

Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash 01/07/2024 Time of Crash 1218 24HR City/Town WILMINGTON

Motor Vehicle Crash Police Report

Number Vehicles 2 Number Injured 0 Speed Limit 35 State 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 222 MAIN ST Entrance to Wilmington Crossing

Please Select One of the Following: Vehicle 1 Occupants Hit/Run Moped

Crash Report ID# 24-8-AC

License # St DOB/Age Sex M Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement Operator NSEREKO, HAKIM Address 135 PARIMONT PARK City NORTH BILLERICA State MA Zip 01862-2736 Insurance Company NORFOLK & DEDHAM MUTUAL F Vehicle Travel Direction: N X E W Responding to Emergency? 2 Citation # (If Issued) 378996AC Viol. 1: Ch/Sec/Sub 90 23 Viol. 2: Ch/Sec/Sub 90 34J Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub

Reg # 5HGZ91 Reg Type PC Reg State MA Veh Year 2008 Veh Make TOYOTA Veh Config. 1 21 Owner FRED, AHIMBISIBWE Address 1 VILLAGE GRN APT 01 City MILLBURY State MA Zip 01527-3961 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 29 Type of Test: 30 Most Harmful Event 1 24 BAC Test Result: Susp. Alcohol: 2 31 Susp. Drug: 2 32 Driver Contributing Code 7 25 25 Driver Distracted by 0 26 Towed from scene? 3 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: Vehicle 2 Occupants Non-Motorist A

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

License # St DOB/Age Sex M Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement Operator DIGIAMBATTISTA, JOHN P Address 56 WASHINGTON AVE City WILMINGTON State MA Zip 01887-2307 Insurance Company THE HANOVER INSURANCE COM Vehicle Travel Direction: N S X 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 # 875ZR4 Reg Type PC Reg State MA Veh Year 2010 Veh Make SUBARU Veh Config. 1 21 Owner DIGIAMBATTISTA, JOHN P Address 56 WASHINGTON AVE City WILMINGTON State MA Zip 01887-2307 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 29 Type of Test: 30 Most Harmful Event 1 24 BAC Test Result: Susp. Alcohol: 2 31 Susp. Drug: 2 32 Driver Contributing Code 1 25 25 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
Motor Vehicle Crash Report
24-09-AC

As of January 19, 2024, Wilmington Police Department Report, 24-09-AC, is pending completion. The report will be posted to the department's website once complete, or you may make a request to the department's Public Records Email at publicrecords@wpd.org

Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash 01/10/2024 Time of Crash 0225 City/Town 24HR WILMINGTON

Motor Vehicle Crash Police Report

Number Vehicles 1 Number Injured 0 Speed Limit 30 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 # 585 WOBURN ST Name of 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: [X] Vehicle 1 #Occupants [] Hit/Run [] Moped

Crash Report ID# 24-10-AC

License # OB/Age Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement Operator DOMINGUEZ PICHARDO, OLIVER JOHANNETT Address 284 LAWRENCE ST APT 1 City LAWRENCE State MA Zip 01841-1119 Insurance Company THE COMMERCE INSURANCE CO Vehicle Travel Direction: N X E W Responding to Emergency? 2 Citation # (If Issued) 382224AC Viol. 1: Ch/Sec/Sub 90 9 Viol. 2: Ch/Sec/Sub Viol. 3: Ch/Sec/Sub 90 34J Viol. 4: Ch/Sec/Sub

Reg # 2BFB93 Reg Type PC Reg State MA Veh Year 2015 Veh Make ACURA Veh Config. 1 21 Owner DOMINGUEZ PICHARDO, OLIVER JOHANNETT Address 284 LAWRENCE ST APT 1 City LAWRENCE State MA Zip 01841-1119 Vehicle Action Prior to Crash 1 22 Damaged Area Code: 2 27 27 27 Event Sequence 21 23 23 23 23 Test Status: 1 28 Type of Test: 29 BAC Test Result: 1 30 Driver Contributing Code 1 25 25 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Driver Distracted by 0 26 Towed from scene? 1 33

