

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
 Feet **N S E W** of Mile Marker Exit Number
 Feet **N S E W** of Route# Intersecting Roadway/Street
 Feet **N S E W** of Landmark

Please Select One of the Following: Vehicle 1 Occupants Hit/Run Moped
 Crash Report ID# **24-16-AC**

License # _____ St _____ DOB/At _____ Reg # **3051TS** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D 19 19** Lic. Restrictions **1 20** CDL Endorsement
 Operator **ROBINSON, AIDEN JAMES** Owner **MULRENAN, MARY PATRICIA**
 Address **101 WASHINGTON ST** Address **101 WASHINGTON ST**
 City **WOBURN** State **MA** Zip **01801-4656** City **WOBURN** State **MA** Zip **01801-4656**
 Insurance Company **THE HANOVER INSURANCE COM** Vehicle Action Prior to Crash **1 22** Damaged Area Code: **8 27 1 27 2 27**
 Vehicle Travel Direction: **N S X W** Responding to Emergency? **2** Event Sequence **22 23 23 23 23** Test Status: **3 28**
 Citation # (If Issued) **390391AC** Most Harmful Event **22 24** Type of Test: **2 29**
 Viol. 1: Ch/Sec/Sub **90 24** Viol. 2: Ch/Sec/Sub **90 24** Driver Contributing Code **10 25 20 25** BAC Test Result: **5 30**
 Viol. 3: Ch/Sec/Sub **90 13B/A** Viol. 4: Ch/Sec/Sub **90 18** Driver Distracted by **1 26** Susp. Alcohol: **1 31** Susp. Drug: **99 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	XXXX	X	1	0	1	0	0	B	1	

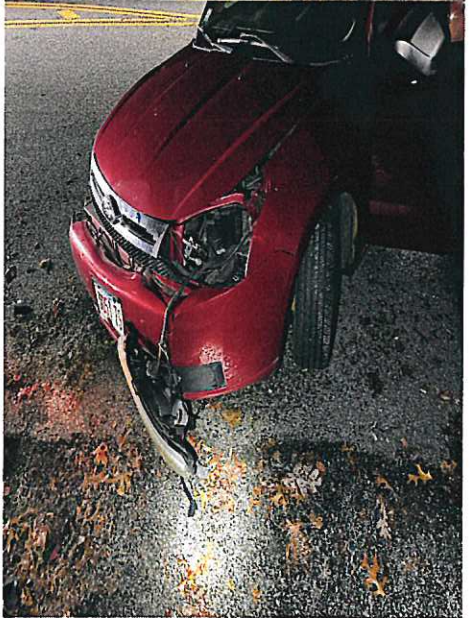
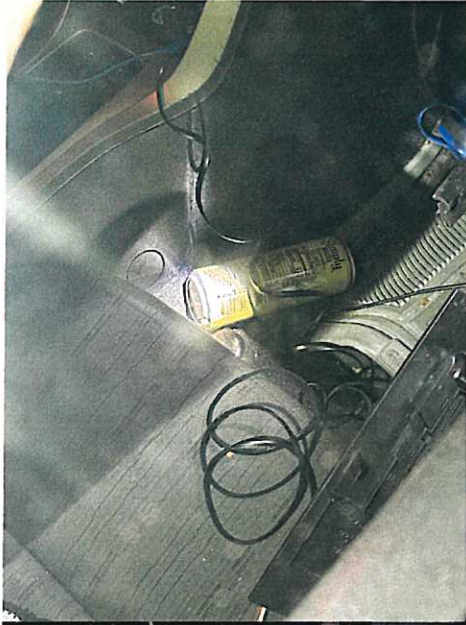
Please Select One of the Following: Vehicle 2 Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

License # _____ St _____ DOB/Age _____ Reg # _____ Reg Type _____ Reg State _____
 Sex _____ Lic. Class **19 19** Lic. Restrictions **20** CDL Endorsement
 Operator _____ Owner _____
 Address _____ Address _____
 City _____ State _____ Zip _____ City _____ State _____ Zip _____
 Insurance Company _____ Vehicle Action Prior to Crash **22** Damaged Area Code: **27 27 27**
 Vehicle Travel Direction: **N S E W** Responding to Emergency? _____ Event Sequence **23 23 23 23** Test Status: **28**
 Citation # (If Issued) _____ Most Harmful Event **24** Type of Test: **29**
 Viol. 1: Ch/Sec/Sub _____ 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**

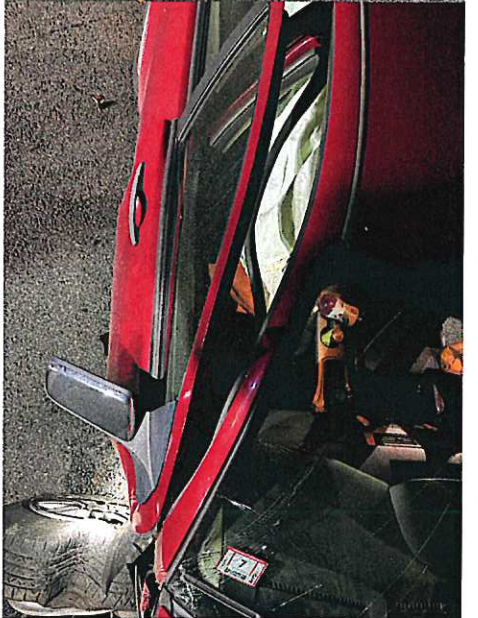
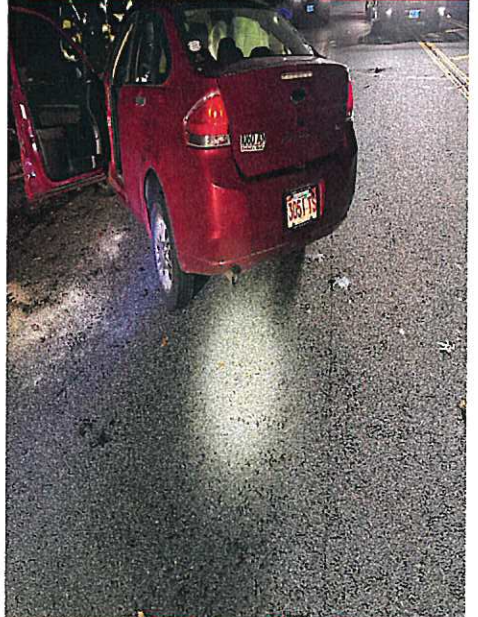
Please fill out for operator/non-motorist and all occupants involved

