

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1 4 CHURCH ST
Route# Direction Name of Roadway/Street
At
CENTRAL ST
Route# Direction Name of Intersecting Roadway/Street
Also at Intersection with

2 1 Route# Direction Name of Intersecting Roadway/Street

3 Feet [N][S][E][W] of _____ of _____ or _____
Mile Marker _____ Exit Number _____
Feet [N][S][E][W] of _____
Route# Intersecting Roadway/Street _____
Feet [N][S][E][W] of _____
Route# Intersecting Roadway/Street _____
Landmark _____

Please Select One of the Following: Vehicle 14 #Occupants Hit/Run Moped
Crash Report ID# 24-25-AC

License # _____ Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL _____
Operator MORRISON, TICHINA EBONY
Address 16C STRAWBERRY HILL RD APT 36C
City ACTON State MA Zip 01720-0000
Insurance Company PHILADELPHIA INDEMNITY IN
Vehicle Travel Direction: [N][X][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 # 1DRS98 Reg Type PC Reg State MA
Veh Year 2015 Veh Make TOYOTA Veh Config. 1 21
Owner LAI TRUST
Address 12600 N FEATHERWOOD ST APT 400
City HOUSTON State TX Zip 77034-0000
Vehicle Action Prior to Crash 6 22 Damaged Area Code: 8 27 1 27 2 27
Event Sequence 1 23 23 23 23 Test Status: 1 28
Most Harmful Event 1 24 Type of Test: 29
Driver Contributing Code 4 25 19 25 BAC Test Result: 1 30
Driver Distracted by 99 26 Susp. Alcohol: 31 Susp. Drug: 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			1	99	3	0	0	10	2	Winchester Hospital
KAVON DUNBAR	82 HIGH ST WILMINGTON, MA 01887	05/24/2007	M	99	99	3	0	0	10	2	Winchester Hospital
KEYANA JACKSON	82 HIGH ST WILMINGTON, MA 01887	05/21/2007	F	99	99	3	0	0	10	2	Winchester Hospital
MARCELLO DOS ANJOS	82 HIGH ST WILMINGTON, MA 01887	06/07/2010	M	99	99	3	0	0	10	2	Winchester Hospital

Please Select One of the Following: Vehicle 25 #Occupants Non-Motorist A Type 15 Action 16 Location 17 Condition 18 Hit/Run Moped

License # _____ Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL _____
Operator HERBERCHUK, ANGELINA MAE
Address 8 GIBSON CT
City NORTH ANDOVER State MA Zip 01845-4246
Insurance Company THE COMMERCE INSURANCE CO
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 # 31MD38 Reg Type PC Reg State MA
Veh Year 2010 Veh Make NISSAN Veh Config. 1 21
Owner CONLEY, ALYSSA ANNE
Address 8 GIBSON CT
City NORTH ANDOVER State MA Zip 01845-4246
Vehicle Action Prior to Crash 1 22 Damaged Area Code: 7 27 8 27 1 27
Event Sequence 1 23 23 23 23 Test Status: 1 28
Most Harmful Event 1 24 Type of Test: 29
Driver Contributing Code 1 25 25 BAC Test Result: 1 30
Driver Distracted by 99 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32
Towed from scene? 1 33

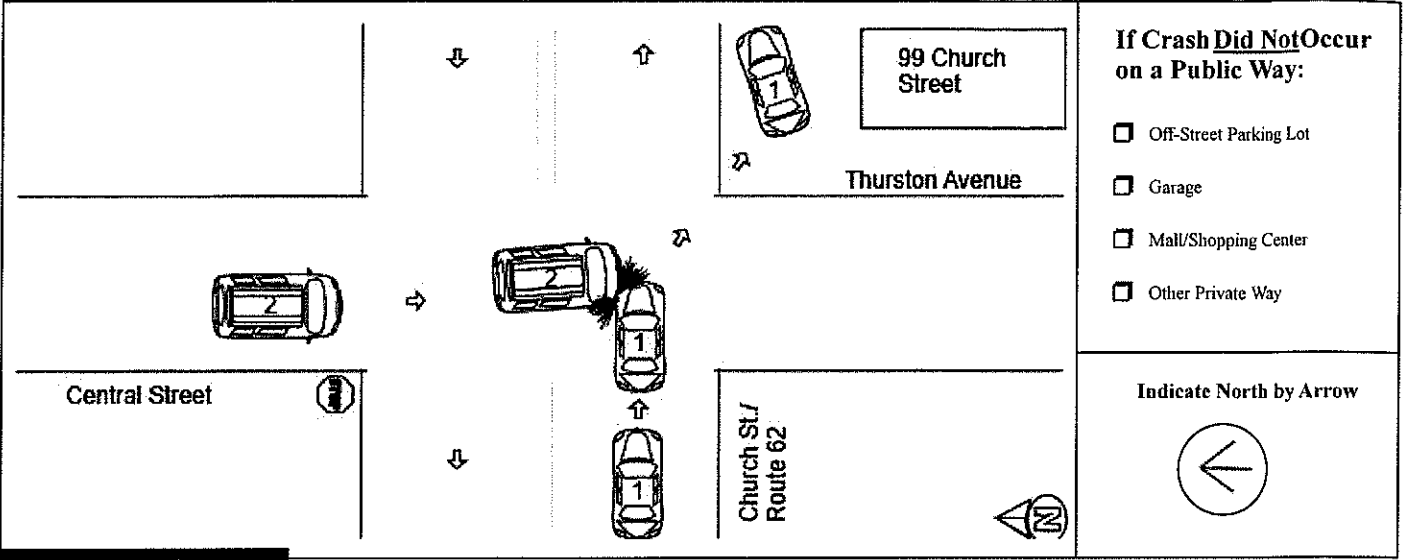
Please fill out for operator/non-motorist and all occupants involved

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	
DYLAN SMERDON	92 UNION ST NORTH ANDOVER, MA 01845		M	4	1	4	0	0	10	1	
EMILY SMERDON	92 UNION ST NORTH ANDOVER, MA 01845		F	3	1	4	0	0	10	1	

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○



Crash Narrative:

MV1 was traveling eastsbound on Church Street/Route 62. MV2 was traveling southbound on Central Street and stopped at the intersection of Church St. and Central Street. MV1 was traveling straight ahead. MV2 stopped, then entered the traffic lane, and drove straight across Church Street towards Thurston Ave as MV1 continued traveling down Church St. MV2 collided with MV1 while cutting across the eastbound travel lane. The force of the collision caused MV1 to leave the roadway and come to rest in the front yard of 99 Church St. MV1 suffered left side and front end damage. MV2 suffered front end and right side damage as well as airbag deployment. Both vehicles were disabled and towed from the scene by Cain's Towing. Some of the passengers of MV1 suffered possible minor injuries, but all parents denied medical care with the WFD. The operator and occupants of MV2 were transported to Winchester Hospital by the WFD due to their juvenile status.

