

Date of Crash **10/01/2023** Time of Crash **1822** City/Town **Wilmington** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **0** Speed Limit **10** State Police Local Police MBTA Police Campus Police Other

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

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

Route# Direction **260 MAIN ST**
 Address # Name of Roadway/Street
 Feet **N S E W** of Mile Marker or Exit Number
 Feet **N S E W** of Route# Intersecting Roadway/Street
 Feet **N S E W** of Landmark

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped Crash Report ID# **23-318-AC**

License # _____ DOB/A _____ Reg # **1WCS47** Reg Type **PC** Reg State **MA**
 Sex **F** Lic. Class **D** Lic. Restrictions **1** CDL _____ Veh Year **2017** Veh Make **LEXUS** Veh Config. **1**
 Operator **HUTCHISON, JEAN MARIE** Owner **HUTCHISON, JEAN MARIE**
 Address **281 BURLINGTON AVE** Address **281 BURLINGTON AVE**
 City **WILMINGTON** State **MA** Zip **01887-3171** City **WILMINGTON** State **MA** Zip **01887-3171**
 Insurance Company **FARMERS PROPERTY & CASUAL** Vehicle Action Prior to Crash **11** Damaged Area Code: **6 7 7 7 7**
 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: **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: **2 31** Susp. Drug: **2 32**
 Towed from scene? **2 33**

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	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 # _____ St _____ DOB/Age _____ Reg # **unknown** Reg Type _____ Reg State _____
 Sex _____ Lic. Class **19 19** Lic. Restrictions **20** CDL _____ Veh Year _____ Veh Make _____ Veh Config. **21**
 Operator **unknown** 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 _____ 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**
 Towed from scene? **33**

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							

Wilmington Police Department
Images Associated with 23-318-AC



Date of Crash: 10/02/2023 Time of Crash: 0716 24HR City/Town: **Wilmington** Number Vehicles: 2 Number Injured: 0 Speed Limit: 25
 State Police Local Police MBTA Police Campus Police Other:

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

1 **LOWELL ST**
 Route# Direction Name of Roadway/Street
 At
 Route# Direction Name of Intersecting Roadway/Street
 Also at Intersection with
 Route# Direction Name of Intersecting Roadway/Street

2 **WOBURN ST**
 Route# Direction Name of Roadway/Street
 Also at Intersection with
 Route# Direction Name of Intersecting Roadway/Street

2 **NOT AT INTERSECTION:**
 Route# Direction Address # Name of Roadway/Street
 Feet **NSEW** of Mile Marker or Exit Number
 Feet **NSEW** of Route# Intersecting Roadway/Street
 Feet **NSEW** of Landmark

Please Select One of the Following: Vehicle 12 #Occupants Hit/Run Moped
 Crash Report ID# **23-319-AC**

License: _____ St _____ DOB/Age _____ Reg # **1VHB92** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL _____ Veh Year **2020** Veh Make **HYUNDAI** Veh Config. **1** 21
 Operator **RANA, SUNNY MUKESH** Owner **THAKUR, BARKHA SUBHASHSINGH**
 Address **27 BROOKSIDE LN** Address **27 BROOKSIDE LN**
 City **BURLINGTON** State **MA** Zip **01803-1001** City **BURLINGTON** State **MA** Zip **01803-1001**
 Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **2** 22 Damaged Area Code: 6 27 5 27 4 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 _____ 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? **2** 33

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	1	4	0	0	10	1	
BARKHA THAKUR	27 BROOKSIDE LN BURLINGTON, MA 01803-1001		U	3	1	4	0	0	10	1	

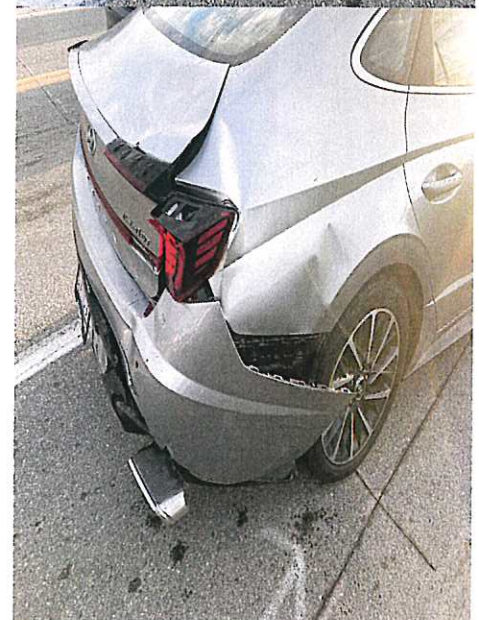
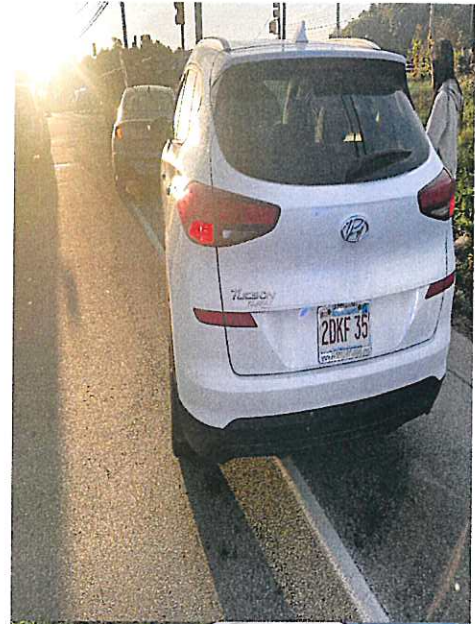
Please Select One of the Following: Vehicle 22 #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

License # _____ St _____ DOB/Age _____ Reg # **2DKF35** Reg Type **PC** Reg State **MA**
 Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL _____ Veh Year **2019** Veh Make **HYUNDAI** Veh Config. **1** 21
 Operator **HONG, SIA** Owner **HONG, JAE YUNG**
 Address **121 FORSYTH DR APT 121** Address **168 LOWELL ST APT 10**
 City **ABINGTON** State **MA** Zip **02351-5031** City **WILMINGTON** State **MA** Zip **01887-2975**
 Insurance Company **GEICO GENERAL INSURANCE C** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: 8 27 1 27 2 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 _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **13** 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
 Towed from scene? **2** 33

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	1	4	0	0	10	1	
CHAE SU LIM	168 LOWELL ST WILMINGTON, MA 01887		M	3	1	4	0	0	10	1	

Wilmington Police Department
Images Associated with 23-319-AC



Wilmington Police Department
Images Associated with 23-319-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number								
Date of Crash 10/02/2023	Time of Crash 0731 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit <u>25</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:

<p>LOWELL ST</p> <p>Route# _____ Direction _____ Name of Roadway/Street _____</p> <p style="text-align: center;">At</p> <p>WOBURN ST</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p> <p style="text-align: center;">Also at Intersection with</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p>	<p>Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____</p> <p>Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____</p> <p style="text-align: center;">Mile Marker _____ Exit Number _____</p> <p>Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____</p> <p style="text-align: center;">Route# _____ Intersecting Roadway/Street _____</p> <p>Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____</p> <p style="text-align: center;">Landmark _____</p>
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Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped