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	XXXX	X	1							

Wilmington Police Department
Images Associated with 24-16-AC



Wilmington Police Department
Images Associated with 24-16-AC



Wilmington Police Department
Images Associated with 24-16-AC



Date of Crash **01/15/2024** Time of Crash **1057** 24HR City/Town **Wilmington** **Motor Vehicle Crash Police Report** Number Vehicles **1** Number Injured **1** Speed Limit **25** State Police Local Police MBTA Police Campus Police Other

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

<p>Route# <u> </u> Direction <u> </u> Name of Roadway/Street <u> </u></p> <p style="text-align: center;">At</p> <p>Route# <u> </u> Direction <u> </u> Name of Intersecting Roadway/Street <u> </u></p> <p style="text-align: center;">Also at Intersection with</p> <p>Route# <u> </u> Direction <u> </u> Name of Intersecting Roadway/Street <u> </u></p>	<p>Route# <u>237</u> Direction <u> </u> Address # <u> </u> Name of Roadway/Street <u>CHESTNUT 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 style="text-align: center;">_____ Mile Marker _____ Exit Number _____</p> <p>_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____</p> <p style="text-align: center;">_____ Route# _____ Intersecting Roadway/Street _____</p> <p style="text-align: center;">_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____</p> <p style="text-align: center;">_____ Landmark _____</p>
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Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped Crash Report ID# **24-17-AC**

<p>License # _____ S _____ DOB/Age _____</p> <p>Sex M Lic. Class <input type="checkbox"/> B <input type="checkbox"/> 19 <input type="checkbox"/> 19 Lic. Restrictions <input type="checkbox"/> 1 <input type="checkbox"/> 20 CDL _____ Endorsement _____</p> <p>Operator WARD, DAVID THOMAS</p> <p style="text-align: center;">Last First Middle</p> <p>Address 15 FITZ TER</p> <p>City WILMINGTON State MA Zip 01887-3707</p> <p>Insurance Company SAFETY INSURANCE COMPANY</p> <p>Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? 2</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 # W998 Reg Type PC Reg State MA</p> <p>Veh Year 2011 Veh Make CHEVROLET Veh Config. 1 21</p> <p>Owner WARD, DAVID THOMAS</p> <p style="text-align: center;">Last First Middle</p> <p>Address 15 FITZ TER</p> <p>City WILMINGTON State MA Zip 01887-3707</p> <p>Vehicle Action Prior to Crash 1 22 Damaged Area Code: 1 27 3 27 27</p> <p>Event Sequence 21 23 23 23 23 Test Status: 1 28</p> <p>Most Harmful Event 21 24 Type of Test: 1 29</p> <p>Driver Contributing Code 1 25 25 BAC Test Result: 1 30</p> <p>Driver Distracted by 0 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32</p> <p style="text-align: right;">Towed from scene? 1 33</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			1	1	4	0	0	8	1	

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

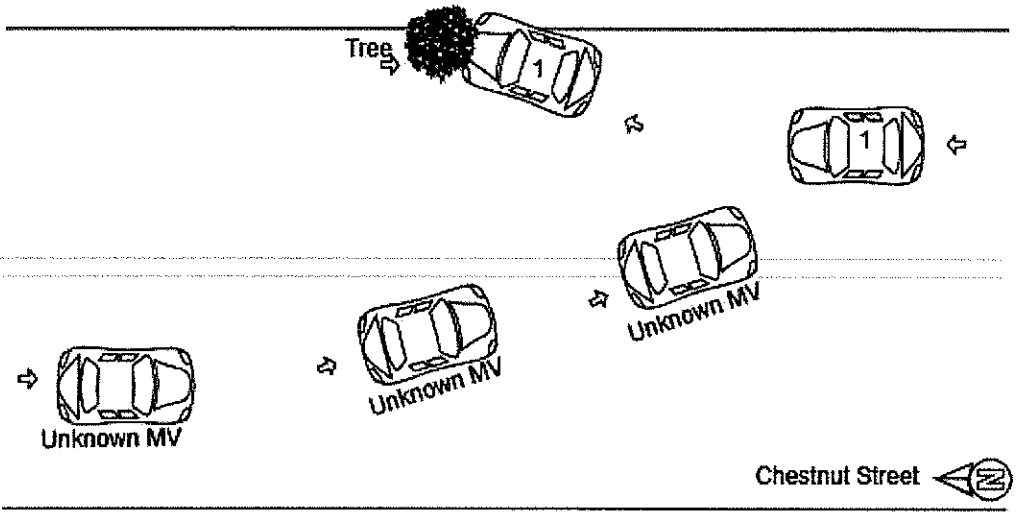
<p>License # _____ St _____ DOB/Age _____</p> <p>Sex _____ Lic. Class <input type="checkbox"/> B <input type="checkbox"/> 19 <input type="checkbox"/> 19 Lic. Restrictions <input type="checkbox"/> 20 CDL _____ Endorsement _____</p> <p>Operator _____</p> <p style="text-align: center;">Last First Middle</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Insurance Company _____</p> <p>Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____</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 # _____ Reg Type _____ Reg State _____</p> <p>Veh Year _____ Veh Make _____ Veh Config. 21</p> <p>Owner _____</p> <p style="text-align: center;">Last First Middle</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Vehicle Action Prior to Crash 22 Damaged Area Code: 27 27 27</p> <p>Event Sequence 23 23 23 23 Test Status: 28</p> <p>Most Harmful Event 24 Type of Test: 29</p> <p>Driver Contributing Code 25 25 BAC Test Result: 30</p> <p>Driver Distracted by 26 Susp. Alcohol: 31 Susp. Drug: 32</p> <p style="text-align: right;">Towed from scene? 33</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			1							

