

Date of Crash 10/30/2023 Time of Crash 0726 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:**

BURLINGTON AVE
Route# Direction Name of Roadway/Street
At
MAIN ST
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

Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped Crash Report ID# **23-359-AC**

License _____ DOB/Age _____ Reg # **3CXH68** Reg Type **PC** Reg State **MA**
Sex _____ Lic. Class **D** 19 19 Lic. Restrictions **B** 20 CDL _____ Veh Year **2015** Veh Make **TOYOTA** Veh Config. **1** 21
Operator _____ Owner **RAIMUNDO, MAYKEM**
Address _____ Address **1216 SHAWSHEEN ST**
City _____ State **MA** Zip **01876-2232**
Insurance Company **PROGRESSIVE DIRECT INSURA** Vehicle Action Prior to Crash **2** 22 Damaged Area Code: 7 27 27 27
Vehicle Travel Direction: S E W Responding to Emergency? **2** Event Sequence **10** 23 23 23 23 Test Status: 1 28
Citation # (If Issued) _____ Most Harmful Event **10** 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	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 _____ DOB/Age _____ Reg # **C322HR** Reg Type **AP** Reg State **TN**
Sex **F** Lic. Class **A** 19 19 Lic. Restrictions **E** 20 CDL **N** Veh Year **2018** Veh Make **Other-not listed** Veh Config. **6** 21
Operator **MUNOZ, MARGARITA** Owner **PODS ENTERPRISES LLC**
Address **79 FRANKLIN ST** Address **4791 BURBANK RD**
City **PEABODY** State **MA** Zip **01960-4217** City **MEMPHIS** State **TN** Zip **38118**
Insurance Company _____ Vehicle Action Prior to Crash **3** 22 Damaged Area Code: 0 27 27 27
Vehicle Travel Direction: N E W Responding to Emergency? **2** Event Sequence **48** 23 23 23 23 Test Status: 1 28
Citation # (If Issued) **254129AC** Most Harmful Event **48** 24 Type of Test: 29
Viol. 1: Ch/Sec/Sub **85** **36** 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

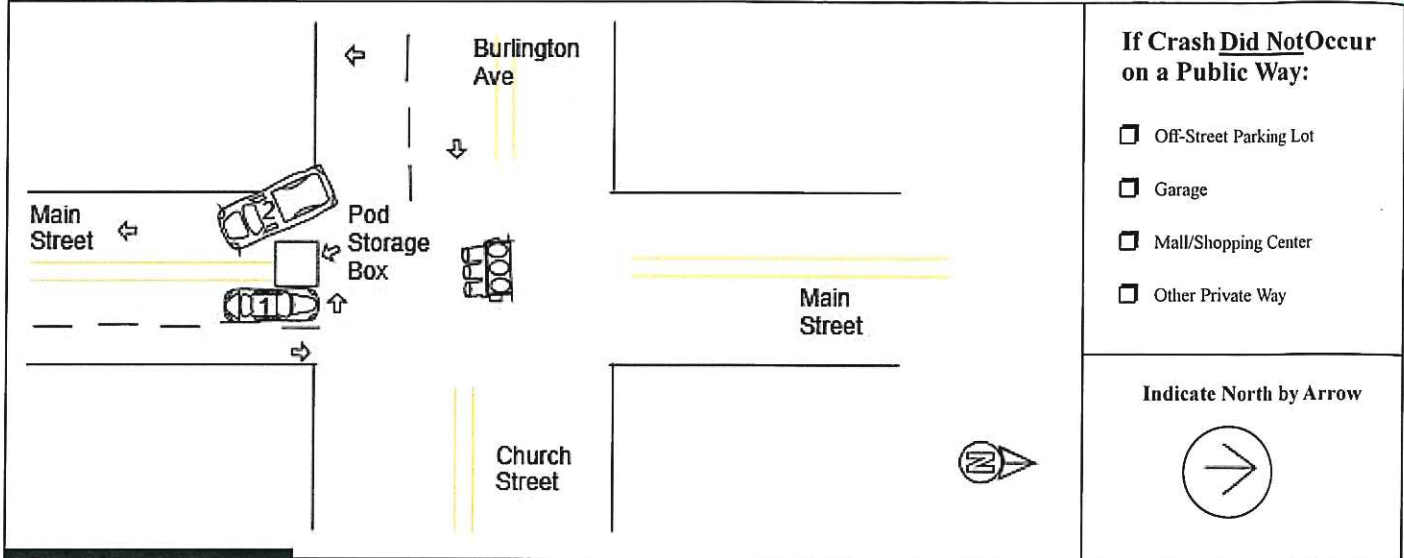
Please fill out for operator/non-motorist and all occupants involved

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	

→ = 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:

Vehicle 1 was stationary at the intersection waiting to take a left turn from Main Street onto Burlington Ave. Vehicle 2 was taking a right turn from Burlington Ave onto Main Street southbound. Vehicle 2 was carrying a PODS storage container. As the vehicle took a right turn the POD slid off the back of the back of the truck, onto the roadway and into the left side of vehicle 1. At no time did vehicle 2 strike vehicle 1. The damage is caused by the storage pod contacting vehicle 1. No airbags were deployed and no injuries were reported.