Crash Report ID# **23-320-AC**

License: _____ St _____ DOB/Age _____	Reg # 4DTY71	Reg Type PC	Reg State MA
Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL _____	Veh Year 2009	Veh Make HONDA	Veh Config. 1 21
Operator GNERRE, TYLER ANTONIO	Owner GNERRE, LOUIS		
Address 15 SARAH ST	Address 15 SARAH ST		
City BURLINGTON State MA Zip 01803-1245	City BURLINGTON State MA Zip 01803-1245		
Insurance Company FARMERS PROPERTY & CASUAL	Vehicle Action Prior to Crash 10 22	Damaged Area Code: 5 27 27 27	
Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> S <input type="checkbox"/> W Responding to Emergency? <u>2</u>	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 _____ 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: 2 31 Susp. Drug: 2 32	
		Towed from scene? 2 33	

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	1	4	0	0	10	1	

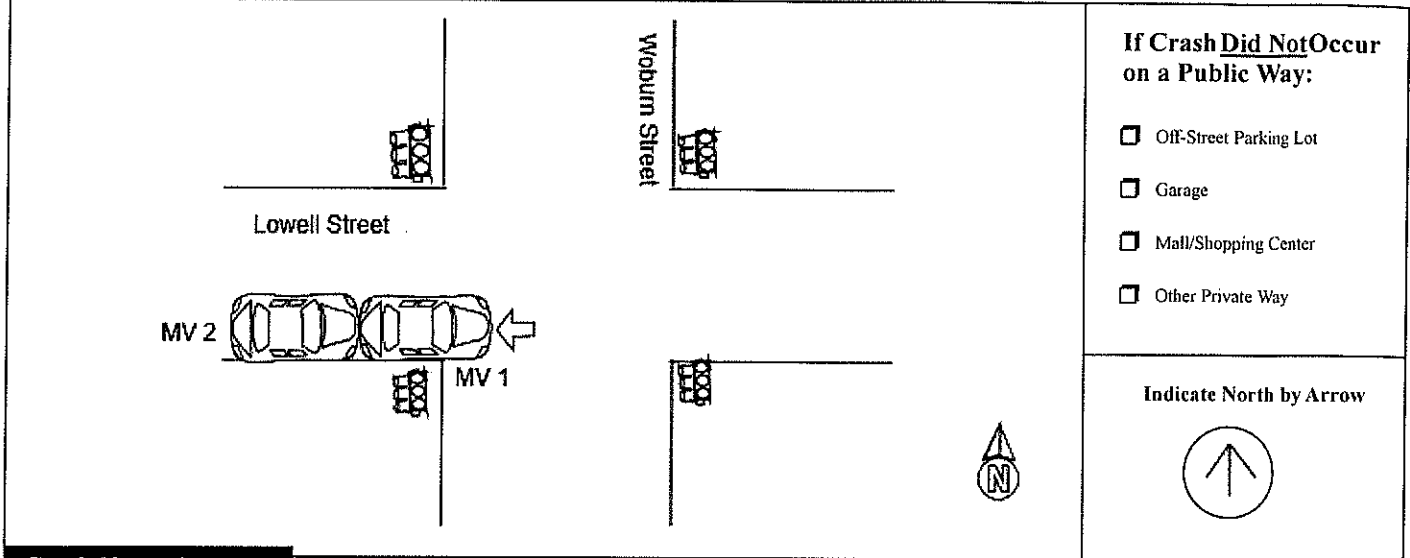
Please Select One of the Following: Vehicle 2 #Occupants Non-Motorist A Type 15 Action 16 Location 17 Condition 18 Hit/Run Moped

License: _____ S _____ DOB/Age _____	Reg # 1934WH	Reg Type PC	Reg State MA
Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL _____	Veh Year 2012	Veh Make KIA	Veh Config. 1 21
Operator CLIFFORD, RYAN DYLAN	Owner CLIFFORD, ROBERT DONALD		
Address 37 MARION ST	Address 37 MARION ST		
City WILMINGTON State MA Zip 01887-3133	City WILMINGTON State MA Zip 01887-3133		
Insurance Company THE COMMERCE INSURANCE CO	Vehicle Action Prior to Crash 2 22	Damaged Area Code: 1 27 27 27	
Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> S <input type="checkbox"/> W Responding to Emergency? <u>2</u>	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 _____ 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: 2 31 Susp. Drug: 2 32	
		Towed from scene? 2 33	

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	1	4	0	0	10	1	

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

Crash Diagram:



Crash Narrative:

MV 1 was travelling east on Lowell Street/ Rt 129 waiting to turn left onto Woburn Street with his directional on. The lights turned red and MV 1 backed up to not be in the middle of the intersection and backed into MV 2 who was stopped in traffic behind MV 1. Both vehicles in driveable condition and not towed from scene.

Witnesses:

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

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	4I-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 Katlyn M Finn

226

Wilmington Police Department

10/02/2023

Police Officer Name (Please Print)

Signature

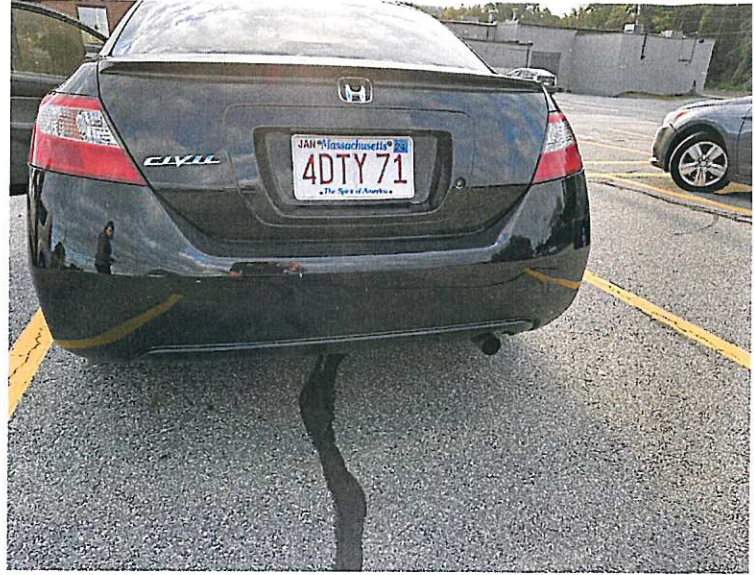
ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department
Images Associated with 23-320-AC



Police Use Only		Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 10/03/2023	Time of Crash 0905 24HR	City/Town Wilmington		Motor Vehicle Crash Police Report		Number Vehicles 1	Number Injured 0	Speed Limit 40	State Police <input type="checkbox"/>	Local Police <input type="checkbox"/>
								Latitude N42.31.30	MBTA Police <input type="checkbox"/>	Campus Police <input type="checkbox"/>
								Longitude W71.09.5	Other: <input type="checkbox"/>	

