

Date of Crash **10/22/2023** Time of Crash **1129** 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 _____ At _____	Route# _____ Direction _____ Address # 277 MAIN ST 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 _____ Mile Marker _____ or _____ 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 of _____ Route# _____ 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: Vehicle **1** #Occupants Hit/Run Moped Crash Report ID# **23-351-AC**

License: _____ Reg # **179NZ6** Reg Type **PC** Reg State **MA**
 Sex **F** Lic. Class **D** Lic. Restrictions **1** CDL Endorsement _____ Veh Year **2020** Veh Make **NISSAN** Veh Config. **1**
 Operator **CARNEY, KATHERINE ALICE** Owner **CARNEY, KATHERINE ALICE**
 Address **3 MECHANIC ST** Address **3 MECHANIC ST**
 City **MERRIMAC** State **MA** Zip **01860-1544** City **MERRIMAC** State **MA** Zip **01860-1544**
 Insurance Company **LIBERTY MUTUAL PERSONAL I** Vehicle Action Prior to Crash **2** Damaged Area Code: **6 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 _____ 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		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	XX	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 # _____ St _____ DOB/Age _____ Reg # **unknown** Reg Type _____ Reg State _____
 Sex _____ Lic. Class **19 19** Lic. Restrictions **20** CDL Endorsement _____ 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 **27** 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	XXXXXX	XX	1							

Date of Crash **10/23/2023** Time of Crash **0744** City/Town **Wilmington** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **0** Speed Limit **30** State Police Local Police MBTA Police Campus Police Other:

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

1	Route# _____ Direction _____ Name of Roadway/Street _____	Route# 104 Direction _____ Address # ALDRICH RD Name of Roadway/Street _____	2 10
	At _____	_____ Feet N S E W of _____ or _____ Exit Number _____	
	Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____	_____ Feet N S E W of _____ Route# _____ Intersecting Roadway/Street _____	
2	Route# _____ Direction _____ Name of Intersecting Roadway/Street _____	_____ Feet N S E W of _____	10
3	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# 23-352-AC

3	License: _____ DOB/Ag: _____	Reg # 574PR3 Reg Type PC Reg State MA	1 12
	Sex E Lic. Class D 19 19 Lic. Restrictions 1 20 CDL _____ Endorsement _____	Veh Year 2013 Veh Make TOYOTA Veh Config. 1 21	
4	Operator BAKER, LINDA	Owner BAYMUS, IVA	1 13
5	Address 7 PAUL ST	Address 162 HILLSIDE RD	
6	City BURLINGTON State MA Zip 01803-2533	City WATERTOWN State MA Zip 02472-1477	1 13
	Insurance Company QUINCY MUTUAL FIRE INSURA	Vehicle Action Prior to Crash 1 22 Damaged Area Code: 5 27 27 27	
7	Vehicle Travel Direction: <input checked="" type="checkbox"/> S E W Responding to Emergency? 2	Event Sequence 1 23 23 23 23 Test Status: 1 28	1 13
	Citation # (If Issued) _____	Most Harmful Event 1 24 Type of Test: 2 29	
8	Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code 1 25 25 BAC Test Result: 1 30	1 13
	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											
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Par.	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	1	4	0	0	10	1	

7	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	2 14
	8	License: _____ DOB/Ag: _____	
9	1	Sex E Lic. Class D 19 19 Lic. Restrictions 1 20 CDL _____ Endorsement _____	Veh Year 2008 Veh Make ACURA Veh Config. 1 21
	9	Operator _____	Owner BRANLEY, KENNETH RICHARD
10	1	Address _____	Address 55 SWAIN RD
	2	City _____ State _____ Zip _____	City WILMINGTON State MA Zip 01887-2860
11	1	Insurance Company _____	Vehicle Action Prior to Crash 10 22 Damaged Area Code: 1 27 3 27 27
	2	Vehicle Travel Direction: <input checked="" type="checkbox"/> S E W Responding to Emergency? 2	Event Sequence 1 23 23 23 23 Test Status: 1 28
12	1	Citation # (If Issued) _____	Most Harmful Event 1 24 Type of Test: 2 29
	2	Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code 19 25 25 BAC Test Result: 1 30
13	1	Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by 0 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32
	2		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	XXXXXX	XXXX	1	1	4	0	0	10	1	