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 10/30/2023
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Images Associated with 23-359-AC



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 _____ or _____ 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# 23-360-AC**

License # _____ S DOB/Age _____ Reg # **3LYV51** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **2** 20 CDL _____ Veh Year **2012** Veh Make **FORD** Veh Config. **1** 21

Operator **WEISS, CHRISTIAN PETER** Owner **WEISS, CHRISTIAN PETER**

Address **14 TRAVELLED WAY** Address **14 TRAVELLED WAY**

City **NORTH READING** State **MA** Zip **01864-1141** City **NORTH READING** State **MA** Zip **01864-1141**

Insurance Company **ARBELLA MUTUAL INSURANCE** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **1** 27 **3** 27 **27**

Vehicle Travel Direction: S E W Responding to Emergency? **2** Event Sequence **20** **23** **23** **23** **23** Test Status: **1** 28

Citation # (If Issued) _____ Most Harmful Event **20** 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: **30**

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

Towed from scene? **1** 33

Please fill out for operator and all occupants involved

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	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 # _____ Reg Type _____ Reg State _____

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

Operator _____ Owner _____

Address _____ Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Insurance Company _____ Vehicle Action Prior to Crash _____ 22 Damaged Area Code: _____ 27 _____ 27 _____

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 O = Pedestrian B = Bicycle

Crash Diagram:

ie: ➔ 1 ➔ 2 ➔ O ➔ B

500 Salem 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 was traveling north on Salem Stree and hit a curb, ending up in the grass of 500 Salem Street (Winchester Hospital Urgent Care.

Witnesses:

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

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
WINCHESTER URGENT CARE	500 SALEM ST WILMINGTON MA 01887			YARD DAMAGE/GRASS TORN UP

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

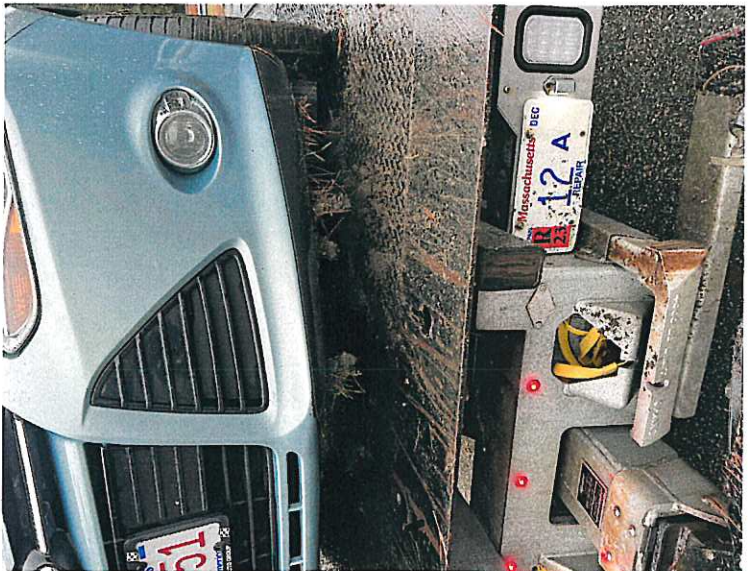
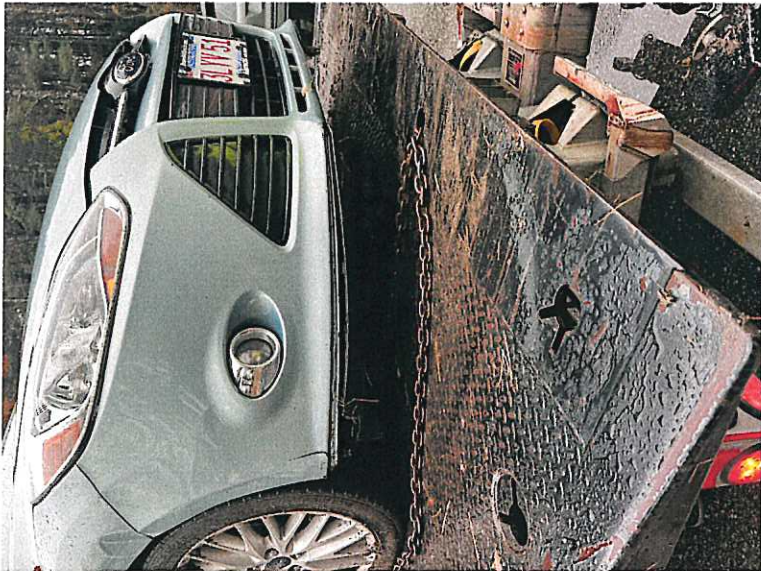
Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 46

Hazmat Information:

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

Patrol Officer Zachary A Leighton 227 Wilmington Police Department 10/30/2023
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Images Associated with 23-360-AC



Date of Crash 10/31/2023 Time of Crash 1510 City/Town Wilmington **Motor Vehicle Crash Police Report** Number Vehicles 2 Number Injured 0 Speed Limit 15 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 <u>210</u> <u>BALLARDVALE ST</u></p> <p>Address # _____ Name of Roadway/Street _____</p> <p>_____ Feet <u>N S E W</u> of _____ or _____</p> <p>_____ Feet <u>N S E W</u> of _____ Mile Marker _____ Exit Number _____</p> <p>_____ Feet <u>N S E W</u> of _____ Route# _____ Intersecting Roadway/Street _____</p> <p>_____ Feet <u>N S E W</u> of _____</p> <p>_____ Landmark _____</p>
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Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped Crash Report ID# **23-361-AC**

<p>License # _____ Sex <u>F</u> Lic. Class <u>D</u> Lic. Restrictions _____ CDL Endorsement _____</p> <p>Operator <u>YAO, GABRIELA ELISABETH</u></p> <p>Address <u>26 BEACON ST APT 25D</u></p> <p>City <u>BURLINGTON</u> State <u>MA</u> Zip <u>01803-3810</u></p> <p>Insurance Company <u>THE COMMERCE INSURANCE CO</u></p> <p>Vehicle Travel Direction: <u>N S X W</u> 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>91620</u> Reg Type <u>PC</u> Reg State <u>MA</u></p> <p>Veh Year <u>2018</u> Veh Make <u>NISSAN</u> Veh Config. <u>1</u></p> <p>Owner <u>BROWN, GINA M</u></p> <p>Address <u>10 PALFREY RD</u></p> <p>City <u>BELMONT</u> State <u>MA</u> Zip <u>02478-2258</u></p> <p>Vehicle Action Prior to Crash <u>11</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>1</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											
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	X	<u>1</u>	<u>10</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	