AT INTERSECTION:	<	LOCATION	>	NOT AT INTERSECTION:
Route# _____ Direction _____ Name of Roadway/Street _____ At _____		945 MAIN ST		Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____		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 _____
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 _____		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# 23-321-AC
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License _____ S _____ DOB/Age _____ Sex M Lic. Class 99 19 19 Lic. Restrictions 20 CDL _____ Operator BAKER, PERNELL LINDSAY Address 320 TOMS RD City BARBOURSVILLE State VA Zip 23194-2438 Insurance Company U-Haul Company of Arizona Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> 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 # AE52331 Reg Type CO Reg State AZ Veh Year 2012 Veh Make FORD Veh Config. 2 21 Owner U-HAUL CO OF ARIZONA Address PO BOX 21508 City PHOENIX State AZ Zip 85004 Vehicle Action Prior to Crash 6 22 Damaged Area Code: 3 27 27 27 Event Sequence 23 23 23 23 Test Status: 1 28 Most Harmful Event 23 24 Type of Test: 29 Driver Contributing Code 11 25 25 BAC Test Result: 1 30 Driver Distracted by 0 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Towed from scene? 1 33
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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	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	
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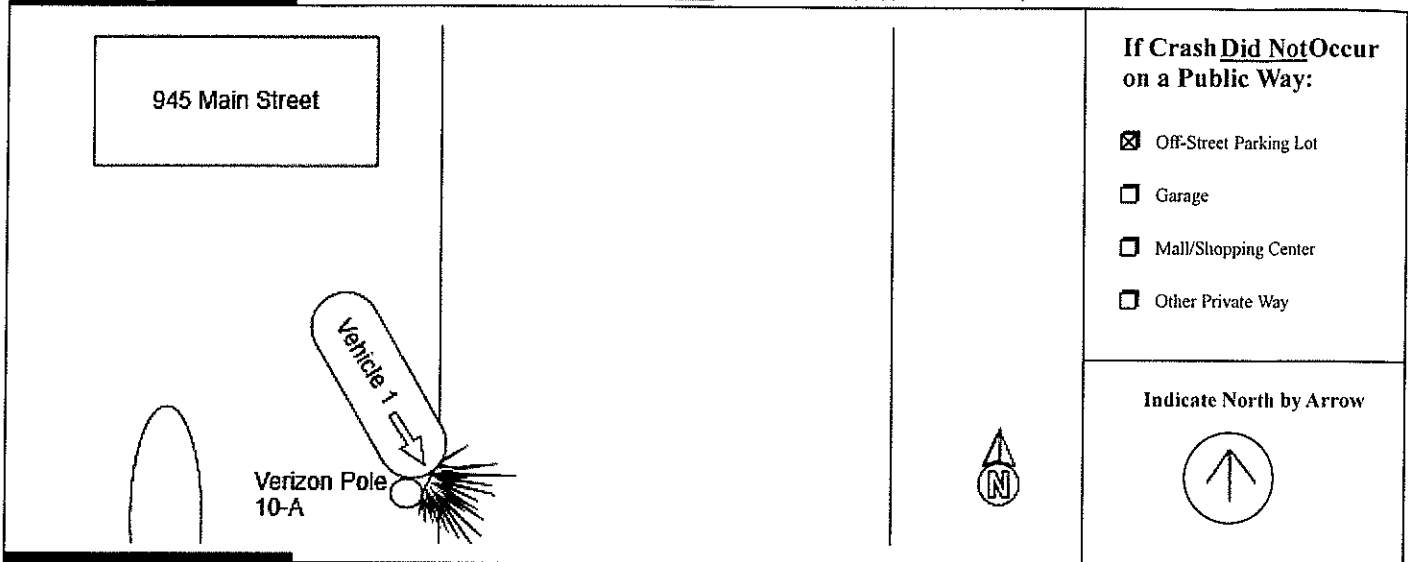
License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class 19 19 Lic. Restrictions 20 CDL _____ Operator _____ Address _____ City _____ State _____ Zip _____ Insurance Company _____ Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____ Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # _____ Reg Type _____ Reg State _____ Veh Year _____ Veh Make _____ Veh Config. 21 Owner _____ Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 22 Damaged Area Code: 27 27 27 Event Sequence 23 23 23 23 Test Status: 28 Most Harmful Event 24 Type of Test: 29 Driver Contributing Code 25 25 BAC Test Result: 30 Driver Distracted by 26 Susp. Alcohol: 31 Susp. Drug: 32 Towed from scene? 33
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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

Crash Diagram:

ie: → 1 → 2 → ○ → ⚡



Crash Narrative:

On Tuesday, October 3, 2023, Vehicle 1 was attempting to merge with traffic heading south bound on Main Street when it collided with a telephone pole. The pole number was 10-A which is owned by Verizon. The collision caused damage to the front right bumper and the pole had extensive damage as well.

The operator was offered medical attention but declined.

The vehicle was towed by U-Hauls roadside assistance.

Witnesses:

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

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
VERIZON	945 MAIN ST WILMINGTON MA 01887			TELEPHONE POLE 10-A

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ MCMX/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

232

Wilmington Police Department

10/03/2023

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department
Images Associated with 23-321-AC



INDIANA INSURANCE IDENTIFICATION CARD

COMPANY NUMBER **21172** COMPANY **Vanliner Insurance Co.** COMMERCIAL PERSONAL

POLICY NUMBER **MRV370790409** EFFECTIVE DATE **05/01/23** EXPIRATION DATE **05/01/24**

YEAR MAKE/MODEL **fleet fleet** VEHICLE IDENTIFICATION NUMBER **FLEET**

NAME OF AGENCY ISSUING CARD **H.J. Spier Co., Inc.** PHONE NUMBER OF AGENCY **317-815-2800**

AGENCY ADDRESS **8250 Woodfield X-ing Blvd #330 Indianapolis, IN 46240**

INSURED **Joyce Van Lines, Inc. 2525 N Shadeland Ave B50 #A3 Indianapolis, IN 46219**

L

SEE IMPORTANT NOTICE ON REVERSE SIDE

THIS CARD MUST BE KEPT IN THE INSURED VEHICLE AND PRESENTED UPON DEMAND

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

1. Name and address of each driver, passenger and witness.
2. Name of Insurance Company and policy number for each vehicle involved.

ACORD 50 IN (2007/11)

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INDIANA INSURANCE IDENTIFICATION CARD

COMPANY NUMBER COMPANY COMMERCIAL PERSONAL

POLICY NUMBER EFFECTIVE DATE EXPIRATION DATE

YEAR MAKE/MODEL VEHICLE IDENTIFICATION NUMBER

NAME OF AGENCY ISSUING CARD PHONE NUMBER OF AGENCY

AGENCY ADDRESS

INSURED

L

SEE IMPORTANT NOTICE ON REVERSE SIDE

THIS CARD MUST BE KEPT IN THE INSURED VEHICLE AND PRESENTED UPON DEMAND

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

1. Name and address of each driver, passenger and witness.
2. Name of Insurance Company and policy number for each vehicle involved.