Date of Crash: 10/24/2023 | Time of Crash: 1200 24HR | City/Town: **Wilmington** | **Motor Vehicle Crash Police Report** | Number Vehicles: 2 | Number Injured: 0 | Speed Limit: _____ | Latitude: _____ | Longitude: _____ | State Police | Local Police | MBTA Police | Campus Police | Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

<p>Route# _____ Direction _____ Name of Roadway/Street _____</p> <p>At _____</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p> <p>Also at Intersection with _____</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p>	<p>Route# _____ Direction _____ Address # <u>196</u> Name of Roadway/Street <u>BALLARDVALE ST</u></p> <p>_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____</p> <p>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>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>Landmark _____</p>
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Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped | Crash Report ID# **23-353-AC**

<p>License # _____ S _____ DOB/Agmt _____</p> <p>Sex <u>M</u> Lic. Class <u>D</u> Lic. Restrictions <u>1</u> CDL _____</p> <p>Operator <u>MARVIN, MICHAEL V</u></p> <p>Address <u>217 LOVERING AVE</u></p> <p>City <u>BUFFALO</u> State <u>NY</u> Zip <u>14216</u></p> <p>Insurance Company <u>GARRISON PROP & CAS INS</u></p> <p>Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u></p> <p>Citation # (If Issued) _____</p> <p>Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____</p> <p>Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____</p>	<p>Reg # <u>KXC3172</u> Reg Type <u>PC</u> Reg State <u>NY</u></p> <p>Veh Year <u>2021</u> Veh Make <u>BMW</u> Veh Config. <u>1</u></p> <p>Owner <u>MARVIN, MICHAEL V</u></p> <p>Address <u>217 LOVERING AVE</u></p> <p>City <u>BUFFALO</u> State <u>NY</u> Zip <u>14216</u></p> <p>Vehicle Action Prior to Crash <u>97</u></p> <p>Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u></p> <p>Most Harmful Event <u>1</u> <u>24</u></p> <p>Driver Contributing Code <u>19</u> <u>25</u> <u>25</u></p> <p>Driver Distracted by <u>0</u> <u>26</u></p>
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Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator		See Above	<input checked="" type="checkbox"/>	<u>1</u>	<u>0</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

<p>License # _____ S _____ DOB/Agmt _____</p> <p>Sex <u>M</u> Lic. Class <u>C</u> Lic. Restrictions <u>1</u> CDL _____</p> <p>Operator <u>FRANCIS, AARON THOMAS</u></p> <p>Address <u>48 BRISTOL RD</u></p> <p>City <u>FREEPORT</u> State <u>ME</u> Zip <u>04032</u></p> <p>Insurance Company <u>OLD REPUBLIC</u></p> <p>Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u></p> <p>Citation # (If Issued) _____</p> <p>Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____</p> <p>Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____</p>	<p>Reg # <u>2907ZT</u> Reg Type <u>PC</u> Reg State <u>ME</u></p> <p>Veh Year <u>2023</u> Veh Make <u>FORD</u> Veh Config. <u>1</u></p> <p>Owner <u>TRANE TECHNOLOGIES COMPANY</u></p> <p>Address <u>46 BRISTOL RD</u></p> <p>City <u>FREEPORT</u> State <u>ME</u> Zip <u>04032</u></p> <p>Vehicle Action Prior to Crash <u>1</u></p> <p>Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u></p> <p>Most Harmful Event <u>1</u> <u>24</u></p> <p>Driver Contributing Code <u>19</u> <u>25</u> <u>25</u></p> <p>Driver Distracted by <u>0</u> <u>26</u></p>
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Please fill out for operator/non-motorist and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist		See Above	<input checked="" type="checkbox"/>	<u>1</u>	<u>0</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	

Wilmington Police Department
Images Associated with 23-353-AC



Date of Crash: 10/26/2023 Time of Crash: 0803 24HR City/Town: **Wilmington** **Motor Vehicle Crash Police Report** Number Vehicles: 2 Number Injured: 0 Speed Limit: 25 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 _____ Address # <u>173</u> Name of Roadway/Street <u>CHURCH ST</u> _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Mile Marker _____ or _____ Exit Number _____ _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____ _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____
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Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped Crash Report ID# **23-354-AC**