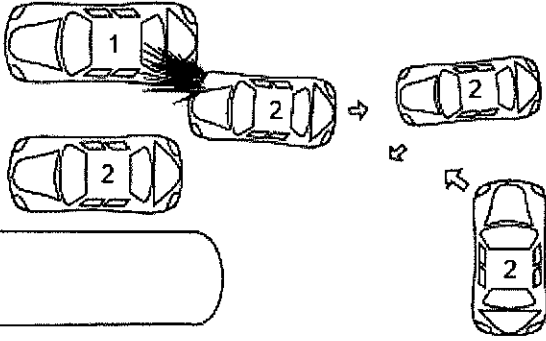
Please Select One of the Following: Vehicle 2 #Occupants Non-Motorist A Type 15 Action 16 Location 17 Condition 18 Hit/Run Moped

<p>License # _____ Sex <u>F</u> Lic. Class <u>D</u> Lic. Restrictions _____ CDL Endorsement _____</p> <p>Operator <u>ISENHART, JESSICA ETIENNE</u></p> <p>Address <u>563 MAMMOTH RD</u></p> <p>City <u>DRACUT</u> State <u>MA</u> Zip <u>01826-6110</u></p> <p>Insurance Company <u>PLYMOUTH ROCK ASSURANCE C</u></p> <p>Vehicle Travel Direction: <u>N S X W</u> Responding to Emergency? <u>2</u></p> <p>Citation # (If Issued) <u>256721AC</u></p> <p>Viol. 1: Ch/Sec/Sub <u>90</u> <u>24C</u> Viol. 2: Ch/Sec/Sub _____</p> <p>Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____</p>	<p>Reg # <u>1TRL52</u> Reg Type <u>PC</u> Reg State <u>MA</u></p> <p>Veh Year <u>2020</u> Veh Make <u>SUBARU</u> Veh Config. <u>1</u></p> <p>Owner <u>ISENHART, JESSICA ETIENNE</u></p> <p>Address <u>563 MAMMOTH RD</u></p> <p>City <u>DRACUT</u> State <u>MA</u> Zip <u>01826-6110</u></p> <p>Vehicle Action Prior to Crash <u>4</u></p> <p>Event Sequence <u>2</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u></p> <p>Most Harmful Event <u>2</u> <u>24</u></p> <p>Driver Contributing Code <u>12</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											
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	X	<u>1</u>	<u>99</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<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:

Vehicle 1 was parked in the parking lot of 210 Ballardvale while vehicle 2 was attempting to pull into the spot next to vehicle 1. Vehicle 2 ended up taking too wide of a turn and collided with the rear left side of vehicle 1. Vehicle 2 then backed up and pulled into the parking spot before eventually leaving the scene (see 23-468-AR). Both cars suffered minor damage and there were no apparent injuries.

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 Thomas Lawrenson 222 Wilmington Police Department 10/31/2023
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash **11/01/2023** Time of Crash **1145** City/Town **Wilmington**
 24HR

Motor Vehicle Crash Police Report

Number Vehicles **2** Number Injured **0**
 Speed Limit **25** State Police
 Latitude _____ Local Police
 Longitude _____ MBTA Police
 Other _____ Campus Police

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

<p>1 Route# <u> </u> Direction <u> </u> Name of Roadway/Street <u>GLEN RD</u></p> <p>At</p> <p>Route# <u> </u> Direction <u> </u> Name of Intersecting Roadway/Street <u>BRATTLE ST</u></p> <p>Also at Intersection with</p> <p>2 Route# <u> </u> Direction <u> </u> Name of Intersecting Roadway/Street <u> </u></p>	<p>Route# <u> </u> Direction <u> </u> Address # <u> </u> Name of Roadway/Street <u> </u></p> <p>Feet <u> </u> <input type="checkbox"/>N <input type="checkbox"/>S <input type="checkbox"/>E <input type="checkbox"/>W of <u> </u> or <u> </u></p> <p>Mile Marker <u> </u> Exit Number <u> </u></p> <p>Feet <u> </u> <input type="checkbox"/>N <input type="checkbox"/>S <input type="checkbox"/>E <input type="checkbox"/>W of <u> </u> Route# <u> </u> Intersecting Roadway/Street <u> </u></p> <p>Feet <u> </u> <input type="checkbox"/>N <input type="checkbox"/>S <input type="checkbox"/>E <input type="checkbox"/>W of <u> </u> Landmark <u> </u></p>
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3 Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped Crash Report ID# **23-362-AC**

<p>4 License <u> </u> S <u> </u> DOB/Ag^r <u> </u> Sex M Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>B</u> <u>20</u> CDL <u> </u> Endorsement <u> </u> Operator <u>PARISI, FRANK J JR</u> Last First Middle Address <u>64 ALDRICH RD</u> City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-2276</u> Insurance Company <u>GEICO GENERAL INSURANCE C</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> </u> Viol. 1: Ch/Sec/Sub <u> </u> Viol. 2: Ch/Sec/Sub <u> </u> Viol. 3: Ch/Sec/Sub <u> </u> Viol. 4: Ch/Sec/Sub <u> </u></p>	<p>Reg # <u>3BAL54</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2018</u> Veh Make <u>DODGE</u> Veh Config. <u>1</u> <u>21</u> Owner <u>PARISI, FRANK J JR</u> Last First Middle Address <u>64 ALDRICH RD</u> City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-2276</u> Vehicle Action Prior to Crash <u>3</u> <u>22</u> Damaged Area Code: <u>8</u> <u>27</u> <u>27</u> <u>27</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> Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u> </u> <u>29</u> Driver Contributing Code <u>4</u> <u>25</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></p>
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6 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	