ACORD 50 IN (2007/11)

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AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1 1 MAIN ST
Route# Direction Name of Roadway/Street
At
Route# Direction Name of Intersecting Roadway/Street
Also at Intersection with
Route# Direction Name of Intersecting Roadway/Street

2 1 EAMES ST
Route# Direction Name of Intersecting Roadway/Street
Also at Intersection with
Route# Direction Name of Intersecting Roadway/Street

3 11
Feet N S E W of _____ Mile Marker _____ or _____ Exit Number
Feet N S E W of _____ Route# _____ Intersecting Roadway/Street
Feet N S E W of _____ Landmark _____

Please Select One of the Following: Vehicle 12 #Occupants Hit/Run Moped
Crash Report ID# 23-322-AC

License # _____ S _____ DOB/Age _____ Reg # 28A840 Reg Type PC Reg State MA
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL _____ Veh Year 2015 Veh Make TOYOTA Veh Config. 1 21
Operator KARIUKI, DENIS M Owner THIONGO, JOHN K
Address 114 MAPLE ST Address 114 MAPLE ST
City METHUEN State MA Zip 01844-1219 City METHUEN State MA Zip 01844-1219
Insurance Company GEICO GENERAL INSURANCE C Vehicle Action Prior to Crash 4 22 Damaged Area Code: 1 27 27 27
Vehicle Travel Direction: N 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 _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code 4 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? 2 33

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	1	4	0	0	10	1	
ELIZABETH KARIUKI	114 MAPLE ST METHUEN, MA 01844-1219		F	3	1	4	0	0	10	1	

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

License # _____ S _____ DOB/Age _____ Reg # 2K9816 Reg Type MC Reg State MA
Sex M Lic. Class A M 19 19 Lic. Restrictions 1 20 CDL N Endorsement
Operator MALONE, MICHAEL ANTHONY Owner MALONE, MICHAEL ANTHONY
Address 120 LEXINGTON RD Address 120 LEXINGTON RD
City BILLERICA State MA Zip 01821-4301 City BILLERICA State MA Zip 01821-4301
Insurance Company THE COMMERCE INSURANCE CO Vehicle Action Prior to Crash 1 22 Damaged Area Code: 1 27 3 27 27
Vehicle Travel Direction: X 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 _____ 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/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	5	4	0	0	10	1	

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

Crash Diagram:

Main Street

Uninvolved Vehicle

Eames Street

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:

Vehicle 1 was stopped at the stop sign on Eames Street, attempting to make a left turn onto Main Street. Vehicle 2 was traveling north on Main Street. Vehicle 1 observed the uninvolved with its right turn signal on and it began to take a right turn. With this, vehicle 1 proceeded forward and made his left turn. Operator of vehicle 1 stated that he didnt see the motorcycle behind the uninvolved vehicle and thats why he proceeded to make his turn. Vehicle 2 continued traveling north after the uninvolved vehicle began to make its turn. Vehicle 1 contacted vehicle 2 in the northbound travel lane of Main Street. This caused the motorcycle operator to fall to the right and off the motorcycle. Wilmington Fire Department responded and obtained medical refusals. No airbags were deployed. Vehicle 1 was driven from the scene and vehicle 2 was towed by A&S Towing due to the front forks being bent inward.

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 R DiLorenzo 217 Wilmington Police Department 10/03/2023
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Images Associated with 23-322-AC



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

1 **ROUTE 125 HWY**
Route# Direction Name of Roadway/Street

At
BALLARDVALE ST
Route# Direction Name of Intersecting Roadway/Street

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

2 **ROUTE 125 HWY**
Route# Direction Address # Name of Roadway/Street

Feet N S E W of _____ or _____
Mile Marker _____ Exit Number _____

Feet N S E W of _____
Route# _____ Intersecting Roadway/Street _____

Feet N S E W of _____
Landmark _____

3 Please Select One of the Following: Vehicle 1 Occupants Hit/Run Moped **Crash Report ID# 23-323-AC**

4 License _____ St _____ DOB/Age _____ Reg # **8HS118** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL _____ Veh Year **2005** Veh Make **ACURA** Veh Config. **1** 21

Operator **MAIATO, BRIANNA MARIE** Owner **ESTRELA, ANNA M**

Address **6 OAK ST** Address **6 OAK ST**

City **TEWKSBURY** State **MA** Zip **01876** City **TEWKSBURY** State **MA** Zip **01876-4324**

Insurance Company **LM GENERAL INSURANCE COMP** Vehicle Action Prior to Crash **1** 22 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: Cl/Sec/Sub _____ Viol. 2: Cl/Sec/Sub _____ Driver Contributing Code **19** 25 25 BAC Test Result: **30**

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

Towed from scene? **2** 33

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	99	4	0	0	10	1	

7 3 Please Select One of the Following: Vehicle 2 Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

8 1 License # _____ St _____ DOB/Age _____ Reg # **3CP177** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **B** 20 CDL _____ Veh Year **2016** Veh Make **HONDA** Veh Config. **1** 21

Operator **RUIZ SANTOS, AUGUSTIN** Owner **RUIZ SANTOS, AUGUSTIN**

Address **373 ROGERS ST FL 1 ST** Address **373 ROGERS ST FL 1 ST**

City **LOWELL** State **MA** Zip **01852-2500** City **LOWELL** State **MA** Zip **01852-2500**

Insurance Company **GEICO GENERAL INSURANCE C** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **6** 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: Cl/Sec/Sub _____ Viol. 2: Cl/Sec/Sub _____ Driver Contributing Code **1** 25 25 BAC Test Result: **30**

