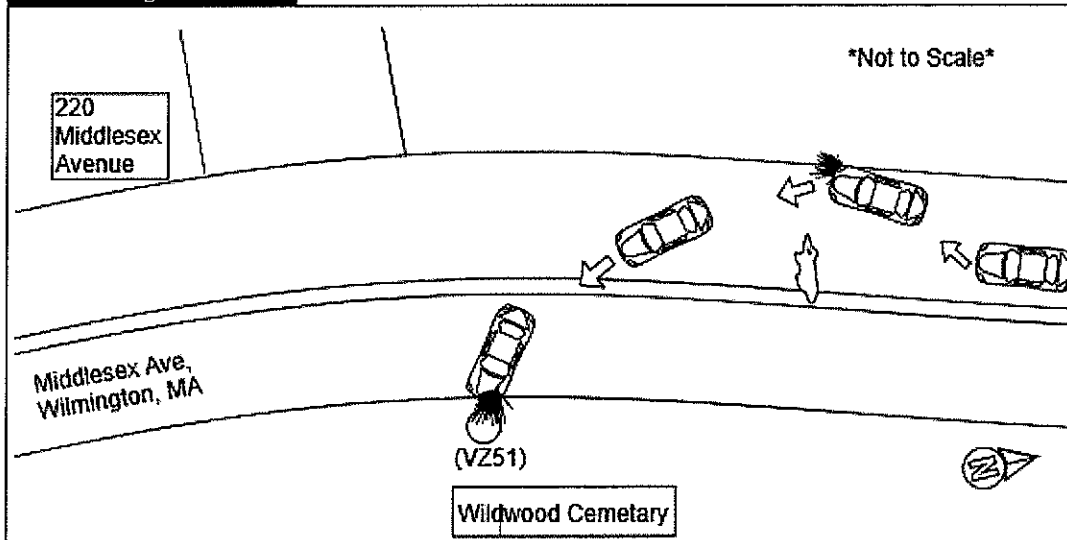


Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 07/23/2023	Time of Crash 0130 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report				Number Vehicles 1	Number Injured 2	Speed Limit 35 Latitude Longitude	State Police Local Police MBTA Police Campus Police Other
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:			
Route# Direction Name of Roadway/Street At			Route# Direction Address # Name of Roadway/Street 220 MIDDLESEX AVE				2 10			
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of Mile Marker Exit Number				1 11			
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Route# Intersecting Roadway/Street				Landmark			
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 12 #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped			Crash Report ID# 23-226-AC							
License: S. DOB/Age			Reg # 3DCM44 Reg Type PC Reg State MA				7 12			
Sex M Lic. Class 19 19 Lic. Restrictions 97 20 CDL Endorsement			Veh Year 2011 Veh Make HYUNDAI Veh Config. 1 21							
Operator COSTA FERNANDES, ADAIL NETO			Owner SANTOS, CLAUDIO LIMA DOS							
Address 50 HIGH ST APT 1			Address 58 HIGH ST APT 3							
City EVERETT State MA Zip 02149-3721			City EVERETT State MA Zip 02149-3779							
Insurance Company THE HANOVER INSURANCE COM			Vehicle Action Prior to Crash 1 22				Damaged Area Code: 8 27 1 27 2 27			
Vehicle Travel Direction: N X E W Responding to Emergency? 2			Event Sequence 20 23 23 23 23				Test Status: 1 28			
Citation # (If Issued) 091725AC			Most Harmful Event 22 24				Type of Test: 29			
Viol. 1: Ch/Sec/Sub 90 10 Viol. 2: Ch/Sec/Sub 90 24 I			Driver Contributing Code 11 25 25				BAC Test Result: 1 30			
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Distracted by 99 26				Susp. Alcohol: 2 31 Susp. Drug: 2 32			
Please fill out for operator and all occupants involved			Towed from scene? 1 33				22 13			
Name (Last First Middle) 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										
Operator See Above			1 1 1 0 0 8 2				Lahey Clinic			
BRUNNA FERNANDES 17 WILHELMINA AVE BURLINGTON, MA 01803-1334			F 6 99 4 0 0 7 2				Lahey Clinic			
Please Select One of the Following: <input type="checkbox"/> Vehicle 2 #Occupants <input type="checkbox"/> Non-Motorist A Type 15 Action 16 Location 17 Condition 18 <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped										
License # St DOB/Age			Reg # Reg Type Reg State							
Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement			Veh Year Veh Make Veh Config. 21							
Operator Last First Middle			Owner Last First Middle							
Address			Address							
City State Zip			City State Zip							
Insurance Company			Vehicle Action Prior to Crash 22				Damaged Area Code: 27 27 27			
Vehicle Travel Direction: N S E W Responding to Emergency?			Event Sequence 23 23 23 23				Test Status: 28			
Citation # (If Issued)			Most Harmful Event 24				Type of Test: 29			
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Driver Contributing Code 25 25				BAC Test Result: 30			
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Distracted by 26				Susp. Alcohol: 31 Susp. Drug: 32			
Please fill out for operator/non-motorist and all occupants involved			Towed from scene? 33							
Name (Last First Middle) 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										
Operator/Non-Motorist See Above			1							

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ○ = Pedestrian ○ = Bicycle

Crash Diagram:

ie: → 1 → 2 → ○ → ○



If Crash Did Not Occur on a Public Way:

- ☐ Off-Street Parking Lot
- ☐ Garage
- ☐ Mall/Shopping Center
- ☐ Other Private Way

Indicate North by Arrow



Crash Narrative:

Operator stated that he swerved to avoid striking an animal, struck the curb and lost control of the vehicle. He then struck Verizon Utility Pole 51. Rear passenger was transported to Lahey with suspected serious injury. Operator initially stated the rear passenger was not wearing a seat belt, later stated she was. Operator stated the rear passenger was laying across the rear seats. Operator was transported to the hospital with suspected minor injury. Passenger was transported to the hospital with suspected serious injury. Operator stated he does not know what type of animal ran in front of the vehicle. Several empty alcohol bottles were seen in the back seat. Operator showed no signs of impairment. The vehicle was towed by Forrest Towing to Forrest Towing. Ref. 23-291-AR.

Witnesses:

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

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
VERIZON	220 MIDDLESEX AVE WILMINGTON MA			UTILITY POLE (VZ 51)

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use ☐ 42

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ MC/MX/ICC #: _____

Interstate ☐ 43 Cargo Body Type Code ☐ 44 GVWR/GCWR ☐ 45

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length ☐ 46

Hazmat Information:

Placard ☐ 47 Material 1 digit # ☐ 48 Material Name _____ Material 4 digit # _____ Release code ☐ 49

Patrol Officer James R Hill

Police Officer Name (Please Print)