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

Crash Diagram:

ie: → 1 → 2 → ○ → 🚲



If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow



Crash Narrative:

MV 1 was driving north on Chestnut Street. MV 1 informed he was driving on Chestnut St. when an unknown vehicle crossed the yellow line and began driving in his lane. MV 1 attempted to avoid a head-on collision by swerving to the right. This caused MV 1 to strike a tree causing extensive damage to the vehicle. Op of MV 1 braced for the crash by protecting his head with his arm. This caused his elbow to strike the windshield. His elbow already showed signs of bruising and swelling but he declined medical attention. MV 1 stated he believed the vehicle that almost struck him was possibly a dark colored sedan, similar to a Toyota Corolla or Toyota Camry. MV 1 was unsure on any specifics of the vehicle/operator who almost struck him. Cains towed the MV.

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 Joshua I DeBarros 234 Wilmington Police Department 01/15/2024
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

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 Address # Name of Roadway/Street

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

Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped Crash Report ID# **24-18-AC**

License # S DOB/Age Reg # **3TJD34** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** Lic. Restrictions **I** CDL Endorsement Veh Year **2002** Veh Make **HONDA** Veh Config. **1**

Operator **SMOLINSKY, ANTONIO JOSEPH** Owner **SMOLINSKY, RUSSELL E**

Address **20 BIGGAR AVE** Address **20 BIGGAR AVE**

City **WILMINGTON** State **MA** Zip **01887-4001** City **WILMINGTON** State **MA** Zip **01887-4001**

Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **1** Damaged Area Code: **1** **27** **27** **27**

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

Citation # (If Issued) Most Harmful Event **1** **24** Type of Test: **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: **2** **31** Susp. Drug: **2** **32**

Towed from scene? **2** **33**

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above			1	99	4	0	0	10	1	

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

License # S DOB/Age Reg # **REENY2** Reg Type **PC** Reg State **NH**

Sex **M** Lic. Class **D** Lic. Restrictions **B** CDL Endorsement Veh Year **2014** Veh Make **FORD** Veh Config. **1**

Operator **MESSIERI, WILLIAM GEORGE** Owner **MESSIERI, WILLIAM GEORGE**

Address **205 S MAIN ST** Address **205 S MAIN ST**

City **LACONIA** State **NH** Zip **03246** City **LACONIA** State **NH** Zip **03246**

Insurance Company **AMICA** Vehicle Action Prior to Crash **1** 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 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**

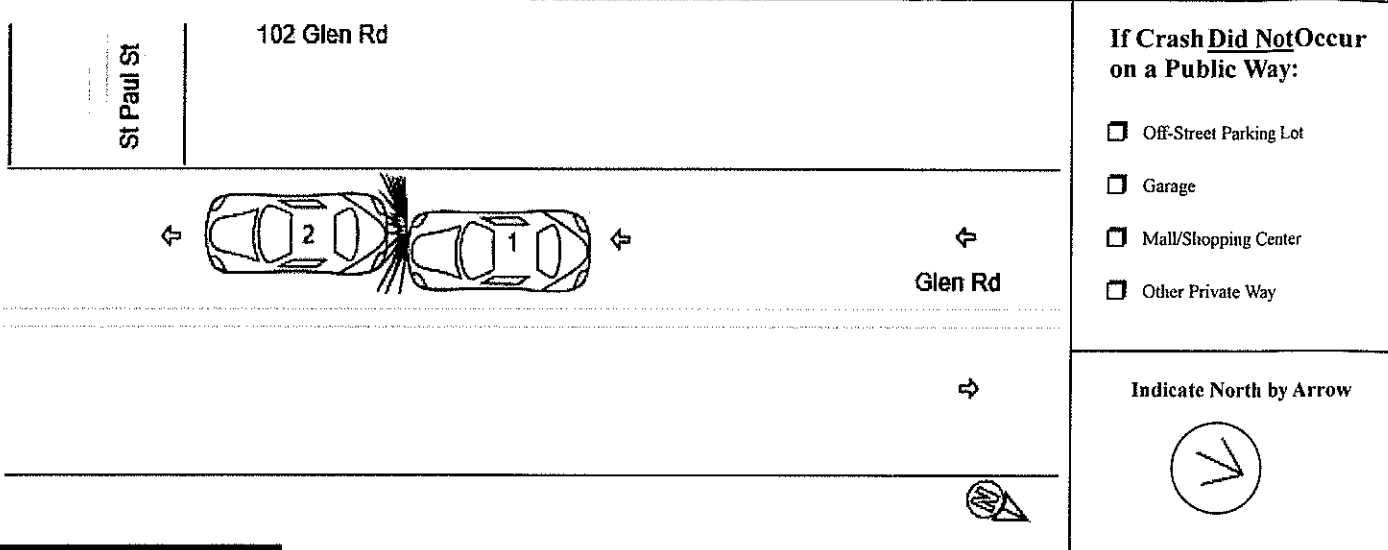
Please fill out for operator/non-motorist and all occupants involved

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			1	99	4	0	0	10	1	
DORNE MESSIERI	80 GROVE AVE WILMINGTON, MA 01887-3721		F	3	99	4	0	0	10	1	

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ♂ = Pedestrian ☹️ = Bicycle

Crash Diagram:

ie: → 1 → 2 → ♂ → ☹️



Crash Narrative:

MV1 WAS TRAVELING BEHIND MV2 HEADING SOUTH ON GLEN RD IN WILMINGTON. MV2 APPLIED BRAKES TO SLOW DOWN AND STOP FOR AN AMAZON DRIVER AHEAD. MV1 DID NOT APPLY THE BRAKE IN TIME TO COME TO THE SAME STOP. MV1 REAR-ENDED MV2. MV1 SUSTAINED DAMAGE TO ITS FRONT END, AND PASSENGER SIDE HEADLIGHT. MV2 SUSTAINED DAMAGE TO THE REAR BUMPER. NO AIRBAGS DEPLOYED, NO INJURIES REPORTED, NO TOWS.