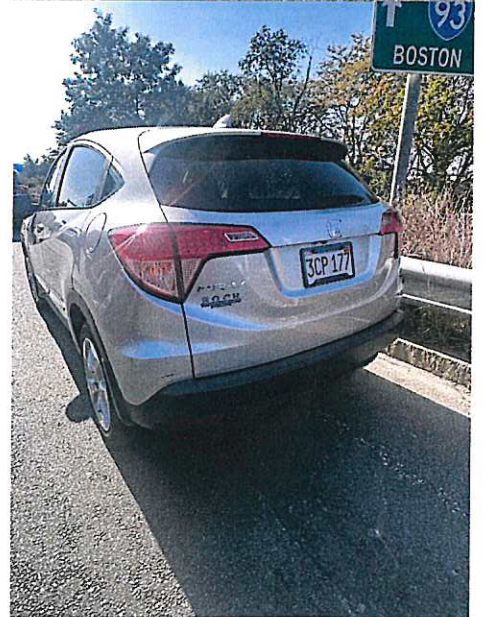
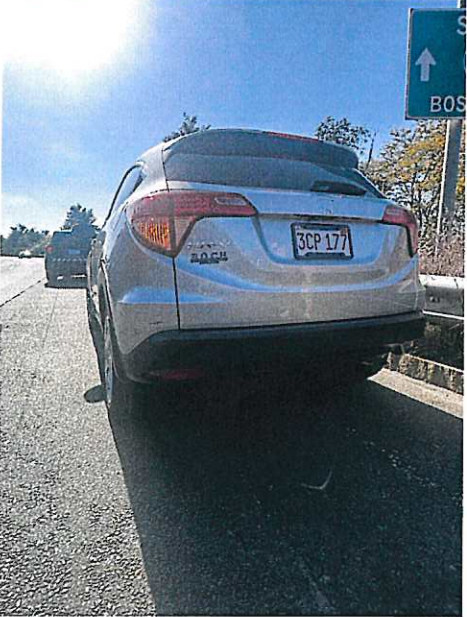
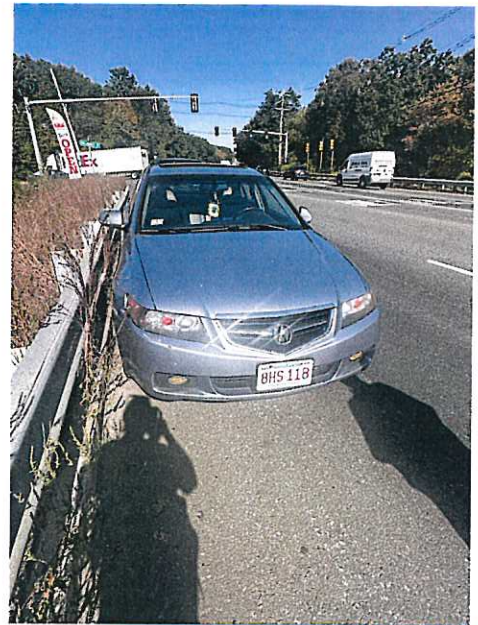
Viol. 3: Cl/Sec/Sub _____ Viol. 4: Cl/Sec/Sub _____ Driver Distracted by **0** 26 Susp. Alcohol: **2** 31 Susp. Drug: **2** 32

Towed from scene? **2** 33

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	99	4	0	0	10	1	

Wilmington Police Department
Images Associated with 23-323-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number								
Date of Crash 10/04/2023	Time of Crash 1845 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit <u>30</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:		
Route# _____ Direction _____ Name of Roadway/Street _____			Route# _____ Direction _____ Address # <u>193</u> Name of Roadway/Street <u>BALLARDVALE ST</u>			
At _____			Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____			
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			Mile Marker _____ Exit Number _____			
Also at Intersection with _____			Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____			
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			Route# _____ Intersecting Roadway/Street _____			
			Landmark _____			

Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped Crash Report ID# **23-324-AC**

License _____ S _____ DOB/Ag: _____	Reg # <u>LGMJPM</u> Reg Type <u>PC</u> Reg State <u>MA</u>
Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____	Veh Year <u>1997</u> Veh Make <u>GMC</u> Veh Config. <u>1</u> <u>21</u>
Operator <u>MOREIRA, JOSHUA LOUIS</u>	Owner <u>MOREIRA, JOSHUA LOUIS</u>
Address <u>19 DIRLAM CIR</u>	Address <u>19 DIRLAM CIR</u>
City <u>TEWKSBURY</u> State <u>MA</u> Zip <u>01876-3359</u>	City <u>TEWKSBURY</u> State <u>MA</u> Zip <u>01876-3359</u>
Insurance Company <u>PROGRESSIVE DIRECT INSURA</u>	Vehicle Action Prior to Crash <u>2</u> <u>22</u> Damaged Area Code: <u>6</u> <u>27</u> <u>27</u> <u>27</u>
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u>	Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u>
Citation # (If Issued) _____	Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code <u>1</u> <u>25</u> <u>25</u> BAC Test Result: <u>1</u> <u>30</u>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by <u>0</u> <u>26</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u>
	Towed from scene? <u>2</u> <u>33</u>

Please fill out for operator and all occupants involved		DOB/Ag	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	XXXXXX	XXXX	<u>1</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	

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

License _____ S _____ DOB/Ag: _____	Reg # <u>9YV739</u> Reg Type <u>PC</u> Reg State <u>MA</u>
Sex <u>F</u> Lic. Class <u>99</u> <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____	Veh Year <u>2014</u> Veh Make <u>TOYOTA</u> Veh Config. <u>1</u> <u>21</u>
Operator <u>ALVES DA SILVA, ELIKA</u>	Owner <u>ALVES DA SILVA, ELIKA</u>
Address <u>18 WATER ST</u>	Address <u>18 WATER ST</u>
City <u>WOBURN</u> State <u>MA</u> Zip <u>01801</u>	City <u>WOBURN</u> State <u>MA</u> Zip <u>01801</u>
Insurance Company <u>GEICO GENERAL INSURANCE C</u>	Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>1</u> <u>27</u> <u>27</u> <u>27</u>
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u>	Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u>
Citation # (If Issued) _____	Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code <u>5</u> <u>25</u> <u>25</u> BAC Test Result: <u>1</u> <u>30</u>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by <u>99</u> <u>26</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>

Please fill out for operator/non-motorist and all occupants involved		DOB/Ag	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	XXXXXX	XXXX	<u>1</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	
				<u>6</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>2</u>	Winchester Hospital
				<u>5</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	

Crash Diagram:

ie: → 1 → 2 → X → B

Dunkin

Vehicle 1

Vehicle 2

197 Ballardvale

(N)

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 Wednesday, October 4, 2023, at approximately 1835, vehicle 1 was stopped in the travel lane attempting to turn left into a driveway when vehicle 2 collided with the rear of vehicle 1.

There was damage to both vehicles involved but vehicle 1 was able to be driven from the scene. Vehicle 2 was towed by A&S.

Passenger of vehicle 2 was transported to Winchester Hospital for further evaluation. All other parties involved signed refusals.

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

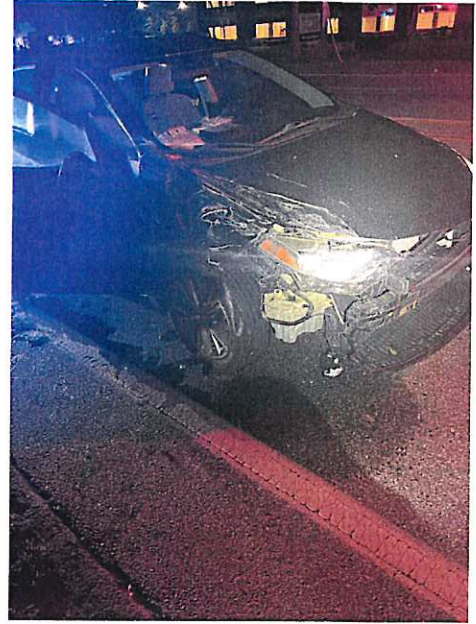
Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 46

Hazmat Information:

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

Patrol Officer Christopher k Miccichi 232 Wilmington Police Department 10/04/2023
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Images Associated with 23-324-AC



Date of Crash 10/05/2023 Time of Crash 0629 24HR City/Town **Wilmington** **Motor Vehicle Crash Police Report** Number Vehicles 1 Number Injured 0 Speed Limit 30 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

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

Route# Direction Name of Intersecting Roadway/Street

Feet N S E W of Mile Marker Exit Number

Feet N S E W of Route# Intersecting Roadway/Street

Feet N S E W of Landmark

Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped Crash Report ID# **23-325-AC**