License # _____ St _____ OB/Age _____ Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____ Endorsement _____ Operator <u>KINITI, LAWRENCE</u> Address <u>71 BOSTON RD APT 3215</u> City <u>NORTH BILLERICA</u> State <u>MA</u> Zip <u>01862-1065</u> Insurance Company <u>SAFETY INSURANCE COMPANY</u> Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? <u>2</u> Citation # (If Issued) <u>248574AC</u> Viol. 1: Ch/Sec/Sub <u>89</u> <u>4A</u> Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # <u>3RHR69</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2019</u> Veh Make <u>NISSAN</u> Veh Config. <u>1</u> <u>21</u> Owner <u>KINITI, LAWRENCE</u> Address <u>71 BOSTON RD APT 3215</u> City <u>NORTH BILLERICA</u> State <u>MA</u> Zip <u>01862-1065</u> Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>8</u> <u>27</u> <u>27</u> <u>27</u> Event Sequence <u>20</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u> Most Harmful Event <u>20</u> <u>24</u> Type of Test: <u>29</u> Driver Contributing Code <u>11</u> <u>25</u> <u>8</u> <u>25</u> BAC Test Result: <u>1</u> <u>30</u> 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>1</u> <u>33</u>
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Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator		See Above	<input checked="" type="checkbox"/>	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 # _____ St _____ OB/Age _____ Sex <u>F</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____ Endorsement _____ Operator <u>GILLIS, LAURIE B</u> Address <u>4 GRAND ST</u> City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-2619</u> Insurance Company _____ Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u> Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # <u>22HX99</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year _____ Veh Make _____ Veh Config. <u>1</u> <u>21</u> Owner <u>GILLIS, LAURIE B</u> Address <u>4 GRAND ST</u> City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-2619</u> Vehicle Action Prior to Crash <u>22</u> Damaged Area Code: <u>27</u> <u>27</u> <u>27</u> Event Sequence <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>28</u> Most Harmful Event <u>24</u> Type of Test: <u>29</u> Driver Contributing Code <u>25</u> <u>25</u> BAC Test Result: <u>30</u> Driver Distracted by <u>26</u> Susp. Alcohol: <u>31</u> Susp. Drug: <u>32</u> Towed from scene? <u>33</u>
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Please fill out for operator/non-motorist and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist		See Above	<input checked="" type="checkbox"/>	1							

Date of Crash: 10/26/2023 | Time of Crash: 1151 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
 At
 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
 446 MAIN ST
 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 13 #Occupants Hit/Run Moped | Crash Report ID# **23-355-AC**

License # St. IOB/Age. Reg # **5190273** Reg Type **PC** Reg State **NH**
 Sex **F** Lic. Class **D** Lic. Restrictions **20** CDL Endorsement
 Operator **JEFFERS, ROSE E** Owner **JEFFERS, ROSE E**
 Address **54 MAIN ST APT 208** Address **54 MAIN ST APT 208**
 City **GREENVILLE** State **NH** Zip **03048** City **GREENVILLE** State **NH** Zip **03048**
 Insurance Company **MT. WASHINGTON ASSURANCE**
 Vehicle Travel Direction: N E W Responding to Emergency? **2**
 Citation # (If Issued) _____
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____

Reg # **5190273** Reg Type **PC** Reg State **NH**
 Veh Year **2008** Veh Make **TOYOTA** Veh Config. **1 21**
 Owner **JEFFERS, ROSE E**
 Address **54 MAIN ST APT 208**
 City **GREENVILLE** State **NH** Zip **03048**
 Vehicle Action Prior to Crash **1 22** Damaged Area Code: **7 27 27 27**
 Event Sequence **1 23 23 23 23** Test Status: **1 28**
 Most Harmful Event **1 24** Type of Test: **29**
 Driver Contributing Code **1 25 25** BAC Test Result: **1 30**
 Driver Distracted by **0 26** Susp. Alcohol: **31** Susp. Drug: **32**
 Towed from scene? **2 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	X	1	1	4	0	0	10	1
LEE BACHELDER	56 MAIN ST GREENVILLE, NH 03048		M	6	1	4	0	0	10	1		
FELIX BROGNA	34 VARNUM ST LOWELL, MA 01850-2149		M	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 # St. IOB/Age. Reg # **3DTD45** Reg Type **PC** Reg State **MA**
 Sex **F** Lic. Class **D** Lic. Restrictions **20** CDL Endorsement
 Operator **ANDREOTTOLA, LORETTA MARIE** Owner **ANDREOTTOLA, LORETTA MARIE**
 Address **489 SUMMER AVE APT 1** Address **489 SUMMER AVE APT 1**
 City **READING** State **MA** Zip **01867-3833** City **READING** State **MA** Zip **01867-3833**
 Insurance Company **THE COMMERCE INSURANCE CO**
 Vehicle Travel Direction: N E W Responding to Emergency? **2**
 Citation # (If Issued) _____
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____