Table with 10 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. Row 1: Operator, See Above, X, X, 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 Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement Operator Address City State Zip Insurance Company 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

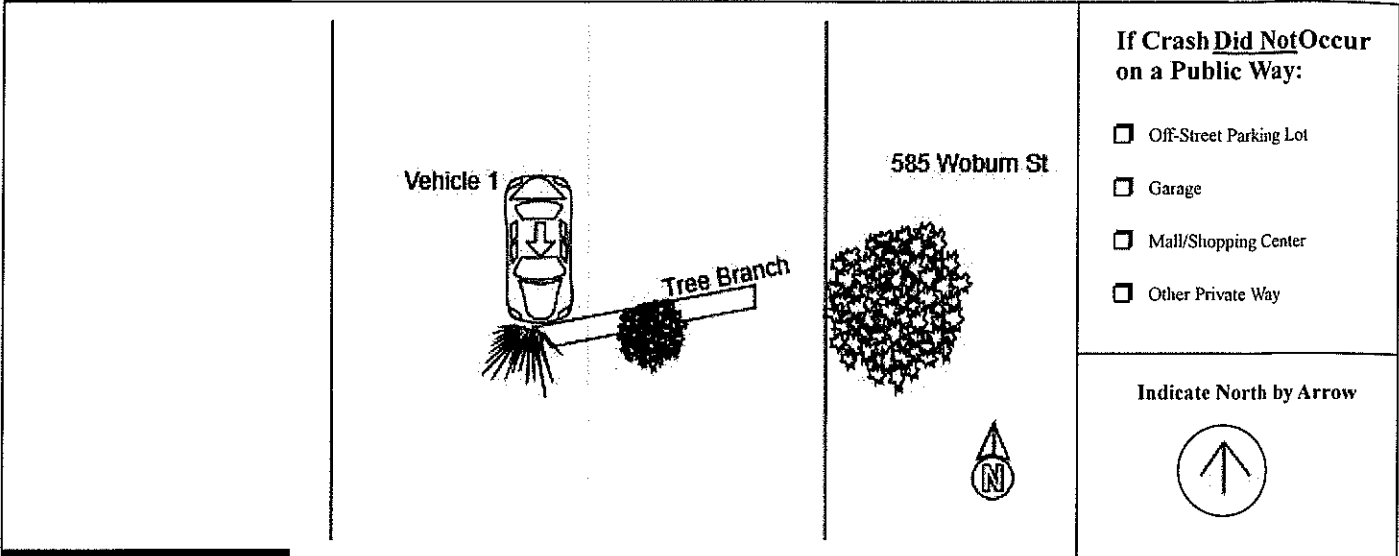
Reg # Reg Type Reg State Veh Year Veh Make Veh Config. 21 Owner Address City State Zip Vehicle Action Prior to Crash 22 Damaged Area Code: 27 27 27 Event Sequence 23 23 23 23 Test Status: 28 Type of Test: 29 BAC Test Result: 30 Driver Contributing Code 25 25 Susp. Alcohol: 31 Susp. Drug: 32 Driver Distracted by 26 Towed from scene? 33

Table with 10 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. Row 1: Operator/Non-Motorist, See Above, X, X, 1.

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

Crash Diagram:

ie: → 1 → 2 → ○ → 🚲



Crash Narrative:

On Wednesday, January 10, 2024, vehicle 1 was traveling south on Woburn Street. At approximately 2:10AM vehicle 1 collided with a branch that fell off of a tree near 585 Woburn Street. The collision caused damage to the front right side of the vehicle.

Photos attached.

The operator refused medical attention.

Vehicle was towed by Cains towing.

