	Police Use Only		Com	monwea	alth d	of Massa	ach	uset	tts			RM	V Docu	ment Numb	er ·	
	Date of Crash Time of Crash 06/30/2025 <b>1333</b>		City/Town ington	Motor	· Veh	icle Cra	sh	Nun Vehi		Number Injured	lober	d Limit	35	State Police	: 20	1
			Ingcon	Po	lice ]	Report		2	1	•	Latitu Longi	ide itude		Campus Pol	ice	
	AT INT	ERSECTIO	DN:	<	LOCA	TION	> [		N	IOT A	T IN	TER	SECI	FION:		
								212		MAII		m				2 10
1	Route# Direction	1	Name of Roadway/S	Street		Route# Direct	tion	Addres					Roadwa	ay/Street		·]'
<sup>1</sup> 1			At			Feet	NS	E W o	f —		(	•	or			
	Route# Direction	Name	of Intersecting Road	lway/Street						Mile M	larker			Exit Num	ber	2 11
			Also at Intersection	with				EW o	R	oute#		Interse	ecting R	.oadway/Stree	et et	۴–
<sup>2</sup> 1	Route# Direction	Name	of Intersecting Road	lway/Street		Feet	NS	E W o	f				-	-		
-	Please Select One	<b>•</b>								10	~		ndmark			-
3	of the Following:	hicle <u>1.3</u> #	Occupants Hi	t/Run	Moped	Crash R	eport	1D# 2	5-	18	0-	AC				
	License #		_ DOB/Age_		Reg #	2GAX47				Reg Typ	De <u>PC</u>		Re	g State MA	21	12
	Sex M_ Lie, Class D	Lic. Res	trictions $1^{20}$	CDL Endorsement	Veh Y	'ear <u>2021</u>	V	eh Mak	e <u>TE</u>	SLA			Veh	Config. 1	21	±
14	Operator RAWDING,	GARY I	N TST	Middle		er RAWDIN	สรเ		<u>Y</u> N	First			Mid	Idle		-
<sup>4</sup> 3	Address 11 ALMA F				Addre	ess 11 ALM	ía i	<u>RD</u>					<u> </u>			
	City BURLINGTON		-		City	BURLING	<u>FON</u>			•				803-1		
	Insurance Company THE		<u>E INSURA</u>	NCE CO	Vehic	le Action Prior to		2		<u> </u>	Damage Test Sta		Code	1 <sup>27</sup> 4 <sup>27</sup>	6 27	
<sup>5</sup> 1	Vehicle Travel Direction:	(SEW	Responding to Eme	rgency? 2	Event	Sequence 2	23	23 2	3 2	1	Type of			1 ~~ 0 29		]
L	Citation # (If Issued)				Most	Harmful Event	2	24	-11	E	BAC Te		ılt;	1 30		
	Viol. 1: Ch/Sec/Sub	Vio	il, 2; Ch/Sec/Sub		Driver	r Contributing Co	1	1 2:		25 S	usp. Al	icohol:	2 31	Lange Lang	2 32	2 <sup>13</sup>
<sup>6</sup> 1	Viol. 3: Ch/Sec/Sub				Driver	r Distracted by	0	26	26		lowed f		<u>-</u>	2 33		<b></b>
L	Please fill Name (Lost First Middle)	out for operator	and all occupants in	nvolved Address		DOB/Age	Sex	Seat S	afety 🗛 Air	i6 37 ibag Ejeci itus Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Fa	ility	
	Operator		5	See Above		$\searrow$	X	1 1	4	0	0	9	1			
	CHARLES RAWDING		11 MARK ST BURLINGTON, MA	01803		08/09/2013	м	1 1	4	0	0	10	1			
	GARY RAWDING		11 MARK ST BURLINGTON, MA	01803		09/13/2011	м	1 1	4	6	0	10	1			
											+					
	Please Select One	<b>-</b>														1
<sup>7</sup> 2	of the Following:	nicle 2 <u>1</u> #(	Occupants Hit		Moped	Ulneral	ble Use	er Cou	nplete t	he Vulne	erable U	Jser see	ction.			
L	License #	St	DOB/Age		Reg #	3XKD96				Reg Typ	e <u>PC</u>		Re	g State <u>MA</u>		
	Sex <b>F</b> Lic. Class D	Lic. Rest	ع است	CDL Endorsement		ear <b>2024</b>				-			_ Veh (	Config. 1	21	
<sup>8</sup> 1	Operator CAMPBELL		LYNE M	Middle		r CAMPBE	ast		DI	LYN First	2		Miđ	dle		
L	Address 5 POND ST					ss 5 POND		T 		·						14
	City WILMINGTON		A Zip 0188		City 🚺	WILMING	<u>ron</u>			1			· -	887-3		1
	Insurance Company LIBE	RTY MUT	TUAL INSU	JRANCE	Vehicl	e Action Prior to		1	22	 7 7	lamage est Stat		Code:	27 27 28	27	
	Vehicle Travel Direction:	( S E W	Responding to Emer	rgency? 2	Event	Sequence 2		23 2	3 2:	1	ype of		1	29		
<sup>9</sup> 2	Citation # (If Issued)				Most I	Harmful Event		24			AC Te	st Resu	it: 1	30		
L	Viol. 1: Ch/Sec/Sub	Vio	1. 2: Ch/Sec/Sub			Contributing Cod	<u>_</u>	19 <sup>25</sup>	<u>I</u>	25 S	usp. Al	cohol:	2 31	Susp. Drug.	2 32	
	Viol. 3: Ch/Sec/Sub		I. 4: Ch/Sec/Sub	1*	Driver	Distracted by	7	34	26 35 3		owed fi		ene? 2	33		
	Please fill Name (Last First Middle)	out for operator	and all occupants in	Address		DOB/Age	Sex	Seat Sa	50 3 dety Air stem Sta	bag Eject	Trap	39 Injury Status	40 Transp. Code	Medical Fac	lity	
	Operator/Occup	ants	s	See Above		$\geq$	$\mathbf{X}$	1 1	4	0	0	10	1			
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											1					
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#### **Crash Narrative:**

The operator of MV 1 stated he was stopped at the redlight in the NB travel lane in the area of 212 Main St. MV 1 stated that as soon as the light turned green, he was hit from behind by MV 2. The operator of MV 2 stated that they looked up and saw the greenlight and just kept driving. MV 2 stated they didnt look down to see if there were any vehicles in front of her an rammed into the back of MV 1. MV 1 sustained rear right, left, center damage. MV 2 sustained center front damage. Operator of MV 1 stated his neck and low back were a little sore but declined medical attention. No other injuries were reported and both vehicle were in operable condition.

