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

	Po	lice Use Only		Com	monwe	ealth	of Mass	ach	use	tts			RM	IV Doc	ument Number	10
	Date of Crash 05/26/2023	Time of Crash	1	City/Town	Moto	r Veh	icle Cra	ish		mber nicles	Numbe Injured	PPoor	d Limi	t_40	State Police Local Police MBTA Police	0800
	05/26/2023	1255 24HR	1	ington	P	olice	Report		2		0	Lan	tude gitude _		Campus Police	_ 🛮
		AT INTER	SECTION	ON:	<	LOCA	TION	>			NOT A	T IN	ITER	SEC	TION:	
																2
·	Route# Dire	ection		Name of Roadway/S	treet		Route# Direc	ction	280 Addre		LOW				/ay/Street	
1				At				NO	r lui		., .,					
	Route# Dire	ection	Name	of Intersecting Road	wav/Street		Feet	[17] 3	EW.	10	Mile I	/arker	• –	- or _	Exit Number	
				Also at Intersection			Feet	NS	EW.	of .	D #				2 1 /644	3
)	Route# Dire	ection	Now	of Intersecting Road	way/Straat		Feet	N S	E W	of	Route#		inters	econg	Roadway/Street	
1	Route# Dire	ction	IValin	or intersecting Road	way/attect					•			La	andmarl	(
}	Please Select of the Followi		le 1 <u>1</u>	#Occupants Hit	/Run	Moped	Crash l	Report	id# 2	23	-15	5-	-AC	3		
	License # S9	3483927	St MZ	DOB/Age	I	Reg	# <u>W38816</u>				Reg Ti	ne CC		R	eg State MA	
	Sex M Lic.	10	19	20	CDL		Year 2021									1
	İ	DDY, MA			Endorsement		er CUDDY							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Conng.	-
1	1	Last A CHESTN		First L	Middle		ess 55A C	Lasi			First			Mi	ddle	
	1			MA Zip 0188	7-3911		WILMING					tate M	A :	7in 0]	1887-391	1
				NCE COMP			le Action Prior to		F		_			Code:		27
	Vehicle Travel I		S E 🔀	Responding to Eme			t Sequence	23		23		Test Sta			1 28	_
i]	sued)		Responding to Enter	igency:		Harmful Event	1	24			Type of	f Test:		29	
	1	·		iol. 2: Ch/Sec/Sub			r Contributing Co	<u> </u>	1 2	2.5	2.5		est Res		1 30	331 1
				iol. 4: Ch/Sec/Sub			r Distracted by	0	26				deohol: from se	<u> </u>	Susp. Drug 2	32 1
1	VIOL 3: CIVSec/	····		or and all occupants in			i Distracted by		34	35	36 3	38	39	40	1]	
	Name (Last First N	Middle)			Address		DOB/Age	Sex		Safety System	Airbag Eje Status Co	t Trap le Code	Injury Status	Transp. Code	Medical Facility	
	Operate	or		S	See Above		\geq	X	1	99	3 0	0	10	1		
			•													
	Please Select (One Vahiel	a 1 1	Occupants Nor	ı-Motorist A	Type	15 Action	16	ocation		17 Can	lition	18		Hit/Run Mo	
1	of the Followi	ng:	.		I-Wiotorist A				Jocation						TIO KUN L. IVIO	pea
		6233514	St MA 19	DOB/Age 20	-	_	Reg # 94BSJF Reg Type PC Reg State FL									
	Sex. M Lic. (Class D	Lic. Re	strictions C	DL ndorsement				/eh Mak						Config. 1	╛┃
1		LL, THE	F	irat	Middle		AVIS B	Last			First	NTA	L L	LC Mic	Mie	-
<u></u>		BOWDOIN		APT 56	4 4001		ess <u>8600 I</u>		GAR.	BL			_			_ 1
		City BOSTON State MA Zip 02114-4201				City ORLANDO State FL Zip 32827-0000 Vehicle Action Prior to Crash Damaged Area Code: 8 27 27 27									10 1 27 -	
	Insurance Comp	any Unknor					le Action Prior to		23 6) : :		Jamage Fest Sta		Code:	8 ²⁷ 27 2	<u>"</u> "
	Vehicle Travel D	Direction: NS	EX	Responding to Emer	gency? 2		Sequence 1			23	~~	Type of		ŀ	29	
2	Citation # (If Iss						Hannful Event	1_	24	EI.		BAC Te	est Resu	ult:	1 30	_
	Viol. 1: Ch/Sec/Sub ————Viol. 2: Ch/Sec/Sub —————						r Contributing Co	<u>l</u>		5 1 9				2 31		32
1	Viol. 3: Ch/Sec/S			ol. 4; Ch/Sec/Sub —		Drive	r Distracted by	99	26	3¢ T			from sc	ene?	1 33	_
	Ple Name (Last First M	•	erator/non-i	notorist and all occup	ants involved Address		DOB/Age	Sex	Seat 5	35 Safety System	36 37 Airbag Ejer Status Coc			Transp. Code	Medical Facility	
	Operate	or/Non-Mo	otorist	S	ee Above		><	X	1 9	9 .	4 3	0	10	1		
		 ,								\neg		1				
									\neg	+	_	+-				
								+-	-	+		_	-			