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 A Wilson 209 Wilmington Police Department 01/21/2024
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

NARRATIVE FOR PATROL OFFICER MICHAEL A WILSON

Ref: 24-25-AC

Entered: 01/21/2024 @ 2322 Entry ID: 209
Modified: 01/21/2024 @ 2326 Modified ID: 209
Approved: 01/23/2024 @ 0821 Approval ID: 135

The operator of MV1 later reported that one of the male occupants of MV2 exited their vehicle after the collision, approached her driver's side door and began acting aggressively towards her. She stated that he began pulling on her damaged driver's side door and yelling, "What are you stupid, don't you know how to stop!" However, Ms. Herberchuk stated that she was unable to exit her driver's side door, due to the damage of the crash, but that the other male passenger eventually pulled the aggressive male away from her vehicle and her vehicle. She was unable to identify which of the two males was yelling at her, but confirmed that there was no physical contact or assault.

Respectfully Submitted,

Patrolman Michael A. Wilson #209

Wilmington Police Department
Images Associated with 24-25-AC



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

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

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

Route# Direction Name of Intersecting Roadway/Street

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

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

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

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped Crash Report ID# **24-26-AC**

License # _____ S DOB/Age _____ Reg # **8307ML** Reg Type **PC** Reg State **MA**

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

Operator **PATEL, NEIL NILESH** Owner **RADHE INC**

Address **26 WHIPPLE RD** Address **2 PARK AVE**

City **LEXINGTON** State **MA** Zip **02420-2726** City **ARLINGTON** State **MA** Zip **02174-0000**

Insurance Company **SAFETY INSURANCE COMPANY** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **6** 27 7 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: **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			1	1	4	0	0	9	2	Lahey Clinic

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 # **VTJB54** Reg Type **PC** Reg State **MA**

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

Operator **FLAHERTY, ELLEN THERESA** Owner **BROWNE, ANNA M**

Address **42 NICHOLS ST EXT** Address **30 PARKER ST**

City **WOBURN** State **MA** Zip **01801-1556** City **WOBURN** State **MA** Zip **01801-5935**

Insurance Company **SAFETY INSURANCE COMPANY** Vehicle Action Prior to Crash **6** 22 Damaged Area Code: **1** 27 2 27 27

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

Citation # (If Issued) **404597AC-CN** Most Harmful Event **1** 24 Type of Test: **2** 29

Viol. 1: Ch/Sec/Sub **89** **8** Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **19** 25 **4** 25 BAC Test Result: **1** 30

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

Towed from scene? **1** 33

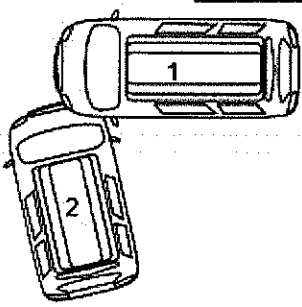

Please fill out for operator/non-motorist and all occupants involved

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	

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

Crash Diagram:

ie: → 1 → 2 → ○ → ☺

<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">260 Main St.</div> <div style="margin-left: auto;">  </div> </div>	If Crash Did Not Occur on a Public Way: <input type="checkbox"/> Off-Street Parking Lot <input type="checkbox"/> Garage <input checked="" type="checkbox"/> Mall/Shopping Center <input type="checkbox"/> Other Private Way Indicate North by Arrow 
--	---

Crash Narrative:

MV1 was travelling northbound in the parking lot of Market Basket, 260 Main St. MV2 was travelling eastbound, as MV2 was crossing over the intersection, it collided into MV1. Moderate damage and operator of MV1 had minor injury to the back.

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

Address _____ City _____ St _____ Zip _____

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

Interstate Cargo Body Type Code GVWR/GCWR

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

Hazmat Information:

Placard Material 1 digit # Material Name _____ Material 4 digit # _____ Release code

Patrol Officer Brian Tavares	206	Wilmington Police Department	01/22/2024
Police Officer Name (Please Print)	Signature	ID/Badge #	Department Precinct/Barracks Date

Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash 01/22/2024 Time of Crash 1003 24HR City/Town WILMINGTON

Motor Vehicle Crash Police Report

Number Vehicles 2 Number Injured 0 Speed Limit 25 State Police Local Police MBTA Police Campus Police Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1

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

Route# Direction Address # 442 MAIN ST Name of Roadway/Street Feet of Mile Marker Exit Number Feet of CHURCH ST Intersecting Roadway/Street Feet of Landmark

2 10

2 11

2 1

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

Crash Report ID# 24-27-AC

4 1

License # Sex F Lic. Class D Lic. Restrictions 1 CDL Endorsement Operator ROCHE MORISSET, DJENANE GISELE Address 765 BROADWAY APT 7 City EVERETT State MA Zip 02149-4024 Insurance Company THE STANDARD FIRE INSURAN 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 # 2RJB98 Reg Type PC Reg State MA Veh Year 2019 Veh Make Jeep Veh Config. 1 Owner ALPHONSE, WETIELLO Address 57 WINTER ST APT 1 City MELROSE State MA Zip 02176-3920 Vehicle Action Prior to Crash 2 Damaged Area Code: 5 27 27 27 Event Sequence 1 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? 3 33

1 12

1 13

6 1

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, 1, 4, 0, 0, 10, 2, Lahey Clinic

7 1

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

Reg # 4695306 Reg Type PC Reg State NH Veh Year 2017 Veh Make HYUNDAI Veh Config. 1 Owner ST PIERRE, PATRICK ROY Address 3 GORDON DR City LONDONDERRY State NH Zip 03053

1 14

8 1

License # Sex M Lic. Class D Lic. Restrictions 1 CDL Endorsement Operator ST PIERRE, PATRICK ROY Address 3 GORDON DR City LONDONDERRY State NH Zip 03053 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 # 4695306 Reg Type PC Reg State NH Veh Year 2017 Veh Make HYUNDAI Veh Config. 1 Owner ST PIERRE, PATRICK ROY Address 3 GORDON DR City LONDONDERRY State NH Zip 03053 Vehicle Action Prior to Crash 2 Damaged Area Code: 1 27 27 27 Event Sequence 1 23 23 23 23 Test Status: 1 28 Type of Test: 29 BAC Test Result: 1 30 Driver Contributing Code 19 25 25 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Driver Distracted by 0 26 Towed from scene? 2 33