Witnesses:							
Name (Last,First,Middle)		Address				Phone #	Statement
Property Damage:							
Owner (Last,First,Middle)	Address		Phone #	41-Type	Desci	ription of Damaged Property	
Truck and Bus Information:	Registration #		(110m	Vehicle Section)		Bus Use	42
Address						St Zip	
Interstate 43 Cargo Body Typ	44	GVWR/GCWR	1334111g Blate	MC/MA	100 #.	46	
Trailer Reg #:	Reg Type	Reg State	Reg Year_	Trai	ler Len	igth 40	
Hazmat Information: Placard 47 Material 1 digit #						Release code	49
Patrol Officer Robert M DeGreg Police Officer Name (Please Print)	jorio III Signature			Wilmington Department	Pol	Lice Department 06/ Precinct/Barracks Date	30/2025

	Police Use Only	Common	wealth (	of Massa	ichu	setts	\$		RM	V Doci	ument Number	
	1 1	City/Town ington MO	otor Veh	icle Cra	sh [	Number Vehicles		100000	d Limit	35	5 State Police Local Police MBTA Police	
	24HR		Police ]	Report		2	0		itude		Campus Police Other:	ă
	AT INTERSECTIO	ON: <	LOCA	TION	>		NOT	AT IN	TER	SEC	TION:	
	ROUTE 12	5 HWY										<b>2</b> <sup>10</sup>
1_		Name of Roadway/Street		Route# Direct	ion A	ddress #	····	N	ame of	Roadw	/ay/Street	
1	BALLARDV	At AT.E. ST		Feet	NSE	W of			• —	or _		
	Route# Direction Name	of Intersecting Roadway/Stree	:t	r			Mile	Marker	-		Exit Number	8 11
		Also at Intersection with			NSE		Route#		Interse	ecting F	Roadway/Street	
<sup>2</sup> 1	Route# Direction Name	of Intersecting Roadway/Stree	t	Feet [	NSE	to 🚩			Lo	ndmarl	•	
	Please Select One 🛛 Vehicle 1_1#	Occupants Hit/Run	Moped	Crash R	enort ID	4 2 5	_19	21_			1 	-
3	of the Pohowing:					_		-				_
L	License #St	. DOB/Age		3697456			-				21	<b>1</b> <sup>12</sup>
		strictions CDL CDL Endorseme	ent	/ear 2025			_				·	!  !
<sup>4</sup> 3	Operator <u>SANTOS MENDOZA</u> Last Address <u>9 PARK ST APT</u>	inst <u>Filli</u> Middle		er <u>SWLET</u> ess <u>6500 W</u>	ası		First				ddie	-
Ľ		<u>MA <sub>Zip</sub> 01970-606</u>		<u>GARY</u>		IT GUI					5406	-
	Insurance Company AON RISK S	-	-	le Action Prior to	Crach	4	22	Damage		· .		_   키
	Vehicle Travel Direction:	Responding to Emergency? 2		Sequence 1	23 23	23	23	Test Sta			1 28	
<sup>5</sup> 1	Citation # (If Issued)			Harmful Event	1 2.	1		Type of			0 <sup>29</sup>	
L	Viol, 1: Ch/Sec/Sub Vi	ol. 2: Cl:/Sec/Sub		r Contributing Co	de <b>1</b>	25	25	BAC Te Susp. A			1 30 Susp. Drug 2 32	<b>2 1</b> <sup>13</sup>
r		ol. 4; Ch/Sec/Sub		r Distracted by	0 20	n	16	Towed i	Ę		2 33	┘┣──┘
<sup>6</sup> 1	· ·	r and all occupants involved			3		36 Airbag E	37 38 ject Trap	39 Injury	40 Transp.		
	Name (Last First Middle) Operator	Address See Above	•••••••	DOB/Age	Sex P		Status C	ode Code	Status 10	Code 1	Medical Facility	-
				$\langle \ \rangle$						_	<u> </u>	
					<u> </u>			_				
						_						
			T	<u>.    </u>								
<sup>7</sup> 3	Please Select One of the Following: Vehicle 2.1 #	Occupants Hit/Run	Moped	Vulneral	le User	Comple	te the Vu	nerable 1	User sec	ction.		
L	License #St	DOB/Age	Reg #	3TCD55			Reg T	уре <u>РС</u>		Re	eg State MA	
	Sex <b>F</b> Líc. Class <b>D</b> 19 19 Lic. Res	trictions <b>1</b> CDL		ear 2012	Veh	Make <b>H</b>	ONDA			Veh	Config. <b>8</b> 21	
<sup>8</sup> 2	Operator SUERO VASQUEZ,			r SUERO	VASQ	UEZ,	LUC First	REC	IA	Mic	ldle	_
2		PT 1		55 108 SA	LEM	ST	APT					- 14
	-	<b>1A</b> Zip 01843-151	•	LAWRENCE	<u> </u>						843-1516	
	Insurance Company THE HANOVER			e Action Prior to		4	22	Damage Test Star		Code:	2 <sup>27</sup> 27 27 27	]
		Responding to Emergency? 2		T T	3 23		23	Type of			0 29	
<sup>9</sup> 2	Citation # (If Issued)			1	1 24	]	25	BAC Te			1 30	
	Viol. 1: Ch/Sec/Sub Vio			Contributing Coc			6	Susp. Al	-	]	Susp. Drug: 2 32	1
1	Viol. 3: Ch/Sec/Sub Vio Please fill out for operator	ol. 4: Ch/Sec/Sub		Distracted by		1 35	36	Towed f	39	40	2	
	Name (Last First Middle)	Address	······	DOB/Age	Sex Po	s System	Airbag Ej Status Co	ect Trap ale Code	Status	Transp. Code	Medical Facility	_
	<b>Operator/Occupants</b>	See Above		$\mid$	$X^{1}$	99	4 0	0	10	1		
											·····	
	····· · ·											



#### **Crash Narrative:**

On Monday June 30, 2025 at approximately 2:30pm I was dispatched to a two car motor
vehicle crash. Upon arrival I observed a tractor trailer unit and a Honda SUV parked on
the side of the road. Opl stated he was turning left onto Ballardvale in the right lane
and V2 undercut him and collided with the rear left corner of his trailer. Op1 V2 was the
third vehicle in line at the light in the left lane. Op2 stated she was turning left onto
Ballardvale in the left lane and V1 did not take a wide enough turn and the collision
occured. Both parties stated they were uninjured and did not want to be evaluated by the
Fire Deparmtent. Both vehicles were drivable and information was exchanged. Opl provided a
dash camera video which will be included in this report.