	= Direction	= Vehicle 1	= Vehicle 2	웃 = Pedestria	n 💇 = Bicycle	
Crash Diagram:	ie: 🖚 🗀	→	•	→ }	→ 55	
		280 Lowell St.			If Crash I on a Publ Off-Street	
		M				
		Ŋ			☐ Mali/Shop	oping Center
	· · · · · · · · · · · · · · · · · · ·				Other Priv	rate Way
					Indicate !	North by Arrow
	Lo	well St				
Crash Narrative:						
MV1 was travelling	······································					
Lowell St. As MV1			ooint MV2 s	tarted to	enter the westbou	nd
travel lane when i	t collided into MV	1.				
Witnesses:						
Name (Last,First,Middle)		Address			Phone #	Statement
Property Damage:						
Owner (Last,First,Middle)	Address		Phone #	41-Type	Description of Damaged Proper	rty
Truck and Bus Inform	ation: Registration#		(From V	ehicle Section)		
Carrier Name					Bus	Use 42
Address			City		St Zip_	
US DOT #:	State Number		Issuing State	MC/MX/I	CC #:	
43	44		45			
	o Body Type Code	GVWR/GCWR			46	
		Reg State	Reg Year_	Traile	r Length	
Hazmat Information: 47	48					49
Placard Material	1 digit # Material Na	me		Material 4 digit	#Release	code
Patrol Officer Bri	an Tavares		206 V	Vilmington	Police Department	05/26/2023
Police Officer Name (Please Print)				epartment	Precinct/Barracks	Date

Police Officer Name (Please Print)