Signature

225

ID/Badge #

Wilmington Police Department

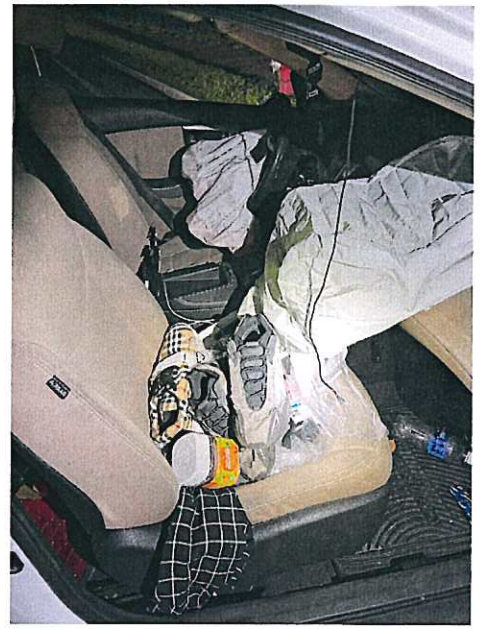
Department

Precinct/Barracks

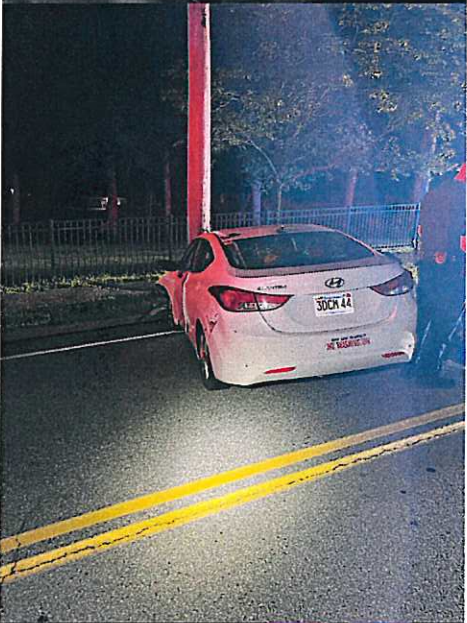
07/23/2023

Date

Wilmington Police Department
Images Associated with 23-226-AC



Wilmington Police Department
Images Associated with 23-226-AC



Wilmington Police Department
Images Associated with 23-226-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 07/23/2023	Time of Crash 1215 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 3	Number Injured 0	Speed Limit 30	State Police Local Police MBTA Police Campus Police Other:					
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:									
1 LOWELL ST			2 10											
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street											
At			Feet N S E W of or Exit Number											
2 WEST ST			2 11											
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Mile Marker Exit Number											
Also at Intersection with			Feet N S E W of Route# Intersecting Roadway/Street											
2 1 Route# Direction Name of Intersecting Roadway/Street			Landmark											
Please Select One of the Following:			<input checked="" type="checkbox"/> Vehicle 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Crash Report ID# 23-227-AC		
License # Si DOB/Age			Reg # US457S			Reg Type PC			Reg State MA			1 12		
Sex M Lic. Class B M Lic. Restrictions B CDL P			Veh Year 2020			Veh Make DODGE			Veh Config. 1 21			1 12		
Operator CRONIN, WILLIAM B			Owner CRONIN, WILLIAM B											
Address 23 FROTHINGHAM RD			Address 23 FROTHINGHAM RD											
City BURLINGTON State MA Zip 01803-4021			City BURLINGTON State MA Zip 01803-4021											
Insurance Company THE STANDARD FIRE INSURAN			Vehicle Action Prior to Crash 1 22			Damaged Area Code: 1 27 2 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: 29								
Viol. 1: Ch/Sec/Sub			Driver Contributing Code 19 25 25			BAC Test Result: 1 30								
Viol. 2: Ch/Sec/Sub			Susp. Alcohol: 2 31 Susp. Drug: 2 32											
Viol. 3: Ch/Sec/Sub			Driver Distracted by 0 26			Towed from scene? 2 33								
Viol. 4: Ch/Sec/Sub														
Please fill out for operator and all occupants involved														
Name (Last First Middle)			Address			DOB/Age			Sex			Medical Facility		
Operator			See Above			1			99			4		
Please Select One of the Following:			<input checked="" type="checkbox"/> Vehicle 2 #Occupants			<input type="checkbox"/> Non-Motorist A			Type 15			Action 16		
									Location 17			Condition 18		
												<input type="checkbox"/> Hit/Run		
												<input type="checkbox"/> Moped		
License # Si DOB/Age			Reg # 3PTW55			Reg Type PC			Reg State MA			1 14		
Sex M Lic. Class D M Lic. Restrictions 1 CDL			Veh Year 2011			Veh Make SUBARU			Veh Config. 1 21			1 14		
Operator PAN, MATTHEW			Owner PAN, BRIAN C											
Address 11 FOREST ST			Address 11 FOREST ST											
City BILLERICA State MA Zip 01821			City BILLERICA State MA Zip 01821-5456											
Insurance Company NORFOLK & DEDHAM MUTUAL F			Vehicle Action Prior to Crash 2 22			Damaged Area Code: 0 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: 29								
Viol. 1: Ch/Sec/Sub			Driver Contributing Code 1 25 25			BAC Test Result: 1 30								
Viol. 2: Ch/Sec/Sub			Susp. Alcohol: 2 31 Susp. Drug: 2 32											
Viol. 3: Ch/Sec/Sub			Driver Distracted by 0 26			Towed from scene? 2 33								
Viol. 4: Ch/Sec/Sub														
Please fill out for operator/non-motorist and all occupants involved														
Name (Last First Middle)			Address			DOB/Age			Sex			Medical Facility		
Operator/Non-Motorist			See Above			1			99			4		

Police Use Only			Commonwealth of Massachusetts				RMV Document Number					
Date of Crash 07/23/2023	Time of Crash 1215 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report				Number Vehicles 3	Number Injured 0	Speed Limit 30	Latitude	Longitude	State Police Local Police MBTA Police Campus Police Other
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:					
1 Route# Direction LOWELL ST At			2 10 Route# Direction Address # Name of Roadway/Street									
2 Route# Direction WEST ST Also at Intersection with			2 11 Feet N S E W of Mile Marker Exit Number									
2 1 Route# Direction Name of Intersecting Roadway/Street			2 Feet N S E W of Route# Intersecting Roadway/Street									
3 Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 11 #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped			Crash Report ID# 23-227-AC									
4 License # St DOB/Age Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement			1 12 Reg # B75762 Reg Type TR Reg State MA Veh Year 1998 Veh Make Other-not listed Veh Config. 8 21									
4 3 Operator Driverless M.V. Last First Middle			Owner PAN, BRIAN C Last First Middle									
City State Zip			City BILLERICA State MA Zip 01821-5456									
Insurance Company AMERICAN FAMILY CONNECT P			Vehicle Action Prior to Crash 2 22 Damaged Area Code: 6 27 27 27									
5 2 Vehicle Travel Direction: N S E W Responding to Emergency?			Event Sequence 1 23 23 23 23 Test Status: 1 28									
Citation # (If Issued)			Most Harmful Event 1 24 Type of Test: 1 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			Susp. Alcohol: 2 31 Susp. Drug: 2 32 1 13									
6 1 Please fill out for operator and all occupants involved			Driver Distracted by 0 26 Towed from scene? 33									
Name (Last First Middle) 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												
Operator See Above			1									
7 2 Please Select One of the Following: <input type="checkbox"/> Vehicle 4 #Occupants <input type="checkbox"/> Non-Motorist A Type 15 Action 16 Location 17 Condition 18 <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped												
8 License # St DOB/Age Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement			1 14 Reg # Reg Type Reg State Veh Year Veh Make Veh Config. 21									
Operator Last First Middle			Owner Last First Middle									
Address			Address									
City State Zip			City State Zip									
Insurance Company			Vehicle Action Prior to Crash 22 Damaged Area Code: 27 27 27									
Vehicle Travel Direction: N S E W Responding to Emergency?			Event Sequence 23 23 23 23 Test Status: 28									
Citation # (If Issued)			Most Harmful Event 24 Type of Test: 29									
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Driver Contributing Code 25 25 BAC Test Result: 30									
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Susp. Alcohol: 31 Susp. Drug: 32 1 14									
9 2 Please fill out for operator/non-motorist and all occupants involved			Driver Distracted by 26 Towed from scene? 33									
Name (Last First Middle) 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												
Operator/Non-Motorist See Above			1									

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ○ = Pedestrian ○ = Bicycle

Crash Diagram:

ie: → 1 → 2 → ○ → ○

 Lowell St	West St 	If Crash Did Not Occur on a Public Way: <input type="checkbox"/> Off-Street Parking Lot <input type="checkbox"/> Garage <input type="checkbox"/> Mall/Shopping Center <input type="checkbox"/> Other Private Way
Vehicle 1 Trailer Vehicle 2	Indicate North by Arrow 	

Crash Narrative:

Vehicle 1 and Vehicle 2 (with trailer) were in traffic at the intersection of Lowell St and West St. After vehicle 2 stopped for the red light, vehicle 1 was directly behind in traffic. At that time, vehicle 1 rear-ended the back of the trailer that was attached to vehicle 2. Operator 1 stated that he did not notice there was a trailer due to it being so low to the ground. After the crash, both vehicles pulled into the gas station parking lot near this intersection and exchanged information. There were no injuries and both operators (lone occupants of their vehicles) denied medical treatment. Vehicle 1 sustained minor damage to the front bumper. Vehicle 2 sustained no damage, however the trailer sustained rea-end damage (broken left brake light). No vehicles were towed.