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

<p>8 License <u> </u> S <u> </u> DOB/Ag^r <u> </u> Sex F Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL <u> </u> Endorsement <u> </u> Operator <u>WEBSTER, BAYLEE KATHERINE</u> Last First Middle Address <u>44 GROVE AVE</u> City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-2082</u> Insurance Company <u>SAFETY INSURANCE COMPANY</u> Vehicle Travel Direction: <input type="checkbox"/>N <input checked="" type="checkbox"/>E <input type="checkbox"/>W Responding to Emergency? <u>2</u> Citation # (If Issued) <u> </u> Viol. 1: Ch/Sec/Sub <u> </u> Viol. 2: Ch/Sec/Sub <u> </u> Viol. 3: Ch/Sec/Sub <u> </u> Viol. 4: Ch/Sec/Sub <u> </u></p>	<p>Reg # <u>5EES29</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>1999</u> Veh Make <u>MERCURY</u> Veh Config. <u>1</u> <u>21</u> Owner <u>WEBSTER, BAYLEE KATHERINE</u> Last First Middle Address <u>44 GROVE AVE</u> City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-2082</u> Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>2</u> <u>27</u> <u>27</u> <u>27</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> Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u> </u> <u>29</u> Driver Contributing Code <u>1</u> <u>25</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>2</u> <u>33</u></p>
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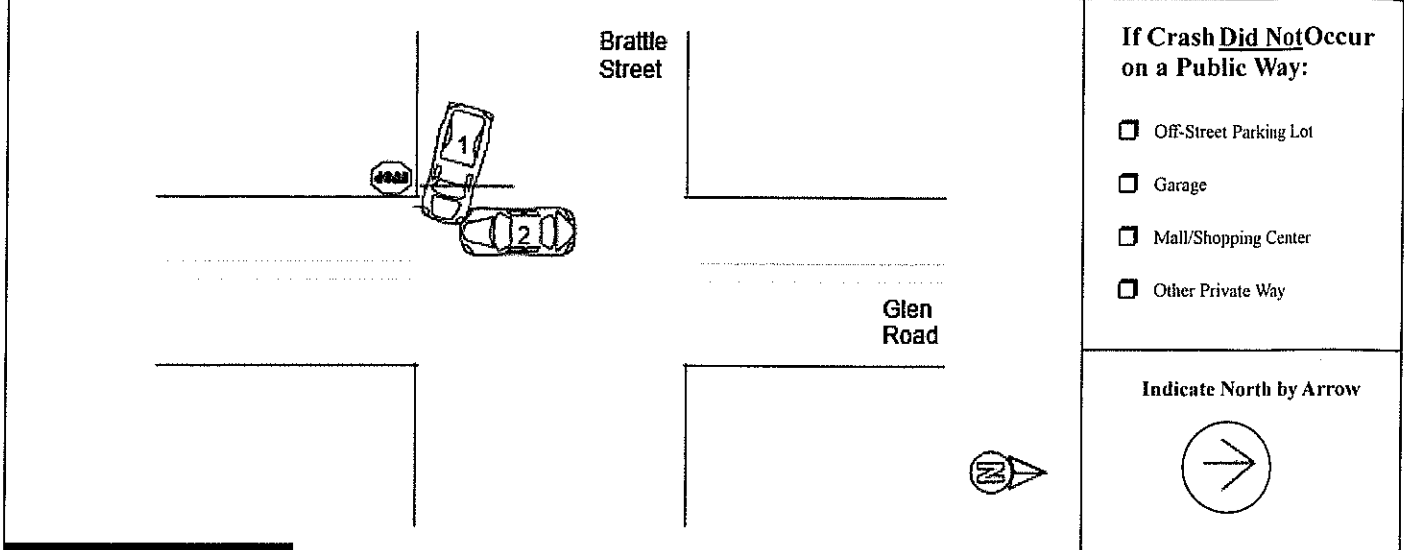
9 Please fill out for operator/non-motorist and all occupants involved

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

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:

Vehicle 2 was traveling south on Glen Road when vehicle 1 entered the southbound lane of travel in front of vehicle 2 from Brattle Street. Operator of vehicle 1 stated that when he looked he didnt see vehicle 2 and so he proceeded through the stop sign. Vehicle 2's operator stated that she was traveling when vehicle 1 just pulled out in front of her. No airbags were deployed, and both parties declined medical attention. Vehicle 1 was towed from the scene by Forrest Towing. Vehicle 2 was driven from the scene.

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

Date of Crash 11/01/2023 Time of Crash 1223 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 At

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

2 Route# Direction Name of Intersecting Roadway/Street

Route# Direction **329** **LOWELL 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 **13** #Occupants Hit/Run Moped Crash Report ID# **23-363-AC**

License: _____ DOB/Ag: _____ Reg # **1KSE97** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** Lic. Restrictions **99** CDL Endorsement _____ Veh Year **2012** Veh Make **SUBARU** Veh Config. **1**

Operator **SHERRY, JACOB W** Owner **SHERRY, JACOB W**

Address **41 DUTCHER ST APT 25** Address **41 DUTCHER ST APT 25**

City **HOPEDALE** State **MA** Zip **01747-1257** City **HOPEDALE** State **MA** Zip **01747-1257**

Insurance Company **USAA GENERAL INDEMNITY CO** Vehicle Action Prior to Crash **1** Damaged Area Code: **1 27 2 27 3 27**

Vehicle Travel Direction: **N S E W** Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **99 28**

Citation # (If Issued) _____ Most Harmful Event **1 24** Type of Test: **99 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	M	1	99	4	0	0	10	1	
ALYSSA CLOSE	65 SOUTHRIDGE DR CANYON, TX 79015		F	3	99	4	0	0	10	1	
BRANDON VELASQUEZ	323 GRANT ST FRAMINGHAM, MA 01702-6576		M	4	99	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/Ag: _____ Reg # **2VPY71** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** Lic. Restrictions **99** CDL Endorsement _____ Veh Year **2019** Veh Make **SUBARU** Veh Config. **1**