	Police Use Only	Comm	monwealth of Massachusetts RMV Document Num									
	Date of Crash Time of Crash 05/27/2023 0802 Wil i	City/Town mington	Motor Veh	icle Crasl	h Num Vehic		a lobota		O State Police Local Police MBTA Police	0800		
	24HR 24HR	mriig con	Police 1	Report	2	0	Latitud Longit		Campus Police Other:	<u> </u>		
	AT INTERSECT	AT INTERSECTION: <				< LOCATION > NOT AT INTERSECT						
	CROSS S								2	10		
1_	Route# Direction	Name of Roadway/Stree	et	Route# Direction	1 Address	s #	Nai	me of Road	way/Street			
1	LOWELL		Feet NSEW of or									
		ne of Intersecting Roadwa		Mile Marker Exit Number								
		Also at Intersection with	h	Feet N S E W of Route# Intersecting Roadway/Street								
² 1	Route# Direction Nat	ne of Intersecting Roadwa	y/Street	Feet NSEW of								
	Please Select One National 1	#Occupants Hit/R	n			2_1	·	Landma	rk	_		
3	of the Following:	- Hit/Ri		Crash Rep						_		
	10 10	(A DOB/Ag		2LHY43					2		12	
	Sex B Lic. Class D Lic. I	Restrictions CDI	orsement	/ear <u>2009</u>					h Config. 1] [-		
4 1	Operator RINDONE, TALI	First	Middle	er RINDONE		First		MPSO	N Middle			
1	Address 9 MURRAY HILL			ess 9 MURRA						_		
	City WILMINGTON State			WILMINGTO	[1887-420	O 271		
	Insurance Company FARMERS P			vehicle Action Prior to Crash T-or Status								
⁵ 2	Vehicle Travel Direction: N S E	Responding to Emerge	•	Sequence 1 23	24	3 23	Type of T		29			
	Citation # (If Issued)			Harmful Event 1	<u> </u>	25	BAC Tes		1 30	_	13	
	Viol. 1: Ch/Sec/Sub			r Contributing Code	34			cohol: 2 3	Susp. Drug: 2	32] [1		
⁶ 1	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Subator and all occupants invo		r Distracted by 0		35 36	10Wed 17	om scene?	1			
	Name (Last First Middle)		ddress	DOB/Age S		nfety Airbag I stem Status C	joet Trup Jode Code	Injury Transp Status Code				
	Operator	See	Above	$\mid \times \rangle$	1 9	9 4 0	0	10 1				
7	Please Select One Vehicle 2.1	#Occupants Non-M	Iotorist A Type	15 Action 16	Location	17 Co	ndition	18	Hit/Run Mo	red l		
⁷ 2	of the ronowing:	<u> </u>										
	10 10	A DOB/Ag	_	Reg # 11MP41 Reg Type PC Reg State MA								
			orsement									
⁸ 1	Operator LYNCH, ERIKA S Address 9 GOVERNOR FUL	First	Middle	er HINCH, I		First ULLER	חפ	N	Aiddle	-		
		MA Zip 01821-		BILLERICA				7 in 0	1821-202	_ - 9 ₁	14	
	Insurance Company SAFETY IN	•			Γ-	22		Area Code				
	Vehicle Travel Direction: N S E	Responding to Emerger		Vehicle Action Prior to Crash Languaged Area Code: 1 27 27 27 Event Sequence 1 23 23 23 23 Test Status: 1 28								
	Citation # (If Issued)	responding to Emerge	·	Hannful Event 1	24		Type of T		29			
⁹ 2	Viol. 1: Ch/Sec/Sub	Viol 2: Ch/Sec/Suh		r Contributing Code	19 25	1 25	BAC Test	t Result:	1 30 Susp. Drug: 2 3	32		
			r Distracted by 5	30	H		om scene?	1 33	-			
	Viol. 3: Ch/Sec/Sub ————————————————————————————————————									-		
	Name (Last First Middle) Operator/Non-Motorist		Above	DOB/Age S		stern Status C	ode Code	Status Code	Medical Facility	\dashv		
	Operator/Ivon-Motorist	See .	2100YC		\	0						
						_ _						

	= Direction	1 = Vehicle 1	2 = Vehicle 2	Ş = Pedestriaı	, <u>0</u> 50 =	Bicycle	
Crash Diagram:	ie: 🖚	→ [2	₽ ₿	→ №		
Cross St.						If Crash <u>Did Not</u> (on a Public Way:	
		<u>i.</u>				Off-Street Parking Lot	t
						☐ Garage	i
•						Mall/Shopping Center	
						Other Private Way	
	(D2)					Indicate North by A	Arrow
		1					
Lowell St.		The second second second					
Crash Narrative:							
MV1 was travelling wo							
behind MV1. The opera MV2 was bent down, sl				b somethin	g. As t	ne operator of	
MV2 was bent down, si	ne collided inco	the back (JI MVI.				
							·····
Witnesses:							
Name (Last, First, Middle)		Address			Phone #		Statement
Property Damage: Owner (Last, First, Middle)	Address		Phone #	41-Type D	escription of	Damaged Property	***
							