Witnesses:							
Name (Last,First,Middle)		Address			P	hone #	Statement
Property Damage:							
Owner (Last,First,Middle)	Address		Phone #	41-Type	Descrip	tion of Damaged Property	
Carrier Name <b>Swift Transpor</b> Address <u>2200 S75TH AVE</u>						Bus Use St <u>AZ</u> Zip <u>8504</u>	
US DOT #: 54283	_State Number Fype Code 97			MC/MX	{/ICC #:		<u> </u>
Trailer Reg #: 252583F	Reg Type <b>TR</b>	Reg State M	E. Reg Y	ear <u>2022</u> Trai	iler Lengtl	46 <b>4</b>	
Hazmat Information: Placard 2 Material 1 digit #	48 Material Name				git #	Release code	<sup>49</sup>
Patrol Officer John A H	Fortes		228	Wilmington	n Poli	ce Department (	06/30/2025
Police Officer Name (Please Print)	Signature		ID/Badge #	Department	]	Precinct/Barracks E	Date













	Poli	ce Use Only		(	Comm	onwe	ealth o	of Mass	ach	us	etts				RM	V Doc	ument N	lumber	]
	Date of Crash 07/01/2025	Time of Crash		City/Town	]]	Moto	r Veh	icle Cra	sh		umber		mber ured	•	l Limit	3	Loca	e Police	1
	0770172025	1250 24HR	F	ingto	11	Pe	olice ]	Report		2		1		Latitu Longi	ide itude			ipus Police	
		AT INTER	SECTI	ON:		<	LOCA	TION	>			NO	T AI	ſ IN	TER	SEC	TION	[:	
										33	5	м	AIN		FT.				2 <sup>10</sup>
1	Route# Direct	tion		·····.	adway/Stree	t	·	Route# Direc	tion		ress #	<u></u>				Roadv	vay/Stree	et	-
<sup>1</sup> 1	-				At			Feet	NS	EW	of			- •		or			
	Route# Direct	tion	Naine	e of Intersect	ing Roadway	/Street						М	lile Ma	rker			Exi	t Number	<b>9</b> <sup>11</sup>
				Also at Inte	rsection with					EW		Rout	ie#		Inters	ecting	Roadway	y/Street	
<sup>2</sup> 1	Route# Direct	ion	Name	e of Intersect	ing Roadway	/Street		Feet		EW	of					•	1		_
Ľ	Please Select O	ne Mt.v.		#Occupants			I				<u> </u>			2		indinar •	<u>k</u>		-
3	of the Followin		e <u>14</u>	roccupants		n L	Moped	Crash F								-			4
L	License #	19	_ St	. DOB/Ag	100		-	3NMK47									-	21	1 12
	Sex <b>F</b> Lic. C	lass D	Lic. Re	estrictions 1	CDL	rsement		'ear <u>2022</u>					OTA	•		Vel	n Config.	1	
<sup>4</sup> 1	Operator REE	Lasi	1	First	<u>ــــــــــــــــــــــــــــــــــــ</u>	fiddle		REED,	Lasi		SN	<b>1</b> F	first.			м	liddle		
L	Address 9 RI				01076-	1400		ess 9 REG								~			1
	City TEWKS			-				TEWKSBU				22					8 27	27 27	
			EW					le Action Prior to	23	1 23	1 23	23		st Stat		. 0000	8 1 <sup>28</sup>		
5	Vehicle Travel Di Citation # (If Issu			Responding	g to Emergen	cy / <u>+</u>		Sequence 1 Harmful Event	<u> </u>	24			Ту	pe of	Test:		o <sup>29</sup>		
L	Viol. 1: Ch/Sec/S			- 	a/S-1-			r Contributing Co	vie.	99	25	25	-		st Resi		1 30	- 23	<b>1</b> <sup>13</sup>
	Viol. 1; Ch/Sec/S							r Distracted by	99			6	JSu		cohol: tom sc	2 31 ene?	Susp. 33	Drug 2 32	<b>[–</b> ]
<sup>6</sup> 1	¥101, 5. CH/SC075	Please fill out						1		34 Sent	35 Safety	36 Airbag	37 Eject	38 Trap	39 Injury	40 Transp.			4
	Name (Last First Mid					dress		DOB/Age	Sex	Pos.	System	Status	Code	Code	Status	Code	Me	dical Facility	4
	Operato	<i>r</i>		9 REGIS		Above			$rac{P}{P}$	1	1	4	0	0	9	0			-
	LOGAN REED			TEWKSBUR	Y, MA 01876	5		06/20/2019	M	6	4	4	0	0	10	1			-
									<u> </u>	ļ			ļ			ļ			4
		-																	ļ
<sup>7</sup> 9	Please Select Or of the Following		2 <b>1</b>	#Occupants	Hit/Ru	▫∣◻	Moped	🔲 Vulnera	ble Us	ser C	Comple	te the	Vulner	able U	Jser se	ction.			
	License #_		3t	_ DOB/Ag	e_		Reg #	5474460	)			Re	д Туре	PC		R	eg State	NH	1
	Sex M Lic, Cl	ass D 19 1	9 Lic. Re:	strictions 1	20 CDL		Veh Y	ear <u>2021</u>		Veh M:	ake $\mathbf{T}$	OYO	TA			Veh	Config.	1 21	
9	Operator RYA	N, ANDI	REW P	AUL		rsement	Ожле	RYAN,	ANI	DRE	W E	AU	<b>L</b>				iddle		
<sup>8</sup> 1	Address <b>110</b>	MAIN S'	r af	PT 1			Addre	ss 110 MZ	IN	ST	. 2	<b>\PT</b>	1					<b></b>	
	City ATKIN	SON	State _	NH Zip	3811		City 🕽	ATKINSO	N								3811		1 14
	Insurance Compar	y STATE	FARM	INSU	RANCE		Vehicl	e Action Prior to			<u></u>	22		imageo st Stat		Code:	3 <sup>27</sup> 28	27 27	
	Vehicle Travel Dir	ection: NS	EX	Responding	to Emergen	cy? <u>2</u>	Event	Sequence 1	23	23	23	23		si Stat		:	1 29 0 29		
<sup>9</sup> 2	Citation # (If Issue			-				Harmful Event	1	24	25			- \C Tes	at Resu	ult:	1 <sup>30</sup>		
	Viol. 1: Ch/Sec/St	ıb	Vi	iol. 2: Ch/Sec	:/Sub			Contributing Co		<b>4</b>	25	25 6	1 00		cohol:		each. r	Drug: 2 32	
	Viol. 3: Ch/Sec/Su	b Please fill out :		iol. 4: Ch/Sec			Driver	Distracted by	99	34	35	36	37	wed fr 38	om sc 39	ene?	2 33		ļ
	Name (Last First Mid		ior operato		-	/CCI iress		DOB/Age	Sex	Seat Pos.	Safety System	Airbag Status	Eject Code	Trap Code	Injury Status	Transp. Code	Med	fical Facility	
	Operator	r/Оссиран	1ts	_	See A	bove		$\succ$	Д	1	1	4	0	0	10	1			



MV 1 stated they were traveling SB when a motor vehicle came out of no where and hit her
vehicle. MV 1 stated that there was a vehicle stopped next to her in the left travel lane
but was not sure what kind. The operator of MV 2 stated that a tractor trailer unit
stopped for him so he could pull out of the driveway of 343 Main St. MV 2 stated that he
slowly pulled out past the tractor trailer unit when he was hit by MV 1. There was a
witness to the crash who's statement were consisten with those of MV 2. MV 1 sustained
left front damage. The operator of MV 1 complained of a sore ankle. MV 1 was still
operable. MV 2 sustained right side damage and was still operable. There were no injuries
to report in MV 2.