Reg # **3DTD45** Reg Type **PC** Reg State **MA**
 Veh Year **2017** Veh Make **LEXUS** Veh Config. **1 21**
 Owner **ANDREOTTOLA, LORETTA MARIE**
 Address **489 SUMMER AVE APT 1**
 City **READING** State **MA** Zip **01867-3833**
 Vehicle Action Prior to Crash **1 22** Damaged Area Code: **3 27 27 27**
 Event Sequence **1 23 23 23 23** Test Status: **1 28**
 Most Harmful Event **1 24** Type of Test: **29**
 Driver Contributing Code **99 25 25** BAC Test Result: **1 30**
 Driver Distracted by **0 26** Susp. Alcohol: **31** Susp. Drug: **32**
 Towed from scene? **2 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	X	1	99	4	0	0	10	1

Date of Crash 10/26/2023 Time of Crash 1343 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:

1

10

Route# Direction MAIN ST Name of Roadway/Street

Route# Direction Address # Name of Roadway/Street

Route# Direction GLEN RD Name of Intersecting Roadway/Street

Feet N S E W of Mile Marker Exit Number

11

2

Route# Direction Name of Intersecting Roadway/Street

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

Please Select One of the Following: [X] Vehicle 12 #Occupants [] Hit/Run [] Moped

Crash Report ID# 23-356-AC

3

License #, St, DOB/Ag

Reg # 4AYV15 Reg Type PC Reg State MA

Sex M Lic. Class 99 19 19 Lic. Restrictions 1 20 CDL Endorsement

Veh Year 2013 Veh Make AUDI Veh Config. 1 21

Operator RABUSKE KUNTJ, TAIMUR GIBRAN

Owner RABUSKE KUNTJ, TAIMUR GIBRAN

4

Address 1121 EVERGREEN DR

Address 1121 EVERGREEN DR

City WILMINGTON State MA Zip 01887-1173

City WILMINGTON State MA Zip 01887-1173

Insurance Company THE COMMERCE INSURANCE CO

Vehicle Action Prior to Crash 4 22 Damaged Area Code: 2 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

13

6

Please fill out for operator and all occupants involved

Table with columns: 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. Includes Operator ALESSANDRA WILLAND.

7

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

License #, St, DOB/Ag

Reg # 4CCC14 Reg Type PC Reg State MA

Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement

Veh Year 2019 Veh Make HONDA Veh Config. 1 21

Operator MCPARTLIN, TAYLOR M

Owner MCPARTLIN, KEVIN CHARLES

8

Address 13 STAFFORD LN

Address 13 STAFFORD LN

City BILLERICA State MA Zip 01821-2022

City BILLERICA State MA Zip 01821-2022

Insurance Company THE STANDARD FIRE INSURAN

Vehicle Action Prior to Crash 1 22 Damaged Area Code: 8 27 27 27

Vehicle Travel Direction: N X E W Responding to Emergency? 2

Event Sequence 1 23 23 23 23 Test Status: 1 28

Citation # (If Issued)

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

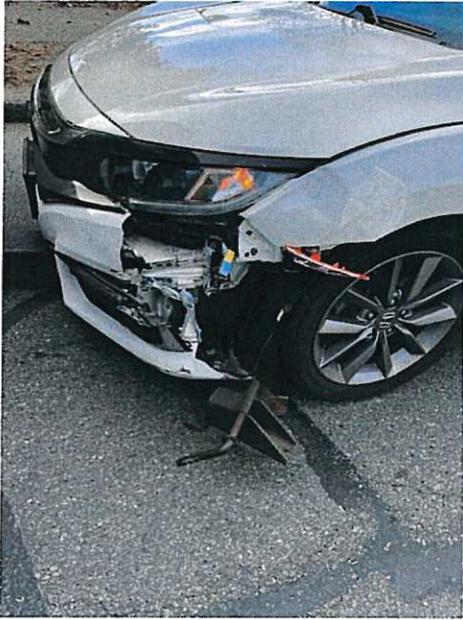
14

9

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

Table with columns: 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. Includes Operator/Non-Motorist.