Truck and Bus Information	nn: Desistantian H						
Carrier Name			(From Ve	ehicle Section)		Bus Use	42
			City		9	Zip	
Address			•			•	
US DOT #:	44		45	iVIC/IVIX/IC	C #:		
<u></u>	dy Type Code	GVWR/GCWR				46	
Trailer Reg #:	Reg Type	Keg State	Keg Year	————Trailer	Length		
Placard 47 Placard Material 1 dig	git # 48 Material Na	me		Material 4 digit i	¥	Release code	49
Patrol Officer Brian	Tavares	1,000	206 W	ilmington 1	Police D	epartment 05/	27/2023

Police Officer Name (Please Print)

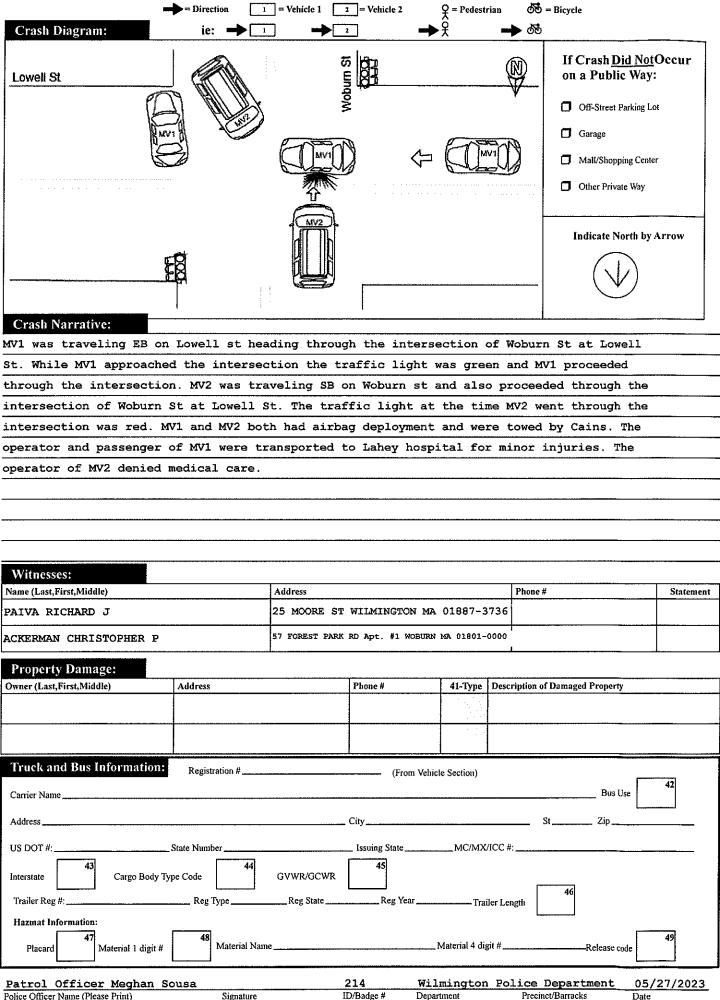
Signature

ID/Badge#

Department Precinct/Barracks

Date

	Police Use Only	Comr							MV Document Number			
	Date of Crash Time of Crash 05/27/2023 1629 Will	City/Town	Motor Vel	nicle Crash	Number Vehicles		Speed Limi	25	State Police Local Police MBTA Police	Ţ		
	05/27/2023 1629 Wil	mington	Police	Report	2	2	Latitude Longitude _		Campus Police	i [
	AT INTERSECT	ION:	< LOCA	TION >		NOT A	r inter	SECTI	ION:	7		
										2 10		
	Route# Direction	ST Name of Roadway/Str	eet	Route# Direction	Address #		Name of	Roadway	/Street	-[
¹ 1	TOMO. Director	At					ranc o	Roadway	"Bilett	-		
	WOBURN			Feet NSEW of — or or Exit Number								
	Route# Direction Nar	ne of Intersecting Roadw Also at Intersection w		Feet NSEW of								
		Also at intersection w	(61)	Route# Intersecting Roa								
² 1	Route# Direction Nan	ne of Intersecting Roadw	ay/Street									
	Please Select One	"a				4 -		ndmark		-		
3	of the Following:	#Occupants Hit/I	Run Moped	Crash Repor	rt ID# 2 3	-12	/-A	<i>:</i>				
		A_ DOB/Age	Reg	# <u>454sJ6</u>		Reg Typ	PC	Reg	State MA	12		
	Sex M Lic. Class D 19 Lic. F	testrictions 20 CI	DL Veh	Year 2010	Veh Make 1	OYOTA		Veh Co	onfig. 1 21	1		
	Operator BIAJOLI, RODR	IGO MEDEIR	dorsement OS Own	Owner BIAJOLI, WINNIE WING-YUN Last First Middle Address 5 FANEUIL DR								
⁴ 3	Address 5 FANEUIL DR	First	Middle Addi									
	City WILMINGTON State	MA Zip 01887	-2014 City	WILMINGTO	N	Sta	te MA	Zin 018	387-2014			
	Insurance Company GEICO GENE		-	22 5 1 27 27								
	Insurance Company GELCO GENERAL INSURANCE C Vehicle Action Prior to Crash 1 23 23 23 23 23 23 25 Test Status: 1 28											