Witnesses:						
Name (Last,First,Middle)		Address			Phone #	Statement
DION KAYLYN ROSE		600 CONCOR	D RD NORTHFI	IELD NH 032	276	
Property Damage:						2
Owner (Last,First,Middle)	Address		Phone #	41- <b>Type</b>	<b>Description of Damaged Property</b>	
Truck and Bus Information:			8	2	Bus Us	Sector States
US DOT #:	_State Number		Issuing State		•	
Interstate 43 Cargo Body 7	Type Code	GVWR/GCWR	45		46	
Trailer Reg #:	Reg Type	Reg State	Reg Year_	Trai	ler Length	
Hazmat Information: Placard 47 Material 1 digit #	48 Material Name	e		Material 4 dig	it #Release cod	49
Patrol Officer Robert M DeGr					Police Department	07/01/2025
Police Officer Name (Please Print)	Signature		ID/Badge # D	Department	Precinct/Barracks	Date





	Police Use Only	Com	nonwealth	of Massa	achu	isetts	5		RM	V Docu	ment Number		
		City/Town ington	Motor Ve		sh	Number Vehicles			d Limit	25	State Police Local Police MBTA Police		
	24HR		Police	Report		2	0		itude		Campus Police Other:	ă	
	AT INTERSECTION	ON:	< LOC	ATION	>		NOT	AT IN	TER	SECI	LION:		
	MAIN ST											2	10
1	Route# Direction	Name of Roadway/Str	reet	Route# Direc	tion A	Address #		N	ame of	Roadwa	ay/Street		
<sup>1</sup> 4	CHURCH S	At 1977		Feet	NSE	Wof			•	or _			
		e of Intersecting Roadw		-	Nar		Mil	e Marker			Exit Number	-3	11
		Also at Intersection w	ith		N S E		Route	<i>i</i>	Inters	ecting R	oadway/Street	-	
<sup>2</sup> 1	Route# Direction Name	e of Intersecting Roadw	/ay/Street	Peet	II SIL	10 11	<u></u>		Ir	ndmark		_	
L	Please Select One	#Occupants Hit/	Run 🔲 Moped	Crash B	Report II	» 25	_1	84-					
3	of the Ponowing.												
L	19 19	DOB/Age		;# <u>VE94PX</u>			-				21	1	12
	Sex <u>M</u> Lic. Class <u>D</u> Lic. Re Operator <b>GUTKOSKI</b> , JOHN		idorsement	1 Year <u>2024</u> mer <u>GUTKOS</u>						Veh (	Config.	┘┝──	
<sup>4</sup> 3	Address 1260 OSGOOD ST	First	Middle	iress <b>1260</b>	Lasi		Firs	PT 4		Mid 1	idle	-	
	City NORTH ANDOVER State ]			NORTH A			<del>*</del>				.845-108	5	
	Insurance Company FARMERS PR			icle Action Prior to		1	22			Code:		7	
	Vehicle Travel Direction: N S E	Responding to Emerg	_	nt Sequence	23 23		23	Test Sta		1	1 28	-	
<sup>5</sup> 1	Citation # (If Issued)	_	Мо	st Harmful Event	1 2	24	J	Type of		.	29		
L	Viol, 1: Ch/Sec/Sub	iol. 2: Ch/Sec/Sub	Dri	ver Contributing Co	de <b>1</b>	.9 25	25	BAC To Susp. A			Susp. Drug 2 3	2 1	13
6	Viol, 3: Ch/Sec/Sub Vi	iol. 4: Ch/Sec/Sub	Dri	ver Distracted by	99 <sup>2</sup>	26	26	Towed			33	┙┠─	
<sup>6</sup> 1	Please fill out for operato	or and all occupants inv		DOD()		34 35 Seal Safely		37 38 Eject Trap		40 Transp.			
	Name (Last First Middle) Operator	Se	Address e Above	DOB/Age		Pos. System	Status 4 (	Code Code	Status 10	Code 1	Medical Facility		
	-			+ >	$r \rightarrow$				+	┢─┼			
							┝─┼		+			_	
						_			-				
<sup>7</sup> 2	Please Select One of the Following:	#Occupants Hit/I	Run 🛄 Moped	<b>Vulnera</b>	ble User	Comple	te the V	ulnerable	User se	ction.			
L	License #SS	DOB/Agt	Reg	# <u>X83568</u>			Reg	Туре <u>СС</u>	)	Reį	g State MA		
		En En	dorsement	Year <b>2024</b>						Veh (	Config. 2		
<sup>8</sup> 1	Operator BROWN, VINCENT	JAMES	Middle	ner EAN HO	asi		First			Midd		[	
L	Address 15 MOORE ST			Iress <u>14002</u>	EAS	T 21	ST S				1500		14
	•	MA Zip 01887	-	TULSA			22	State <u>O</u> . Damage		_	<u>134-000</u>		
	Insurance Company <b>SAFECO INS</b> Vehicle Travel Direction: <b>X</b> S E W	Responding to Emerg		icle Action Prior to	Crash 23 23	1 23	23	Test Sta		1	28		
	Vehicle Travel Direction: XSEW Citation # (If Issued)			nt Sequence 1st Harmful Event	1 2	<u> </u>		Type of	Test:		29		
<sup>9</sup> 2	Viol. 1: Ch/Sec/Sub ——— Vi			er Contributing Co	<u> </u>	9 25	25	BAC Te	1		30	7	
	Viol. 3: Ch/Sec/Sub Vi			er Distracted by		<u></u> _	16	Susp. A Towed f		4	Susp. Drug: 2 3:	1	
	Please fill out for operato					34 35 Seat Safety	36 Airbag	37 38 Sject Trep	39	40 Tronsp.	<u>`</u> _		
	Name (Last First Middle) Operator/Occupants	T	Address e Above	DOB/Age	Sex P	Pos. System		Code Code	Status	Code	Medical Facility		
	operator/occupants				$\bigcap $	1 39	<b> </b>			-	····		
								_			·····		
									<b> </b>				