Wilmington Police Department
Images Associated with 23-356-AC



Wilmington Police Department
Motor Vehicle Crash Report
23-357-AC

Requests for Wilmington Police Department Report, 23-357-AC,
may be made via the department's Public Records Email at
publicrecords@wpd.org

Date of Crash: 10/28/2023 | Time of Crash: 1208 | City/Town: **Wilmington** | **Motor Vehicle Crash Police Report** | Number Vehicles: 2 | Number Injured: 1 | Speed Limit: 35 | 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 _____ Address # 221 Name of Roadway/Street MAIN ST _____ 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 _____
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Please Select One of the Following: Vehicle 12 #Occupants Hit/Run Moped | Crash Report ID# **23-358-AC**

License # _____ S _____ DOB/Age: _____ Sex F Lic. Class D Lic. Restrictions 1 CDL _____ Operator CHOI, HEEWON JANE Address 290 MISHAWUM RD APT 2034 City WOBURN State MA Zip 01801-2261 Insurance Company GOVERNMENT EMPLOYEES INSU Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input checked="" type="checkbox"/> E <input checked="" 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 # 5HMZ79 Reg Type PC Reg State MA Veh Year 2023 Veh Make HONDA Veh Config. 1 Owner CHOI, HEEWON JANE Address 290 MISHAWUM RD APT 2034 City WOBURN State MA Zip 01801-2261 Vehicle Action Prior to Crash 2 Event Sequence 1 23 23 23 23 Most Harmful Event 1 24 Driver Contributing Code 1 25 25 Driver Distracted by 0 26
--	--

Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator		See Above	<input checked="" type="checkbox"/>	1	1	4	0	0	10	1	
YOUNGAE KIM	240 E PALISADE AVE ENGLEWOOD, NJ 07631		F	3	1	4	0	0	8	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: _____ Sex F Lic. Class D Lic. Restrictions 1 CDL _____ Operator MATZKE, MADELEINE LOUISE Address 184 TAFT RD City WILMINGTON State MA Zip 01887-2821 Insurance Company STATE FARM MUTUAL AUTOMOB Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input checked="" type="checkbox"/> E <input checked="" 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 # 3XYG13 Reg Type PC Reg State MA Veh Year 2016 Veh Make HYUNDAI Veh Config. 1 Owner MATZKE, MADELEINE LOUISE Address 184 TAFT RD City WILMINGTON State MA Zip 01887-2821 Vehicle Action Prior to Crash 2 Event Sequence 1 23 23 23 23 Most Harmful Event 1 24 Driver Contributing Code 19 25 5 25 Driver Distracted by 99 26
--	---

Please fill out for operator/non-motorist and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist		See Above	<input checked="" type="checkbox"/>	1	1	4	0	0	10	1	

Wilmington Police Department
Images Associated with 23-358-AC



Date of Crash **10/27/2023** Time of Crash **1838** City/Town **Wilmington** **Motor Vehicle Crash Police Report** Number Vehicles **1** Number Injured **1** Speed Limit **35** State Police Local Police MBTA Police Campus Police Other

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

1 **4** **2** **10**

Route# **1** Direction **MAIN ST** Name of Roadway/Street **MAIN ST** At **At** Route# Direction Address # Name of Roadway/Street

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

Route# Direction Name of Intersecting Roadway/Street _____

Feet **1** **N S E W** of _____ or _____ Mile Marker _____ Exit Number _____

Feet **1** **N S E W** of _____ Route# _____ Intersecting Roadway/Street _____

Feet **1** **N S E W** of _____ Landmark _____

3 Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped Crash Report ID# **23-357-AC**

3 License # _____ : DOB/Age _____ Reg # **3RHL36** Reg Type **PC** Reg State **MA**

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

Operator **DE ALMEIDA LUCAS, PEDRO ALEXANDR VETUHOV** Owner **DE ALMEIDA LUCAS, PEDRO ALEXANDR VETUHOV**

Address **15 ABBOTT ST** Address **15 ABBOTT ST**

City **SALEM** State **MA** Zip **01970-1141** City **SALEM** State **MA** Zip **01970-1141**

Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **3** **22** Damaged Area Code: **0** **27** **27** **27**

Vehicle Travel Direction: **N S E W** Responding to Emergency? **2** Event Sequence **3** **23** **23** **23** **23** Test Status: **1** **28**

Citation # (If Issued) **T3282001** Most Harmful Event **3** **24** Type of Test: **1** **29**