Operator **KIRBY, AIDAN XAVIER** Owner **KIRBY, JOIA MARIA**

Address **7 LINCOLN CIR** Address **7 LINCOLN CIR**

City **BELMONT** State **MA** Zip **02478-3533** City **BELMONT** State **MA** Zip **02478-3533**

Insurance Company **SAFETY INSURANCE COMPANY** Vehicle Action Prior to Crash **6** Damaged Area Code: **1 27 2 27 3 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: **99 29**

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **6 25 18 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**

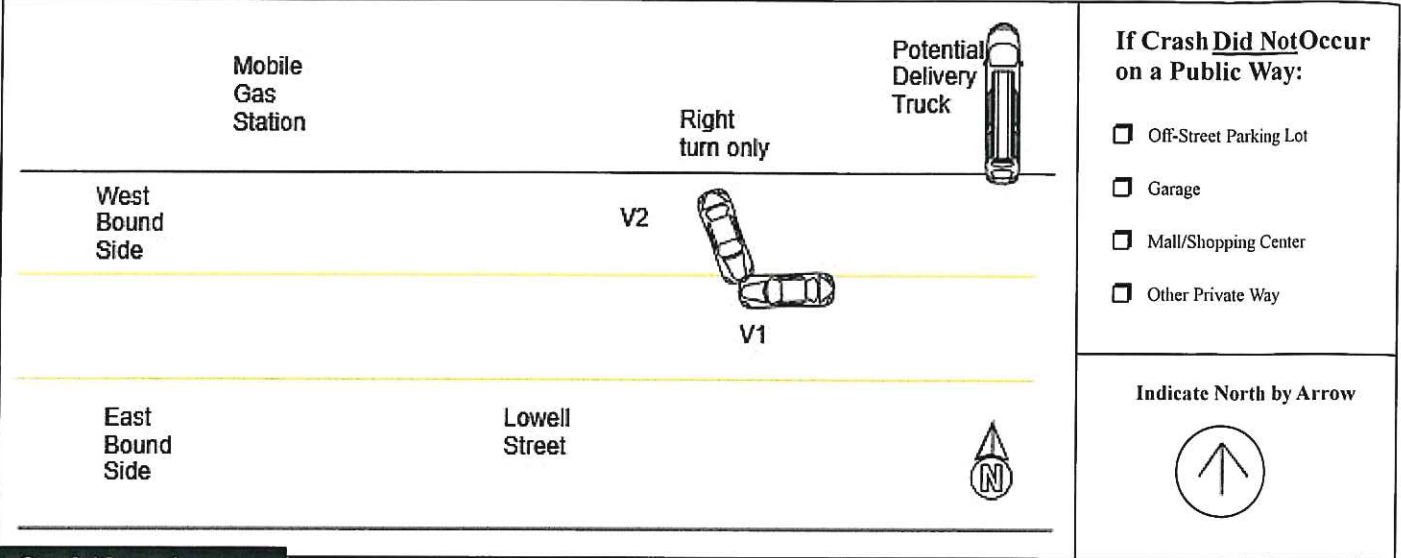
Towed from scene? **2 33**

Please fill out for operator/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	M	1	99	4	0	0	10	1	

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

Crash Diagram:



Crash Narrative:

On Wednesday November 1, 2023 at approximately 12:23pm I, Officer Fortes was dispatched to a motor vehicle crash in the vicinity of the Mobile Gas Station on Lowell Street. Upon arrival I observed V1 with Op1 and his two passengers at his vehicle as well as Op2 standing by his vehicle. All parties involved stated no injuries. Op1 stated he was traveling west on Lowell Street when his vehicle was struck by V2 pulling out of the Mobile Gas Station. Op2 stated as he was pulling out of the gas station he did not see V1 until the collision. Op2 stated there was a delivery truck obstructing his vision prior to the crash. That truck was not present upon my arrival. There are markings on the ground that state Right Turn Only and Op2 took a left turn out of the lot and struck V1. Information was exchanged and both vehicles were driveable and cleared from the scene. V1 had damage to the front and all down passenger side. V2 had front end damage.

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 John A Fortes

228

Wilmington Police Department

11/01/2023

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department
Images Associated with 23-363-AC



Wilmington Police Department
Images Associated with 23-363-AC



Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash 11/01/2023 Time of Crash 1625 24HR 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:

1 Route# Direction Name of Roadway/Street

At

Route# Direction Name of Intersecting Roadway/Street

Also at Intersection with

2 1 Route# Direction Name of Intersecting Roadway/Street

2 10 Route# Direction 210 BALLARDVALE ST

Address # Name of Roadway/Street

Feet N S E W of _____ or _____

Mile Marker Exit Number

4 11 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# **23-364-AC**

License: _____ S _____ DOB/A1 _____

Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **99** 20 CDL _____ Endorsement _____

Operator **DINCOLA, NICOLE KATRINA**

Last First Middle

Address **8 OAK ST**

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

Insurance Company **VERMONT MUTUAL INURANCE C**

Vehicle Travel Direction: N S 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 # **1XFW89** Reg Type **PC** Reg State **MA**

Veh Year **2022** Veh Make **FORD** Veh Config. **1** 21

Owner **DINCOLA, NICOLE KATRINA**

Last First Middle

Address **8 OAK ST**

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

Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **2** 27 27 27

Event Sequence **2** 23 23 23 23 Test Status: **1** 28

Most Harmful Event **2** 24 Type of Test: **29**

Driver Contributing Code **99** 25 25 BAC Test Result: **30**

Driver Distracted by **99** 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	

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

8 99 License # _____ St _____ DOB/Age _____

Sex _____ Lic. Class _____ 19 19 Lic. Restrictions _____ 20 CDL _____ Endorsement _____