MV2 BOTH SUSTAINED DAMAGE. NO WITNESSES CAME FORWARD AT THE TIME OF THE CRASH. NO AIRBAGS

DEPLOYED, NO INJURIES REPORTED. BOTH VEHICLES WERE TOWED BY CAINS TOWING.

witnesses:						
Name (Last,First,Middle)		Address			Phone #	Statement
Property Damage:						
Owner (Last,First,Middle)	Address		Phone #	<b>41-</b> Type	Description of Damaged Property	
Truck and Bus Information	On: Registration #		(From V	ehicle Section)		
Carrier Name					Bus Us	42
					240 00	
Address			_ City		St Zip	
					700 W	
				MC/MX	/ICC #:	<u> </u>
43 Interstate Cargo Bo	dy Type Code 44	GVWR/GCWR	45			
The second second					46	
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trai	iler Length	
Hazmat Information:						
47	48				5.4	49
Placard Material 1 dig	git # Material Na	ime		Material 4 dig	zit #Release cod	le
						0
Patrol Officer Kayla				the second s	Police Department	07/02/2025
Police Officer Name (Please Print)	Signature		ID/Badge # De	epartment	Precinct/Barracks	Date





	Pol	ice Use Only		(	Commo	nweal	th o	f Massa	ach	use	etts	1			RM	V Doc	ument Number	
	Date of Crash 07/02/2025	Time of Crash	F	City/Town	M	lotor \	Vehi	icle Cra	sh		umber shicles		mber ured	Speec Latitu	l Limit	3	5 State Police Local Police MBTA Police	
	017 027 2025	24HR				Poli	ce F	Report		3		0			itude		Campus Police Other:	
		AT INTER	SECTI	ON:	<	< L	OCAT	ΠΟΝ	>			NO	ТАТ	Γ IN'	TER	SEC	TION:	
										19	7	B	URL	IN	GTC	N A	VE	2 10
<sup>1</sup> 1	Route# Direc	ction			adway/Street At			Route# Direc	tion		ess #						vay/Street	
T					At		.	Feet	NS	EW	] of				•	or _		
	Route# Direc	ction	Nam		ng Roadway/St	reet		Feet	NE	E IV	1	М	ile Ma	rker			Exit Number	3 11
				Also at Inter	rsection with		ŀ	Feet				Rout	e#		Inters	ecting	Roadway/Street	-
<sup>2</sup> 1	Route# Direc	ction	Nam	e of Intersecti	ng Roadway/Sti	reet				<u>[2]</u>	lor				La	ndinar		
3	Please Select ( of the Followi		le 1 <u>1</u>	#Occupants	Hit/Run	М	oped	Crash F	Report	ID#	25	-1	.8	5-				
	License #		_ St	DOB/Ag	e		Reg#_	832EV5				Re	g Туре	PC		R	eg State MA	12
	Sex <u>M</u> Líc.	19	19	estrictions	20			ear 2020									2	21 1 12
		NAGHEY,		L	Endorse			DONAGH				N_I	м				- L	
<sup>4</sup> 1	Address <b>16</b>	IRENE A	VE	r HSI	Middl	e	Addres	<u>s 16 IRF</u>	Last ENE	AV	Æ	I	irst			м	idule	[
	City BILLE	ERICA	State	MA Zip	01821-50	015	City E	BILLERI	CA				Sta	te M	<b>A</b> :	Zip <b>O</b>	1821-501	.5
	Insurance Comp	any THE H	ANOVE	R INSU	JRANCE	COM	Vehicle	e Action Prior to	Crash	L	1	22				Code:	7 27 2 27 8	27
5	Vehicle Travel E	Direction: NS	S E 🗙	Responding	to Emergency?	2	Event S	Sequence 1	23	23	23	23		st Stat			1 28 29	
	Citation # (If Iss	ued) <b>54400</b>	6AD				Most H	Iarmful Event	1	24	·		-	'pe of AC Te		ult:	30	
	Viol. 1: Ch/Sec/	<sub>Sub</sub> <u>89</u>	<u>4A</u>	Viol. 2; Ch/Sec	:/Sub		Driver	Contributing Co	ode	9	25	25	S Su	ısp. Al	cohol:	2 31	Susp. Drug 2	<b>32 1</b> <sup>13</sup>
<sup>6</sup> 1	Viol. 3: Ch/Sec/	Sub	V	Viol. 4: Ch/Sec	:/Sub		Driver	Distracted by	0	26		26	To	wed f	rom so	ene?	2	
L	Name (Last First M		t for operat	tor and all occ	upants involved Address			DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Stanus	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility	
	Operate	or			See Abo	ve		$\bowtie$	X	1	1	4	0	0	10	1		
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						<u> </u>			1		1						<u> </u>	
	Please Select C	)ne . 🖂	- 2	#Osouperte	Hit/Run	6					<u> </u>	<u> </u>	L	L	L		[	
<sup>7</sup> 1	of the Followir		e 2 <u> </u>	#Occupants	Hit/Run	L Mo	-	<b>U</b> Vulnera		er (	omple	te the	Vulner	able (	Jser se	ction.		
	License #_		S	_ DOB/Age	20		+	3AZF52						PC		R	eg State MA	
	Sex <b>F</b> Lic. (	Class D	لس	estrictions <b>B</b>	CDL Endorse	ment		ar <u>2013</u>								Veh	Config. 1	
<sup>8</sup> 1	-	ANG, DOG		HONG First	Middle			CHANG,	Lasi			HOI	NG irst			м	iddle	
		COUNTY NGTON		MA 21. (	1903	<del></del>		<u>s 29 COU</u> SURLING			<u>ں</u>		64.	M7	<u>م</u>		1803	-   1 <sup>14</sup>
	Insurance Compa			-				Action Prior to			1	22						27
	Vehicle Travel D				to Emergency?			Sequence 1		23	± 23	23		st Stat			1 <sup>28</sup>	
	Citation # (If Issi	L		Responding	, 10 251101 Beney .			lamful Event	1	24	<u> </u>			pe of			29	
<sup>9</sup> 2		Sub	ν	/iol. 2: Ch/Sec	:/Sub	<u> </u>		Contributing Co	u <b>-</b> ide	1	25	25		AC Tes sp. Al			30 Susp. Drug: 2	32
		Sub						-	0	26	I2	.6		wed fi			2 33	
		Please fill out			upants involved				<u> </u>	34 Seat	35 Safety	36 Airlag	37 Eject	38 Trap	39 Iajwy	40 Transp.		
	Name (Last First Mi	iddie) D <b>r/Occupa</b>	nts		Address See Abo			DOB/Age		Роз. 1	System	Status 4	Code O	Code O	Status	Code 1	Medical Facility	
		~		29 COUNTY	RD	•		11/09/2012	$\bigwedge$	4		4	-	0	10	1		
	ZACHARY CHA			BURLINGTO	N, MA 01803				<b>**</b>	<b> </b>	<b>†</b>	-	Ĕ	Ľ—	<u> </u>	ļ		
								1	1		E	1		£	1			



