

Date of Crash 12/24/2023 Time of Crash 1337 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: **MIDDLESEX AVE** < LOCATION > NOT AT INTERSECTION:

Route# Direction **MIDDLESEX AVE** Name of Roadway/Street

Route# Direction **HIGH ST** 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# **23-446-AC**

License #. DOB/Age Reg # **4DRG61** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** Lic. Restrictions **20** CDL Endorsement

Operator **GEORGE, MARY BRIDGET** Owner **GEORGE, MARY BRIDGET**

Address **353 ANDOVER RD** Address **353 ANDOVER RD**

City **BILLERICA** State **MA** Zip **01821-1445** City **BILLERICA** State **MA** Zip **01821-1445**

Insurance Company **THE STANDARD FIRE INSURAN** Vehicle Action Prior to Crash **4** Damaged Area Code: **5 27 27 27**

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

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

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

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

Towed from scene? **2 33**

Please fill out for operator and all occupants involved

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

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 # **1313CG** Reg Type **PC** Reg State **MA**

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

Operator **GALANTE, CHELSIE MARIE** Owner **GALANTE, CHELSIE MARIE**

Address **200 PRESIDENTIAL WAY APT 2531** Address **200 PRESIDENTIAL WAY APT 2531**

City **WOBURN** State **MA** Zip **01801-0081** City **WOBURN** State **MA** Zip **01801-0081**

Insurance Company **GOVERNMENT EMPLOYEES INSU** Vehicle Action Prior to Crash **4** Damaged Area Code: **1 27 27 27**

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

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

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

Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by **5 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**

Towed from scene? **1 33**

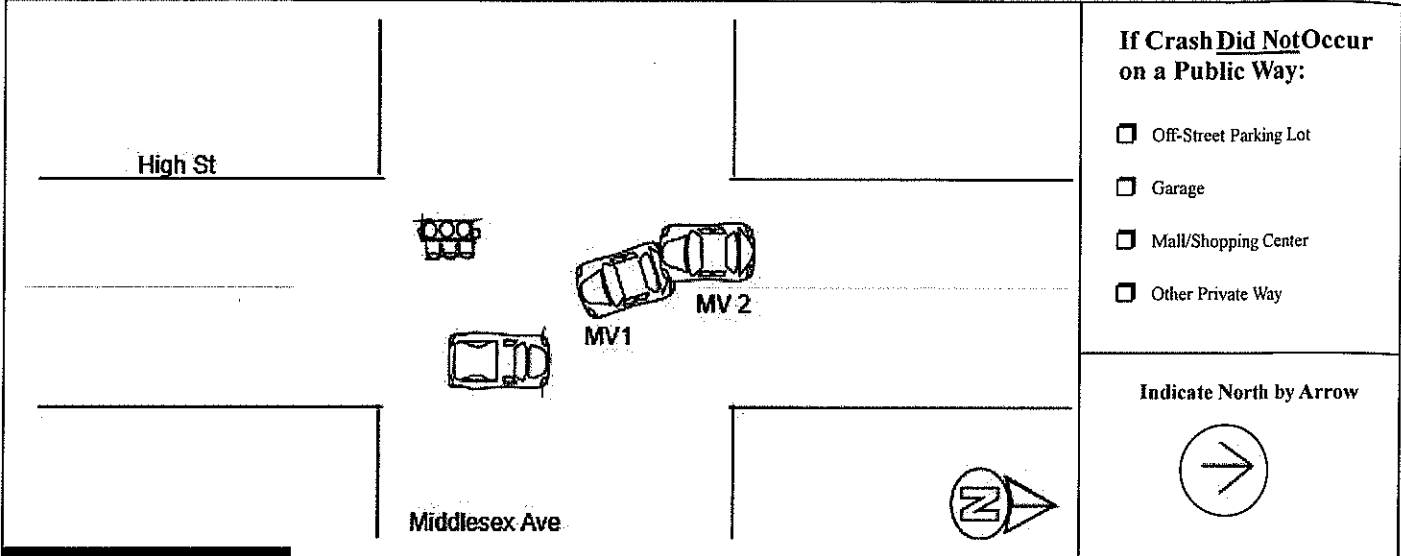
Please fill out for operator/non-motorist and all occupants involved

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	
				6	1	4	0	0	10	1	

→ = 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:

MV 1 was at the light attempting to take a left turn eastbound onto Middlesex Ave. MV 2 was behind MV 1 also attempting to take a left turn onto Middlesex Ave. The light turned green and MV 1 began to make their way through the intersection and take the turn. MV 2 began to follow suit through the intersection. There was an oncoming vehicle from the other side of the intersection that MV 1 yielded to. While this was happening the operator of MV 2 stated that she looked down at a picture and continued to move forward assuming that MV 1 was continuing to take the left turn. MV 2 was unable to stop in time and rear ended MV 1.