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

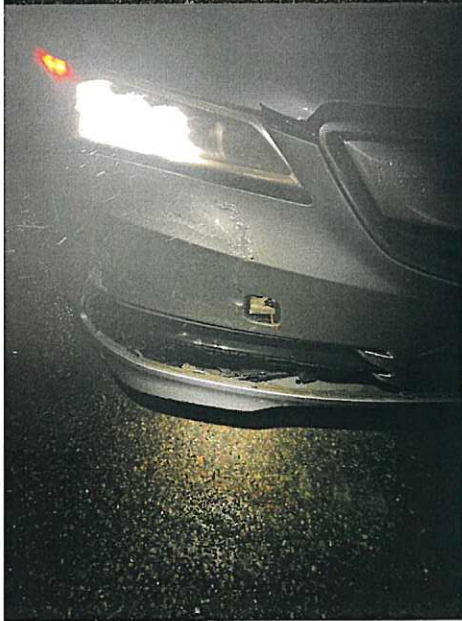
Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 46

Hazmat Information:

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

Patrol Officer Christopher k Miccichi 232 Wilmington Police Department 01/10/2024
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Images Associated with 24-10-AC



Date of Crash 01/10/2024	Time of Crash 1450 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report	Number Vehicles 2	Number Injured 1	Speed Limit <u>15</u>	State Police <input type="checkbox"/> Local Police <input type="checkbox"/> MBTA Police <input type="checkbox"/> Campus Police <input type="checkbox"/> Other: <input type="checkbox"/>
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AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

<p>Route# _____ Direction _____ Name of Roadway/Street _____</p> <p style="text-align: center;">At _____</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 # <u>331</u> Name of Roadway/Street <u>LOWELL ST</u></p> <p>_____ Feet <u>N S E W</u> of _____ or _____</p> <p style="text-align: center;">Mile Marker _____ Exit Number _____</p> <p>_____ Feet <u>N S E W</u> of _____</p> <p style="text-align: center;">Route# _____ Intersecting Roadway/Street _____</p> <p>_____ Feet <u>N S E W</u> 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# **24-11-AC**

License # _____ DOB/Age _____ Sex <u>F</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL _____ Operator <u>CRAVEN, STACEY ALYSSA CRONIN</u> Address <u>293 GROVE ST</u> City <u>READING</u> State <u>MA</u> Zip <u>01867-1207</u> Insurance Company <u>AMICA MUTUAL INSURANCE CO</u> Vehicle Travel Direction: <u>N X E W</u> 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>663MJ8</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2014</u> Veh Make <u>NISSAN</u> Veh Config. <u>10</u> <u>21</u> Owner <u>CRAVEN, STACEY ALYSSA CRONIN</u> Address <u>293 GROVE ST</u> City <u>READING</u> State <u>MA</u> Zip <u>01867-1207</u> Vehicle Action Prior to Crash <u>2</u> <u>22</u> Damaged Area Code: <u>5</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>28</u> Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u> Driver Contributing Code <u>1</u> <u>25</u> <u>25</u> BAC Test Result: <u>30</u> Driver Distracted by <u>0</u> <u>26</u> Susp. Alcohol: <u>31</u> Susp. Drug: <u>32</u> Towed from scene? <u>2</u> <u>33</u>
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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	XXXX	1	1	4	0	0	9	1	

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

License # _____ DOB/Age _____ Sex <u>F</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL _____ Operator <u>SANQUINTIN, BRANDA V</u> Address <u>513 AMES HILL DR</u> City <u>TEWKSBURY</u> State <u>MA</u> Zip <u>01876-1163</u> Insurance Company <u>PLYMOUTH ROCK ASSURANCE C</u> Vehicle Travel Direction: <u>N X E W</u> 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>3VTA63</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2013</u> Veh Make <u>HONDA</u> Veh Config. <u>1</u> <u>21</u> Owner <u>SANQUINTIN, YRMA L</u> Address <u>24 JAMES RD</u> City <u>METHUEN</u> State <u>MA</u> Zip <u>01844-7708</u> Vehicle Action Prior to Crash <u>2</u> <u>22</u> Damaged Area Code: <u>1</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>28</u> Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u> Driver Contributing Code <u>19</u> <u>25</u> <u>25</u> BAC Test Result: <u>30</u> Driver Distracted by <u>99</u> <u>26</u> Susp. Alcohol: <u>31</u> Susp. Drug: <u>32</u> Towed from scene? <u>2</u> <u>33</u>
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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	XXXX	1	1	1	0	0	10	1	