Operator **Driverless M.V.**

Last First Middle

Address _____

City _____ State _____ Zip _____

Insurance Company **PLYMOUTH ROCK ASSURANCE C**

Vehicle Travel Direction: N S E 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 # **441VS6** Reg Type **PC** Reg State **MA**

Veh Year **2018** Veh Make **NISSAN** Veh Config. **1** 21

Owner **CONNOLLY, MICHELLE L**

Last First Middle

Address **4 ELIZABETH DR**

City **WILMINGTON** State **MA** Zip **01887-3397**

Vehicle Action Prior to Crash **11** 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: **30**

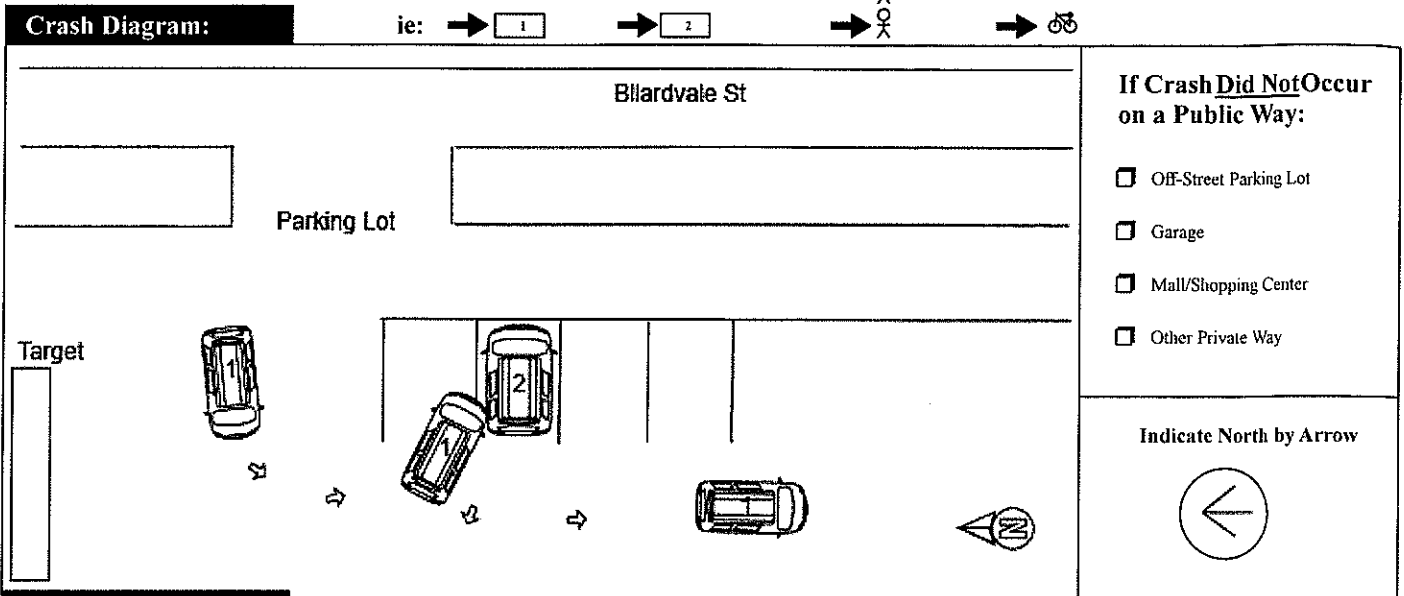
Driver Distracted by **0** 26 Susp. Alcohol: **2** 31 Susp. Drug: **2** 32

Towed from scene? **2** 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							

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



Crash Narrative:

11/01/23 appx. 1625hrs, dispatched to Target for report of hit-and-run. R02 stated while in store, unknown MV struck MV2 and left. Large paint scrape on rear pannel on driver side. Reviewed Target security footage. In video, MV1 entered lot and attempted to park to left of MV2. MV1 struck MV2 with its front right bumper. MV2 visibly shakes in video. MV1 then leaves scene southbound. MV2 able to leave under own power.

Passenger in MV2, Matthew Abbott, 08/13/05, son of R02. Uninjured.

Later spoke with OP1, admitted to accident and contacted Target prior to speaking with me.

See 23-1379-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]

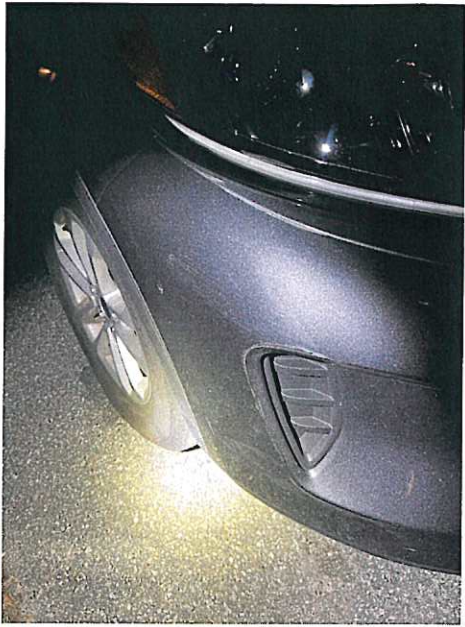
Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length [46]

Hazmat Information:

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

Patrol Officer Joseph A Fitzgerald 215 Wilmington Police Department 11/01/2023
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Images Associated with 23-364-AC



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

Route# Direction Name of Intersecting Roadway/Street

Route# Direction Name of Intersecting Roadway/Street

Please Select One of the Following: Vehicle 13 #Occupants Hit/Run Moped Crash Report ID# **23-365-AC**

License # St DOB/Age Reg # **1YFY53** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** Lic. Restrictions **1** CDL Endorsement Veh Year **2007** Veh Make **DODGE** Veh Config. **1**