#### **Crash Narrative:**

V1 was traveling west on Burlington Ave towards Burlington. V2 was traveling east on Burlington Ave into Wilmington. V3 was traveling west on Burlington Ave towards Burlington. Op1 stated stated he swerved to avoid hitting a vehicle backing out of a driveway and crashed into V3. Opr2 stated she was struck by V3 after V1 hit V3. Opr3 stated V1 went around her and crashed into her forcing her vehicle into V2. Opr3 stated she spun around once V1 stuck her. No injuries reported or observed in any involved party. There were two impacts: first V1 into V3 then as a result V3 hit V2. Moderate damage to V1, V2, and V3. V1 damage to driver side, driver front, and passenger front. V2 damage to driver side front. V3 damage to both sides and both sides of front. Photos attached. All vehicles operable after the crash.

Witnesses:							
Name (Last,First,Middle)		Address			1	Phone #	Statement
SAINT-HILLIEN GUY-ROBER	T	145 BENNINGTO	N ST Apt. #308	REVERE MA 02	2151		
Property Damage:							
Owner (Last,First,Middle)	Address		Phone #	41-Type	Descri	ption of Damaged Property	
Truck and Bus Information: Carrier Name Address			~	Pehicle Section)		Bus Use	42
US DOT #:			,,	MC/MX	VICC #:		
Interstate 43 Cargo Body T	ype Code	GVWR/GCWR	45				
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	uler Leng	th 46	
Hazmat Information:							
Placard 47 Material 1 digit #	48 Material Name	e		Material 4 di	git #	Release code	49
Patrol Officer Kathryn C Police Officer Name (Please Print)	Goodwin Signature			Vilmington epartment	n Pol	ice Department 07/ Precinct/Barracks Date	02/2025