Witnesses:

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

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
PAN BRIAN C	11 FOREST ST BILLERICA MA 01821-54			BROKEN LEFT BRAKE LIGHT

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ MC/MX/ICC #: _____

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 46

Hazmat Information:

Placard 47 Material 1 digit # 48 Material Name _____ Material 4 digit # _____ Release code 49

Patrol Officer Michael W Powers	231	Wilmington Police Department	07/23/2023
Police Officer Name (Please Print)	Signature	ID/Badge #	Department
		Precinct/Barracks	Date

Wilmington Police Department
Images Associated with 23-227-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 07/23/2023	Time of Crash 1418 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 35	State Police Local Police MBTA Police Campus Police Other	
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street							
Route# Direction Name of Intersecting Roadway/Street			Route# Direction Address # Name of Roadway/Street							
Also at Intersection with			Also at Intersection with							
Route# Direction Name of Intersecting Roadway/Street			Route# Direction Address # Name of Roadway/Street							
Please Select One of the Following:			<input checked="" type="checkbox"/> Vehicle 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Crash Report ID# 23-228-AC	
License #			DOB/Age		Reg # 22X550		Reg Type PC		Reg State MA	
Sex F Lic. Class D			Lic. Restrictions 1		Veh Year 2015		Veh Make HONDA		Veh Config. 1	
Operator FERNANDEZ, GINA M			Owner FERNANDEZ, GINA M							
Address 4 HARNDEN RD			Address 4 HARNDEN RD							
City BILLERICA State MA Zip 01821-6150			City BILLERICA State MA Zip 01821-6150							
Insurance Company ARBELLA MUTUAL INSURANCE			Vehicle Action Prior to Crash 4		Damaged Area Code: 2 27 27 27					
Vehicle Travel Direction: N E 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: 29					
Viol. 1: Ch/Sec/Sub			Driver Contributing Code 1 25 25		BAC Test Result: 1 30					
Viol. 2: Ch/Sec/Sub			Driver Distracted by 0 26		Susp. Alcohol: 2 31 Susp. Drug: 2 32					
Viol. 3: Ch/Sec/Sub					Towed from scene? 2 33					
Viol. 4: Ch/Sec/Sub										
Please fill out for operator and all occupants involved										
Name (Last First Middle)			DOB/Age		Sex					
Operator			See Above		1 1 4 0 0 10 1					
Please Select One of the Following:			<input checked="" type="checkbox"/> Vehicle 2 #Occupants		<input type="checkbox"/> Non-Motorist A		Type 15		Action 16	
License			DOB/Age		Reg # 2FRZ68		Reg Type PC		Reg State MA	
Sex M Lic. Class D			Lic. Restrictions 1		Veh Year 2023		Veh Make TOYOTA		Veh Config. 1	
Operator LAGUERRE, PIERRE CHARLES			Owner LAGUERRE, PIERRE CHARLES							
Address 79 CHESTNUT CIR			Address 79 CHESTNUT CIR							
City RANDOLPH State MA Zip 02368-2903			City RANDOLPH State MA Zip 02368-2903							
Insurance Company PLYMOUTH ROCK ASSURANCE C			Vehicle Action Prior to Crash 1		Damaged Area Code: 8 27 27 27					
Vehicle Travel Direction: S E 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: 29					
Viol. 1: Ch/Sec/Sub			Driver Contributing Code 1 25 25		BAC Test Result: 1 30					
Viol. 2: Ch/Sec/Sub			Driver Distracted by 0 26		Susp. Alcohol: 2 31 Susp. Drug: 2 32					
Viol. 3: Ch/Sec/Sub					Towed from scene? 2 33					
Viol. 4: Ch/Sec/Sub										
Please fill out for operator/non-motorist and all occupants involved										
Name (Last First Middle)			DOB/Age		Sex					
Operator/Non-Motorist			See Above		1 3 4 0 0 10 1					

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ○ = Pedestrian ○ = Bicycle

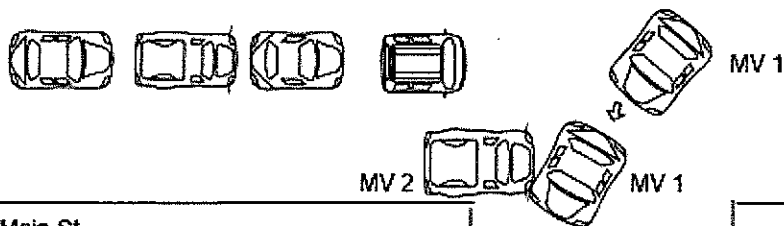
Crash Diagram:

ie: → 1 → 2 → ○ → ○

If Crash Did Not Occur on a Public Way:

- ☐ Off-Street Parking Lot
- ☐ Garage
- ☐ Mall/Shopping Center
- ☐ Other Private Way

Indicate North by Arrow



Crash Narrative:

MV 1 was travelling southbound on main st. The operator of MV 1 was attempting to take a left into McDonalds (210 Main st). Traffic in the opposing direction is a two lane non divided roadway. The lane of opposing traffic was stopped and was allowing MV 1 to turn left. MV 2 was travelling northbound and he stated that he did not see MV 1 attempting to turn left, which led to him slamming on his brakes but ultimately colliding with MV 1.

Witnesses:

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

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description 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 _____ MC/MX/ICC #: _____

Interstate ☐ 43 Cargo Body Type Code ☐ 44 GVWR/GCWR ☐ 45

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length ☐ 46

Hazmat Information:

Placard ☐ 47 Material 1 digit # ☐ 48 Material Name _____ Material 4 digit # _____ Release code ☐ 49