Operator **SCIFO, PHYLLIS LINDSAY** Owner **SCIFO, PHYLLIS LINDSAY**

Address **46 HOPKINS ST** Address **46 HOPKINS ST**

City **WILMINGTON** State **MA** Zip **01887-4527** City **WILMINGTON** State **MA** Zip **01887-4527**

Insurance Company **ARBELLA MUTUAL INSURANCE** Vehicle Action Prior to Crash **1** Damaged Area Code: **8** 27 1 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: **1** 29

Viol. 1: Ch/Sec/Sub Driver Contributing Code **19** 25 25 BAC Test Result: **1** 30

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

Viol. 3: Ch/Sec/Sub Towed from scene? **1** 33

Viol. 4: Ch/Sec/Sub

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	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	
CELESTE SCIFO	108 PARKER ST WILMINGTON, MA 01887-2230		F	3	1	4	0	0	10	1	
				8	2	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 DOB/Age Reg # **1TTN85** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** Lic. Restrictions **1** CDL Endorsement Veh Year **2015** Veh Make **CHEVROLET** Veh Config. **1**

Operator **MCDERMOTTROE, THOMAS PATRICK** Owner **MCDERMOTTROE, THOMAS PATRICK**

Address **7 BAMBERG DR** Address **7 BAMBERG DR**

City **WOBURN** State **MA** Zip **01801-3523** City **WOBURN** State **MA** Zip **01801-3523**

Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **4** Damaged Area Code: **5** 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: **1** 29

Viol. 1: Ch/Sec/Sub Driver Contributing Code **4** 25 25 BAC Test Result: **1** 30

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

Viol. 3: Ch/Sec/Sub Towed from scene? **2** 33

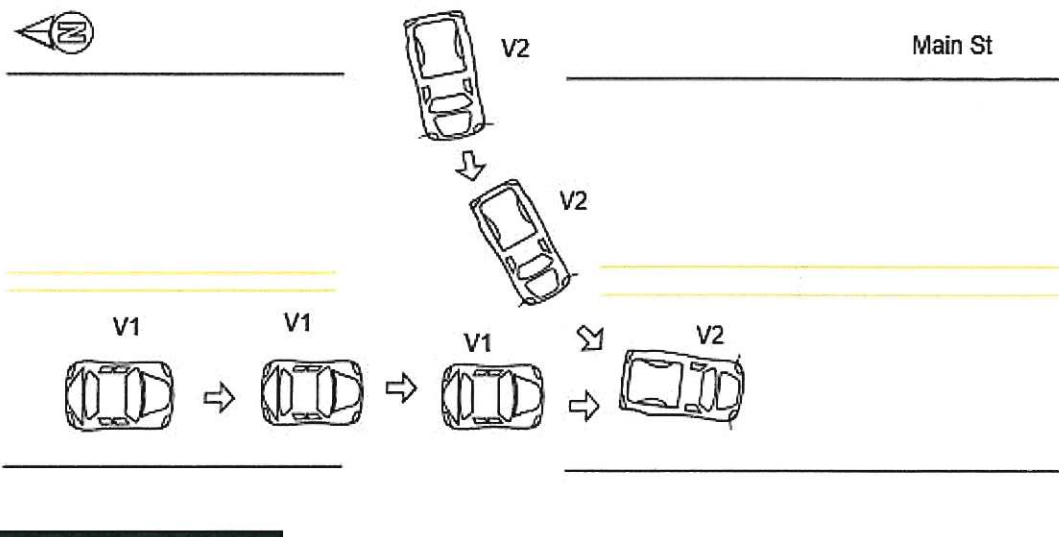
Viol. 4: Ch/Sec/Sub

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

Name (Last First Middle)	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

Crash Diagram:



If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow



Crash Narrative:

V1 was traveling south on Main St when V2 entered the travel lane in front of V1. V1 did not have enough time to stop before V2 entered the travel lane, which resulted in an angled collision. The front left portion of V1 collided with the rear of V2. Both vehicles then pulled over to the side of the road in front of 496 Main St. The operator and two other passengers of V1 sustained no apparent injuries and denied medical treatment. The operator of V2 was the lone occupant of that vehicle and he also denied medical treatment. V1 was towed from the scene by A&S Towing due to antifreeze leaking. V2 was able to be driven away by the operator.

Witnesses:

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

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

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

Hazmat Information:

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

Patrol Officer Michael W Powers

231

Wilmington Police Department

11/02/2023

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department
Images Associated with 23-365-AC



Date of Crash **11/03/2023** Time of Crash **1743** City/Town **Wilmington** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **0** Speed Limit **35** State Police Local Police MBTA Police Campus Police Other

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

Route# _____ Direction _____ Name of Roadway/Street _____

Route# _____ Direction _____ Name of Roadway/Street _____

Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped **Crash Report ID# 23-366-AC**

License # _____ S _____ DOB/Agt _____ Reg # **8RD542** Reg Type **PC** Reg State **MA**

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

Operator **DIMASCIO, ANDREW JOSEPH** Owner **DIMASCIO, ANDREW JOSEPH**

Address **247 SALEM RD** Address **247 SALEM RD**

City **BILLERICA** State **MA** Zip **01821-2130** City **BILLERICA** State **MA** Zip **01821-2130**

Insurance Company **SAFETY INSURANCE COMPANY** Vehicle Action Prior to Crash **2** Damaged Area Code: **5 27 6 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: **30**

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

Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp Code	Medical Facility
Operator	See Above	XXXX	XX	1	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/Agt _____ Reg # **34TD73** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** Lic. Restrictions **20** CDL _____ Veh Year **2007** Veh Make **TOYOTA** Veh Config. **1**

Operator **DESISTO, REGAN J** Owner **DESISTO, REGAN J**

Address **108 SALEM RD** Address **108 SALEM RD**

City **BILLERICA** State **MA** Zip **01821-1245** City **BILLERICA** State **MA** Zip **01821-1245**