License # St DOB/Age Reg # **3BY279** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** Lic. Restrictions **99** CDL Endorsement Veh Year **2015** Veh Make **HONDA** Veh Config. **1**

Operator **WILSON, GLADYS Y** Owner **WILSON, GLADYS Y**

Address **20B WASHINGTON PARK DR APT 7** Address **20B WASHINGTON PARK DR APT 7**

City **ANDOVER** State **MA** Zip **01810-3058** City **ANDOVER** State **MA** Zip **01810-3058**

Insurance Company **GOVERNMENT EMPLOYEES INSU** Vehicle Action Prior to Crash **1** Damaged Area Code: **1 27 8 27 2 27**

Vehicle Travel Direction: N E W Responding to Emergency? **2** Event Sequence **22 23 23 23 23** Test Status: **1 28**

Citation # (If Issued) Most Harmful Event **22 24** Type of Test: **99 29**

Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Driver Contributing Code **97 25 25** BAC Test Result: **1 30**

Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by **5 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	X	1	0	1	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 # St DOB/Age Reg # Reg Type Reg State

Sex Lic. Class Lic. Restrictions CDL Endorsement Veh Year Veh Make Veh Config.

Operator Owner

Address Address

City State Zip City State Zip

Insurance Company Vehicle Action Prior to Crash 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**

Towed from scene? **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	X	1							

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

Crash Diagram:

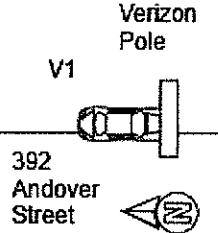
If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow



Andover Street



Crash Narrative:

On Thursday October 5, 2023 at approximately 6:29am I responded to a single motor vehicle crash at 392 Andover Street. Upon arrival I observed the operator standing outside the vehicle she appeared to be uninjured. The operator was evaluated by the fire department and refused all medical services. The operator stated she was driving to work and she began coughing uncontrollably and lost control of the vehicle and collided with the pole. There was extensive damage to both the vehicle and the pole. Verizon replaced the pole and A+S Towing towed the vehicle back to their yard. Due to the base of the pole being severed and the extensive front end damage it appears speed was a potential factor.

Witnesses:

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

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
VERIZON	392 ANDOVER ST WILMINGTON MA			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

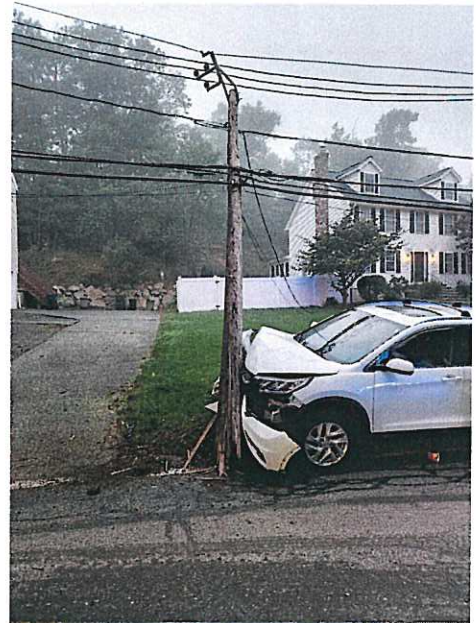
Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 46

Hazmat Information:

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

Patrol Officer John A Fortes 228 Wilmington Police Department 10/06/2023
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Images Associated with 23-325-AC



AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

Route#	Direction	Name of Roadway/Street	Route#	Direction	Address #	Name of Roadway/Street
		At	136			SHAWSHEEN AVE
Route#	Direction	Name of Intersecting Roadway/Street	Feet	N S E W	of	Mile Marker
		Also at Intersection with				Exit Number
Route#	Direction	Name of Intersecting Roadway/Street	Feet	N S E W	of	Route#
						Intersecting Roadway/Street
			Feet	N S E W	of	Landmark

Please Select One of the Following: Vehicle 1 Occupants Hit/Run Moped
 Crash Report ID# **23-326-AC**

License	S	DOB/Ag	Reg #	269JY8	Reg Type	PC	Reg State	MA
Sex	F	Lic. Class	19	19	Lic. Restrictions	1	CDL	Endorsement
Operator	LOGUE, DIANA HANSON		Veh Year	2003	Veh Make	CHEVROLET	Veh Config.	1
Address	30 BISCAYNE DR		Owner	LOGUE, DIANA HANSON				
City	BILLERICA	State	MA	Zip	01821-3035			
Insurance Company	AMICA MUTUAL INSURANCE CO		Vehicle Action Prior to Crash	1	22	Damaged Area Code:	8	27
Vehicle Travel Direction:	N S E W		Event Sequence	1	23	23	23	23
Citation # (If Issued)			Most Harmful Event	1	24	Type of Test:	1	28
Viol. 1: Ch/Sec/Sub			Driver Contributing Code	1	25	25	BAC Test Result:	1
Viol. 2: Ch/Sec/Sub			Driver Distracted by	0	26	Susp. Alcohol:	2	31
Viol. 3: Ch/Sec/Sub						Susp. Drug:	2	32
Viol. 4: Ch/Sec/Sub						Towed from scene?	2	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	1	4	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	7	St	DOB/Ag	Reg #	3SKG58	Reg Type	PC	Reg State	MA
Sex	F	Lic. Class	19	19	Lic. Restrictions	1	CDL	Endorsement	
Operator	JOHNSON, EVELYN ANOUSH		Veh Year	2005	Veh Make	HONDA	Veh Config.	1	
Address	5 CHESTER ST		Owner	JOHNSON, EVELYN ANOUSH					
City	TEWKSBURY	State	MA	Zip	01876-3909				
Insurance Company	PLYMOUTH ROCK ASSURANCE C		Vehicle Action Prior to Crash	4	22	Damaged Area Code:	6	27	
Vehicle Travel Direction:	N S E W		Event Sequence	1	23	23	23	23	
Citation # (If Issued)			Most Harmful Event	1	24	Type of Test:	1	28	
Viol. 1: Ch/Sec/Sub			Driver Contributing Code	4	25	25	BAC Test Result:	1	
Viol. 2: Ch/Sec/Sub			Driver Distracted by	0	26	Susp. Alcohol:	2	31	
Viol. 3: Ch/Sec/Sub						Susp. Drug:	2	32	
Viol. 4: Ch/Sec/Sub						Towed from scene?	2	33	