Patrol Officer Shane A Foley

211

Wilmington Police Department

07/23/2023

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

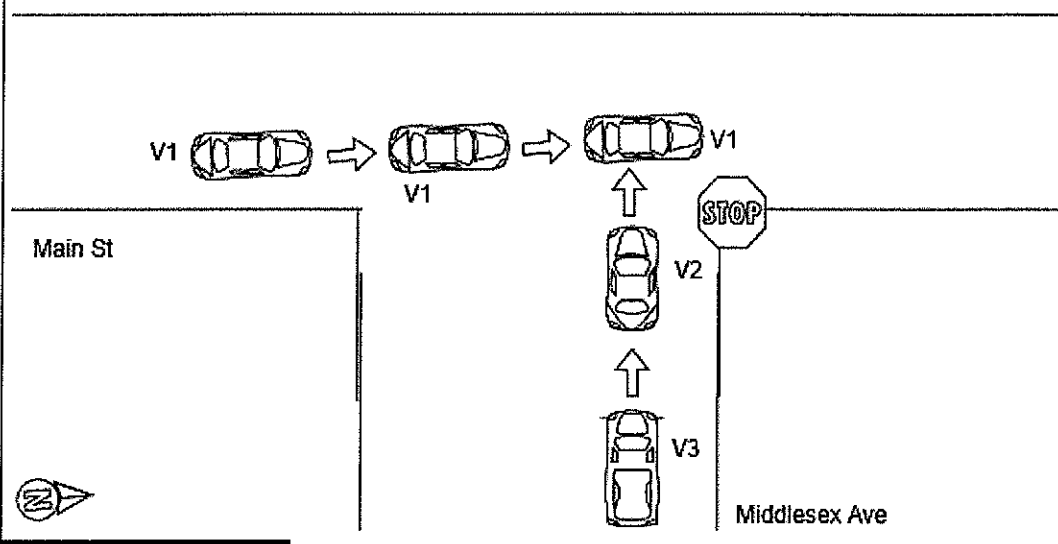
Date

Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 07/25/2023	Time of Crash 1817 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 3	Number Injured 0	Speed Limit 25	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:								
Route# Direction MAIN ST			Route# Direction Address # Name of Roadway/Street			2 10								
At			Feet N S E W of Mile Marker Exit Number			8 11								
Route# Direction MIDDLESEX AVE			Route# Direction Address # Name of Roadway/Street			8 11								
Also at Intersection with			Feet N S E W of Route# Intersecting Roadway/Street			8 11								
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of			Landmark								
Please Select One of the Following:			<input checked="" type="checkbox"/> Vehicle 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Crash Report ID# 23-230-AC		
License # S			DOB/Age			Reg # 1KFG99			Reg Type PC			Reg State MA		
Sex F Lic. Class D			Lic. Restrictions B			Veh Year 2018			Veh Make VOLKSWAGEN			Veh Config. 1		
Operator KESARIS, ELENA			Owner KESARIS, ELENA			Address 227 SHAWSHEEN AVE			City WILMINGTON			State MA Zip 01887-2220		
Insurance Company AMICA MUTUAL INSURANCE CO			Vehicle Action Prior to Crash 1			Damaged Area Code: 10 27 3 27 27			Test Status: 1 28			Type of Test: 1 29		
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W			Responding to Emergency? 2			Event Sequence 1 23 23 23 23			Most Harmful Event 1 24			BAC Test Result: 1 30		
Citation # (If Issued)			Viol. 1: Ch/Sec/Sub			Viol. 2: Ch/Sec/Sub			Driver Contributing Code 1 25 25			Susp. Alcohol: 2 31 Susp. Drug: 2 32		
Viol. 3: Ch/Sec/Sub			Viol. 4: Ch/Sec/Sub			Driver Distracted by 0 26			Towed from scene? 1 33			2 13		
Please fill out for operator and all occupants involved			Name (Last First Middle)			Address			DOB/Age			Sex		
Operator			See Above			DOB/Age			Sex			1 99 4 0 0 10 1		
Please Select One of the Following:			<input checked="" type="checkbox"/> Vehicle 2 1 #Occupants			<input type="checkbox"/> Non-Motorist A			Type 15			Action 16		
License # t			DOB/Age			Reg # 461AK1			Reg Type PC			Reg State MA		
Sex M Lic. Class D			Lic. Restrictions 1			Veh Year 2010			Veh Make HONDA			Veh Config. 1		
Operator PARIMI, RAMESH			Owner PARIMI, RAMESH			Address 10 MIDDLESEX AVE APT 11			City WILMINGTON			State MA Zip 01887-2763		
Insurance Company GOVERNMENT EMPLOYEES INSU			Vehicle Action Prior to Crash 2			Damaged Area Code: 1 27 2 27 27			Test Status: 1 28			Type of Test: 1 29		
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W			Responding to Emergency? 2			Event Sequence 1 23 23 23 23			Most Harmful Event 1 24			BAC Test Result: 1 30		
Citation # (If Issued)			Viol. 1: Ch/Sec/Sub			Viol. 2: Ch/Sec/Sub			Driver Contributing Code 1 25 25			Susp. Alcohol: 2 31 Susp. Drug: 2 32		
Viol. 3: Ch/Sec/Sub			Viol. 4: Ch/Sec/Sub			Driver Distracted by 0 26			Towed from scene? 2 33			4 14		
Please fill out for operator/non-motorist and all occupants involved			Name (Last First Middle)			Address			DOB/Age			Sex		
Operator/Non-Motorist			See Above			DOB/Age			Sex			1 99 4 0 0 10 1		

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 07/25/2023	Time of Crash 1817 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 3	Number Injured 0	Speed Limit 25	Latitude	Longitude	State Police Local Police MBTA Police Campus Police Other
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
Route# Direction MAIN ST			Route# Direction Address # Name of Roadway/Street		Route# Direction Address # Name of Roadway/Street					
At					Feet N S E W of . or Mile Marker Exit Number					
Route# Direction MIDDLESEX AVE			Route# Direction Address # Name of Roadway/Street		Feet N S E W of Route# Intersecting Roadway/Street					
Also at Intersection with					Feet N S E W of Landmark					
Route# Direction Name of Intersecting Roadway/Street										
Please Select One of the Following:			<input checked="" type="checkbox"/> Vehicle 31 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Crash Report ID# 23-230-AC	
License S DOB/Ag			Reg # 276RN3		Reg Type PC		Reg State MA			
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2019		Veh Make CHEVROLET		Veh Config. 1 21			
Operator HOEY, RICHARD E			Owner HOEY, RICHARD E							
Address 20 3 COLONIAL DR			Address 20 3 COLONIAL DR							
City ANDOVER State MA Zip 01810-0000			City ANDOVER State MA Zip 01810-0000							
Insurance Company GEICO GENERAL INSURANCE C			Vehicle Action Prior to Crash 1 22		Damaged Area Code: 1 27 27 27					
Vehicle Travel Direction: N S E W Responding to Emergency? 2			Event Sequence 2 23 23 23 23		Test Status: 1 28					
Citation # (If Issued)			Most Harmful Event 2 24		Type of Test: 1 29					
Viol. 1: Ch/Sec/Sub			Driver Contributing Code 19 25 25		BAC Test Result: 1 30					
Viol. 2: Ch/Sec/Sub			Driver Distracted by 0 26		Susp. Alcohol: 2 31 Susp. Drug: 2 32					
Viol. 3: Ch/Sec/Sub					Towed from scene? 2 33					
Viol. 4: Ch/Sec/Sub										
Please fill out for operator and all occupants involved										
Name (Last First Middle)			Address		DOB/Ag		Sex		Medical Facility	
Operator			See Above		1 99		4 0		10 1	
Please Select One of the Following:			<input type="checkbox"/> Vehicle 4 #Occupants		<input type="checkbox"/> Non-Motorist A		Type 15		Action 16	
License # St DOB/Ag			Reg #		Reg Type		Reg State			
Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement			Veh Year		Veh Make		Veh Config. 21			
Operator			Owner							
Address			Address							
City State Zip			City State Zip							
Insurance Company			Vehicle Action Prior to Crash 22		Damaged Area Code: 27 27 27					
Vehicle Travel Direction: N S E W Responding to Emergency?			Event Sequence 23 23 23 23		Test Status: 28					
Citation # (If Issued)			Most Harmful Event 24		Type of Test: 29					
Viol. 1: Ch/Sec/Sub			Driver Contributing Code 25 25		BAC Test Result: 30					
Viol. 2: Ch/Sec/Sub			Driver Distracted by 26		Susp. Alcohol: 31 Susp. Drug: 32					
Viol. 3: Ch/Sec/Sub					Towed from scene? 33					
Viol. 4: Ch/Sec/Sub										
Please fill out for operator/non-motorist and all occupants involved										
Name (Last First Middle)			Address		DOB/Ag		Sex		Medical Facility	
Operator/Non-Motorist			See Above		1					

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ○ = Pedestrian ○ = Bicycle
 ie: → 1 → 2 → ○ → ○

Crash Diagram:



If Crash Did Not Occur on a Public Way:

- ☐ Off-Street Parking Lot
☐ Garage
☐ Mall/Shopping Center
☐ Other Private Way

Indicate North by Arrow



Crash Narrative:

V1 was traveling North on Main St (towards Tewksbury) when V2 collided with it. Prior to this crash, V2 was stopped at the stop sign at the intersection of Main St and Middlesex Ave. While V2 was stopped at the stop sign, V3 rear-ended it, which caused V2 to travel into oncoming traffic on Main St and collide with V1. V1 sustained damage to its right side and undercarriage. It also appeared as though the axle was damaged, as the rear right tire of V1 was caved in. V2 sustained minor damage to the rear and major damage to the front center and front right. V3 sustained minor damage to the front. All 3 operators were the lone occupants of their vehicles. All parties suffered no apparent injuries and denied medical treatment. V1 was towed by a private company (AAA) and both V2 and V3 were able to be driven away.