9 2

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, 1, 4, 0, 0, 10, 1

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○



442 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:

Motor Vehicle 1 and Motor Vehicle 2 were driving north on Main Street with traffic stopped in front of them. Motor Vehicle 2 stated he rear ended Motor Vehicle 1 while they were stopped/slowing in traffic. There was minor damage to Motor Vehicle 1's rear bumper. Operator of Motor Vehicle 1 was transported to Lahey Hospital and her vehicle was towed by Cain's 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 Joshua I DeBarros

Police Officer Name (Please Print)

234

ID/Badge #

Wilmington Police Department

Department

Precinct/Barracks

01/22/2024

Date

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

MIDDLESEX AVE
Route# Direction Name of Roadway/Street
At
GLEN RD
Route# Direction Name of Intersecting Roadway/Street
Also at Intersection with
Route# Direction Name of Intersecting Roadway/Street

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

Please Select One of the Following: Vehicle 1 Occupants Hit/Run Moped
Crash Report ID# **24-28-AC**

License # _____ St. _____ JOB/Age _____ Reg # **V55934** Reg Type **CO** Reg State **MA**
Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL _____ Endorsement _____
Operator **RODRIGUEZ ZELAYA, JONATHAN JAEL** Owner **ENTERPRISE FM TRUST**
Address **38 EDEN ST APT 1** Address **600 CORPORATE PARK DR**
City **CHELSEA** State **MA** Zip **02150-3086** City **SAINT LOUIS** State **MO** Zip **63105-4204**
Insurance Company **STARR INDEMNITY AND LIABI** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **1** 27 **e** 27 **2** 27
Vehicle Travel Direction: N S 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 **20** 25 **25** BAC Test Result: **1** 30
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **4** 26 Susp. Alcohol: **2** 31 Susp. Drug: **2** 32
Towed from scene? **1** 33

Please fill out for operator and all occupants involved

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

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

License # _____ St. _____ JOB/Age _____ Reg # **2HYW89** Reg Type **PC** Reg State **MA**
Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **I** 20 CDL _____ Endorsement _____
Operator **BISHOP, JARED SETH** Owner **RICHARDSON, CATHLEEN A**
Address **7 LAWRENCE ST** Address **7 LAWRENCE ST**
City **WILMINGTON** State **MA** Zip **01887-1905** City **WILMINGTON** State **MA** Zip **01887-1905**
Insurance Company **PROGRESSIVE DIRECT INSURA** Vehicle Action Prior to Crash **2** 22 Damaged Area Code: **4** 27 **27** **27**
Vehicle Travel Direction: N S 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

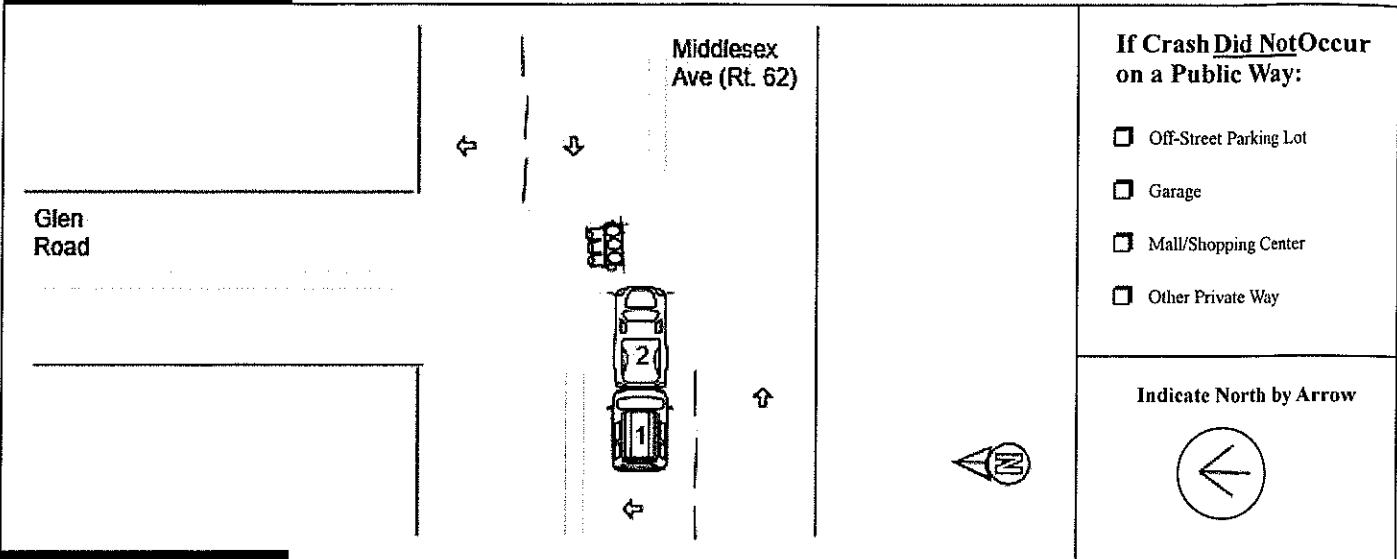
Please fill out for operator/non-motorist and all occupants involved

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	XXXXXX	XXXX	1	1	4	0	0	10	1	

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○



If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow

Crash Narrative:

Vehicle 2 was stationary waiting to take a left turn onto Glen Road from Middlesex Ave (Rt.62) when vehicle 1 came from behind and rear ended vehicle 2. Vehicle 1's operator stated that he was traveling east on Middlesex Ave when his phone fell to the floor of the van. Operator stated he was using the phone for his GPS when it fell. He looked away from the roadway when he looked down to retrieve the phone and this is when he rear ended vehicle 2. Airbags were deployed in vehicle 2 but not in vehicle 1. Both operators signed medical refusals with the Wilmington Fire Department. Vehicle 1 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/ACC #: _____

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 01/22/2024
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

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

2 10 Route# _____ Direction _____ Address # _____ Name of Roadway/Street **WOBURN ST**
 _____ Feet **N S E W** of _____ or _____
 Mile Marker _____ Exit Number _____

1 11 _____ Feet **N S E W** of _____
 Route# _____ Intersecting Roadway/Street _____

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

3 Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped **Crash Report ID# 24-29-AC**

4 1 License # _____ S DOB/Age _____ Reg # **5TGP29** Reg Type **PC** Reg State **MA**
 Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL _____ Veh Year **2016** Veh Make **Jeep** Veh Config. **1** 21
 Endorsement _____