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 Shane A Foley 211 Wilmington Police Department 12/24/2023
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Police Use Only			Commonwealth of Massachusetts				RMV Document Number								
Date of Crash 12/24/2023	Time of Crash 2127 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 1	Number Injured 1	Speed Limit <u>40</u>	Latitude _____	Longitude _____	State Police <input type="checkbox"/>	Local Police <input type="checkbox"/>	MBTA Police <input type="checkbox"/>	Campus Police <input type="checkbox"/>	Other <input type="checkbox"/>

AT INTERSECTION:	< LOCATION >	NOT AT INTERSECTION:
Route# _____ Direction _____ Name of Roadway/Street _____ At _____		BALLARDVALE ST Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____ Mile Marker _____ Exit Number _____
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 _____ Route# _____ Intersecting Roadway/Street _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____		Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____

Please Select One of the Following:	<input checked="" type="checkbox"/> Vehicle 1 #Occupants	<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped	Crash Report ID# 23-447-AC
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License # _____ S _____ DOB/Age <u>19</u> / <u>19</u> Sex <u>M</u> Lic. Class <u>D</u> Lic. Restrictions <u>20</u> CDL _____ Operator <u>ROMIG, DEAN SHERMAN</u> Address <u>78 RIVER ST</u> City <u>ANDOVER</u> State <u>MA</u> Zip <u>01810-5908</u> Insurance Company <u>ARBELLA MUTUAL INSURANCE</u> Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u> Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # <u>968NS8</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2010</u> Veh Make <u>VOLVO</u> Veh Config. <u>1</u> <u>21</u> Owner <u>ROMIG, DEAN SHERMAN</u> Address <u>78 RIVER ST</u> City <u>ANDOVER</u> State <u>MA</u> Zip <u>01810-5908</u> Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>1</u> <u>27</u> <u>3</u> <u>27</u> <u>7</u> <u>27</u> Event Sequence <u>35</u> <u>23</u> <u>43</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u> Most Harmful Event <u>43</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>1</u> <u>30</u> Driver Distracted by <u>99</u> <u>26</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u> Towed from scene? <u>1</u> <u>33</u>
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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	2	0	0	7	2	Lowell General hospital

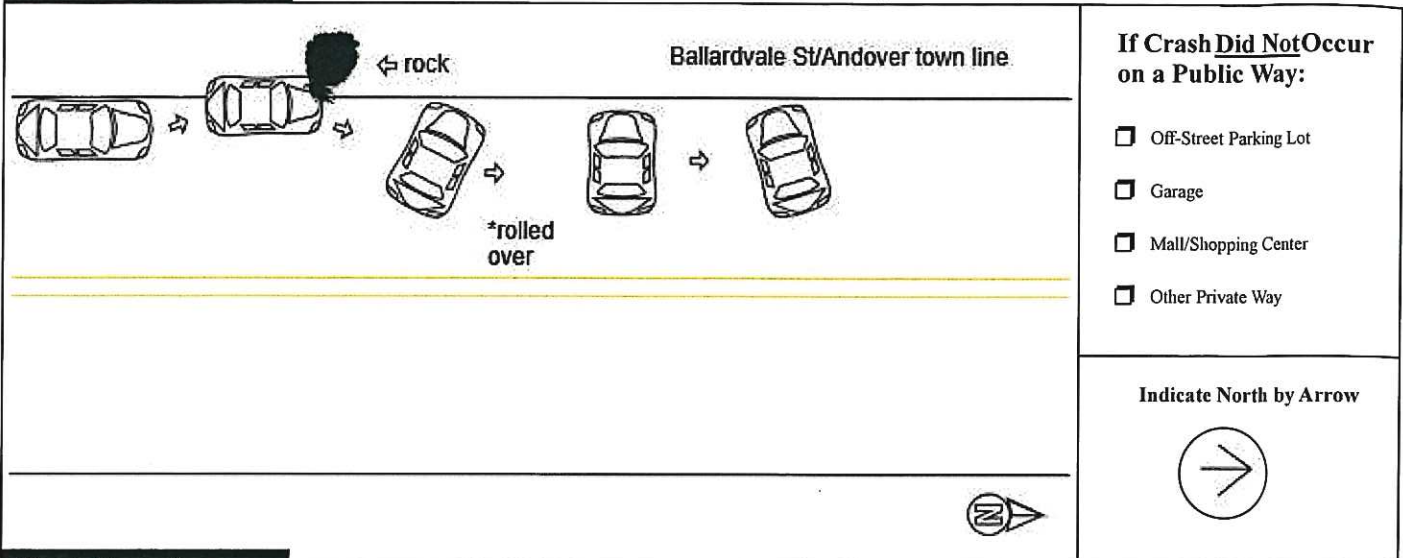
Please Select One of the Following:	<input type="checkbox"/> Vehicle 2 #Occupants	<input type="checkbox"/> Non-Motorist A	Type <u>15</u> Action <u>16</u> Location <u>17</u> Condition <u>18</u>	<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped
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License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class _____ Lic. Restrictions <u>20</u> CDL _____ Operator _____ Address _____ City _____ State _____ Zip _____ Insurance Company _____ Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____ Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # _____ Reg Type _____ Reg State _____ Veh Year _____ Veh Make _____ Veh Config. <u>21</u> Owner _____ Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash <u>22</u> Damaged Area Code: <u>27</u> <u>27</u> <u>27</u> Event Sequence <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>28</u> Most Harmful Event <u>24</u> Type of Test: <u>29</u> Driver Contributing Code <u>25</u> <u>25</u> BAC Test Result: <u>30</u> Driver Distracted by <u>26</u> Susp. Alcohol: <u>31</u> Susp. Drug: <u>32</u> Towed from scene? <u>33</u>
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Please fill out for operator/non-motorist and all occupants involved											
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:



Crash Narrative:

Vehicle 1 was driving down Ballardvale Street heading towards the Andover town line when the operator lost control of the vehicle and veered to the side of the road where it collided with a large rock. The collision caused the vehicle to spin and roll over before coming to a rest in the upright position several feet from where the crash occurred. The vehicle suffered major damage to its front and along both of its sides. The vehicle did have side airbag deployment and the operator was transported to Lowell General hospital by the Andover Fire Department for suspected serious injuries. The operator was unaware of what caused the accident only that they lost control of the vehicle prior to the crash. No other party was injured as a result of this crash.

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 12/24/2023
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 12/26/2023	Time of Crash 2103 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit <u>30</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:

<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>665</u> Name of Roadway/Street <u>MAIN 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>Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____</p> <p style="text-align: center;">Landmark _____</p>
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Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped Crash Report ID# **23-449-AC**

License _____ S _____ OB/Agv _____ Sex <u>F</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____ Endorsement _____ Operator <u>WINKLE, KERI LYNN</u> Last First Middle Address <u>36 ASHBURTON AVE</u> City <u>WOBURN</u> State <u>MA</u> Zip <u>01801-1357</u> Insurance Company <u>PLYMOUTH ROCK ASSURANCE C</u> Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u> Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # <u>Y777</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2017</u> Veh Make <u>DODGE</u> Veh Config. <u>1</u> <u>21</u> Owner <u>WINKLE, BRYAN PATRICK</u> Last First Middle Address <u>36 ASHBURTON AVE</u> City <u>WOBURN</u> State <u>MA</u> Zip <u>01801-1357</u> Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>1</u> <u>27</u> <u>8</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>1</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>1</u> <u>33</u>
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Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above	XXXXXX	XX	1	1	4	0	2	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 _____ OB/Agv _____ Sex <u>F</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____ Endorsement _____ Operator <u>SPROUSE, CRYSTAL L</u> Last First Middle Address <u>42 BUTTERSROW</u> City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-3341</u> Insurance Company <u>FOREMOST PROPERTY AND CAS</u> Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? <u>2</u> Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # <u>2YEZ14</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2010</u> Veh Make <u>DODGE</u> Veh Config. <u>1</u> <u>21</u> Owner <u>SPROUSE, CRYSTAL L</u> Last First Middle Address <u>42 BUTTERSROW</u> City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-3341</u> Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>1</u> <u>27</u> <u>10</u> <u>27</u> <u>27</u> Event Sequence <u>1</u> <u>23</u> <u>10</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>1</u> <u>29</u> Driver Contributing Code <u>19</u> <u>25</u> <u>4</u> <u>25</u> BAC Test Result: <u>1</u> <u>30</u> Driver Distracted by <u>99</u> <u>26</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u> Towed from scene? <u>1</u> <u>33</u>
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Please fill out for operator/non-motorist and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above	XXXXXX	XX	1	1	4	0	2	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:

On Tuesday, December 26, 2023, at approximately 9PM, vehicle 1 was traveling south on Main Street when vehicle 2 collided with the front of vehicle 1. Vehicle 2 was traveling east on Cross Street and did not yield to the on coming traffic. Vehicle 1 was hit in the front causing it to spin out of control ending in the grass facing the wrong direction. Vehicle 2 continued straight and collided with large rocks in the front of 665 Main Street.