⁵ 1	Citation # (If Issued)	Responding to Energ	•	Harmful Event 1	24	T ₃	pe of Test:		29	1		
	i i			L		25	AC Test Res		30]	13		
	Viol, 1: Ch/Sec/Sub			er Contributing Code	26 25	St	sp. Alcohol:	·	Susp. Drug: 2 32			
6 1	Viol. 3; Ch/Sec/Sub			er Distracted by	34 35	To 36 37	owed from so	ene? 1		_		
	Please fill out for opera Name (Last First Middle)	OIVEO Address	DOB/Age Sex	Seat Safety	Airbag Eject	Trap Injury Code Status	Transp.	Medical Facility				
	Operator	Se	e Above	\rightarrow	1 1	3 0	1 8	2 Lai	hey Clinic			
	WINNIE BIAJOLI	5 FANEUIL DR WILMINGTON, MA 01	887-2014	03/11/1986 F	3 1	3 0	0 8	2 Lai	hey Clinic	1		
					+ +					1		
				<u> </u>						4		
					<u> </u>	<u> </u>		Щ		4		
⁷ 2	Please Select One of the Following: Vehicle 2.1	#Occupants Non-	Motorist A Type	15 Action 16	Location	17 Condit	ion 18	Hit	/Run Moped			
		A_ DOB/Age	Pag	21 PP64								
	19 19	20		teg # 2LPP64 Reg Type PC Reg State MA								
		Enc	lorsement	Veh Year 2005 Veh Make CHEVROLET Veh Config. 1 Owner BUTCHER, DAVID CHARLES								
³ 1	Operator BUTCHER, DAVI	First	Middle	Lost		First	<u>. Titio</u>	Middle				
	Address 24 DEXTER ST	N/3 - 01060		Address 24 DEXTER ST City PEABODY State MA Zip 01960-6335								
	-	MA Zip 01960	•	PEABODY								
	rinsurance Company Gargo Grand INDORANCE C venicle Action Prior to Crash 1											
	Vehicle Travel Direction: NXEW	Responding to Emerge	ency? 2 Even	Sequence 1 23	23 23	43	pe of Test:	2	29			
2	Citation # (If Issued) 998277AB Most Hannful Event 1 24								30			
_	Viol. 1: Ch/Sec/Sub 90 24 Viol. 2: Ch/Sec/Sub 90 24 I Driver Contributing Code 10 25 4 25 Susp. Alcohol: 1 31 Susp. Drug 99 32											
	Viol. 3: Ch/Sec/Sub 90 24 v	Drive	Driver Distracted by 0 26 Towed from scene? 1 33									
	Please fill out for operator/non Name (Last First Middle)	•	nts involved	34 35 36 37 38 39 40						7		
	Operator/Non-Motorist		Above		Pos. System	1 0	0 10	1	Medical Facility	1		
	- P				+-					-		
										-		
								<u> </u>	-			



Police Officer Name (Please Print)

Signature

ID/Badge #

Precinct/Barracks

Date

Wilmington Police Department Images Associated with 23-157-AC