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

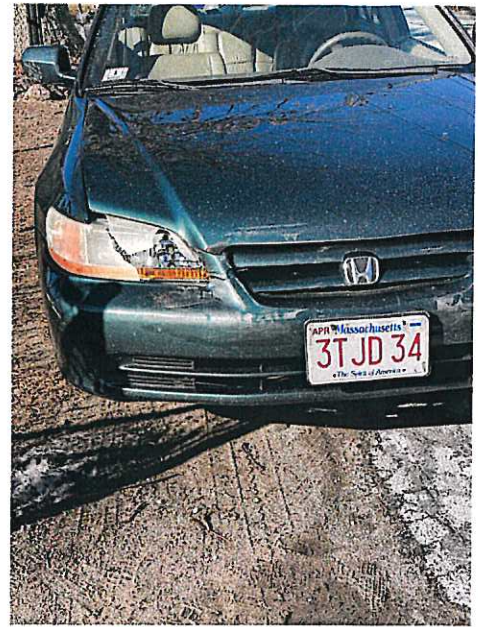
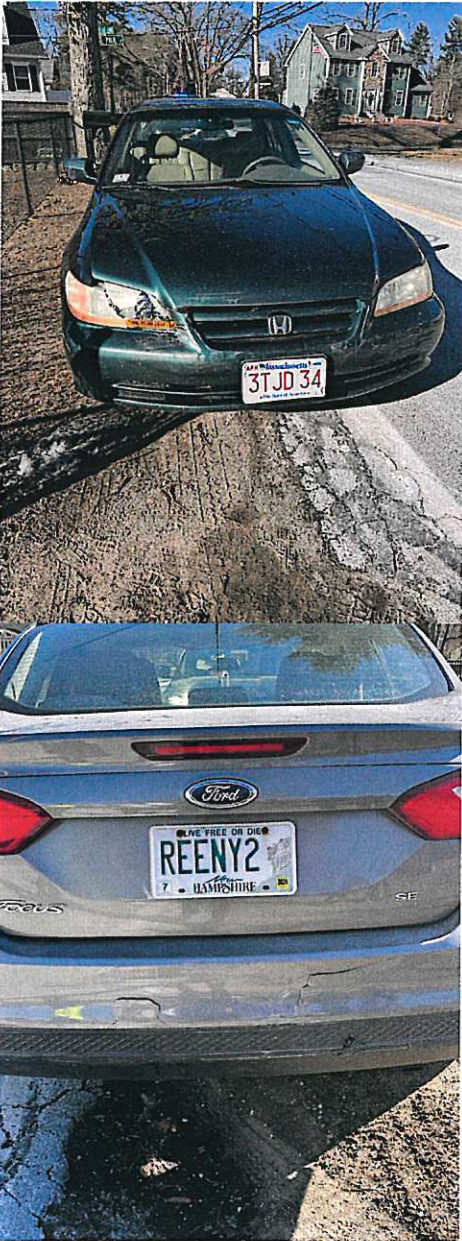
Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 46

Hazmat Information:

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

Patrol Officer Kayla M Hanson 230 Wilmington Police Department 01/15/2024
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Images Associated with 24-18-AC



Date of Crash 01/15/2024 Time of Crash 1145 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

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

38 N 30A MAIN ST Route# Direction Address # Name of Roadway/Street Feet N S E W of Mile Marker Exit Number

2 10

4 11

2

Please Select One of the Following: [X] Vehicle 1 #Occupants [] Hit/Run [] Moped Crash Report ID# 24-19-AC

4

License # Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement Operator GAMMER, GRIGORIY Address 150 DARTMOUTH ST APT B213 City PAWTUCKET State RI Zip 02860 Insurance Company PILGRIM INSURANCE COMPANY

Reg # LV88508 Reg Type RV Reg State MA Veh Year 2014 Veh Make TOYOTA Veh Config. 1 21 Owner BALCHENKOV, MIKHAIL Address 44 CAVENDISH CIR City SALEM State MA Zip 01970-6853 Vehicle Action Prior to Crash 6 22 Damaged Area Code: 8 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: 1 30 Driver Contributing Code 4 25 19 25 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Driver Distracted by 99 26 Towed from scene? 2 33

1 12

1 13

6

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 shows See Above for Name and Address, and various codes for other fields.

7

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

8

License # Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement Operator WOODS, DAVID P Address 3 PINERIDGE RD City WILMINGTON State MA Zip 01887-1434 Insurance Company ARBELLA MUTUAL INSURANCE

Reg # 5RBR20 Reg Type PC Reg State MA Veh Year 2016 Veh Make FORD Veh Config. 1 21 Owner WOODS, DAVID P Address 3 PINERIDGE RD City WILMINGTON State MA Zip 01887-1434 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 Type of Test: 29 Most Harmful Event 1 24 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? 2 33

1 14

9

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 shows See Above for Name and Address, and various codes for other fields.

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 _____ of _____ or _____ Mile Marker Exit Number

Feet **N S E W** of _____ 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# **24-20-AC**

License # _____ St _____ YOB/Age _____ Reg # **1HYZ75** Reg Type **PC** Reg State **MA**

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

Operator **GARDNER, KAYLA L** Owner **GARDNER, KAYLA L**

Address **31 DIANE DR** Address **31 DIANE DR**

City **TEWKSBURY** State **MA** Zip **01876-2900** City **TEWKSBURY** State **MA** Zip **01876-2900**

Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **2** **22** Damaged Area Code: **5** **27** **6** **27** **4** **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: **2** **29**

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

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

Towed from scene? **1** **33**

Please fill out for operator 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	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 _____ YOB/Age _____ Reg # **4981400** Reg Type **PC** Reg State **NH**

Sex **M** Lic. Class **A** **19** **19** Lic. Restrictions **B** **20** CDL _____ Veh Year **2015** Veh Make **FORD** Veh Config. **1** **21**