Operator **LIU, YICHUN** Owner **LIU, YICHUN**
 Last First Middle Last First Middle
 Address **168 LOWELL ST APT 9** Address **168 LOWELL ST APT 9**
 City **WILMINGTON** State **MA** Zip **01887-2975** City **WILMINGTON** State **MA** Zip **01887-2975**

5 2 Insurance Company **ARBELLA MUTUAL INSURANCE** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **1** 27 **2** 27 **27**
 Vehicle Travel Direction: **N S E X** Responding to Emergency? **2** Event Sequence **22** 23 **23** 23 **23** Test Status: **1** 28
 Citation # (If Issued) _____ Most Harmful Event **22** 24 Type of Test: **29**
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **11** 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 **2** 32 **22** 13
 Towed from scene? **1** 33

6 2 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	0	4	0	0	10	1	

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

8 1 License # _____ St _____ DOB/Age _____ Reg # _____ Reg Type _____ Reg State _____
 Sex _____ Lic. Class **19** **19** Lic. Restrictions **20** CDL _____ Veh Year _____ Veh Make _____ Veh Config. **21**
 Endorsement _____

Operator _____ Owner _____
 Last First Middle Last First Middle
 Address _____ Address _____
 City _____ State _____ Zip _____ City _____ State _____ Zip _____

9 2 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** **32** **4** 14
 Towed from scene? **33**

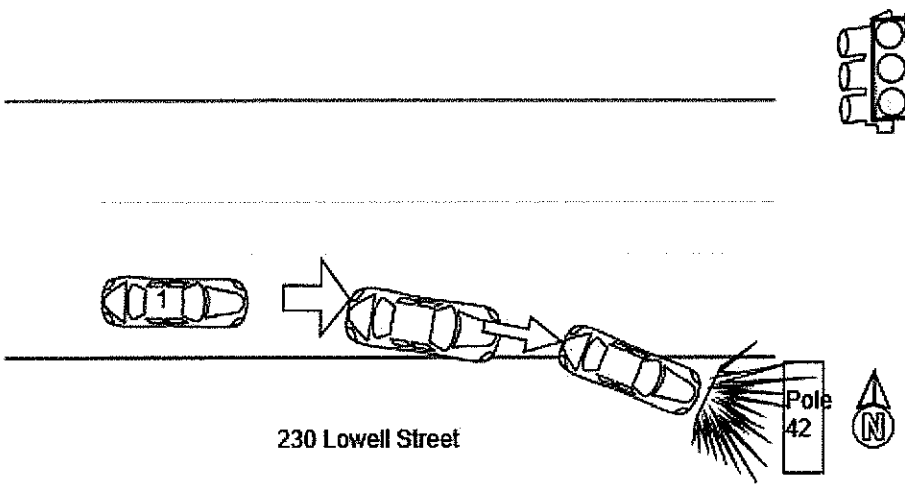
9 2 Please fill out for operator/non-motorist and all occupants involved

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

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

Crash 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:

Single motor vehicle crash into utility pole. The Registered owner lost control of the vehicle while heading West on Lowell Street due to the snow and ice on road. The vehicle went off the road and crashed into a Reading Light guy wire, which led to utility pole 42-1 falling down and causing property damage. No injuries or airbag deployment.

Witnesses:

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

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
READING LIGHT	230 LOWELL ST WILMINGTON MA 01887		4	GUY WIRE FOR READING LIGHT UTILITY POLE

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

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

Hazmat Information:

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

Patrol Officer Zachary A Leighton 227 Wilmington Police Department 01/24/2024
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Images Associated with 24-29-AC



Wilmington Police Department
Images Associated with 24-29-AC



Date of Crash **01/24/2024** Time of Crash **0149** City/Town **Wilmington** **Motor Vehicle Crash** Number Vehicles **1** Number Injured **0** Speed Limit **40** State Police Local Police MBTA Police Campus Police Other:

Police Report

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 # 80 Name of Roadway/Street INDUSTRIAL WAY _____ Feet N S E W of _____ or _____ Mile Marker _____ Exit Number _____ _____ Feet N S E W of _____ Route# _____ Intersecting Roadway/Street _____ _____ Feet N S E W of _____ Landmark _____
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Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped Crash Report ID# **24-30-AC**

License # _____ Sex M Lic. Class A Lic. Restrictions 1 CDL Endorsement _____ Operator MONTEIRO, GEREMIAS TAVARES Address 874 LONSDALE AVE APT 2 City CENTRAL FALLS State RI Zip 02863 Insurance Company _____ Vehicle Travel Direction: N 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 # 3026974 Reg Type AP Reg State IN Veh Year 2021 Veh Make Other-not listed Veh Config. 10 21 Owner FEDEX GROUND PACKAGE SYSTEM INC Address 1000 FEDEX DR City MOON TOWNSHIP State PA Zip 15108 Vehicle Action Prior to Crash 4 22 Damaged Area Code: 8 27 1 27 2 27 Event Sequence 41 23 23 23 23 Test Status: 1 28 Most Harmful Event 27 24 Type of Test: 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
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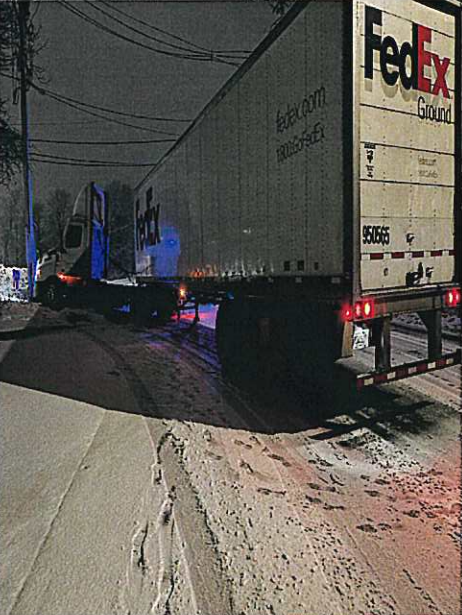
Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator		See Above	<input checked="" type="checkbox"/>	1	1	4	0	0	10	1	

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

License # _____ 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 Most Harmful Event 24 Type of Test: 29 Driver Contributing Code 25 25 BAC Test Result: 30 Driver Distracted by 26 Susp. Alcohol: 31 Susp. Drug: 32 Towed from scene? 33
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Please fill out for operator/non-motorist and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist		See Above	<input checked="" type="checkbox"/>	1							