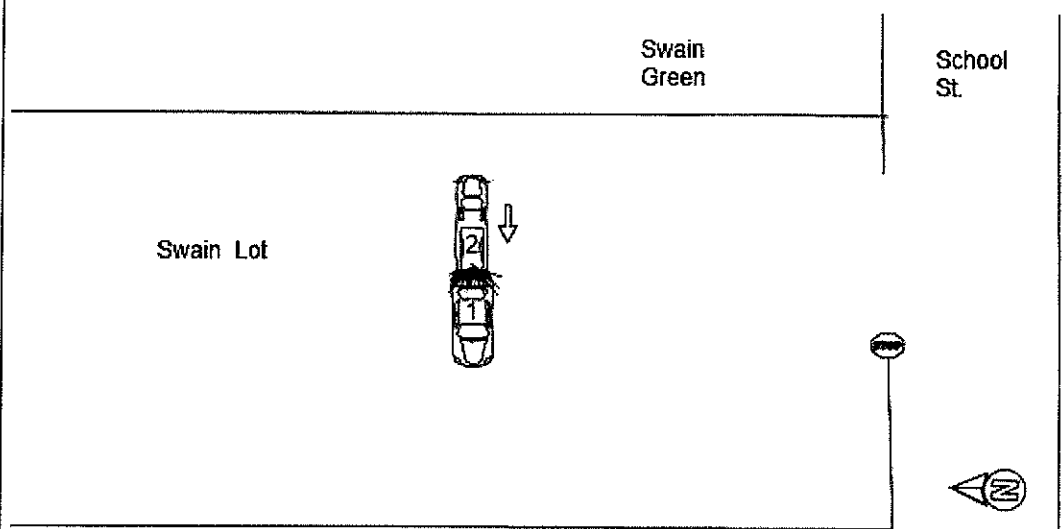
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above			1	1	4	0	0	10	1	

Police Use Only			Commonwealth of Massachusetts				RMV Document Number								
Date of Crash 10/06/2023	Time of Crash 2114 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit <u>25</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:											
Route# _____ Direction _____ Name of Roadway/Street _____			Route# <u>142</u> Direction _____ Address # _____ Name of Roadway/Street <u>MIDDLESEX AVE</u>												
At _____			_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> of _____ or _____ Mile Marker _____ Exit Number _____												
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> of _____ Route# _____ Intersecting Roadway/Street _____												
Also at Intersection with _____			_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> of _____ Landmark _____												
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____															
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# 23-327-AC								
License _____ St _____ Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____			DOB/Age _____		Reg # <u>3KYR38</u> Reg Type <u>PC</u> Reg State <u>MA</u>		Veh Year <u>2020</u> Veh Make <u>TOYOTA</u> Veh Config. <u>1</u> <u>21</u>								
Operator _____			Owner <u>MAHONEY, JAMES JOSEPH III</u>												
Address _____			Address <u>6 SHANPAULY DR</u>												
City _____ State _____			City <u>BILLERICA</u> State <u>MA</u> Zip <u>01821-6472</u>												
Insurance Company <u>THE COMMERCE INSURANCE CO</u>			Vehicle Action Prior to Crash <u>11</u> <u>22</u>		Damaged Area Code: <u>5</u> <u>27</u> <u>27</u> <u>27</u>										
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> Responding to Emergency? <u>2</u>			Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u>		Test Status: <u>1</u> <u>28</u>										
Citation # (If Issued) _____			Most Harmful Event <u>1</u> <u>24</u>		Type of Test: <u>29</u>										
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____			Driver Contributing Code <u>1</u> <u>25</u> <u>25</u>		BAC Test Result: <u>1</u> <u>30</u>										
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____			Driver Distracted by <u>0</u> <u>26</u>		Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u>										
Towed from scene? <u>2</u> <u>33</u>															
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		XXXXXX	XXXXXX	<u>1</u>	<u>10</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>		
Please Select One of the Following: <input 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 checked="" type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped				
License # _____ St _____ Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____			DOB/Age _____		Reg # <u>unknown</u> Reg Type _____ Reg State _____		Veh Year _____ Veh Make _____ Veh Config. <u>21</u>								
Operator <u>unknown</u>			Owner _____												
Address _____			Address _____												
City _____ State _____ Zip _____			City _____ State _____ Zip _____												
Insurance Company _____			Vehicle Action Prior to Crash <u>22</u>		Damaged Area Code: <u>27</u> <u>27</u> <u>27</u>										
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> Responding to Emergency? _____			Event Sequence <u>23</u> <u>23</u> <u>23</u> <u>23</u>		Test Status: <u>28</u>										
Citation # (If Issued) _____			Most Harmful Event <u>24</u>		Type of Test: <u>29</u>										
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____			Driver Contributing Code <u>25</u> <u>25</u>		BAC Test Result: <u>30</u>										
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____			Driver Distracted by <u>26</u>		Susp. Alcohol: <u>31</u> Susp. Drug: <u>32</u>										
Towed from scene? <u>33</u>															
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		XXXXXX	XXXXXX	<u>1</u>								

→ = 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:

Witness Ryan Raposa stated that he saw MV 1 parked and MV 2 backing out of a parking spot. Ryan then stated that he saw MV 2 back up and crash into the rear of MV 1. Ryan then stated that MV 2 stopped for a breif period of time, after crashing into MV 1, and then crashed into MV 1 again. Ryan then stated that MV 2 drove away from the scene and saw a partial plate number of HD97. There was no operator in MV 1 at the time of the crash and no reported injuries. MV 1 was driven from the scene and MV 2 has not yet been identified.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
RAPOSA RYAN S	9 ALLGROVE LN WILMINGTON MA 01887-2157		

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

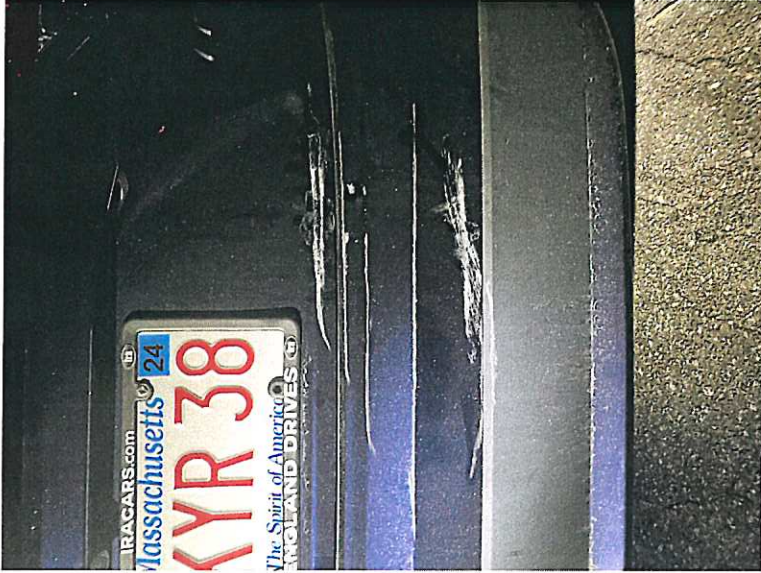
Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 46

Hazmat Information:

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

Patrol Officer Alec S Masiello 229 Wilmington Police Department 10/06/2023
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Images Associated with 23-327-AC



NARRATIVE FOR PATROL OFFICER ALEC S MASIELLO

Ref: 23-327-AC

Entered: 10/10/2023 @ 1902 Entry ID: 229
Modified: 10/10/2023 @ 1902 Modified ID: 229

I, Officer Alec Masiello, report the following brief summary of facts.