Both parties refused medical transport.

Photos Attached.

Vehicles towed by A&S

Witnesses:

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

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
DELUCA JOSEPH R	665 MAIN ST WILMINGTON MA 01887-33			ROCKS

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

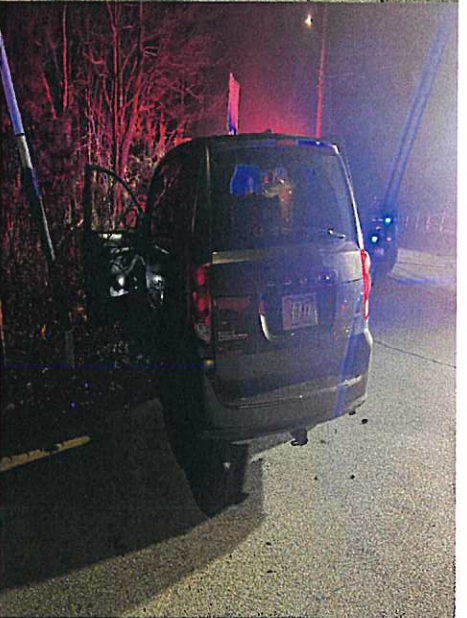
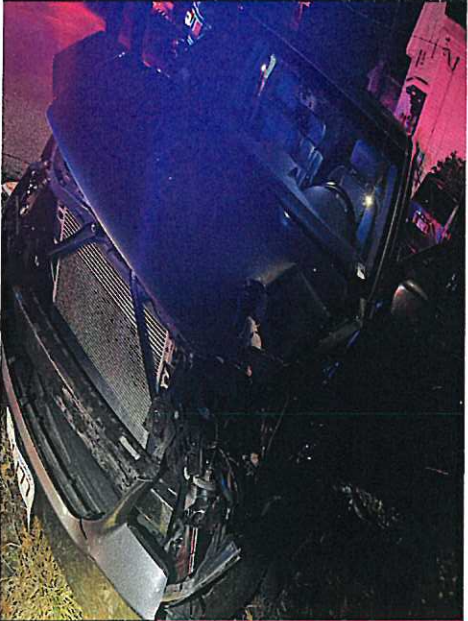
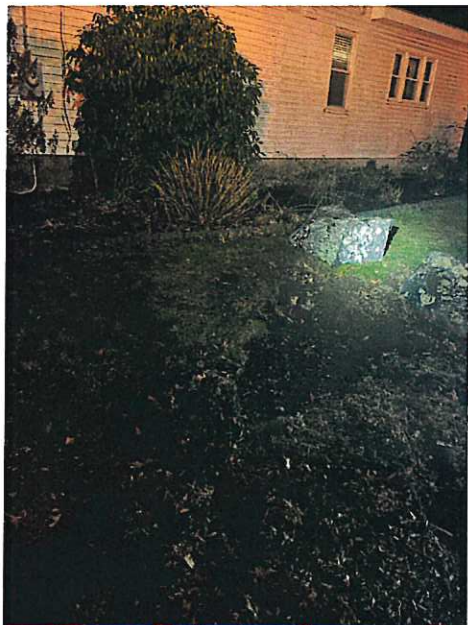
Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 46

Hazmat Information:

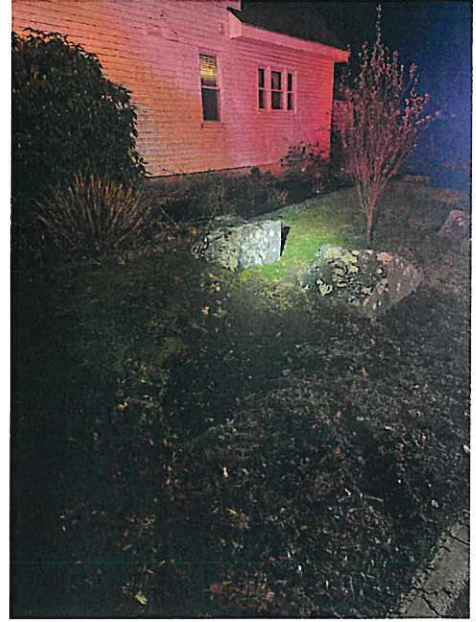
Placard 47 Material 1 digit # 48 Material Name _____ Material 4 digit # _____ Release code 49