Witnesses:

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

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description 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 _____ MC/MX/ICC #: _____

Interstate ☐ 43 Cargo Body Type Code ☐ 44 GVWR/GCWR ☐ 45

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length ☐ 46

Hazmat Information:

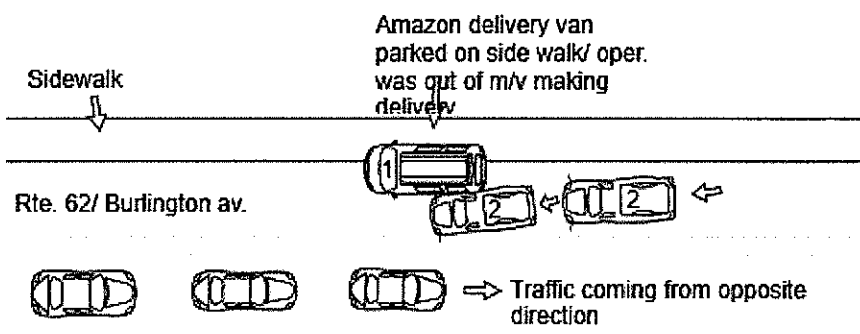
Placard ☐ 47 Material 1 digit # ☐ 48 Material Name _____ Material 4 digit # _____ Release code ☐ 49

Patrol Officer Michael W Powers 231 Wilmington Police Department 07/25/2023
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 07/28/2023	Time of Crash 1147 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit 25 Latitude Longitude	State Police Local Police MBTA Police Campus Police Other				
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:							
Route# Direction Name of Roadway/Street			Route# Direction Address # BURLINGTON AVE				2 10							
At			Feet N S E W of Mile Marker Exit Number				1 11							
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Route# Intersecting Roadway/Street											
Also at Intersection with			Feet N S E W of Landmark											
Route# Direction Name of Intersecting Roadway/Street														
Please Select One of the Following:			<input checked="" type="checkbox"/> Vehicle 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Crash Report ID# 23-231-AC		
License # S DOB/Age			Reg # V72345			Reg Type CO			Reg State MA			1 12		
Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement			Veh Year 2020			Veh Make DODGE			Veh Config. 97 21			1 12		
Operator ALARCON, JOEL A			Owner AMAZON LOGISTICS INC											
Address 27 KENDALL ST APT 3			Address 410 TERRY N AVE											
City LAWRENCE State MA Zip 01841-2081			City SEATTLE State WA Zip 98109-5210											
Insurance Company OLD REPUBLIC INSURANCE CO			Vehicle Action Prior to Crash 11 22			Damaged Area Code: 6 27 7 27 27								
Vehicle Travel Direction: N S E X Responding to Emergency? 2			Event Sequence 1 23 23 23 23			Test Status: 28								
Citation # (If Issued)			Most Harmful Event 1 24			Type of Test: 29								
Viol. 1: Ch/Sec/Sub			Driver Contributing Code 1 25 25			BAC Test Result: 30								
Viol. 2: Ch/Sec/Sub			Driver Distracted by 0 26			Susp. Alcohol: 31 Susp. Drug: 32						2 13		
Viol. 3: Ch/Sec/Sub						Towed from scene? 2 33								
Viol. 4: Ch/Sec/Sub														
Please fill out for operator and all occupants involved														
Name (Last First Middle)			Address			DOB/Age			Sex			34 Seat Pos.		
Operator			See Above			1			1			10 4 0 0 10 1		
Please Select One of the Following:			<input checked="" type="checkbox"/> Vehicle 2 #Occupants			<input type="checkbox"/> Non-Motorist A			Type 15 Action 16 Location 17 Condition 18			<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped		
License # St. DOB/Age			Reg # 22F320			Reg Type PC			Reg State MA			1 14		
Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement			Veh Year 2018			Veh Make HONDA			Veh Config. 1 21					
Operator PATEL, SHAKUNTALA R			Owner PATEL, SHAKUNTALA R											
Address 8 ELEANOR DR			Address 8 ELEANOR DR											
City WILMINGTON State MA Zip 01887-3199			City WILMINGTON State MA Zip 01887-3199											
Insurance Company THE COMMERCE INSURANCE CO			Vehicle Action Prior to Crash 1 22			Damaged Area Code: 3 27 27 27								
Vehicle Travel Direction: N S E X Responding to Emergency? 2			Event Sequence 2 23 23 23 23			Test Status: 28								
Citation # (If Issued)			Most Harmful Event 2 24			Type of Test: 29								
Viol. 1: Ch/Sec/Sub			Driver Contributing Code 4 25 25			BAC Test Result: 30								
Viol. 2: Ch/Sec/Sub			Driver Distracted by 0 26			Susp. Alcohol: 31 Susp. Drug: 32								
Viol. 3: Ch/Sec/Sub						Towed from scene? 2 33								
Viol. 4: Ch/Sec/Sub														
Please fill out for operator/non-motorist and all occupants involved														
Name (Last First Middle)			Address			DOB/Age			Sex			34 Seat Pos.		
Operator/Non-Motorist			See Above			1			1			1 1 4 0 0 10 1		

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ○ = Pedestrian ○ = Bicycle
 ie: → 1 → 2 → ○ → ○

Crash Diagram:



If Crash Did Not Occur on a Public Way:

- ☐ Off-Street Parking Lot
- ☐ Garage
- ☐ Mall/Shopping Center
- ☐ Other Private Way

Indicate North by Arrow



Crash Narrative:

Oper.#1 related, While he was out of his m/v#1 making a package delivery (Amazon Delivery Driver). M/V#2 made an attempt to go around his M/V#1. While doing so M/V#2 side swiped the left rear portion of his M/V#1. (It should be noted that M/V#1 was parked half on the sidewalk and half in the roadway. The roadway is narrow and winding) (At the time of the crash the Amazon van had its Emergency Flashers activated.)

Oper.#2 Related that she was attempting to go around a parked van, while other motorist were coming from opposite direction. While doing so struck M/V#1. (PWJ/142

Witnesses:

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

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description 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 _____ MC/MX/ICC #: _____

Interstate ☐ 43 Cargo Body Type Code ☐ 44 GVWR/GCWR ☐ 45

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length ☐ 46

Hazmat Information:

Placard ☐ 47 Material 1 digit # ☐ 48 Material Name _____ Material 4 digit # _____ Release code ☐ 49

Patrol Officer Paul W Jepson

Police Officer Name (Please Print)

Signature

142

ID/Badge #

Wilmington Police Department

Department

Precinct/Barracks

07/28/2023

Date

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 07/29/2023	Time of Crash 0252 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report				Number Vehicles 1	Number Injured 0	Speed Limit 35	State Police Local Police MBTA Police Campus Police Other
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:			
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street				2 10			
At			38 N 885 MAIN ST				1 11			
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Mile Marker Exit Number				1 11			
Also at Intersection with			Feet N S E W of Route# Intersecting Roadway/Street				1 11			
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Landmark				1 11			
Please Select One of the Following:			Crash Report ID#				23-232-AC			
<input checked="" type="checkbox"/> Vehicle 12 #Occupants			<input type="checkbox"/> Hit/Run				<input type="checkbox"/> Moped			
License # S DOB/Age			Reg # DV9009 Reg Type PC Reg State MA				1 12			
Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement			Veh Year 2019 Veh Make HONDA Veh Config. 1 21				1 12			
Operator EVANS, KAREN L			Owner TREVISONE, RICHARD JOSEPH				1 12			
Address 1 WEBBER ST			Address 1 WEBBER ST				1 12			
City WILMINGTON State MA Zip 01887-3602			City WILMINGTON State MA Zip 01887-3602				1 12			
Insurance Company GEICO GENERAL INSURANCE C			Vehicle Action Prior to Crash 1 22				Damaged Area Code: 2 27 27 27			
Vehicle Travel Direction: X S E W Responding to Emergency? 2			Event Sequence 5 23 23 23 23				Test Status: 28			
Citation # (If Issued)			Most Harmful Event 5 24				Type of Test: 29			
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Driver Contributing Code 1 25 25				BAC Test Result: 30			
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Distracted by 0 26				Susp. Alcohol: 31 Susp. Drug: 32			
Please fill out for operator and all occupants involved			Towed from scene? 2 33				5 13			
Name (Last First Middle) 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										
Operator See Above			1 1 4 0 0 10 1							
RICHARD TREVISONE 1 WEBBER ST WILMINGTON, MA 01887-3602			12/26/1971 M 3 1 4 0 0 10 1							
Please Select One of the Following:			Type 15 Action 16 Location 17 Condition 18				<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped			
<input type="checkbox"/> Vehicle 2 #Occupants			<input type="checkbox"/> Non-Motorist A							
License # St DOB/Age			Reg # Reg Type Reg State				21			
Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement			Veh Year Veh Make Veh Config.				21			
Operator			Owner				1 14			
Address			Address				1 14			
City State Zip			City State Zip				1 14			
Insurance Company			Vehicle Action Prior to Crash 22				Damaged Area Code: 27 27 27			
Vehicle Travel Direction: N S E W Responding to Emergency?			Event Sequence 23 23 23 23				Test Status: 28			
Citation # (If Issued)			Most Harmful Event 24				Type of Test: 29			
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Driver Contributing Code 25 25				BAC Test Result: 30			
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Distracted by 26				Susp. Alcohol: 31 Susp. Drug: 32			
Please fill out for operator/non-motorist and all occupants involved			Towed from scene? 33				1 14			
Name (Last First Middle) 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										
Operator/Non-Motorist See Above			1							

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ○ = Pedestrian ○ = Bicycle
 ie: → 1 → 2 → ○ → ○

Crash Diagram:

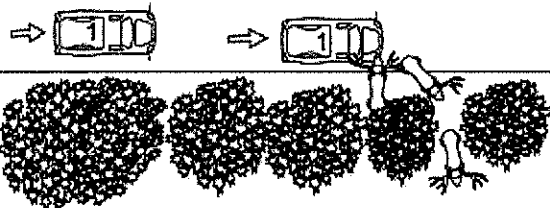
If Crash Did Not Occur on a Public Way:

- ☐ Off-Street Parking Lot
☐ Garage
☐ Mall/Shopping Center
☐ Other Private Way

Indicate North by Arrow



Rte.38/Main st.



