	\neg	
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leaving 99 Fordham Rd. The operator of MV 2 stated she noticed the damage when she got home and confirmed it happened at 99 Fordham Rd after listening to a voicemail left by the Wilmington Police Department. A witnesse observed MV 1 leaving it's parking space to the left of MV 2 and stated that when MV 1 hit MV 2 the entire vehicle moved. The witness identified MV 1 and it's registration.

Witnesses:			· · · · · · · · · · · · · · · · · · ·		· · ·					
Name (Last,First,Middle)		Address			Phone #	Phone #				
CAMELO DERRICK ENRIQUE		500 GREAT	RD LITTLET	ION MA 01460)					
Property Damage:										
Owner (Last,First,Middle)	Address		Phone #	41-Type	Description of Da	cription of Damaged Property				
Truck and Bus Information:	Registration #		(From	n Vehicle Section)			······································			
Carrier Name						Bus Use	42			
Address			City	·····	St	Zip				
US DOT #:	State Number		Issuing State	MC/MX	/ICC #:					
Interstate 43 Cargo Body Ty	pe Code	GVWR/GCWR	45		- 4.92					
Trailer Reg #:	Reg Type	Reg State	Reg Yea	ır Trai	iler Length	40				
Hazmat Information:					<u></u>					
47 Placard 47 Material 1 digit #	48 Material Name	· · · · · · · · · · · · · · · · · · ·		Material 4 dig	git #	Release code	49			
Patrol Officer Robert M DeGree	gorio III		223	Wilmington	Police Der	artment 05	6/10/2025			
Police Officer Name (Please Print)	Signature		ID/Badge #	Department	Precinct/Ba					