Date of Crash: 01/12/2024 | Time of Crash: 1119 | City/Town: **Wilmington** | 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 1 **MAIN ST**
Route# Direction Name of Roadway/Street

At

2 1 **CLARK ST**
Route# Direction Name of Intersecting Roadway/Street

Also at Intersection with

2 1
Route# Direction Name of Intersecting Roadway/Street

Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped

Crash Report ID# **24-12-AC**

License # _____ St _____ DOB/Ag _____ Reg # **V97607** Reg Type **CO** Reg State **MA**

Sex **M** Lic. Class **D** Lic. Restrictions **99** CDL _____ Veh Year **2016** Veh Make **Other-not listed** Veh Config. **2**

Operator **GOULET, ZAKERY DAVID** Owner **MARTEL WELDING SONS INC**

Address **1097 RIVERSIDE DR** Address **500 WOBURN ST**

City **METHUEN** State **MA** Zip **01844** City **TEWKSBURY** State **MA** Zip **01876-3443**

Insurance Company **SAFETY INSURANCE COMPANY** Vehicle Action Prior to Crash **1** Damaged Area Code: **1 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 **97 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	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/Ag _____ Reg # **346FD2** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** Lic. Restrictions **B** CDL _____ Veh Year **2018** Veh Make **MITSUBISHI** Veh Config. **1**

Operator **DUFFY, JULIE BETH** Owner **DUFFY, JULIE BETH**

Address **29 FOREST PARK RD** Address **29 FOREST PARK RD**

City **WOBURN** State **MA** Zip **01801-2526** City **WOBURN** State **MA** Zip **01801-2526**

Insurance Company **GOVERNMENT EMPLOYEES INSU** Vehicle Action Prior to Crash **2** Damaged Area Code: **5 27 6 27 4 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**

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	XXXXXX	XX	1	1	4	0	0	10	1	

Date of Crash 01/13/2024 Time of Crash 1138 24HR City/Town **Wilmington** **Motor Vehicle Crash Police Report** Number Vehicles 2 Number Injured 0 Speed Limit 10 Latitude _____ Longitude _____ State Police Local Police MBTA Police Campus Police Other _____

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

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

Please Select One of the Following: Vehicle 1 Occupants Hit/Run Moped Crash Report ID# **24-13-AC**

3	License # _____ S _____ OB/Age _____	Reg # 3765YD Reg Type PC Reg State MA
	Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL _____ Endorsement _____	Veh Year 2022 Veh Make CHEVROLET Veh Config. 1 21
4	Operator MULLEN, MELISSA JEAN	Owner MULLEN, MELISSA JEAN
	Address 22 HIGH ST	Address 22 HIGH ST
5	City WILMINGTON State MA Zip 01887-1402	City WILMINGTON State MA Zip 01887-1402
	Insurance Company THE STANDARD FIRE INSURAN	Vehicle Action Prior to Crash 1 22 Damaged Area Code: 7 27 27 27
6	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
	Citation # (If Issued) _____	Most Harmful Event 1 24 Type of Test: 99 29
7	Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	BAC Test Result: 1 30
	Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Susp. Alcohol: 2 31 Susp. Drug: 2 32
8	Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code 1 25 25
	Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by 0 26 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	_____	_____	1	99	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