Patrol Officer Christopher k Miccichi 232 Wilmington Police Department 12/26/2023
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Images Associated with 23-449-AC



Wilmington Police Department
Images Associated with 23-449-AC



Date of Crash 12/27/2023	Time of Crash 0942 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report	Number Vehicles 1	Number Injured 1	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 _____
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AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

<p>1 1 Route# _____ Direction _____ Name of Roadway/Street _____ At _____</p> <p>2 1 Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____</p> <p>3 2 Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p>	<p>2 10 Route# _____ Direction <u>320</u> <u>LOWELL ST</u> Address # _____ Name of Roadway/Street _____</p> <p>1 11 _____ Feet <u>N S E W</u> of _____ • _____ or _____ 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 _____ Landmark _____</p>
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Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped Crash Report ID# **23-450-AC**

<p>4 3 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 _____ Endorsement _____ Operator <u>BABURKIN, VIKTORIIA D</u> Last First Middle Address <u>9 2ND ST</u> City <u>WAKEFIELD</u> State <u>MA</u> Zip <u>01880-2534</u> Insurance Company <u>THE HANOVER INSURANCE COM</u> Vehicle Travel Direction: <u>N S X 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 _____</p>	<p>7 12 Reg # <u>1KVX94</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2019</u> Veh Make <u>HYUNDAI</u> Veh Config. <u>1</u> <u>21</u> Owner <u>BABURKIN, DMITRIY</u> Last First Middle Address <u>9 2ND ST</u> City <u>WAKEFIELD</u> State <u>MA</u> Zip <u>01880-2534</u> Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>1</u> <u>27</u> <u>10</u> <u>27</u> <u>27</u> Event Sequence <u>23</u> <u>23</u> <u>10</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u> Most Harmful Event <u>10</u> <u>24</u> Type of Test: <u>29</u> Driver Contributing Code <u>21</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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Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility	
Operator		See Above	X	X	1	0	1	0	0	9	1	

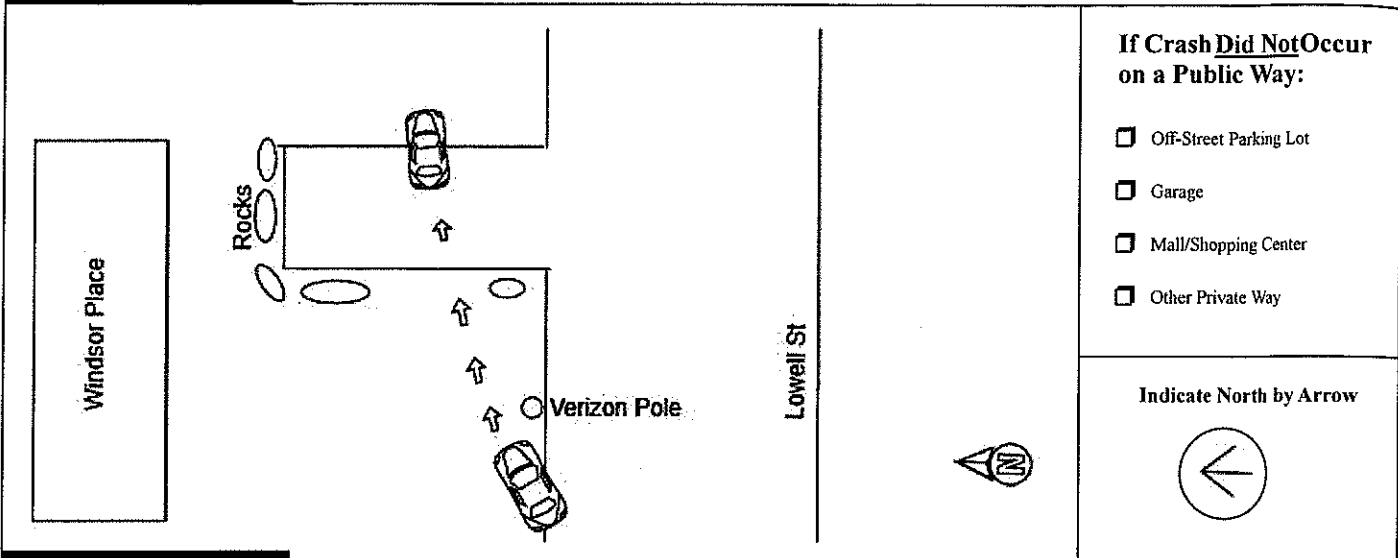
7 2 Please Select One of the Following: Vehicle 2 #Occupants Non-Motorist A Type 15 Action 16 Location 17 Condition 18 Hit/Run Moped