885 Main st. area



Crash Narrative:

Oper. #1, Related while traveling north in the area of 885 Main st./rte.38, a deer ran out from a wooded ara and struck the right front bumper/fender area, causing damage. The deer ran back into the wooded area. (PWJ/142)

Witnesses:

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

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description 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 _____ MC/MX/ICC #: _____

Interstate ☐ 43 Cargo Body Type Code ☐ 44 GVWR/GCWR ☐ 45

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length ☐ 46

Hazmat Information:

Placard ☐ 47 Material 1 digit # ☐ 48 Material Name _____ Material 4 digit # _____ Release code ☐ 49

Patrol Officer Paul W Jepson

Police Officer Name (Please Print)

Signature

142

ID/Badge #

Wilmington Police Department

Department

Precinct/Barracks

07/29/2023

Date

Police Use Only			Commonwealth of Massachusetts				RMV Document Number									
Date of Crash 07/29/2023	Time of Crash 1910 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 1	Number Injured 0	Speed Limit 25	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:											
Route# Direction Name of Roadway/Street					Route# Direction Address # Name of Roadway/Street					2 10						
At					Feet N S E W of or Mile Marker Exit Number					1 11						
Route# Direction Name of Intersecting Roadway/Street					Feet N S E W of Route# Intersecting Roadway/Street											
Also at Intersection with					Feet N S E W of Landmark											
Route# Direction Name of Intersecting Roadway/Street																
Please Select One of the Following:			<input checked="" type="checkbox"/> Vehicle 3 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Crash Report ID# 23-233-AC							
License # St. DOB/Age					Reg # MF86M Reg Type DC Reg State MA					3 12						
Sex M Lic. Class D M Lic. Restrictions 20 CDL Endorsement					Veh Year 2017 Veh Make Other-not listed Veh Config. 6 21											
Operator KENNEDY, JASON MICHAEL					Owner WILMINGTON TOWN OF FIRE DEPT											
Address 1 ADELAIDE ST					Address 121 GLEN RD											
City WILMINGTON State MA Zip 01887-2061					City WILMINGTON State MA Zip 01887-3500											
Insurance Company SELF INSURED					Vehicle Action Prior to Crash 10 22					Damaged Area Code: 4 27 27 27						
Vehicle Travel Direction: X S E W Responding to Emergency? 1					Event Sequence 22 23 23 23 23					Test Status: 1 28						
Citation # (If Issued)					Most Harmful Event 22 24					Type of Test: 29						
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub					Driver Contributing Code 19 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						
Please fill out for operator and all occupants involved										22 13						
Name (Last First Middle) 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											
Operator See Above					1 1 4 0 0 10 1											
RYAN QUIGLEY 1 ADELAIDE ST WILMINGTON, MA 01887-3712					3 1 4 0 0 10 1											
DANIEL FEYLER 1 ADELAIDE ST WILMINGTON, MA 01887-2617					M 4 1 4 0 0 10 1											
Please Select One of the Following:					<input type="checkbox"/> Vehicle 2 #Occupants		<input type="checkbox"/> Non-Motorist A Type 15		Action 16		Location 17		Condition 18		<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped	
License # St. DOB/Age					Reg # Reg Type Reg State					21						
Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement					Veh Year Veh Make Veh Config.											
Operator Last First Middle					Owner Last First Middle											
Address					Address											
City State Zip					City State Zip											
Insurance Company					Vehicle Action Prior to Crash 22					Damaged Area Code: 27 27 27						
Vehicle Travel Direction: N S E W Responding to Emergency?					Event Sequence 23 23 23 23					Test Status: 28						
Citation # (If Issued)					Most Harmful Event 24					Type of Test: 29						
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub					Driver Contributing Code 25 25					BAC Test Result: 30						
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub					Driver Distracted by 26					Susp. Alcohol: 31 Susp. Drug: 32						
Please fill out for operator/non-motorist and all occupants involved										33						
Name (Last First Middle) 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											
Operator/Non-Motorist See Above					1											

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ○ = Pedestrian ○ = Bicycle
ie: → 1 → 2 → ○ → ○

Crash Diagram:

Car crashed into a pole Verizon Pole 4/80 391 Chestnut St Verizon Pole 4/79

WPD Car 33 WPD Car 31 WFD Engine #4

Front WFD Engine #4

Navajo Dr

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Indicate North by Arrow

→

Crash Narrative:

ON 07/29/23, I WAS ON SCENE AT A SINGLE CAR CRASH IN THE AREA OF 393 CHESTNUT ST. WILMINGTON FIRE DEPARTMENT AMBULANCE 2 AND ENGINE 4 RESPONDED TO THE CALL. AS WILMINGTON FIRE ENGINE 4 ARRIVED ON SCENE, I OBSERVED THE ENGINE 4 PULL UP ON THE OPPOSITE LANE OF TRAFFIC ATTEMPTING TO PULL ALONG SIDE WILMINGTON POLICE CRUISERS THAT WERE PARKED BEHIND THE CRASH. I THEN OBSERVED ENGINE 4 START TO BACK UP BEHIND THE PARKED CRUISERS. I TURNED MY HEAD AND HEARD A LOUD BANG. I LOOKED UP TO SEE THE SURROUNDING TELEPHONE POLES AND WIRES SHAKING. I THEN LOOKED OVER AT ENGINE 4. BASED ON THE ANGLE OF ENGINE 4, IT WAS CLEAR THE ENGINE HAD BACKED INTO THE NEARBY UTILITY POLE (VERIZON POLE 4/79) I ALSO OBSERVED SPARKS FLYING OUT FROM THE TRANSFORMER ON THE SAME POLE. THERE WERE NO REPORTED INJURIES. THERE WAS DAMAGE TO THE UTILITY POLE (SEE PHOTOS). ENGINE 4 HAD DAMAGE TO REAR BUMPER AND THE BACK OF THE ENGINE (REAR PASSENGER CORNER). VERIZON AND RMLD NOTIFIED

Witnesses:

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

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
VERIZON	28 DIANA LN DRACUT MA 01826		4	UTILITY POLE

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use ☐ 42

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ MC/MX/ICC #: _____

Interstate ☐ 43 Cargo Body Type Code ☐ 44 GVWR/GCWR ☐ 45

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length ☐ 46

Hazmat Information:

Placard ☐ 47 Material 1 digit # ☐ 48 Material Name _____ Material 4 digit # _____ Release code ☐ 49

Sergeant Daniel P Furbush

Police Officer Name (Please Print)