7	License # _____ St _____ DOB/Ag _____	Reg # RW20HV Reg Type PC Reg State MA
	Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL _____ Endorsement _____	Veh Year 2014 Veh Make KIA Veh Config. 1 21
8	Operator SOUSA, MARGARET JANE	Owner SOUSA, LUIS A
	Address 200 MARTINS LNDG APT 112	Address 200 MARTINS LNDG APT 112
9	City NORTH READING State MA Zip 01864-2068	City NORTH READING State MA Zip 01864-2068
	Insurance Company THE COMMERCE INSURANCE CO	Vehicle Action Prior to Crash 1 22 Damaged Area Code: 2 27 27 27
10	Vehicle Travel Direction: <input checked="" type="checkbox"/> 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: 99 29
11	Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	BAC Test Result: 1 30
	Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Susp. Alcohol: 2 31 Susp. Drug: 2 32
12	Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code 19 25 9 25
	Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by 99 26 Towed from scene? 2 33

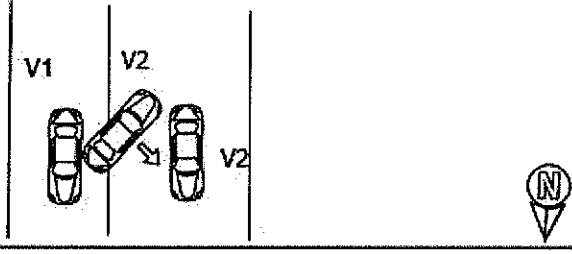
Please fill out for operator/non-motorist and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above	_____	_____	1	99	4	0	0	10	1	

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○

Market Basket
Parking Lot 222
Main 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:

On Saturday January 13, 2024 at approximately 11:30am I, Officer Fortes was dispatch to a motor vehicle crash in the Market Basket parking lot at 222 Main Street. Upon arrival I observed Op1 standing by her vehicle (V1), I observed a long scrape along the drivers side of the vehicle. I also observed damage to the front passenger side of the vehicle parked next to V1. I attempted to locate Op2 and did so when she exited the store and began loading groceries into her vehicle (V2). I informed Op2 that I was investigating a crash and asked her if the damage on her vehicle was new or existing to which she stated "Its new". Op2 was very apologetic stating she didnt notice she struck V1. I assisted with a paper exchange and both parties left in their vehicles.

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

01/13/2024

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department
Images Associated with 24-13-AC



Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash 01/13/2024 Time of Crash 1341 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 Address # Name of Roadway/Street Ballardvale St 210 Feet N S E W of Mile Marker Exit Number

Please Select One of the Following: Vehicle 1 Occupants Hit/Run Moped

Crash Report ID# 24-14-AC

License # Sex F Lic. Class D Lic. Restrictions 1 CDL Endorsement Operator BOYLE, ELLEN Address 101 LOWELL RD APT 209 City NORTH READING State MA Zip 01864-1656

Reg # 1XFY56 Reg Type PC Reg State MA Veh Year 2007 Veh Make SUZUKI Veh Config. 1 Owner BOYLE, ELLEN Address 101 LOWELL RD APT 209 City NORTH READING State MA Zip 01864-1656

Table with 10 columns: Name, 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 information.

Please Select One of the Following: Vehicle 3 Occupants Non-Motorist A Type Action Location Condition Hit/Run Moped

Crash Report ID# 24-14-AC

License # Sex M Lic. Class D Lic. Restrictions 1 CDL Endorsement Operator CALLAHAN, RYAN PATRICK Address 5 MURRAY HILL CIR City WILMINGTON State MA Zip 01887