Operator **BROWN, GORDON J** Owner **DAGLE ELECTRICAL CONSTRUCTION CORP**

Address **10 WENDOVER WAY** Address **6 DANVILLE RD**

City **BEDFORD** State **NH** Zip **03110** City **PLAISTOW** State **NH** Zip **038650006**

Insurance Company **BOSTON-ALLIANT** Vehicle Action Prior to Crash **1** **22** Damaged Area Code: **1** **27** **27** **27**

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

Citation # (If Issued) _____ Most Harmful Event **2** **24** Type of Test: **2** **29**

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

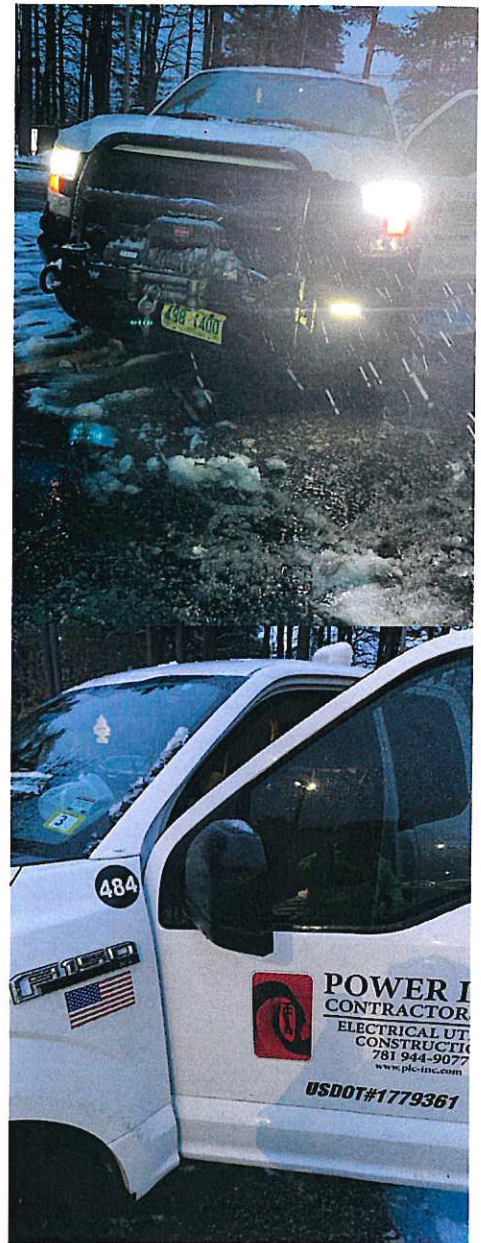
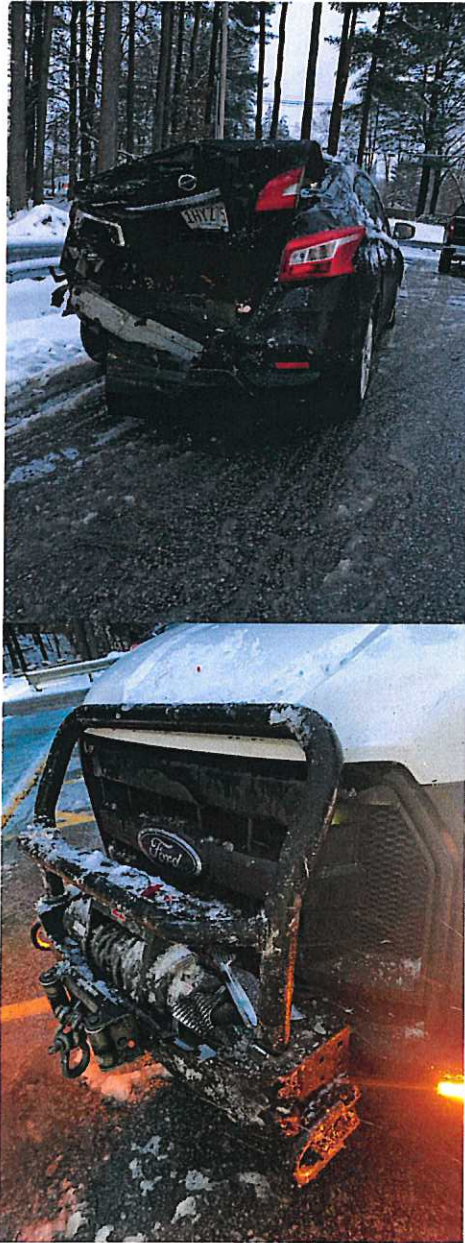
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0** **26** Susp. Alcohol: **2** **31** Susp. Drug: **2** **32**

Towed from scene? **2** **33**

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

Wilmington Police Department
Images Associated with 24-20-AC



Date of Crash 01/17/2024 Time of Crash 1337 24HR 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 1 Route# Direction Name of Roadway/Street At Route# Direction Address # Name of Roadway/Street 357 MIDDLESEX AVE 2 10 2 11

3 Please Select One of the Following: [X] Vehicle 1 #Occupants [] Hit/Run [] Moped Crash Report ID# 24-21-AC

4 1 License # Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement Operator GISH, ANN M Address 8 RAILROAD AVE City WILMINGTON State MA Zip 01887-2310 Insurance Company SAFETY INSURANCE COMPANY Vehicle Action Prior to Crash 2 22 Damaged Area Code: 5 27 27 27 1 28 2 29 1 30 1 13

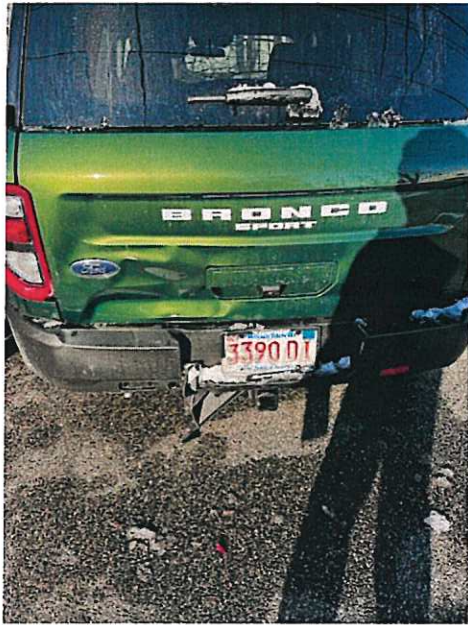
6 2 Please fill out for operator and all occupants involved. Table with columns: Name, Address, DOB/Age, Sex, 34 Seat Pos, 35 Safety System, 36 Airbag Status, 37 Eject Code, 38 Trap Code, 39 Injury Status, 40 Transp. Code, Medical Facility.