<p>8 1 License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____ Endorsement _____ Operator _____ Last First Middle Address _____ City _____ State _____ Zip _____ Insurance Company _____ Vehicle Travel Direction: <u>N S E W</u> 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 _____</p>	<p>1 14 Reg # _____ Reg Type _____ Reg State _____ Veh Year _____ Veh Make _____ Veh Config. <u>21</u> Owner _____ Last First Middle Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash <u>22</u> Damaged Area Code: <u>27</u> <u>27</u> <u>27</u> Event Sequence <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>28</u> Most Harmful Event <u>24</u> Type of Test: <u>29</u> Driver Contributing Code <u>25</u> <u>25</u> BAC Test Result: <u>30</u> Driver Distracted by <u>26</u> Susp. Alcohol: <u>31</u> Susp. Drug: <u>32</u> Towed from scene? <u>33</u></p>
---	---

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

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

Crash Diagram:



Crash Narrative:

On Wednesday, December 27, 2023 at approximately 9:00AM, Vehicle 1 was traveling east on Lowell Street when the operator fell asleep behind the wheel. The operator stated she remembered being at the intersection of Lowell and West Street and the next thing she knew she hit something.

In the course of the vehicles travel, it knocked a utility box off a pole and collided with 2 large rocks before it came to a stop. The front steering wheel airbag also deployed. The operator denied transport. Photos attached.

Vehicle towed by A&S

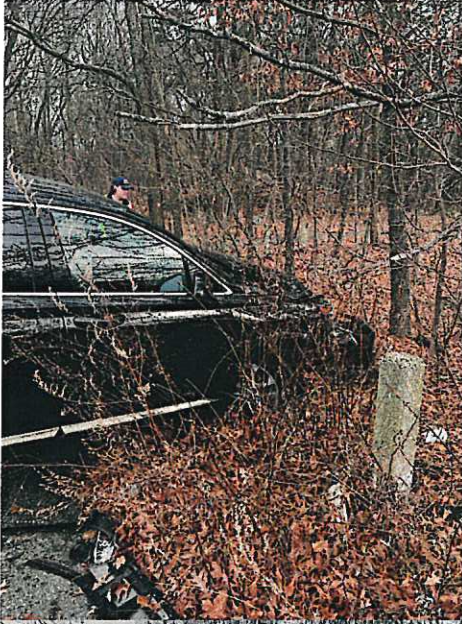
Witnesses:			
Name (Last,First,Middle)	Address	Phone #	Statement

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 <input type="checkbox"/>	42	
Address _____		City _____	St _____ Zip _____
US DOT #: _____		State Number _____	Issuing State _____ MC/MX/ICC #: _____
Interstate <input type="checkbox"/>	Cargo Body Type Code <input type="checkbox"/>	GVWR/GCWR <input type="checkbox"/>	43 44 45
Trailer Reg #: _____		Reg Type _____	Reg State _____ Reg Year _____ Trailer Length <input type="checkbox"/>
Hazmat Information:			
Placard <input type="checkbox"/>	Material 1 digit # <input type="checkbox"/>	Material Name _____	Material 4 digit # _____ Release code <input type="checkbox"/>
	47	48	49

Patrol Officer Christopher k Miccichi 232 Wilmington Police Department 12/27/2023
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Images Associated with 23-450-AC



AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

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

2 **3** **LOWELL ST** Route# Direction Name of Intersecting Roadway/Street

3 **3** Route# Direction Name of Intersecting Roadway/Street

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

Crash Report ID# **23-451-AC**

License # _____ DOB/Ag _____ Reg # **3EY566** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** Lic. Restrictions **20** CDL _____ Veh Year **2021** Veh Make **TOYOTA** Veh Config. **1** **21**

Operator **PARRILLO, KELSEY MARIE** Owner **PARRILLO, KELSEY MARIE**

Address **8 KENDALL ST** Address **8 KENDALL ST**

City **WILMINGTON** State **MA** Zip **01887-2235** City **WILMINGTON** State **MA** Zip **01887-2235**

Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **2** **22** Damaged Area Code: **7** **27** **27** **27**

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

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

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

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

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	X	1	1	4	0	0	10	1	

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

License _____ DOB/Ag _____ Reg # **4NHF81** Reg Type **PC** Reg State **MA**

Lic. Class **D** Lic. Restrictions **I** **20** CDL _____ Veh Year **2006** Veh Make **FORD** Veh Config. **1** **21**