Signature

196

ID/Badge #

Wilmington Police Department

Department

Precinct/Barracks

07/29/2023

Date

Wilmington Police Department
Images Associated with 23-233-AC



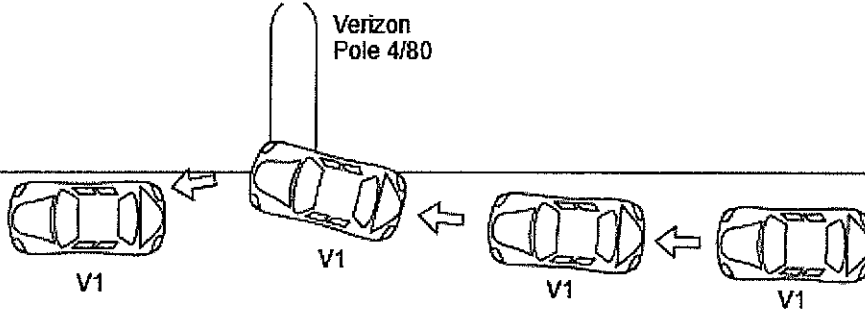
Wilmington Police Department
Images Associated with 23-233-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 07/29/2023	Time of Crash 1858 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 1	Number Injured 1	Speed Limit 25	Latitude	Longitude	State Police Local Police MBTA Police Campus Police Other
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:				
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street				2 10				
At			Feet N S E W of or Mile Marker Exit Number				1 11				
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Route# Intersecting Roadway/Street								
Also at Intersection with			Feet N S E W of								
Route# Direction Name of Intersecting Roadway/Street			Landmark								
Please Select One of the Following:			<input checked="" type="checkbox"/> Vehicle 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped		
			Crash Report ID# 23-234-AC								
License # St. DOB/Age			Reg # 4XJC38 Reg Type PC Reg State MA						3 12		
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2019 Veh Make FORD Veh Config. 1 21								
Operator KOPACH, BRANDON M			Owner KOPACH, BRANDON M								
Address 115 HOLLIS AVE			Address 115 HOLLIS AVE								
City BRAINTREE State MA Zip 02184-4515			City BRAINTREE State MA Zip 02184-4515								
Insurance Company PROGRESSIVE DIRECT INSURA			Vehicle Action Prior to Crash 1 22			Damaged Area Code: 1 27 3 27 2 27					
Vehicle Travel Direction: N X E W Responding to Emergency? 2			Event Sequence 22 23 23 23 23			Test Status: 2 28					
Citation # (If Issued) T3190671			Most Harmful Event 22 24			Type of Test: 1 29					
Viol. 1: Cl/Sec/Sub 90 24 Viol. 2: Cl/Sec/Sub 90 24			Driver Contributing Code 10 25 2 25			BAC Test Result: 1 30					
Viol. 3: Cl/Sec/Sub 89 4A Viol. 4: Cl/Sec/Sub 90 24I			Driver Distracted by 1 26			Susp. Alcohol: 1 31 Susp. Drug: 2 32			22 13		
Please fill out for operator and all occupants involved											
Name (Last First Middle) 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											
Operator See Above			1 0 4 0 0 8 2 Lahey Clinic								
Please Select One of the Following:			<input type="checkbox"/> Vehicle 2 #Occupants			<input type="checkbox"/> Non-Motorist A Type 15 Action 16 Location 17 Condition 18			<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped		
License # St. DOB/Age			Reg # Reg Type Reg State								
Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement			Veh Year Veh Make Veh Config. 21								
Operator			Owner								
Address			Address								
City State Zip			City State Zip								
Insurance Company			Vehicle Action Prior to Crash 22			Damaged Area Code: 27 27 27					
Vehicle Travel Direction: N S E W Responding to Emergency?			Event Sequence 23 23 23 23			Test Status: 28					
Citation # (If Issued)			Most Harmful Event 24			Type of Test: 29					
Viol. 1: Cl/Sec/Sub Viol. 2: Cl/Sec/Sub			Driver Contributing Code 25 25			BAC Test Result: 30					
Viol. 3: Cl/Sec/Sub Viol. 4: Cl/Sec/Sub			Driver Distracted by 26			Susp. Alcohol: 31 Susp. Drug: 32					
Please fill out for operator/non-motorist and all occupants involved											
Name (Last First Middle) 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											
Operator/Non-Motorist See Above			1								

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ○ = Pedestrian ○ = Bicycle
 ie: → 1 → 2 → ○ → ○

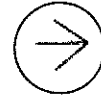
Crash Diagram:



If Crash Did Not Occur on a Public Way:

- ☐ Off-Street Parking Lot
- ☐ Garage
- ☐ Mall/Shopping Center
- ☐ Other Private Way

Indicate North by Arrow



Chestnut Street

Crash Narrative:

V1 was traveling south on Chestnut Street when it collided with a Verizon utility pole (# 4/80) right in front of 393 Chestnut Street. The operator of this vehicle stated he was looking down to answer a phone call from his girlfriend just prior to the crash. The vehicle sustained major damage to the front end and right side (towed by A&S). The operator (lone occupant) suffered a forehead laceration from his head hitting the steering wheel. The operator was transported to Lahey Burlington for medical treatment. The operator was also summonsed to Woburn District Court and charged with the following: OUI-liquor, negligent operation, marked lanes violation, speeder greater than reasonable/proper, and possession of open container of alcohol in a motor vehicle. (Reference 23-302-AR).

Witnesses:

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

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description 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 _____ MC/MX/ICC #: _____

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 46

Hazmat Information:

Placard 47 Material 1 digit # 48 Material Name _____ Material 4 digit # _____ Release code 49

Patrol Officer Michael W Powers

Police Officer Name (Please Print)

Signature

231

ID/Badge #

Wilmington Police Department

Department

Precinct/Barracks

07/29/2023

Date

NARRATIVE FOR PATROL OFFICER MICHAEL W POWERS

Ref: 23-234-AC

Entered: 07/30/2023 @ 1315

Entry ID: 231

Modified: 07/31/2023 @ 1147

Modified ID: 231

I, Officer Michael Powers of the Wilmington Police Department, report the following summary of facts:

On Wednesday 07/29/2023, I was assigned to uniformed patrol in sector 1 in fully marked police cruiser #31 for the 0800-1600 hours shift. At approximately 1858 hours, I was dispatched to the vicinity of 393 Chestnut Street for an OnStar activation on a Ford vehicle due to a motor vehicle crash. Dispatch then said over the radio that it was now being reported that there was a single vehicle crash into a pole at 393 Chestnut Street (public way in Wilmington), in which a male party had sustained a head laceration. Upon arrival, Sergeant Furbush and Officer Jepson were already on scene and the male party was being treated by the Wilmington Fire Department. At that time, I walked to the site of the crash and witnessed heavy front-end damage to a Ford Fusion (MA Reg 4XJC38) which was directly next to a cracked Verizon pole (# 4/80). The front left tire was also completely twisted and protruding well beyond the fender of the vehicle. Please note, the road conditions were wet but it was not raining at the time of this crash. I also did not see any skid marks near the crash site, which indicated that the brakes on this vehicle weren't utilized. The speed limit in this area of Chestnut Street is 25 MPH and the vehicle was approximately 15-20 feet from the Verizon pole. Due to the severity of the damage to the vehicle, it could not have been able to be driven any amount of distance, indicating that it must have bounced off the pole at a higher rate of speed than what was reasonable and proper. In order for the vehicle to hit the utility pole, it needed to cross the white fog line out of the travel lane. Please be advised, the vicinity of 393 Chestnut Street is a residential area and when I arrived to the scene of the crash, I witnessed numerous residents standing outside of their houses. In addition, there was a high amount of vehicle traffic during this time, as multiple cars were lined up waiting to pass by the crash and get to their homes.

At that time, I responded to the male party being treated, who was identified as Brandon Kopach. Kopach was the registered owner of the Ford and he stated that he was driving the vehicle just prior to the crash. Kopach was the lone occupant of the Ford. Kopach was bleeding from a laceration to his forehead that he said must have happened from his head hitting the steering wheel during the crash. While Kopach was speaking, I noticed a moderate smell of an alcoholic beverage coming from his breath. In addition, his speech was slurred and thick-tongued and his answers were delayed. I also noticed Kopach's eyes to be extremely glassy, bloodshot, and red. Kopach also told me that, just prior to the crash, he had left a pool party in Burlington and had an argument with his girlfriend. Kopach also stated that he had "2 drinks" at the party. However, during the motor vehicle inventory of the Ford, multiple Miller Lite beer cans were located inside the vehicle and beer was spilled all over the interior of the vehicle. Also, outside of the vehicle next to the Verizon pole that was hit (and where Kopach was standing) there was an open and empty Miller Lite can. In addition, a cooler with ice was located in the back seat that included Twisted Iced Teas. Photos of these items were attached to this report.