On October 6, 2023, I, Officer Masiello, was working my assigned patrol shift from 4PM to 12AM in Cruiser 38 in Sector three. At approximately 9:15PM, I was dispatched to hit and run call that occurred in the Swain Parking Lot, located at 142 Middlesex Avenue. Dispatch informed me that the caller, identified as James Mahoney IV, told dispatch that his vehicle was struck in the Swain Parking Lot while he was at the Wilmington High School football game. James' vehicle is a blue 2020 Toyota Camry with Massachusetts license plate number 3kyr38, valued at roughly \$20,000.

Prior to arriving on scene, I was informed by dispatch that the suspected vehicle from the crash was a black pickup truck that was believed to be a Chevy or Dodge, and that the caller had given them a partial plate of ZHD97. Dispatch then called out over the radio, Massachusetts license plate 1ZHD97 which is a black Dodge Dakota pickup truck. This vehicle has not been linked to the hit and run.

Upon arriving, I spoke with James about the incident. James stated that he was watching the Wilmington High School football game and that when he returned to his vehicle after the game was over, he noticed damage to the rear bumper of his vehicle. James then told me that a male party approached him and told him that he witnessed the hit and run. After speaking with James, I identified the witness as Ryan Raposa and spoke to him on scene.

Ryan stated that he saw a black pickup truck back out of a parking spot and crash into the rear bumper of James' vehicle. Ryan then stated that the black pickup truck stopped for a brief moment of time and then crashed into James' vehicle a second time. Ryan then stated that the black pickup truck drove away from the crash, turned left onto Middlesex Avenue, and then disappeared. I asked Ryan if he remembered the plate from the black pickup truck and he gave the same partial plate that Dispatch had called out earlier, ZHD97.

There was minor damage done to James' vehicle (see Images) and he was able to drive it from the scene. There were no injuries.

While speaking to James and Ryan, two dark colored pickup trucks were scene in town and investigated. Both vehicles were not linked to the hit run. As of now, the investigation is open and there has not been a vehicle linked to the hit and run.

Respectfully submitted,

Patrolman Alec Masiello

Date of Crash **10/06/2023** Time of Crash **2144** 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:**

1 **4** **2** **11**

MAIN ST
Route# Direction Name of Roadway/Street
At
BURLINGTON AVE
Route# Direction Name of Intersecting Roadway/Street
Also at Intersection with
Route# Direction Name of Intersecting Roadway/Street

Route# Direction Address # Name of Roadway/Street
Feet **N S E W** of _____ or _____
Mile Marker Exit Number
Feet **N S E W** of _____
Route# Intersecting Roadway/Street
Feet **N S E W** of _____
Landmark

3 Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped Crash Report ID# **23-328-AC**

4 **3** **5** **1** **6** **1** **1** **13**

License _____ S DOB/Age _____ Reg # **1LHN73** Reg Type **PC** Reg State **MA**
Sex **M** Lic. Class **D** **19** **19** Lic. Restrictions **20** CDL _____ Veh Year **2020** Veh Make **CHEVROLET** Veh Config. **1** **21**
Operator **MASTROPIETRO, MICHAEL JAMES** Owner **MASTROPIETRO, JAMES M**
Address **20 DENAULT DR** Address **20 DENAULT DR**
City **WILMINGTON** State **MA** Zip **01887-3408** City **WILMINGTON** State **MA** Zip **01887-3408**
Insurance Company **GEICO GENERAL INSURANCE C** Vehicle Action Prior to Crash **1** **22** Damaged Area Code: **1** **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 _____ 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? **2** **33**

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	XXXXXX	XXXX	1	99	4	0	0	10	1	

7 **2** Please Select One of the Following: Vehicle **2** **1** #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

8 **1** **9** **2** **1** **14**

License # _____ St _____ DOB/Age _____ Reg # **unknown** Reg Type _____ Reg State _____
Sex _____ Lic. Class **19** **19** Lic. Restrictions **20** CDL _____ Veh Year _____ Veh Make _____ Veh Config. **21**
Operator **unknown** 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 _____ 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**
Towed from scene? **33**

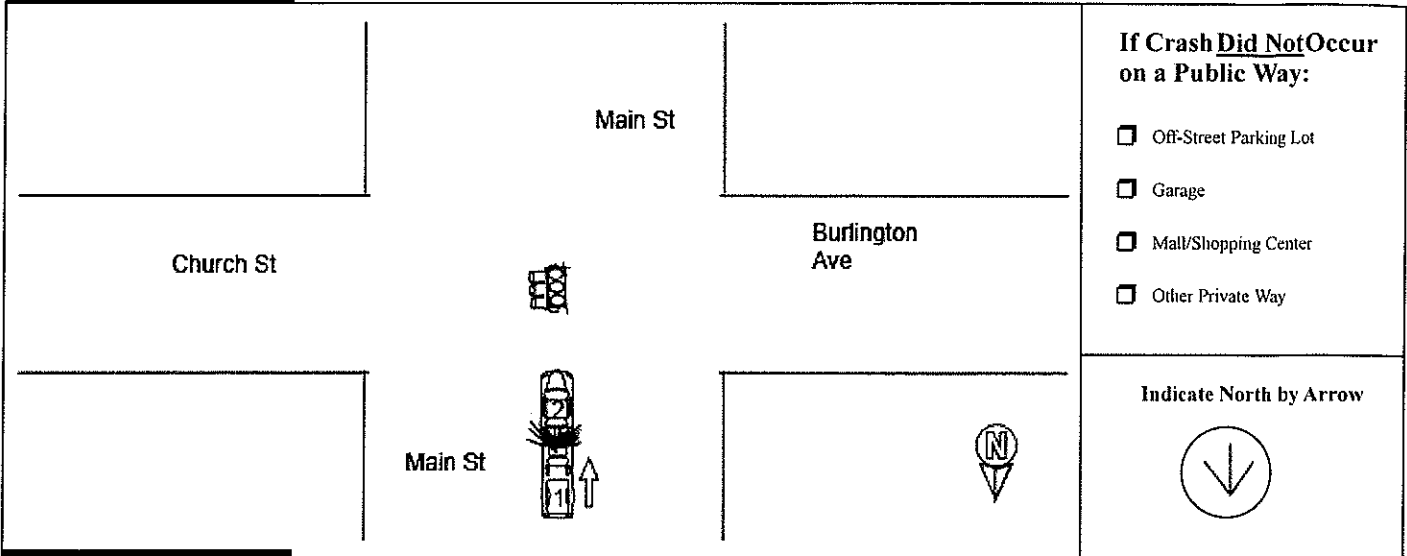
Please fill out for operator/non-motorist and all occupants involved

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	XXXXXX	XXXX	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:

On Friday October 6th, 2023, at approximately 9:30PM vehicle 1 was heading south on Main Street when it collided with the rear of the unknown vehicle 2. When attempting to exchange paperwork, vehicle 1 took off. Only description we have is a black Audi sedan.

Minor damage to both vehicles involved.

Operator of vehicle 1 stated no injuries.

Refer to 23-1258-OF.

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 Alec S Masiello

229

Wilmington Police Department

10/06/2023

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date