Opera: _____ Owner **THIBERT, DANIEL BRUCE JR**

Address _____ Address **20 CASTLE CIR**

City _____ State _____ Zip _____ City **PEABODY** State **MA** Zip **01960-4027**

Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **3** **22** Damaged Area Code: **1** **27** **27** **27**

Vehicle Travel Direction: **N** **S** **E** **X** 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: **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**

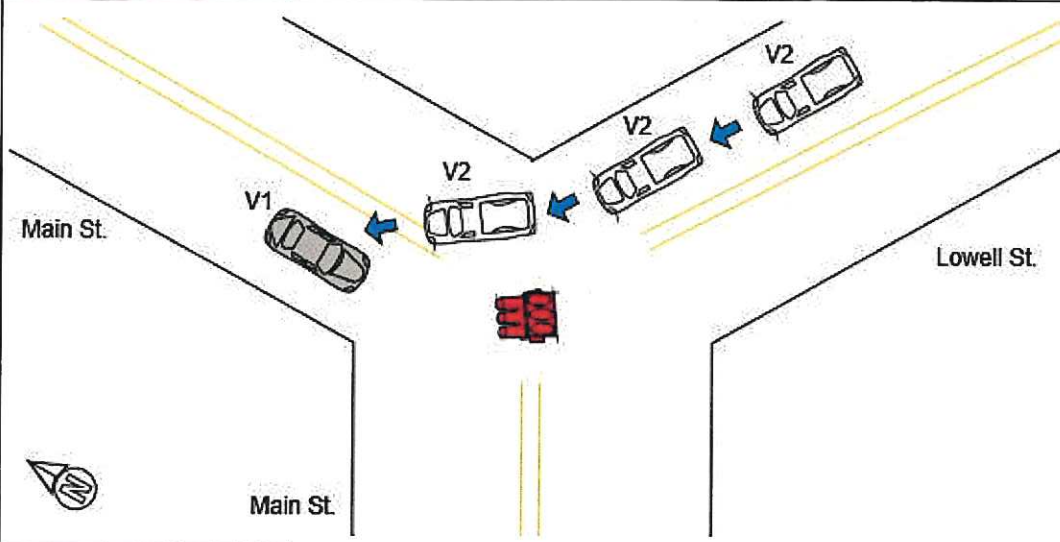
Please fill out for operator/non-motorist and all occupants involved

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	X	1	1	1	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:

V1 was stationary at red light at the intersection of Main Street and Lowell Street. V2 was turning right onto Main Street (from Lowell Street) when it collided into the left side of V1. V2 had a green light when turning right, however, operator 2 stated that his foot slipped off the brake as he was turning, which caused him to crash into V1. There was no improper driving by operator 1. After the collision, both vehicles pulled onto Kiernan Ave and exchanged information. Both operators were the lone occupants of their vehicles and they both denied medical attention. V1 sustained major damage to the left side and V2 sustained minor damage to the front end. Both vehicles were able to be driven away.

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

12/28/2023

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department
Images Associated with 23-451-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number								
Date of Crash 12/29/2023	Time of Crash 1431 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 1	Number Injured 1	Speed Limit <u>30</u>	Latitude _____	Longitude _____	State Police <input type="checkbox"/>	Local Police <input type="checkbox"/>	MBTA Police <input type="checkbox"/>	Campus Police <input type="checkbox"/>	Other: _____ <input type="checkbox"/>

AT INTERSECTION:	LOCATION	NOT AT INTERSECTION:
-------------------------	-----------------	-----------------------------

<p>HARRIS ST</p> <p>Route# _____ Direction _____ Name of Roadway/Street _____</p> <p style="text-align: center;">At</p> <p>CEDAR ST</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p> <p style="text-align: center;">Also at Intersection with</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p>	<p>Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____</p> <p>_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____</p> <p style="text-align: center;">Mile Marker _____ Exit Number _____</p> <p>_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____</p> <p style="text-align: center;">Route# _____ Intersecting Roadway/Street _____</p> <p>_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____</p> <p style="text-align: center;">Landmark _____</p>
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Please Select One of the Following:	<input checked="" type="checkbox"/> Vehicle 1 Occupants	<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped	Crash Report ID# 23-452-AC
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License # _____ St _____ DOB/Age _____ Sex F Lic. Class D Lic. Restrictions 1 CDL _____ Operator DAMELIO, LILLIAN L Address 28 DUNTON RD City WILMINGTON State MA Zip 01887-2681 Insurance Company THE HANOVER INSURANCE COM Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? 2 Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # FIVNSQ Reg Type PC Reg State MA Veh Year 2004 Veh Make CHRYSLER Veh Config. 1 Owner DAMELIO, LILLIAN L Address 28 DUNTON RD City WILMINGTON State MA Zip 01887-2681 Vehicle Action Prior to Crash 1 Event Sequence 22 23 23 23 23 Most Harmful Event 22 24 Driver Contributing Code 9 25 20 25 Driver Distracted by 99 26
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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	0	4	0	0	8	2	Lahey Clinic