Viol. 1: Ch/Sec/Sub **89** **11** 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**

6 **1** 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	
MICHAEL DOWNEY	20 W WYOMING AVE MELROSE, MA 02176-4679		M	5	99	4	0	0	10	1	

7 **3** Please Select One of the Following: Vehicle **2** #Occupants Non-Motorist A Type **1** **15** Action **1** **16** Location **1** **17** Condition **1** **18** Hit/Run Moped

8 **1** License # _____ St _____ DOB/Ag _____ Reg # _____ Reg Type _____ Reg State _____

Sex **M** Lic. Class **19** **19** Lic. Restrictions **20** CDL _____ Veh Year _____ Veh Make _____ Veh Config. **21**

Operator **MARCHANT, CONNOR** Owner _____

Address **6 FANEULL DR** Address _____

City **WILMINGTON** State **MA** Zip **01887** City _____ State _____ Zip _____

Insurance Company _____ Vehicle Action Prior to Crash **1** **22** Damaged Area Code: **0** **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: **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 _____ Driver Distracted by **0** **26** Susp. Alcohol: **3** **31** Susp. Drug: **3** **32**

Towed from scene? **3** **33**

9 **2** 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	99				8	2	Lahey Clinic

NARRATIVE FOR DETECTIVE MICHAEL E JOHNSON

Ref: 23-357-AC

Entered: 10/27/2023 @ 2134 Entry ID: 199
Modified: 10/31/2023 @ 1136 Modified ID: 199
Approved: 10/30/2023 @ 1759 Approval ID: 195

On October 27, 2023, I, Detective Johnson, was assigned to uniform patrol in marked cruiser 37, sector 1, for the 4pm-12am shift. At approx. 6:38pm Wilmington police and fire responded to the area of Cumberland Farms, located at 195 Main St., for a car vs pedestrian accident. Dispatch informed responding officers that the juvenile who was struck was alert and ambulatory. The vehicle involved pulled into the parking lot of Cumberland Farms to await police response.

Upon arrival, the juvenile, identified as Conner Marchant, was standing in the grassy area with his mother, Erica Marchant. He had no apparent broken bones or signs of serious trauma. I instructed Connor to sit on the curbing while we awaited Fire and EMS response. I asked Connor if he was injured, to which he showed me a hematoma on the right side of his forehead and mild lacerations. Connor stated that he and his girlfriend, Emily Barry, were at the intersection of Richmond St and Main St, intending to cross to the opposite side. Connor stated he pushed the crosswalk button to give him the right of way and was given the cross signal. He said they were given the cross-signal and proceeded to cross the street. As Connor crossed, he was struck by a vehicle as it turned right off of Richmond St onto Main St. Connor was triaged by WFD and transported to the Lahey Hospital for treatment accompanied by his mother.

Once Connor was taken from the scene, I spoke with the operator of the involved vehicle, Padro De Almeda Lucas. Padro, a Lyft driver, was operating MA REG# 3RHL36, a black 2016 Toyota Camry, with a passenger named Michael Downey. Padro stated that he came to the end of Richmond St, stopped, and was given the green turn arrow. He stated he never saw Connor because he was in dark-colored clothing and only noticed him after striking him with the passenger side of his vehicle. Padro said he was traveling at low speeds and that after striking him, he immediately pulled into the parking lot of Cumberland Farms. While speaking to Padro, I observed no signs of impairment. Michael Downey, seated in the rear of the car, informed me that he never saw the Connor and believed that the loud bang sound was from the car striking debris or the curb. Michael also noted that the intersection was poorly lit. Padro was issued in hand MA Citation T3282001 for failing to yield to a pedestrian in a crosswalk. He was advised on the proper procedures to file an accident report and left the scene in his vehicle. Michael arranged for a new Lyft and left after speaking to officers.

It is worth noting that the intersection of Richmond St and Main St presents a challenge to vehicular traffic and pedestrians due to inadequate lighting and barely visible road markings for the crosswalks and roadway. This report will be forwarded to the Traffic Division in an attempt to seek assistance from MA DOT.

Respectfully submitted,

Det. Michael Johnson #199

Attachments for 23-357-AC

Table with 2 columns: Description, Type. Row 1: PA DE ALMEIDA LUCA OPER CRASH RPT, PDF. Row 2: Attachment#: 23B95815A8884FD3BBD504C8CB8CE136