Wilmington Police Department
Images Associated with 24-30-AC



Date of Crash **01/24/2024** Time of Crash **0615** City/Town **Wilmington** **Motor Vehicle Crash** Number Vehicles **1** Number Injured **0** Speed Limit **50** State Police Local Police MBTA Police Campus Police Other

Police Report

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 style="text-align: center;">ROUTE 125 HWY</p> <p>Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____</p> <p>_____ Feet N S E W of _____ or _____</p> <p style="text-align: center;">Mile Marker _____ Exit Number _____</p> <p>_____ Feet N S E W of _____</p> <p style="text-align: center;">Route# _____ Intersecting Roadway/Street _____</p> <p>_____ Feet N S E 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# **24-31-AC**

<p>License # _____ S _____ DOB/Agc _____</p> <p>Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL _____</p> <p>Operator LADDIS, BLYTHE ANNE</p> <p>Address 125 SHERWOOD DR</p> <p>City NORTH ANDOVER State MA Zip 01845-3254</p> <p>Insurance Company _____</p> <p>Vehicle Travel Direction: N S E 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 # 5142845 Reg Type PC Reg State NH</p> <p>Veh Year 2022 Veh Make FORD Veh Config. 1 21</p> <p>Owner LADDIS, STEPHEN JOHN</p> <p>Address 302 VARNEY RD</p> <p>City CENTER BARNSTEAD State NH Zip 032253377</p> <p>Vehicle Action Prior to Crash 1 22 Damaged Area Code: 2 27 27 27</p> <p>Event Sequence 5 23 23 23 23 Test Status: 28</p> <p>Most Harmful Event 5 24 Type of Test: 29</p> <p>Driver Contributing Code 1 25 25 BAC Test Result: 30</p> <p>Driver Distracted by 0 26 Susp. Alcohol: 31 Susp. Drug: 32</p> <p>Towed from scene? 1 33</p>
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Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Sent 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

<p>License # _____ St _____ DOB/Agc _____</p> <p>Sex _____ Lic. Class _____ 19 19 Lic. Restrictions 20 CDL _____</p> <p>Operator _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Insurance Company _____</p> <p>Vehicle Travel Direction: N S E 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>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>
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Please fill out for operator/non-motorist and all occupants involved		DOB/Age	Sex	34 Sent 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							

Date of Crash 01/24/2024	Time of Crash 1414 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report	Number Vehicles 2	Number Injured 0	Speed Limit <u>35</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"/>
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AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

<p>SHAWSHEEN AVE</p> <p>Route# _____ Direction _____ Name of Roadway/Street _____</p> <p style="text-align: center;">At</p> <p>JACQUITH RD</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 _____ Mile Marker _____ or _____ 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# **24-32-AC**

<p>License # _____ St. _____ DOB/Age _____</p> <p>Sex <u>M</u> Lic. Class <u>D</u> Lic. Restrictions <u>1</u> CDL _____</p> <p>Operator CLIFFORD, DOUGLAS JAMES</p> <p>Address 66 ALDRICH RD</p> <p>City WILMINGTON State MA Zip 01887-2276</p> <p>Insurance Company GOVERNMENT EMPLOYEES INSU</p> <p>Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u></p> <p>Citation # (If Issued) _____</p> <p>Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____</p> <p>Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____</p>	<p>Reg # 4XJ942 Reg Type PC Reg State MA</p> <p>Veh Year 2012 Veh Make TOYOTA Veh Config. 1</p> <p>Owner CLIFFORD, DOUGLAS JAMES</p> <p>Address 66 ALDRICH RD</p> <p>City WILMINGTON State MA Zip 01887-2276</p> <p>Vehicle Action Prior to Crash <u>4</u> Damaged Area Code: <u>5</u> <u>27</u> <u>27</u> <u>27</u></p> <p>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></p> <p>Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>2</u> <u>29</u></p> <p>Driver Contributing Code <u>1</u> <u>25</u> <u>25</u> BAC Test Result: <u>1</u> <u>30</u></p> <p>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></p> <p>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	XXXX	XX	1	1	4	0	0	10	1	

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

<p>License # _____ S _____ DOB/Age _____</p> <p>Sex <u>F</u> Lic. Class <u>D</u> Lic. Restrictions <u>B</u> CDL _____</p> <p>Operator BRAZELL, AMANDA MARIE</p> <p>Address 34 FAIRMEADOW RD</p> <p>City WILMINGTON State MA Zip 01887-1650</p> <p>Insurance Company GEICO</p> <p>Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u></p> <p>Citation # (If Issued) _____</p> <p>Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____</p> <p>Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____</p>	<p>Reg # 5EHZ69 Reg Type PC Reg State MA</p> <p>Veh Year 2004 Veh Make CHEVROLET Veh Config. 2</p> <p>Owner BRAZELL, AMANDA MARIE</p> <p>Address 34 FAIRMEADOW RD</p> <p>City WILMINGTON State MA Zip 01887-1650</p> <p>Vehicle Action Prior to Crash <u>1</u> Damaged Area Code: <u>1</u> <u>27</u> <u>27</u> <u>27</u></p> <p>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></p> <p>Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>2</u> <u>29</u></p> <p>Driver Contributing Code <u>22</u> <u>25</u> <u>25</u> BAC Test Result: <u>1</u> <u>30</u></p> <p>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></p> <p>Towed from scene? <u>1</u> <u>33</u></p>
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Please fill out for operator/non-motorist and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above	XXXX	XX	1	1	4	0	0	10	1	

Wilmington Police Department
Images Associated with 24-32-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 01/23/2024	Time of Crash 1311 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 35	Latitude _____	Longitude _____	<input type="checkbox"/> State Police <input checked="" 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# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____ Route# _____ Direction _____ Name of Intersecting Roadway/Street _____	Route# _____ Direction _____ Address # 603 Name of Roadway/Street MAIN ST Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____ Mile Marker _____ Exit Number _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____
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Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped
 Crash Report ID# **24-33-AC**

License # _____ DOB/Age _____ Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL _____ Operator CIAMPA, JEAN Address 7 FLETCHER LN City WILMINGTON State MA Zip 01887-3003 Insurance Company VERMONT MUTUAL INSURANCE Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" 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 # 6CY961 Reg Type PC Reg State MA Veh Year 2017 Veh Make NISSAN Veh Config. 1 21 Owner CIAMPA, JEAN Address 7 FLETCHER LN City WILMINGTON State MA Zip 01887-3003 Vehicle Action Prior to Crash 2 22 Damaged Area Code: 7 27 27 27 Event Sequence 1 23 23 23 23 Test Status: 1 28 Most Harmful Event 1 24 Type of Test: 29 Driver Contributing Code 97 25 25 BAC Test Result: 30 Driver Distracted by 0 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Towed from scene? 2 33
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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	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