Insurance Company **PLYMOUTH ROCK ASSURANCE C** Vehicle Action Prior to Crash **1** Damaged Area Code: **1 27 2 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**

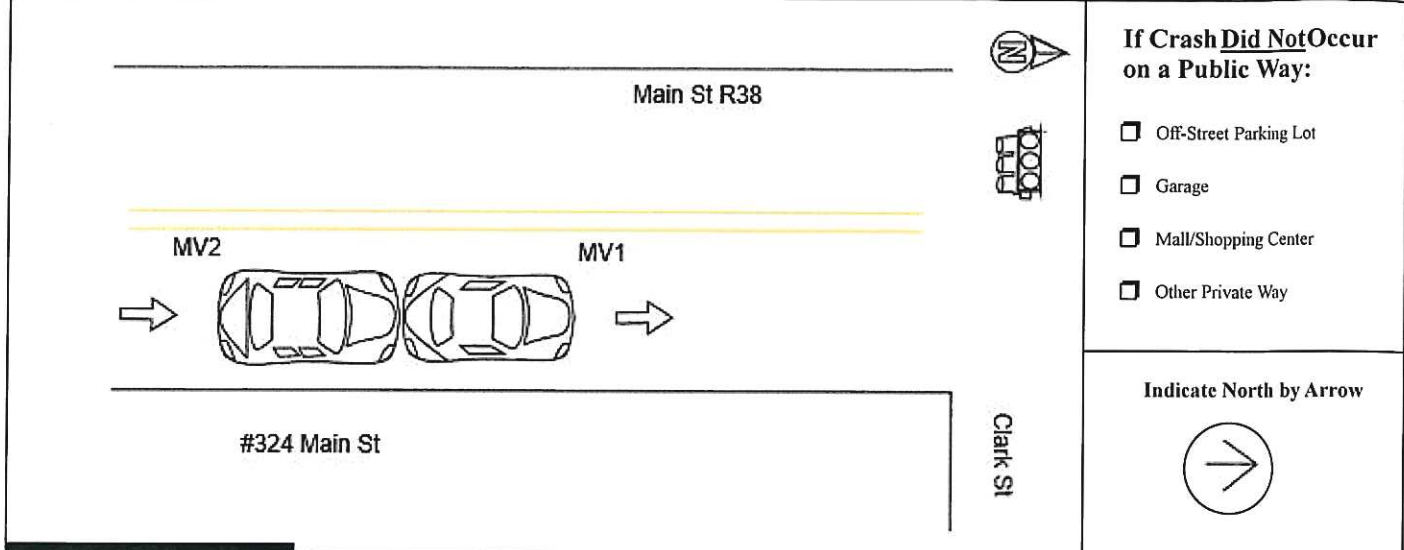
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **19 25 20 25** BAC Test Result: **30**

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **99 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**

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

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

Crash Diagram:



Crash Narrative:

MV1 and MV2 were both traveling north on Main St. MV1 was stopped in traffic on Main St prior to the traffic signal. MV1 was struck from behind by MV2. MV1 had rear end damage and MV2 had minor front end damage. Both vehicles were operable and both operators declined medical attention.

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 Daryl J Ceruolo 212 Wilmington Police Department 11/03/2023
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash 11/03/2023 Time of Crash 1444 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 Address # Name of Roadway/Street 430 SALEM ST Feet N S E W of Mile Marker Exit Number

Please Select One of the Following: [X] Vehicle 2 #Occupants [] Hit/Run [] Moped

Crash Report ID# 23-367-AC

License # S DOB/A1 Reg # 2GBP16 Reg Type PC Reg State MA Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement Operator WORTHINGTON, BRUCE C Address 5 COUNTY RD City TEWKSBURY State MA Zip 01876-3102 Insurance Company ARBELLA MUTUAL INSURANCE Vehicle Travel Direction: N S E X Responding to Emergency? 2

Veh Year 2011 Veh Make HYUNDAI Veh Config. 1 21 Owner WORTHINGTON, ALLISON LEE Address 5 COUNTY RD City TEWKSBURY State MA Zip 01876-3102 Vehicle Action Prior to Crash 1 22 Damaged Area Code: 1 27 27 27 Event Sequence 1 23 23 23 23 Test Status: 1 28 Type of Test: 29 Most Harmful Event 1 24 BAC Test Result: 30 Driver Contributing Code 19 25 25 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Driver Distracted by 99 26 Towed from scene? 2 33

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. Operator row: See Above, 1 99 4 0 0 10 1

Please Select One of the Following: [X] Vehicle 2 #Occupants [] Non-Motorist A

Type 15 Action 16 Location 17 Condition 18 [] Hit/Run [] Moped

License # St. DOB/Age Reg # 5185789 Reg Type PC Reg State NH Sex M Lic. Class D 19 19 Lic. Restrictions B 20 CDL Endorsement Operator RADCLIFFE, JONATHAN F Address 13 LOCKE MILL DR City LITCHFIELD State NH Zip 03052 Insurance Company GEICO Vehicle Travel Direction: N S E X Responding to Emergency? 2

Veh Year 2023 Veh Make TOYOTA Veh Config. 1 21 Owner RADCLIFFE, JONATHAN F Address 13 LOCKE MILL DR City LITCHFIELD State NH Zip 03052 Vehicle Action Prior to Crash 2 22 Damaged Area Code: 5 27 27 27 Event Sequence 1 23 23 23 23 Test Status: 1 28 Type of Test: 29 Most Harmful Event 1 24 BAC Test Result: 30 Driver Contributing Code 1 25 25 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Driver Distracted by 0 26 Towed from scene? 2 33

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. Operator/Non-Motorist row: See Above, 1 99 4 0 0 10 1

Wilmington Police Department
Images Associated with 23-367-AC