Please Select One of the Following:	<input type="checkbox"/> Vehicle 2 Occupants	<input type="checkbox"/> Non-Motorist A	Type 15	Action 16	Location 17	Condition 18	<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped
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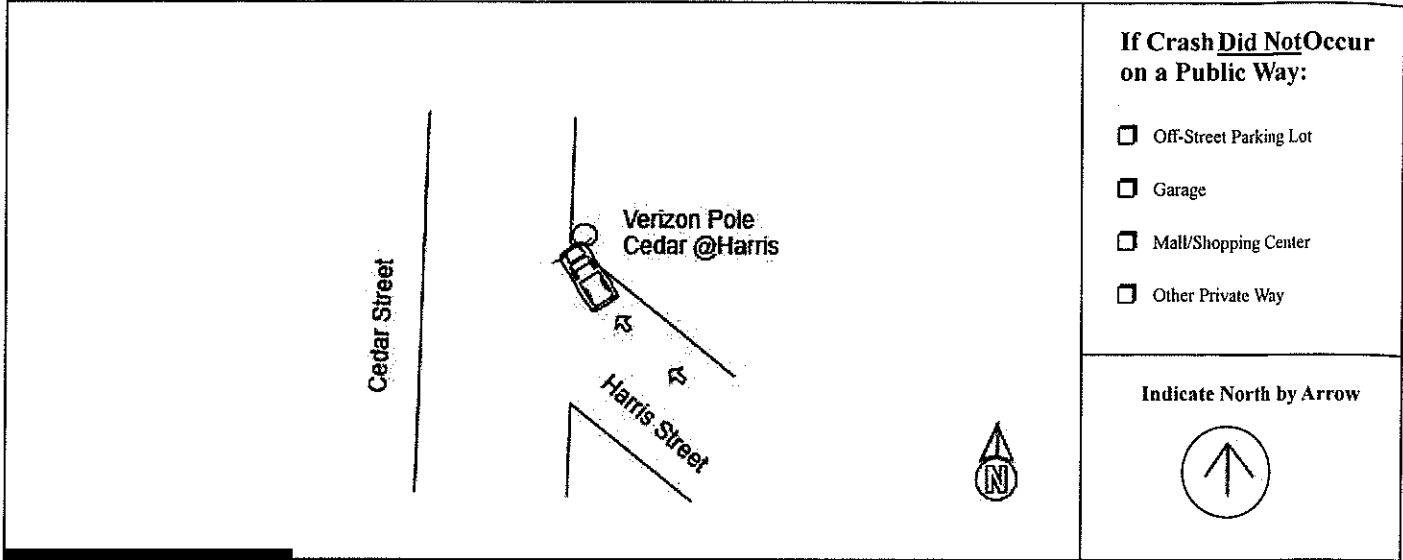
License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class _____ Lic. Restrictions _____ CDL _____ Operator _____ Address _____ City _____ State _____ Zip _____ Insurance Company _____ Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____ Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # _____ Reg Type _____ Reg State _____ Veh Year _____ Veh Make _____ Veh Config. 21 Owner _____ Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 22 Event Sequence 23 23 23 23 Most Harmful Event 24 Driver Contributing Code 25 25 Driver Distracted by 26
--	--

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:

V1 (Damelio) was traveling on Harris Street when it failed to negotiate curve and clipped Verizon utility pole at the corner of Harris St and Cedar Street. Opr. Lillian Damelio complained of right shoulder pain and was treated on scene by Wilmington Fire Rescue. Opr. Damelio was properly oriented before transport and told EMS the pole was suddenly there in front of her. Officer Skinner relayed to me that Opr Damelio lives in the area and uses this road all the time and did not negotiate curve in roadway clipping the utility pole just on the edge of the roadway. Superficial damage to pole. Notification made to inspect on non-emergency basis. Vehicle sustained front end and right wheel damage. Towed by Cain's Towing. Mrs. Damelio transported to Lahey.

Witnesses:

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

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
VERIZON	28 DIANA LN DRACUT MA 01826		4	UTILITY POLE CEDAR /HARRIS ST

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 Richard DiPerri

173

Wilmington Police Department

12/29/2023

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date