7 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

8 1 License # Sex M Lic. Class D 19 19 Lic. Restrictions I 20 CDL Endorsement Operator BERUBE, JASON TYLER Address 300R SALEM ST City WILMINGTON State MA Zip 01887 Insurance Company USAA CASUALTY INSURANCE C Vehicle Action Prior to Crash 2 22 Damaged Area Code: 1 27 8 27 2 27 1 28 2 29 1 30 1 14

9 2 Please fill out for operator/non-motorist and all occupants involved. Table with 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.

Wilmington Police Department
Images Associated with 24-21-AC



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

1 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 **1 ADELAIDE ST**
 Route# Direction Address # Name of Roadway/Street
 Feet N S E W of or Mile Marker Exit Number
 10 11 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# **24-22-AC**

License # St DOB/Agc Reg # **271BTO** Reg Type **PC** Reg State **MA**
 Sex **F** Lic. Class **D** Lic. Restrictions **20** CDL Endorsement
 Operator **WINDHAM, JOAN M** Owner **WINDHAM, JOAN M**
 Address **219 SALEM RD** Address **219 SALEM RD**
 City **BILLERICA** State **MA** Zip **01821-1429** City **BILLERICA** State **MA** Zip **01821-1429**
 Insurance Company **ARBELLA MUTUAL INSURANCE**
 Vehicle Travel Direction: S 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 # **271BTO** Reg Type **PC** Reg State **MA**
 Veh Year **2008** Veh Make **CHEVROLET** Veh Config **1 21**
 Owner **WINDHAM, JOAN M**
 Address **219 SALEM RD**
 City **BILLERICA** State **MA** Zip **01821-1429**
 Vehicle Action Prior to Crash **10 22** Damaged Area Code: **6 27 27 27**
 Event Sequence **2 23 23 23 23** Test Status: **1 28**
 Most Harmful Event **2 24** Type of Test: **99 29**
 Driver Contributing Code **19 25 25** BAC Test Result: **1 30**
 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/Agc	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

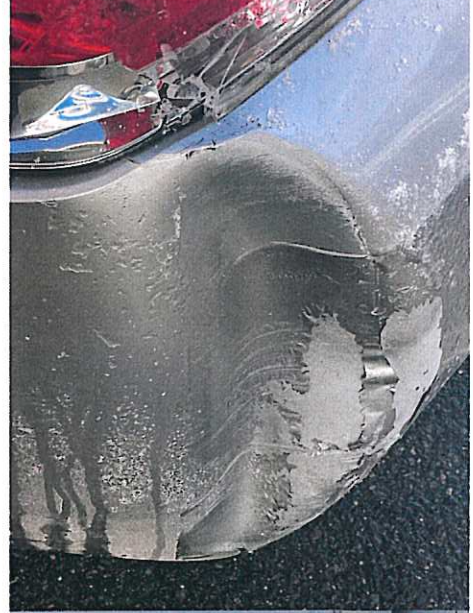
License # St DOB/Agc Reg # **20354** Reg Type **PO** Reg State **MA**
 Sex **M** Lic. Class **D M** Lic. Restrictions **1** CDL Endorsement
 Operator **NONT, YOTHANA** Owner **US POSTAL SERVICE**
 Address **49 PARK ST** Address **462 WASHINGTON ST**
 City **ARLINGTON** State **MA** Zip **02474** City **WOBURN** State **MA** Zip **01801**
 Insurance Company
 Vehicle Travel Direction: S 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 # **20354** Reg Type **PO** Reg State **MA**
 Veh Year **1991** Veh Make **CHEVROLET** Veh Config **97 21**
 Owner **US POSTAL SERVICE**
 Address **462 WASHINGTON ST**
 City **WOBURN** State **MA** Zip **01801**
 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: **99 29**
 Driver Contributing Code **1 25 25** BAC Test Result: **1 30**
 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/Agc	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above			1	99	4	0	0	10	1	