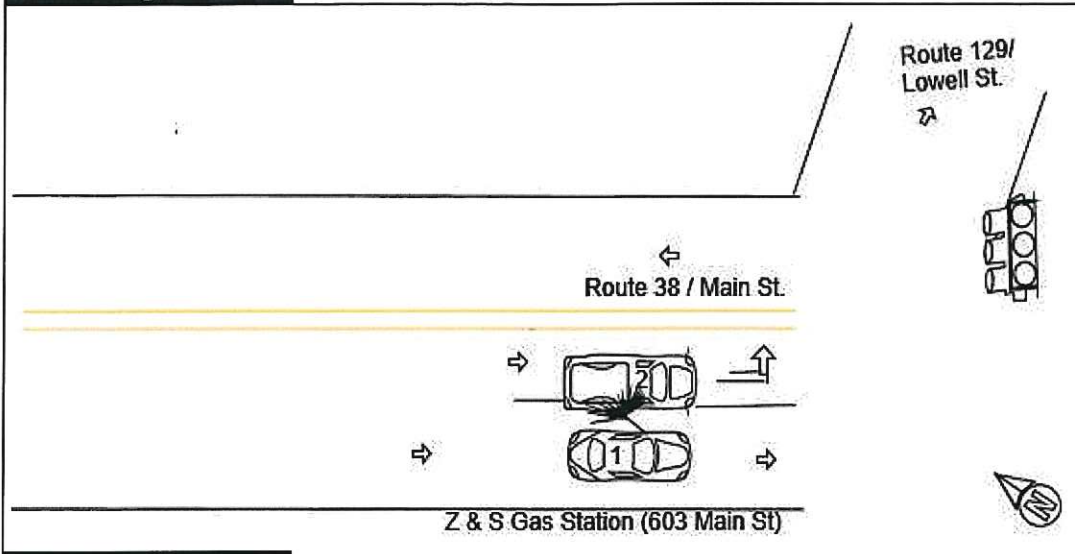
License # _____ DOB/Age _____ Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL _____ Operator SULLIVAN, WALTER L Address 12 BEAVER PL City BILLERICA State MA Zip 01821-3750 Insurance Company SAFETY INSURANCE COMPANY Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" 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 # WOLFEN Reg Type PC Reg State MA Veh Year 2014 Veh Make GMC Veh Config. 1 21 Owner SULLIVAN, WALTER L Address 12 BEAVER PL City BILLERICA State MA Zip 01821-3750 Vehicle Action Prior to Crash 1 22 Damaged Area Code: 97 27 27 27 Event Sequence 1 23 23 23 23 Test Status: 1 28 Most Harmful Event 1 24 Type of Test: 29 Driver Contributing Code 11 25 25 BAC Test Result: 30 Driver Distracted by 0 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Towed from scene? 2 33
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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	99	4	0	0	10	1	

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

Crash Diagram:

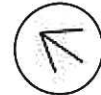
ie: → 1 → 2 → ○ → ⚙



If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow



Crash Narrative:

MV1 AND MV2 WERE TRAVELING SOUTH ON ROUTE 38/MAIN ST. MV1 WAS STOPPED AHEAD OF MV2 AT THE TRAFFIC LIGHT THAT SPLITS TO LOWELL STREET. BOTH VEHICLES WERE IN THE FAR RIGHT LANE, SOUTHBOUND ON MAIN ST. THE OPERATOR OF MV1 OPENED HER DOOR AND EXITED HER VEHICLE. THE OPERATOR OF MV1 OPENED HER DRIVERS SIDE DOOR AND EXITED THE VEHICLE, LEAVING THE DOOR OPEN. AT THIS TIME, MV2 BACKED UP SLIGHTLY, AND WENT AROUND MV1, ON THE LEFT SIDE OF THE VEHICLE. MV1 CLAIMS MV2 STRUCK THE DRIVERS SIDE DOOR OF HER VEHICLE WHILE TRYING TO PASS HER VEHICLE ON THE LEFT SIDE. MV2 CLAIMS HE DID NOT STRIKE MV1 AND DID NOT CAUSE ANY DAMAGE. MV2 TRAVELED A LITTLE OVER 2 MILES DOWN THE ROAD INTO WOBURN, WHEN HE REALIZED HE HAD A FLAT REAR PASSENGER SIDE TIRE. IT IS POSSIBLE THAT THE OPENED DRIVERS SIDE OF MV1 COLIDED WITH THE TIRE OF MV2, CAUSING DAMAGE TO BOTH THE DOOR OF MV1 AND THE TIRE OF MV2. NO AIRBAGS, NO TOWS, NO INJURIES REPORTED. SEE SUPPLEMENTAL NARRATIVE.

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

01/25/2024

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

INCIDENT DESCRIPTION

Ref: 24-33-AC

Entered: 01/28/2024 @ 0943	Entry ID: 230
Modified: 01/28/2024 @ 1223	Modified ID: 230
Approved: 01/30/2024 @ 2308	Approval ID: 184

The following is a brief summary of facts.

On Tuesday, January 23, 2024, I, Officer Hanson, was working my assigned 8:00 AM to 4:00 PM shift as the station officer at the Wilmington Police Department. At approximately 1:10 PM, Jean Ciampa, a resident of Wilmington walked into the Police Station to report a hit and run accident that happened earlier in the day.

Jean reported that around 9:00/9:15 AM this morning, she was traveling South on Route 38 in Wilmington, stopped at the traffic lights at the intersection with Route 62. Jean was traveling in the far-right lane, and another vehicle (Jean described as a black SUV) was also traveling South and in the lane to her left. Both lanes of travel allow vehicles to continue straight on Route 38, however the lanes merge shortly after the intersection, in front of 442 Main Street. Jean reported that the SUV to her left tried to cut into her lane at the merge, but she did not allow the vehicle to merge in front of her. Jean believed this upset the other driver because the other driver and his female passenger proceeded to give her the middle finger. At the next set of traffic lights, where Route 129 splits to Lowell Street, and Route 38 continues straight as Main Street, Jean was stopped at the traffic light, heading southbound on Route 38/Main St, with this SUV traveling behind her. Jean opened her car door, and exited the vehicle while it was stopped at the light, to try to get the registration plate of the SUV. The SUV, in an attempt to pass Jeans stopped vehicle, drove around the driver's side of Jean's vehicle, striking her drivers side door as it passed. The vehicle continued driving South on Main Street. Jean followed the vehicle's direction into Woburn, although a couple vehicles were now between her and the SUV. She came across the vehicle in Woburn, which had pulled into a lot just after Mountain Street in Woburn. The operator was outside of the vehicle, circling the vehicle, appearing to Jean to be searching for damage. She did not have any engagement with the operator of the SUV but did obtain a plate she believes to be "WDLFEN".