Kopach said that he crashed into the pole after he reached down to grab his phone and was distracted because his girlfriend was calling him. Wilmington Firefighters then walked Kopach to the back of the ambulance. While Kopach was walking to the ambulance, I witnessed him stumble and was very unsteady on his feet. Due to the severity of the crash and Kopach's injuries, it was determined that he needed to be transported to Lahey Burlington via ambulance for his safety. I told Kopach that he was now being placed under arrest and informed him that he was being charged with operating a motor vehicle under the influence of alcohol. I also told Kopach that I would be following the ambulance in my cruiser. Once at the hospital, Kopach was brought to the emergency room. Please note, Kopach continued to doze off while being attended to by nursing staff. Officer Goodwin was also now on scene. At 2022 hours, I read Kopach his Miranda Rights and his Statutory Rights/Consent Form. At 2029 hours, Kopach signed and refused the evidentiary blood draw/test (witnessed by Officer Goodwin). This form was scanned and attached to this report. At that time, while Officer Goodwin had custody of Kopach, I went to my cruiser to get my citation book. Once I arrived back, Officer Goodwin informed

NARRATIVE FOR PATROL OFFICER MICHAEL W POWERS

Ref: 23-234-AC

Entered: 07/30/2023 @ 1315

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me that she was told by the doctors and nurses that Kopach still needed to get a CT scan completed, wait for the results, and that his laceration may require stitches. Officer Goodwin was advised that it could be approximately 6+ hours before Kopach was released. Due to this time frame, the decision was made that Kopach would now be summonsed to Woburn District Court. I issued Kopach MA Uniform Citations T3190671 & T3190672 in hand and charged him with the following charges:

- M.G.L. Ch. 90/Sec. 24/J – Operating Under the Influence, Alcohol
- M.G.L. Ch. 90/Sec. 24/E – Negligent Operation of a Motor Vehicle
- M.G.L. Ch. 89/Sec. 4/A – Marked Lanes Violation
- M.G.L. Ch. 90/Sec. 17 – Speeding, Rate of Speed Greater than was Reasonable
- M.G.L. Ch. 90/Sec. 24/I – Alcohol in Motor Vehicle, Possession of Open Container

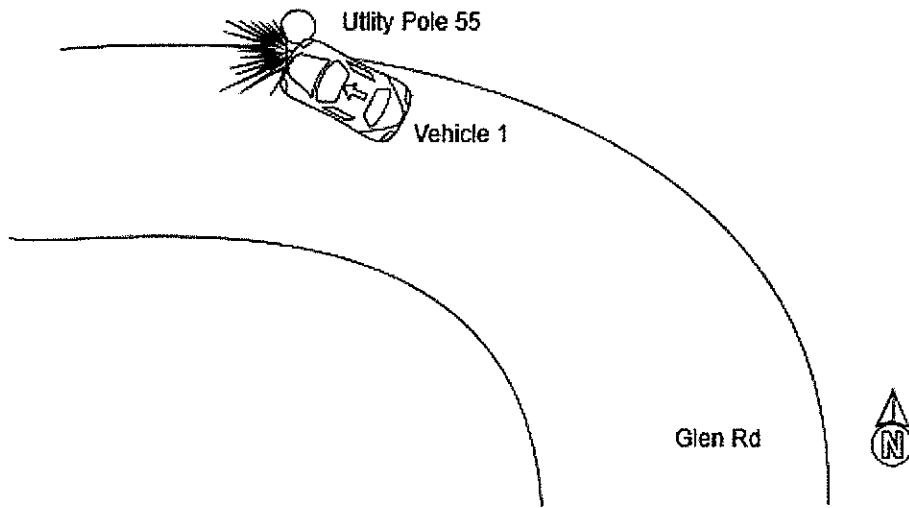
Sergeant Furbush faxed the Preservation Notice to Lahey Burlington emergency room. Officer Miccichi served Kopach in hand a notice of his MA driver's license suspension. All forms, including the motor vehicle inventory, were scanned and attached to this report.

Respectfully Submitted,
Officer Michael Powers #231
Wilmington Police Department

Police Use Only		Commonwealth of Massachusetts										RMV Document Number					
Date of Crash 07/29/2023		Time of Crash 2142 24HR		City/Town Wilmington		Motor Vehicle Crash Police Report						Number Vehicles 1	Number Injured 0	Speed Limit 25 Latitude Longitude		State Police Local Police MBTA Police Campus Police Other:	
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:									
Route# Direction Name of Roadway/Street						Route# Direction Address # Name of Roadway/Street											
At						Feet N S E W of or Mile Marker Exit Number											
Route# Direction Name of Intersecting Roadway/Street						Feet N S E W of Route# Intersecting Roadway/Street											
Also at Intersection with						Feet N S E W of Landmark											
Route# Direction Name of Intersecting Roadway/Street																	
Please Select One of the Following:		<input checked="" type="checkbox"/> Vehicle 1 Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Crash Report ID# 23-235-AC									
License: St. DOB/Age						Reg # 563YZ3 Reg Type PC Reg State MA						1 12					
Sex M Lic. Class D Lic. Restrictions 20 CDL Endorsement						Veh Year 2011 Veh Make ACURA Veh Config. 1 21						1 13					
Operator ROURKE, TYLER STEPHEN						Owner ROURKE, STEPHEN P											
Address 6 RING AVE						Address 10 MIDDLESEX AVE APT 5											
City WILMINGTON State MA Zip 01887-4012						City WILMINGTON State MA Zip 01887-2763											
Insurance Company THE COMMERCE INSURANCE CO						Vehicle Action Prior to Crash 1 22						Damaged Area Code: 2 27 27 27					
Vehicle Travel Direction: N S E W Responding to Emergency? 2						Event Sequence 22 23 23 23						Test Status: 1 28					
Citation # (If Issued)						Most Harmful Event 22 24						Type of Test: 29					
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 7 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					
Please fill out for operator and all occupants involved						Towed from scene? 1 33						22 13					
Name (Last First Middle) 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																	
Operator See Above						1 1 4 0 0 10 1											
Please Select One of the Following:		<input type="checkbox"/> Vehicle 2 Occupants		<input type="checkbox"/> Non-Motorist A		Type 15		Action 16		Location 17		Condition 18		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped	
License # St. DOB/Age						Reg # Reg Type Reg State						21					
Sex Lic. Class Lic. Restrictions 20 CDL Endorsement						Veh Year Veh Make Veh Config.						21					
Operator						Owner											
Address						Address											
City State Zip						City State Zip						1 14					
Insurance Company						Vehicle Action Prior to Crash 22						Damaged Area Code: 27 27 27					
Vehicle Travel Direction: N S E W Responding to Emergency?						Event Sequence 23 23 23 23						Test Status: 28					
Citation # (If Issued)						Most Harmful Event 24						Type of Test: 29					
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 25 25						BAC Test Result: 30					
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 26						Susp. Alcohol: 31 Susp. Drug: 32					
Please fill out for operator/non-motorist and all occupants involved						Towed from scene? 33											
Name (Last First Middle) 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																	
Operator/Non-Motorist See Above						1											

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 O = Pedestrian ☺ = Bicycle
 ie: → 1 → 2 → O → ☺

Crash Diagram:



If Crash Did Not Occur on a Public Way:

- ☐ Off-Street Parking Lot
☐ Garage
☐ Mall/Shopping Center
☐ Other Private Way

Indicate North by Arrow



Crash Narrative:

On Saturday, July 30, 2023, vehicle 1 was traveling on Glen Road in Wilmington when it collided with Utility Pole 55 which is located near 133 Glen Road. The accident caused damage to both the pole and vehicle 1.

The Operator of vehicle 1 declined medical attention.

Photos of the damage are attached.

Vehicle 1 was towed to A&S Towing.

Witnesses:

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

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description 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 _____ MC/MX/ICC #: _____

Interstate ☐ 43 Cargo Body Type Code ☐ 44 GVWR/GCWR ☐ 45

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length ☐ 46

Hazmat Information:

Placard ☐ 47 Material 1 digit # ☐ 48 Material Name _____ Material 4 digit # _____ Release code ☐ 49

Patrol Officer Christopher K Miccichi

Police Officer Name (Please Print)

Signature

232

ID/Badge #

Wilmington Police Department

Department

Precinct/Barracks

07/29/2023

Date

Wilmington Police Department
Images Associated with 23-235-AC