	Police Use Only.	of Massachusetts						RMV Document Number					
	Date of Crash Time of Crash 07/02/2025 1614 Will	City/Town nington	Motor Veh		sh 🛛	Number Vehicles			Speed Latitus		35	State Police Local Police MBTA Police Campus Police	
	24HR	_		Report	3	3	0	1	Longit			Campus Police	
	AT INTERSECT	(ON:	< LOCA	TION >	>		NO	Γ AT	'IN]	ΓER	SEC'	TION:	
					19	97	BI	IRL	TNG	ሩጥር	NA	VE	2 10
<sup>1</sup> 1	Route# Direction	Name of Roadway/Str At	reet	Route# Direct		dress #						/ay/Street	
L	-	At		Feet [	NSE	W of			- •		or _		
	Route# Direction Nan	ne of Intersecting Roady		[	vlop		Mi	le Mar	ker			Exit Number	<b>3</b> <sup>11</sup>
		Also at Intersection w	////		N S E V	_	Route	#		Interse	ecting F	Roadway/Street	
<sup>2</sup> 1	Route# Direction Nan	e of Intersecting Roadw	vay/Street	reet [	113121					Į a	ndmark		-
3	Please Select One Vehicle 31	#Occupants Hit/	Run 🔲 Moped	Crash R	eport ID#	25	_1	85	5-1	····		<u>.</u>	
3	of the conowing.										_		-
	License # St Sex <b>F</b> Lic. Class D 19 Lic. R	DOB/Age		<u>3HF226</u>								Co. ( 71	<b>1</b> <sup>12</sup>
		En En	idorsement	rear <u>2016</u> er <u>APOSTO</u>								- [	
<sup>4</sup> 1	Operator APOSTOLOPOULO Last Address 2 WOODHILL RD	First		er <u>AFOSIO</u> L ess <u>2 WOOD</u>	asi		Fi Fi	ist			Mi	ddle	
Ľ	City <b>BURLINGTON</b> State	MA Zin 01803		BURLING				State	. MA	. 7	- in 01	1803-1416	
	Insurance Company PROGRESSIV		,	le Action Prior to		1	22				-	3 27 7 27 6 27	
	Vehicle Travel Direction: NSE	Responding to Emerg	gency? 2 Event	Sequence 1	3 23	23	23		t Stati			1 28	
5	Citation # (If Issued)	_	Most	Harmful Event	1 24	a fa ta an	nga 1, ag an		e of T			29 30	
	Viol. 1: Ch/Sec/Sub	/iol. 2: Ch/Sec/Sub	Drive	r Contributing Cod	le <b>1</b>	25	25		C Tesi ip. Alc		մն: 2 31	-985A	<b>1</b> <sup>13</sup>
6	Viol. 3: Ch/Sec/Sub	/iol. 4: Ch/Sec/Sub	Drive	r Distracted by	0 26		26		ved fr			2 33	[
<sup>6</sup> 1	Please fill out for operat Name (Last First Middle)	or and all occupants inv	volved Address	DOB/Age	34 Sea Sex Pos	I Safety	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Slatus	40 Transp. Code	Markat Bradda	1
	Operator	Se	e Above		$\overline{\mathbf{X}}$ 1	1 1				10	1	Medical Facility	
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	Please Select One												4
<sup>7</sup> 1	Please Select One of the Following:	#Occupants Hit/F	Run 🛄 Moped	Ulnerab	le User	Comple	te the V	/ulnera	ble U:	ser sec	ction.		_
L	License # St St	DOB/Age					Reg	Туре			Re	g State	
	Sex Lic. Class	estrictions   CI	DL Veh Y dorsement	h Year Veh Make Veh Config.									
<sup>8</sup> 1		First	Middle	Last First Middle									
L	Address State		dress State Zip										
	Insurance Company State	-					22				ip Code:	27 27 27	<b>L</b>
	Vehicle Travel Direction: NSEW	Responding to Emerg		e Action Prior to C Sequence	3 23	23	23		Statu		-	28	
	Citation # (If Issued)	responding to Emerg	•	Harmful Event	24		25.03	Тур	e of Te	est:		29	
<sup>9</sup> 2	Viol. 1: Ch/Sec/Sub V	- iol 2 Ch/Sec/Sub		Contributing Cod	e see	25	25		C Test			Susp Drug 32	
	Viol. 3: Ch/Sec/SubV	ver Contributing Code 26 Susp. Alcohol: 31 Susp. Drug: 32 ver Distracted by 26 26 Towed from scene? 33											
	Please fill out for operate	or and all occupants invo	olved	<u> </u>	34 Seat		36 Airbag	37 Eject			40 Transp.		1
	Name (Last First Middle) Operator/Occupants	<u> </u>	Address e Above	DOB/Age	Sex Pos.		SLEIUN	Code	Code	Slatus	Code	Medical Facility	1
	operatori o computito		<b></b>	$\vdash$	$\Delta$	-							-
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Po	lice Use Only		Com	monwea				use	etts	1	[		RM	V Doci	ument N	nan kalèn in	
Date of Crash 07/03/2025	Time of Crash	Ci Wilmi	ity/Town			icle Cras	sh		umber hicles		1	Speed Latitu	Limit	30	Local	Police Police A Police	
0770072025	24HF		ngcon	Pol	ice l	Report		1		0	E E		ude tude			us Police	ă
	AT INTER	RSECTION	N:	< 1	LOCA	TION >	>			NO	Т АТ	'IN'	ГER	SEC	TION:	:	
								2				<b>.</b> 7.77					
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Please Select of the Followi		cle 1 <u>1</u> #0	ccupants 🔲 Hi	t/Run 🔲 M	loped	Crash Ro	eport	ID#	25	-1	.86	5	AC	-			
License #		_ St	DOB/Age		Reg #	257717				Re	g Type	AP		Re	eg State	KS	
Sex M_Lic.	Class 19	19 Lic. Restri	ictions 1 20	CDL H		rear <b>2025</b>										21	Ī
1	t		LLINGTO	Endorsement N		r HARCRO					_				5	L	_
	Last	First	L APT	Middle		ess 5200 S	ast			F	irst			Mi	ddle		
City MANCI	HESTER	State NI	H Zip 0310	3		KANSAS C					Stat	e KS	5_ z	661 Zip	.061049		
Insurance Comp	any <b>ZURIC</b>	H AMER	ICAN IN	<u>s</u>		le Action Prior to (		ſ	1	22				Code:		27 2'	7
Vehicle Travel E			esponding to Eme		Event	Sequence 22	3		23	23	Tes	st Stat	us:		1 28		-
Citation # (If Iss	sued)					·	22	24				be of T			0 29		
	-		2: Ch/Sec/Sub			l r Contributing Cod		19	25	25			t Resu	ult: 2 <sup>31</sup>	1 30 1 Suco F		2
Viol. 3: Ch/Sec/							0	26	<u>  </u> 2	6			om sc		2 33	<sup>nug</sup> [2	<u>ן</u>
			nd all occupants in				ja	34 Seat	35 Safety	36 Airbag	37 Eject	38	39 Injury	-10	4		┥
Name (Last First M				Address		DOB/Age	Sex	Pos.	System	Status	Code	Trap Code	Status	Transp. Code	Med	ical Facility	_
Operate	or			See Above			Å	1	1	4	0	0	10	1			
Please Select (		le 2, #Oc	ccupants 🔲 Hit	/Run 🔲 M	aned	Vulnerab	de Elsa	er C	omple	te the '	Vulnera	ble U	ser ser	ction			7
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	Class 19	Lic. Restrie		CDL Endorsement		ear	v	/eh Ma	ike					Veh	Config.		
Operator	Last	First		Middle		-	ışı			Fi	rst			Mid	ldle		-
Address						\$5											-
			Zip	<u></u>	-			Г	1. N. N.	22	_ State				27	27 27	
	any					le Action Prior to C		23	23	23		nageu t Stati		Code:	28		]
Vehicle Travel D	virection: N S	S E W R	esponding to Eme	rgency?		Sequence 2	1	<u></u> 24	<b>49</b>			e of T		ŀ	29		
-	ued)					Hannful Event	ر ۱	esta	25	25	BA	C Test	t Resu	lt:	30		_
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Viol. 3: Ch/Sec/S			Driver	Distracted by			ê e deke	<u>.</u>			om sce		33		_		
Name (Last First M		t for operator a	nd all occupants in	Address		DOB/Age	Sex		35 Safety System	36 Airoog Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medi	cal Facility	
Operato	or/Occupa	nts	S	ee Above		$\square$	$\mathbf{X}$	1									
						r Y								<b> </b>			
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Creach Diagnam	= Direction	1 = Vehicle 1 2 =	Vehicle 2	오 = Pedest	rian	ණී = Bicycle ▶ ණි			
Crash Diagram:	ie: 파			Χ		If C	Crash <u>Did Not</u> a Public Way:		
	Wires Down Across Rd	urn St					Off-Street Parking Lo	t	
	SS F						Garage		
	Wire						Mall/Shopping Cente		
								E	
	8	-			1		Other Private Way		
		īres Down cross Rd			In	Indicate North by Arro			
Crash Narrative: The operator of MV 1	stated that whe	n he turned on	to Hathaway	Rd the	ere	was a low	haning		
wire, haning well bel					8.000	and an an an an and a state of the			
wires through his dri		and the second sec	2000 av 10	12 Y 840 D	0.00				
not see them break ar						- 758			
Department has contac	ted Verizon abo	ut low haning	wires in th	at are	a ove	er the pas	st few		
months.									
Witnesses:									
Name (Last,First,Middle)		Address				Phone #		Statement	
FLORES GENE D		3 HATHAWAY RD V	ILMINGTON MA	01887-:	1410				
						2011. 1			
Property Damage:									
Owner (Last,First,Middle)	Address	Pb	one #	41-Type	Descr	iption of Damage	d Property		
VERIZON	200 BALLARDVALE ST	r WILMINGTON MA 0	1		DAM	IAGED CA	BLE/FIBE	OPTIC	
	Conter-s								
Truck and Bus Informatio		7717	(From Vehicl	le Section)			Bus Use	42	
Address 5200 SPEAKER RD		City	KANSAS CIT	Y		St KS			
	State Number	-							
43	dy Type Code	GVWR/GCWR	45	MC/MA	//////				
Trailer Reg #: <u>754127</u>	Reg Type <b>TL</b>	Reg State KS	Reg Year	——— Тга	iler Leng	gth 46			
Hazmat Information: 47	48				<u>.</u>			49	
Placard 1 Material 1 dig	Matanial Ma				N. 11 1 1			C Part of	
	it # 8	me	1	Material 4 di	git # <u>1</u>	789	-Release code 3		







