

Wilmington Police Department
Motor Vehicle Crash Report
23-154-AC

Please request report, 23-154-AC via the department's Public
Records Email at publicrecords@wpd.org

Date of Crash 05/26/2023	Time of Crash 1255 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report	Number Vehicles 2	Number Injured 0	Speed Limit 40 Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input type="checkbox"/> MBTA Police <input type="checkbox"/> Campus Police <input type="checkbox"/> Other: _____
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AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

<p>Route# _____ Direction _____ Name of Roadway/Street _____ At _____</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p>	<p>Route# _____ Direction _____ Address # 280 Name of Roadway/Street LOWELL ST</p> <p>_____ Feet N S E W of _____ or _____ Mile Marker _____ Exit Number _____</p> <p>_____ Feet N S E W of _____ Route# _____ Intersecting Roadway/Street _____</p> <p>_____ Feet N S E W of _____ Landmark _____</p>
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Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped Crash Report ID# **23-155-AC**

License # S93483927 St MA DOB/Age _____ Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL _____ Operator CUDDY, MARK F Address 55A CHESTNUT ST City WILMINGTON State MA Zip 01887-3911 Insurance Company NGM INSURANCE COMPANY Vehicle Travel Direction: N S E W Responding to Emergency? 2 Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # W38816 Reg Type CO Reg State MA Veh Year 2021 Veh Make CHEVROLET Veh Config. 2 Owner CUDDY, MARK F Address 55A CHESTNUT ST City WILMINGTON State MA Zip 01887-3911 Vehicle Action Prior to Crash 1 Event Sequence 1 23 23 23 23 Most Harmful Event 1 24 Driver Contributing Code 1 25 25 Driver Distracted by 0 26
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Please fill out for operator and all occupants 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
Operator	See Above	_____	_____	1	99	3	0	0	10	1	

Please Select One of the Following: Vehicle **2** #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

License # S46233514 St MA DOB/Age _____ Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL _____ Operator BELL, THEODORE M Address 39 BOWDOIN ST APT 56 City BOSTON State MA Zip 02114-4201 Insurance Company Unknown Vehicle Travel Direction: N S E W Responding to Emergency? 2 Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # 94BSJF Reg Type PC Reg State FL Veh Year 2021 Veh Make KIA Veh Config. 1 Owner AVIS BUDGET CAR RENTAL LLC Address 8600 HANGAR BLVD City ORLANDO State FL Zip 32827-0000 Vehicle Action Prior to Crash 6 Event Sequence 1 23 23 23 23 Most Harmful Event 1 24 Driver Contributing Code 4 25 19 25 Driver Distracted by 99 26
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Please fill out for operator/non-motorist and all occupants 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
Operator/Non-Motorist	See Above	_____	_____	1	99	4	3	0	10	1	

Police Use Only			Commonwealth of Massachusetts				RMV Document Number								
Date of Crash 05/27/2023	Time of Crash 0802 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit <u>40</u>	Latitude _____	Longitude _____	State Police <input type="checkbox"/>	Local Police <input type="checkbox"/>	MBTA Police <input type="checkbox"/>	Campus Police <input type="checkbox"/>	Other: <input type="checkbox"/>

AT INTERSECTION:	< LOCATION >	NOT AT INTERSECTION:
CROSS ST Route# _____ Direction _____ Name of Roadway/Street _____ At _____ LOWELL ST Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____ Route# _____ Direction _____ Name of Intersecting Roadway/Street _____	Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____ Mile Marker _____ Exit Number _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____ Landmark _____	

Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle <u>1</u> #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped	Crash Report ID# 23-156-AC
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License # <u>S97135480</u> St <u>MA</u> DOB/Ag: _____ Sex <u>F</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____ Operator <u>RINDONE, TALIA ANGELINA</u> Address <u>9 MURRAY HILL CIR</u> City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887</u> Insurance Company <u>FARMERS PROPERTY & CASUAL</u> Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u> Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # <u>2LHY43</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2009</u> Veh Make <u>FORD</u> Veh Config. <u>1</u> Owner <u>RINDONE, DARIA LAKE SIMPSON</u> Address <u>9 MURRAY HILL CIR</u> City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-4200</u> Vehicle Action Prior to Crash <u>1</u> Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Most Harmful Event <u>1</u> <u>24</u> Driver Contributing Code <u>1</u> <u>25</u> <u>25</u> Driver Distracted by <u>0</u> <u>26</u> Damaged Area Code: <u>5</u> <u>27</u> <u>27</u> <u>27</u> Test Status: <u>1</u> <u>28</u> Type of Test: <u>29</u> BAC Test Result: <u>1</u> <u>30</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u> Towed from scene? <u>1</u> <u>33</u>
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Please fill out for operator and all occupants 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
Operator	See Above	XXXX	XX	1	99	4	0	0	10	1	

Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle <u>2</u> #Occupants <input type="checkbox"/> Non-Motorist A Type <u>15</u> Action <u>16</u> Location <u>17</u> Condition <u>18</u> <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped	
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License # <u>S42387726</u> St <u>MA</u> DOB/Ag: _____ Sex <u>F</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____ Operator <u>LYNCH, ERIKA K</u> Address <u>9 GOVERNOR FULLER RD</u> City <u>BILLERICA</u> State <u>MA</u> Zip <u>01821-2029</u> Insurance Company <u>SAFETY INSURANCE COMPANY</u> Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u> Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # <u>1LMP41</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2013</u> Veh Make <u>HYUNDAI</u> Veh Config. <u>1</u> Owner <u>LYNCH, RICHARD</u> Address <u>9 GOVERNOR FULLER RD</u> City <u>BILLERICA</u> State <u>MA</u> Zip <u>01821-2029</u> Vehicle Action Prior to Crash <u>1</u> Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Most Harmful Event <u>1</u> <u>24</u> Driver Contributing Code <u>19</u> <u>25</u> <u>1</u> <u>25</u> Driver Distracted by <u>5</u> <u>26</u> Damaged Area Code: <u>1</u> <u>27</u> <u>27</u> <u>27</u> Test Status: <u>1</u> <u>28</u> Type of Test: <u>29</u> BAC Test Result: <u>1</u> <u>30</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u> Towed from scene? <u>1</u> <u>33</u>
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Please fill out for operator/non-motorist and all occupants 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
Operator/Non-Motorist	See Above	XXXX	XX	1	99	4	0	0	10	1	

AT INTERSECTION: **LOWELL ST** < LOCATION > NOT AT INTERSECTION:

Route# Direction Name of Roadway/Street At Route# Direction Address # Name of Roadway/Street

Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street

Route# Direction Name of Intersecting Roadway/Street

Please Select One of the Following: Vehicle 12 #Occupants Hit/Run Moped Crash Report ID# **23-157-AC**

License # **S75526305** St **MA** DOB/Age _____ Reg # **454SJ6** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** Lic. Restrictions **20** CDL _____ Veh Year **2010** Veh Make **TOYOTA** Veh Config **1**

Operator **BIAJOLI, RODRIGO MEDEIROS** Owner **BIAJOLI, WINNIE WING-YUN**

Address **5 FANEUIL DR** Address **5 FANEUIL DR**

City **WILMINGTON** State **MA** Zip **01887-2014** City **WILMINGTON** State **MA** Zip **01887-2014**

Insurance Company **GEICO GENERAL INSURANCE C** Vehicle Action Prior to Crash **1** Damaged Area Code: **7 27 27 27**

Vehicle Travel Direction: **N S X W** Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **1 28**

Citation # (If Issued) _____ Most Harmful Event **1 24** Type of Test: **2 29**

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **1 25 25** BAC Test Result: **1 30**

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**

Towed from scene? **1 33**

Please fill out for operator and all occupants 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
Operator		See Above	<input checked="" type="checkbox"/>	1	1	3	0	1	8	2	Lahey Clinic
WINNIE BIAJOLI		5 FANEUIL DR WILMINGTON, MA 01887-2014	03/11/1986 F	3	1	3	0	0	8	2	Lahey Clinic

Please Select One of the Following: Vehicle 21 #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

License # **S77408086** St **MA** DOB/Age _____ Reg # **2LPP64** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** Lic. Restrictions **B** CDL _____ Veh Year **2005** Veh Make **CHEVROLET** Veh Config **1**

Operator **BUTCHER, DAVID CHARLES** Owner **BUTCHER, DAVID CHARLES**

Address **24 DEXTER ST** Address **24 DEXTER ST**

City **PEABODY** State **MA** Zip **01960-6335** City **PEABODY** State **MA** Zip **01960-6335**

Insurance Company **GEICO GENERAL INSURANCE C** Vehicle Action Prior to Crash **1** Damaged Area Code: **1 27 27 27**

Vehicle Travel Direction: **N X E W** Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **1 28**

Citation # (If Issued) **998277AB** Most Harmful Event **1 24** Type of Test: **2 29**

Viol. 1: Ch/Sec/Sub **90 24** Viol. 2: Ch/Sec/Sub **90 24** Driver Contributing Code **10 25 4 25** BAC Test Result: **5 30**

Viol. 3: Ch/Sec/Sub **90 24** Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0 26** Susp. Alcohol: **1 31** Susp. Drug: **99 32**

Towed from scene? **1 33**

Please fill out for operator/non-motorist and all occupants 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
Operator/Non-Motorist		See Above	<input checked="" type="checkbox"/>	1	1	1	0	0	10	1	

Wilmington Police Department
Images Associated with 23-157-AC