Wilmington Police Department
Images Associated with 24-22-AC

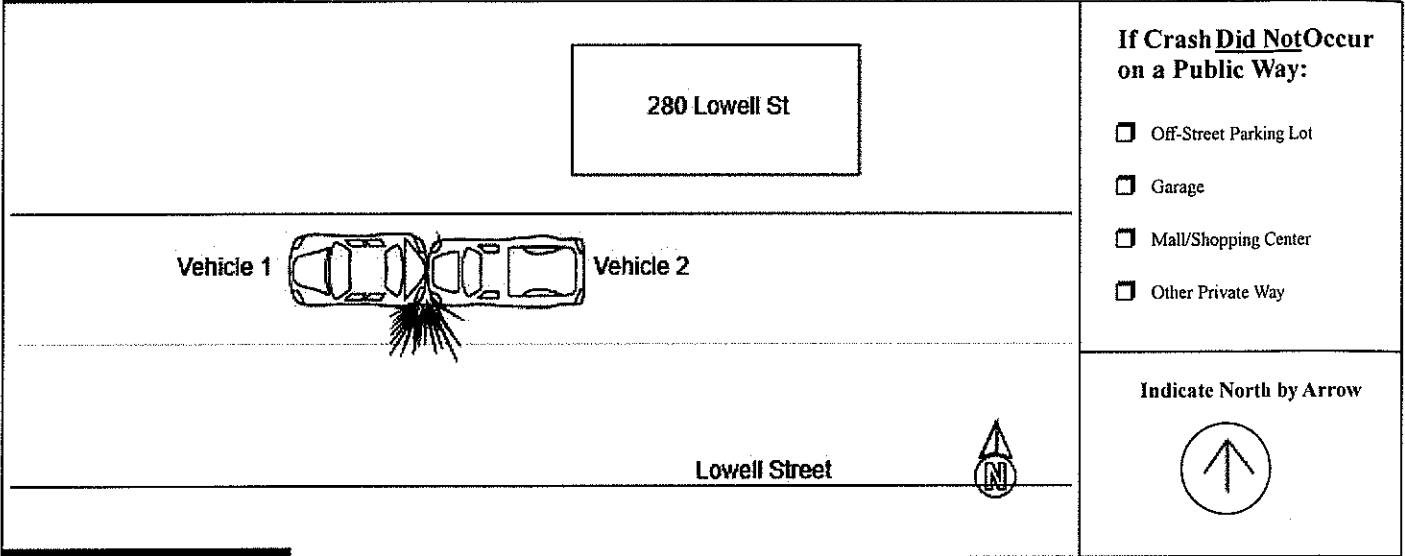


Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 01/18/2024	Time of Crash 1150 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit <u>40</u>	Latitude _____	Longitude _____	<input type="checkbox"/> State Police <input type="checkbox"/> Local Police <input type="checkbox"/> MBTA Police <input type="checkbox"/> Campus Police <input type="checkbox"/> Other _____		
AT INTERSECTION:			< LOCATION >	NOT AT INTERSECTION:									
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			Route# <u>280</u> Direction _____ Address # <u>LOWELL ST</u> 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 _____ Landmark _____										
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle <u>1</u> #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped			Crash Report ID# 24-23-AC										
License # _____ St _____ DOB/Age <u>1</u> _____			Reg # <u>4731044</u> Reg Type <u>PC</u> Reg State <u>NH</u>										
Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL _____ Endorsement _____			Veh Year <u>2014</u> Veh Make <u>TOYOTA</u> Veh Config. <u>1</u> <u>21</u>										
Operator <u>AZIZIMAZREAH, ARASH</u> Last First Middle			Owner <u>AZIZIMAZREAH, ARASH</u> Last First Middle										
Address <u>10 GILBERT DR APT 108</u>			Address <u>10 GILBERT DR APT 108</u>										
City <u>MERRIMACK</u> State <u>NH</u> Zip <u>030542808</u>			City <u>MERRIMACK</u> State <u>NH</u> Zip <u>030542808</u>										
Insurance Company <u>GIECO</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>						
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>			Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u>				Test Status: <u>1</u> <u>28</u>						
Citation # (If Issued) _____			Most Harmful Event <u>1</u> <u>24</u>				Type of Test: <u>29</u>						
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____			Driver Contributing Code <u>1</u> <u>25</u> <u>25</u>				BAC Test Result: <u>1</u> <u>30</u>						
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____			Driver Distracted by <u>0</u> <u>26</u>				Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u>						
Towed from scene? <u>1</u> <u>33</u>													
Please fill out for operator and all occupants involved													
Name (Last First Middle)		Address		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator		See Above		XXXXXX	X	<u>1</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle <u>2</u> #Occupants <input type="checkbox"/> Non-Motorist A Type <u>15</u> Action <u>16</u> Location <u>17</u> Condition <u>18</u> <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped													
License # _____ St _____ DOB/Age _____			Reg # <u>1AHN54</u> Reg Type <u>PC</u> Reg State <u>MA</u>										
Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL _____ Endorsement _____			Veh Year <u>2021</u> Veh Make <u>CHEVROLET</u> Veh Config. <u>1</u> <u>21</u>										
Operator <u>CLOUTMAN, TYLOR C</u> Last First Middle			Owner <u>ACAR LEASING LTD</u> Last First Middle										
Address <u>13 ANDOVER RD</u>			Address <u>4001 EMBARCADERO DR</u>										
City <u>BEVERLY</u> State <u>MA</u> Zip <u>01915-1647</u>			City <u>ARLINGTON</u> State <u>TX</u> Zip <u>76014-0000</u>										
Insurance Company <u>ATLANTIC SPECIALTY INSURA</u>			Vehicle Action Prior to Crash <u>1</u> <u>22</u>				Damaged Area Code: <u>1</u> <u>27</u> <u>27</u> <u>27</u>						
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u>			Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u>				Test Status: <u>3</u> <u>28</u>						
Citation # (If Issued) <u>397568AC</u>			Most Harmful Event <u>1</u> <u>24</u>				Type of Test: <u>29</u>						
Viol. 1: Ch/Sec/Sub <u>90</u> <u>13B</u> Viol. 2: Ch/Sec/Sub _____			Driver Contributing Code <u>20</u> <u>25</u> <u>25</u>				BAC Test Result: <u>1</u> <u>30</u>						
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____			Driver Distracted by <u>1</u> <u>26</u>				Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u>						
Towed from scene? <u>2</u> <u>33</u>													
Please fill out for operator/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>1</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

Crash Diagram:

ie: → 1 → 2 → ○ → ○



Crash Narrative:

On Thursday, January 18, 2024, at approximately 11:45AM, Vehicle 1 was traveling west on Lowell Street when vehicle 2 was traveling behind it. The operator of Vehicle 2 stated that he was looking at the GPS on his cell phone when he collided with the rear of Vehicle 1. The collision caused damage to the rear of Vehicle 1 and the front of Vehicle 2.

Both parties refused medical treatment. Vehicle 1 was towed by Forrest Towing.

Photos Attached.