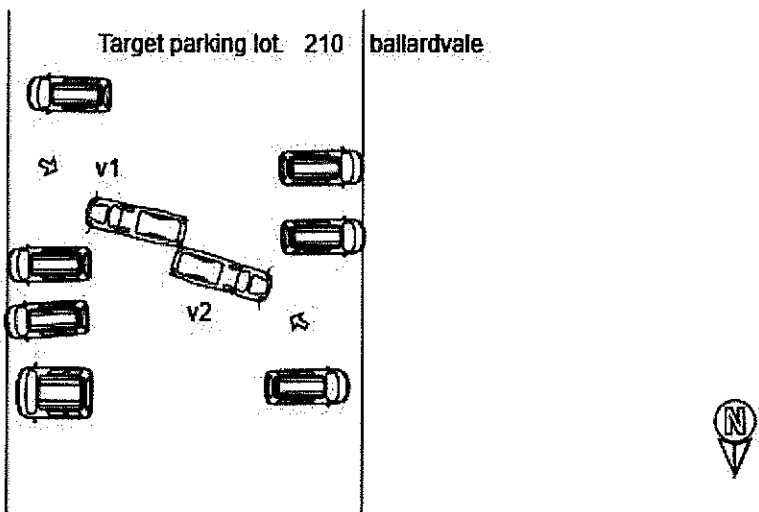
Reg # 3GPJ28 Reg Type PC Reg State MA Veh Year 2023 Veh Make Veh Config. 1 Owner CALLAHAN, RYAN PATRICK Address 5 MURRAY HILL CIR City WILMINGTON State MA Zip 01887

Table with 10 columns: Name, 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 information.

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 O = Pedestrian B = Bicycle

Crash Diagram:

ie: → 1 → 2 → O → B



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 and v2 were both parked in the target parking lot. The video depicts both cars backing out of a spot and colliding at approx. the same time.

V1 stated that she checked behind her, backed out and then was struck.

v2 stated he backed out, put his car in drive, and then was struck.

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 Brian D Thornton 190 Wilmington Police Department 01/13/2024
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Date of Crash **01/13/2024** Time of Crash **1848** 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
 24HR

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

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

Please Select One of the Following: Vehicle **12** #Occupants Hit/Run Moped **Crash Report ID# 24-15-AC**

License # _____ S: _____ DOB/Age _____ Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL _____ Endorsement _____	Reg # 3SMY88 Reg Type PC Reg State MA Veh Year 2016 Veh Make CADILLAC Veh Config. 1 21
Operator MCCAFFERY, LIAM JAMES Last First Middle	Owner MCCAFFERY, LIAM JAMES Last First Middle
Address 19 KEYES RD	Address 19 KEYES RD
City BILLERICA State MA Zip 01821-2116	City BILLERICA State MA Zip 01821-2116
Insurance Company GOVERNMENT EMPLOYEES INSU	Vehicle Action Prior to Crash 1 22 Damaged Area Code: 8 27 1 27 2 27
Vehicle Travel Direction: <input checked="" type="checkbox"/> S E W Responding to Emergency? 2	Event Sequence 24 23 1 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 18 25 25 BAC Test Result: 1 30
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by 0 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32

Please fill out for operator and all occupants involved		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				1	1	4	0	0	10	1	
JOSEPH PUSTIZZI	49 TOWPATH DR WILMINGTON, MA 01887-3917		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 # _____ S: _____ DOB/Age _____ Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL _____ Endorsement _____	Reg # 9KG736 Reg Type PC Reg State MA Veh Year 2016 Veh Make HYUNDAI Veh Config. 1 21
Operator DE SARIO, JOSEPH JOHN Last First Middle	Owner DESARIO, FRANK Last First Middle
Address 139 MARION ST	Address 139 MARION ST
City WILMINGTON State MA Zip 01887-4700	City WILMINGTON State MA Zip 01887-4700
Insurance Company QUINCY MUTUAL FIRE INSURA	Vehicle Action Prior to Crash 2 22 Damaged Area Code: 8 27 1 27 2 27
Vehicle Travel Direction: <input checked="" type="checkbox"/> N E W Responding to Emergency? 1	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 18 25 25 BAC Test Result: 1 30
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by 0 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32

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

Wilmington Police Department
Images Associated with 24-15-AC