	Pol	lth d	of Massachusetts					[	<u>.</u>								
	Date of Crash 07/04/2025	Time of Crash 1310		City/Town	Motor	Veh	icle Cra	sh		umber hicles	Nur Inji	and I	Speed Latitu	Limit.	15	5 State Police Local Police MBTA Police Campus Police	
	0770472023	24HR	1	ingcon	Pol	lice ]	Report		2		່	1		ude		Campus Police Other:	5   _
		AT INTER	SECTIO	ON:	< 1	LOCA	TION	>			NO	ГАТ	'IN'	rer:	SEC	TION:	
									29	<i>c</i>		1 W I.T	CIII	TENT	AV		2 <sup>10</sup>
<u>[</u>	Route# Dire	ction		Name of Roadwa	ay/Street		Route# Direct	tion		ess #		15314				vay/Street	'
<sup>1</sup> 1				At			Feet	NS	EW	of			- •		OT.		
	Route# Dire	ction	Name	e of Intersecting R	loadway/Street					101	M	le Ma	ker		01 _	Exit Number	- 3 <sup>11</sup>
				Also at Intersect	ion with		Feet [	NS	E W	of	Route	-#		Interse	ecting I	Roadway/Street	. []
<sup>2</sup> 1	Route# Dire	ction	Name	e of Intersecting R	oadwav/Street		Feet	NS	EW	of						(Construition of	
1					I									La	ndmarl	k	_
3	Please Select 0 of the Followi		le 1 <u>1</u>	#Occupants	Hit/Run	doped	Crash R	leport	1D# 2	25	-1	.87	7 –	AC	•		
	License #		St	DOB/Age		Reg #	4NJE82				Re;	д Туре	PC		R	eg State MA	- 12
	Sex F Lic.	Class D 19	19		0 CDL		′ear <b>2023</b>									21	7 "
			 EILE	EEN FRAN	Endorsement	Owne	r REYNOL	DS,	E	ILE	EN	FR	ANC	ES		·	_
<sup>4</sup> 1				First	Middle	Addre	ess 15 MEM	Last IOR	Y I	N	Fi	181			Mi	idelle	_
L	City BILLI	ERICA	State ]	MA Zip 018	<u> 321-5006</u>	City	BILLERI	CA				Stat	e <u>M7</u>	z	.ip <u>0</u>	1821-5006	
	Insurance Comp	any PROGRI	ESSIV	E DIREC	I INSURA	Vehic	le Action Prior to	Crash		1	22	Da	mageo	l Area	Code:	1 27 7 27 3 27	
· · · · · · · · · · · · · · · · · · ·	Vehicle Travel I	Direction:	EW	Responding to I	Emergency? 2	Event	Sequence 2	23 20	23	23	23		st Stat			1 28	
5	Citation # (If Iss	sued)					Harmful Event	35	24				pe of [		.14.	0 <sup>29</sup>	
۰	Viol. 1: Ch/Sec/	ՏսԵ	Vi	iol. 2: Ch/Sec/Sut	)	Drive	r Contributing Co	de	19	25	25			t Resu	an: 2 <sup>31</sup>	<u> </u>	<b>2</b> <sup>13</sup>
<b></b>	Viol. 3; Ch/Sec/			iol. 4: Ch/Sec/Sut			r Distracted by	0	26	2	6			om sc		1 33	·
<sup>6</sup> 1			for operato	or and all occupan					34 Seat	35 Safety	36 Airbag	37 Eject	38 Trap	39 Injury	40 Transp.		
	Name (Last First M Operate				Address See Above		DOB/Age	Sex	Pos.	System	Status 4	Code O	Code	Status	Code 1	Medical Facility	
	Operan						$\succ$	$\cap$	^								_
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<sup>7</sup> 1	Please Select C of the Followi		e 2 <u>0 /</u>	#Occupants	Hit/Run	loped	U Vulneral	ble Us	er C	'omple	te the '	Vulnera	able U	ser se	ction.		
Ľ	License #		St	DOB/Age	I	Reg #	LV99608	3				z Type	RV		R	eg State MA	
	Sex Lic. (	Class 19	19	strictions 2	CDL	-	'ear <b>2022</b>									21	
	Operator Dr	iverles	_ s_M.V	<u>ر ا</u>	- Endorsement	Оwле	r <u>ELITE LI</u>	VER	Y SI	ERVI	CE (	OF B	OST	ON I		TED PARTNE	_
<sup>8</sup> 1	Address	Last	Į.	First	Middle	Addre	Address 2802 POULIOT PL										_
	City		State	Zip		City	WILMING!	ION				Stat	e <u>M</u> Z	z	ip <b>01</b>	1887-4569	<b>1</b> <sup>14</sup>
	Insurance Comp	any ARBEL	LA			Vehic	le Action Prior to	Crash		11	22	Da	maged	l Area	Code:	2 27 27 27	
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9	Citation # (If Iss	ued)		_		Most	Harmful Event		24				c Tes	fest: t Resu	16-	29 30	
<sup>9</sup> 2	Viol. 1: Ch/Sec/	Sub	Vi	iol. 2: Ch/Sec/Sub	)	Drive	r Contributing Co	de		25	25				31		
	Viol. 3: Ch/Sec/	Sub	Drive	r Distracted by		26	2	6		-	om sce		2 33				
	Please fill out for operator and all occupants involved								34 Seal	35 Safety	36 Airbag	37 Eject	36 Trap	39 Injury	40 Transp.		1
	Name (Last First M	or/Occupa	nts		Address See Above		DOB/Age	Sex V	Pos. 1	System	Status	Code	Code	Status	Code	Medical Facility	
	Operate							KΥ	<b></b>								-
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Store". V2 was parked unoccupied at the time of the crash. V2 sustained front right side

damage. V1 sustained front, right and left side damage. No airbags deployed in either

vehicle. V1's operator signed a medical refusal with the Wilmington Fire Department. V1

was towed by Forrest Towing. The front entrance to the store was cautioned taped off.

witnesses:							
Name (Last,First,Middle)		Address			Phone #		Statement
Property Damage:							
Owner (Last, First, Middle)	Address		Phone #	41-Type	Description of Dama	ged Property	
CASTELLANO JAMES VINCENT	8 SARAFINAS WAY WIL	MINGTON MA 0188		97	STOREFRONT/	WOODEN SUPP	ORT BEAM
Truck and Bus Information:	Registration #		(From Ve	ehicle Section)		Bus Use	42
Address			City		St	Zip	
US DOT #:	State Number		_ Issuing State	МС/МХ/І	CC #:		
Interstate 43 Cargo Body Ty	pe Code	GVWR/GCWR	45		46	1	
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trail	er Length		
Hazmat Information:							
47 Placard Material 1 digit #	48 Material Name	8		Material 4 digi	t #	Release code	49
Patrol Officer Michael R Di	Lorenzo		217 W	ilmington	Police Depa	rtment 07/	04/2025
	Signature			epartment	Precinct/Barra		