A CJIS query of the registration given does not come back to any registered vehicle, however, a partial plate search returns the registration "WOLFEN" which comes back to a GMC Yukon belonging to a male party out of Billerica.

Jean's driver side door of her vehicle was damaged as a result of the incident (see attached photos).

Respectfully Submitted,

Officer Kayla Hanson #230
Wilmington Police Department

INCIDENT DESCRIPTION

Ref: 24-33-AC

Entered: 01/28/2024 @ 0943	Entry ID: 230
Modified: 01/28/2024 @ 1223	Modified ID: 230
Approved: 01/30/2024 @ 2308	Approval ID: 184

On Thursday, January 25, 2024, I, Officer Hanson, reached out to the registered owner of MA REG "WOLFEN", Walter Sullivan, via telephone, in regards to the road rage incident that happened on Tuesday.

I asked Mr. Sullivan if he was involved in a hit and run accident in Wilmington on Tuesday. Mr. Sullivan stated that there was no accident, but that there was a road rage incident with an elderly female driving a gray sedan. Mr. Sullivan described the same merging incident, where he ended up behind the gray sedan, who he believes was unhappy about him being too close to her because she "brake tested" him after the merge in front of 442 Main St, almost causing him to collide with the rear of her vehicle. He continued to describe the incident at the Route 129/Route 38 split, stating that the female party got out of her car while at the traffic light, and was standing beside her car when he had to slightly back his vehicle up in order to drive around her vehicle at the traffic light. Mr. Sullivan described the female party as an elderly, white, shorter female who was possibly in her 70's. Mr. Sullivan said there was no contact with this female's car, and claims he would have heard any collision. Mr. Sullivan continued driving into Woburn when he realized there was an issue with his rear right (passenger side) tire. He pulled over into a lot of an elementary school to check on the tire, which seemed to have a slit in it from a sharp object, and was now flat. He then had to call for a tow and had Hogan Tire replace his tire. Mr. Sullivan said that the female party drove by him while he was in the lot of the elementary school examining the tire, and shouted "That's what you get" to him. Mr. Sullivan suggested that the female could have had a knife or box cutter of some sort in her hand and got his tired while he drove by. I asked if he saw anything in the female's hands, and Mr. Sullivan said he believes she had a cell phone, but could not see what else. Mr. Sullivan reported there is no other damage to his SUV, and because he did not feel or hear any collision, he does not believe his vehicle had any contact with the silver sedan. Mr. Sullivan said there was a passenger in the silver sedan, but was unable to provide a description. When asked why he did not call the police after the incident, Mr. Sullivan reported he was late to his mother's eye surgery appointment at Lahey Clinic, and did not obtain any information from the gray sedan's vehicle.

Mr. Sullivan came to the Wilmington Police Station after we spoke, at around 2:45 PM. There were no obvious signs of damage on his vehicle.

Based on the damage to the bottom of the Nissan's side door, and the damage to rear passenger tire of the SUV, it is possible that the tire of the SUV and collided with the door of the Nissan sedan in passing, causing the damage on both vehicles.

Respectfully Submitted,

Officer Kayla Hanson #230
Wilmington Police Department

INCIDENT DESCRIPTION

Ref: 24-33-AC

Entered: 01/28/2024 @ 0943 Entry ID: 230
Modified: 01/28/2024 @ 1223 Modified ID: 230
Approved: 01/30/2024 @ 2308 Approval ID: 184

On Thursday, January 25, 2024, I, Officer Hanson, reached out to the registered owner of MA REG "WOLFEN", Walter Sullivan, via telephone, in regards to the road rage incident that happened on Tuesday.

I asked Mr. Sullivan if he was involved in a hit and run accident in Wilmington on Tuesday. Mr. Sullivan stated that there was no accident, but that there was a road rage incident with an elderly female driving a gray sedan. Mr. Sullivan described the same merging incident, where he ended up behind the gray sedan, who he believes was unhappy about him being too close to her because she "brake tested" him after the merge, almost causing him to collide with the rear of her vehicle. He continued to describe the incident at the Route 129/Route 38 split, stating that the female party got out of her car while at the traffic light, and was standing beside her car when he had to back his vehicle up in order to pass her vehicle at the traffic light. Mr. Sullivan described the female party as an elderly, white, shorter female, possibly in her 70's. Mr. Sullivan said there was no contact with this female's car, and claims he would have heard any collision. Mr. Sullivan continued driving into Woburn when he realized there was an issue with his tire. He pulled over into the lot of the elementary school to check on the tire, which seemed to have a slit in it from a sharp object, and was now flat. He then had to call for a tow and had Hogan Tire replace his tire. Mr. Sullivan said that the female party drove by him while he was in the lot of the elementary school examining the tire, and shouted "That's what you get" to him. Mr. Sullivan suggested that the female could have had a knife or box cutter of some sort in her hand and got his tired while he drove by. I asked if he saw anything in the female's hands, and Mr. Sullivan said he believes she had a cell phone, but could not see what else. Mr. Sullivan reported there is no other damage to his SUV, and because he did not feel or hear any collision, he does not believe his vehicle had any contact with the silver sedan. Mr. Sullivan said there was a passenger in the silver sedan, but was unable to provide a description. When asked why he did not call the police after the incident, Mr. Sullivan reported he was late to his mother's eye surgery appointment at Lahey Clinic, and did not obtain any information from the gray sedan's vehicle.

Mr. Sullivan came to the Wilmington Police Station after we spoke, at around 2:45 PM. There were no obvious signs of damage on his vehicle.