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

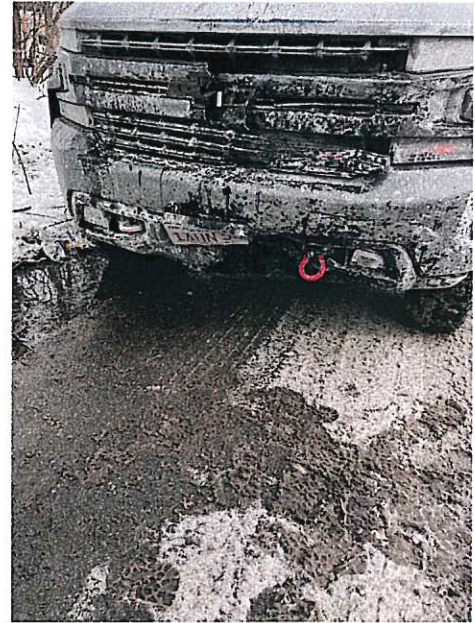
Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 46

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 01/18/2024
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Images Associated with 24-23-AC



Date of Crash: 01/18/2024 | Time of Crash: 1504 (24HR) | City/Town: **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:

<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 # 6 Name of Roadway/Street DRURY LN</p> <p>_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____</p> <p>_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Mile Marker _____ Exit Number _____</p> <p>_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____</p> <p>_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____</p>
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Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped | Crash Report ID# **24-24-AC**

<p>License # _____ : /Age _____</p> <p>Se: _____ Lic. Class D 19 19 Lic. Restrictions I 20 CDL _____ Endorsement _____</p> <p>Operator: Last _____ First _____ Middle _____</p> <p>Address _____</p> <p>City _____ State MA Zip 01887-2451</p> <p>Insurance Company ARBELLA MUTUAL INSURANCE</p> <p>Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? 2</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 # 4EXK18 Reg Type PC Reg State MA</p> <p>Veh Year 2009 Veh Make HONDA Veh Config. 1 21</p> <p>Owner SPLAINE, CHRISTOPHER JOHN</p> <p>Address 30R ADAMS ST</p> <p>Vehicle Action Prior to Crash 1 22 Damaged Area Code: 1 27 27 27</p> <p>Event Sequence 31 23 23 23 23 Test Status: 1 28</p> <p>Most Harmful Event 31 24 Type of Test: 29</p> <p>Driver Contributing Code 20 25 25 BAC Test Result: 1 30</p> <p>Driver Distracted by 5 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32</p> <p>Towed from scene? 1 33</p>
--	---

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

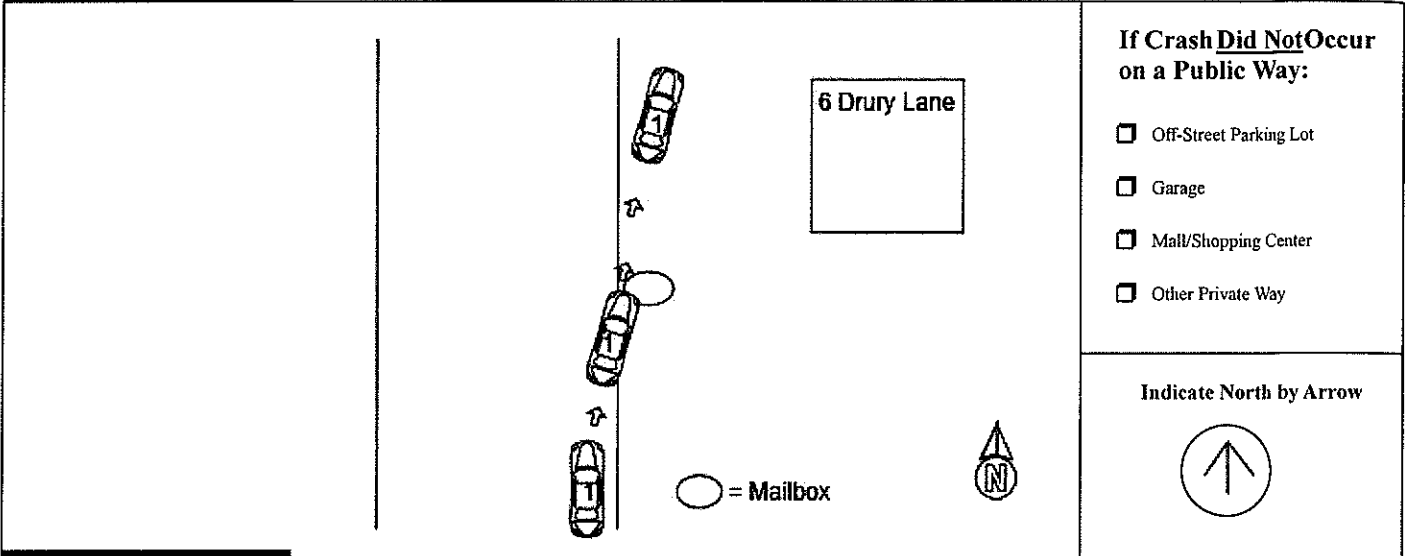
<p>License # _____ St _____ DOB/Age _____</p> <p>Sex _____ Lic. Class 19 19 Lic. Restrictions 20 CDL _____ Endorsement _____</p> <p>Operator: Last _____ First _____ Middle _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Insurance Company _____</p> <p>Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____</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 # _____ Reg Type _____ Reg State _____</p> <p>Veh Year _____ Veh Make _____ Veh Config. 21</p> <p>Owner: Last _____ First _____ Middle _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Vehicle Action Prior to Crash 22 Damaged Area Code: 27 27 27</p> <p>Event Sequence 23 23 23 23 Test Status: 28</p> <p>Most Harmful Event 24 Type of Test: 29</p> <p>Driver Contributing Code 25 25 BAC Test Result: 30</p> <p>Driver Distracted by 26 Susp. Alcohol: 31 Susp. Drug: 32</p> <p>Towed from scene? 33</p>
---	---

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							

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○



Crash Narrative:

Vehicle was traveling north on Drury Lane when the vehicle veered off the road to the right side. Leaving the roadway and striking the mailbox post of 6 Drury Lane. The vehicle continued into the front yard of 6 Drury Lane until it came to rest. Operator stated that her phone fell from the vehicle mount and she looked down to retrieve the phone from the floor. This is when she left the roadway. No airbags were deployed and the operator declined any injury. Vehicle was towed by Forrest Towing.

Witnesses:

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

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
HILL JOSEPH W	6 DRURY LN WILMINGTON MA 01887		97	GRANITE MAILBOX POST & MAILBOX

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 01/18/2024
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Images Associated with 24-24-AC