Respectfully Submitted,

Officer Kayla Hanson #230
Wilmington Police Department

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 3 Route# Direction Name of Intersecting Roadway/Street

2 10 Route# Direction Address # Name of Roadway/Street
Feet **N S E W** of _____ or _____ Mile Marker Exit Number
2 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 12 #Occupants Hit/Run Moped | Crash Report ID# **24-34-AC**

3 2 License # _____ St _____ DOB/Age _____ Reg # **5FCX19** Reg Type **PC** Reg State **MA**
Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL _____ Veh Year **2019** Veh Make **HYUNDAI** Veh Config. **1** 21
Operator **MACDONALD, MOLLY JOHANNA** Owner **MACDONALD, BRIAN JAMES**
4 2 Address **3 BAKER ST** Address **3 BAKER ST**
City **WILMINGTON** State **MA** Zip **01887-2008** City **WILMINGTON** State **MA** Zip **01887-2008**
Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **2** 22 Damaged Area Code: **5** 27 **6** 27 **4** 27
5 2 Vehicle Travel Direction: **N S E W** Responding to Emergency? **2** Event Sequence **1** 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 **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
6 2 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	
				3	1	4	0	0	10	1	

7 3 Please Select One of the Following: Vehicle 21 #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

8 1 License # _____ DOB/Age _____ Reg # **2HHB62** Reg Type **PC** Reg State **MA**
Se: _____ Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL _____ Veh Year **2016** Veh Make **FORD** Veh Config. **1** 21
Operato _____ Owner **ROONEY, BETH ANN**
Address _____ Address **285 CHESTNUT ST**
Cit _____ State _____ Zip _____ City **WILMINGTON** State **MA** Zip **01887-3303**
Insurance Company **SAFETY INSURANCE COMPANY** Vehicle Action Prior to Crash **2** 22 Damaged Area Code: **1** 27 **5** 27 **6** 27
9 2 Vehicle Travel Direction: **N S E W** Responding to Emergency? **2** Event Sequence **1** 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 **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/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	8	1	

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# 135 Direction _____ Address # _____ Name of Roadway/Street MIDDLESEX AVE

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

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

_____ Feet N S E W of _____ Landmark _____

Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped Crash Report ID# **24-34-AC**

License # _____ St _____ DOB/Age _____ Reg # 2BBB53 Reg Type PC Reg State MA

Sex M Lic. Class D Lic. Restrictions 1 CDL _____ Veh Year 2017 Veh Make CHEVROLET Veh Config. 1

Operator SPENCER, NICHOLAS JAMES Owner SPENCER, MICHAEL PATRICK

Address 398R CHESTNUT ST Address 398R CHESTNUT ST

City WILMINGTON State MA Zip 01887-3486 City WILMINGTON State MA Zip 01887-3486

Insurance Company THE HANOVER INSURANCE COM Vehicle Action Prior to Crash 1 Damaged Area Code: 1 27 27 8 27

Vehicle Travel Direction: N S E W Responding to Emergency? 2 Event Sequence 1 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 99 25 25 BAC Test Result: 1 30

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

Towed from scene? 2 33

Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above			<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: Vehicle 4 #Occupants Non-Motorist A Type 15 Action 16 Location 17 Condition 18 Hit/Run Moped

License # _____ St _____ DOB/Age _____ Reg # _____ Reg Type _____ Reg State _____

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

Operator _____ Owner _____

Address _____ Address _____

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

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

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

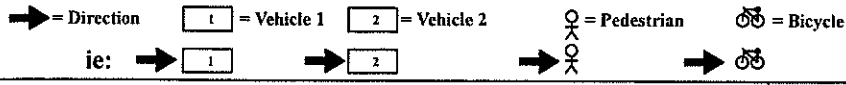
Citation # (If Issued) _____ Most Harmful Event 24 Type of Test: 29

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

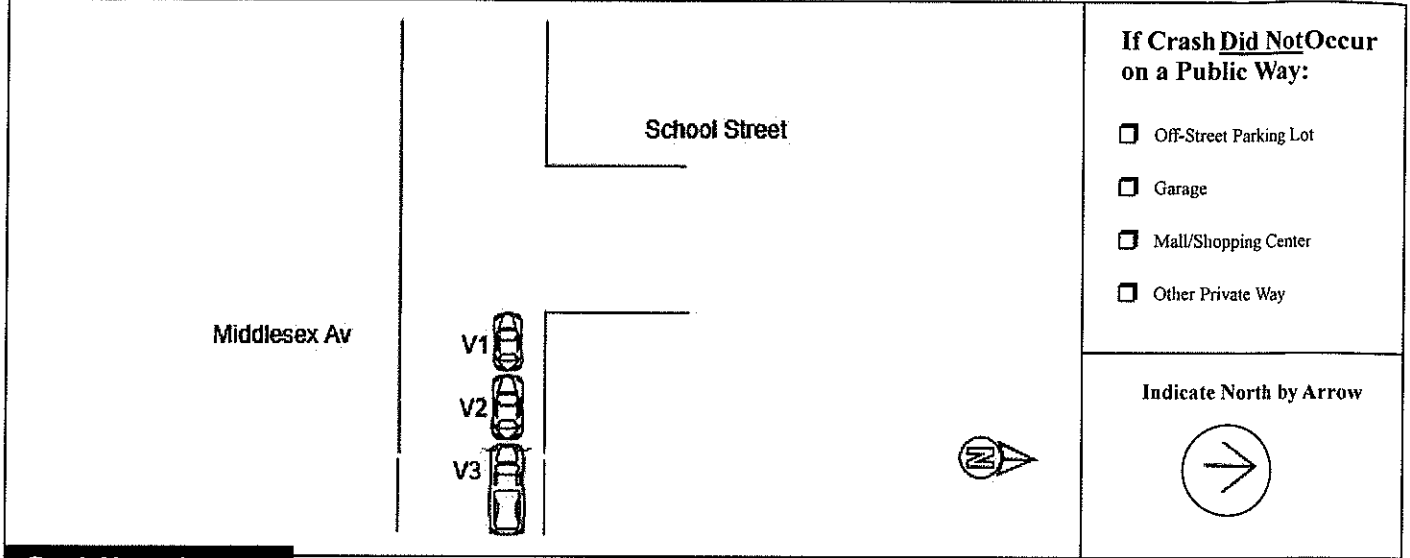
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by 26 Susp. Alcohol: 31 Susp. Drug: 32

Towed from scene? 33

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



Crash Diagram:



If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow



Crash Narrative:

Sir, on January 26, 2004 I (Officer MacGilvray) was assigned as the SRO at the HS for my tour (7am-3pm). At approximately 2:45pm I was in the crosswalk in front of the HS and heard a noise consistent with a MV crash. I immediately looked to my right and saw the three vehicles involved in the crash - MAREG 5FCX19 (V1) MAREG 2HHB62 (V2) MAREG 2BBB53 (V3). I spoke to all operators involved. V1 stated while travelling straight ahead she was struck in the rear by V2. V2 stated while travelling straight ahead V3 hit him from the rear causing him to strike V1. V3 stated he was struck in the rear causing him to strike V2. When I looked to the direction of the crash there was no vehicle behind V3. V3 showed damage only in the front. No damage showed on the rear part of the vehicle. V2 was towed from the scene by A&S Tow. No injuries reported on scene.

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

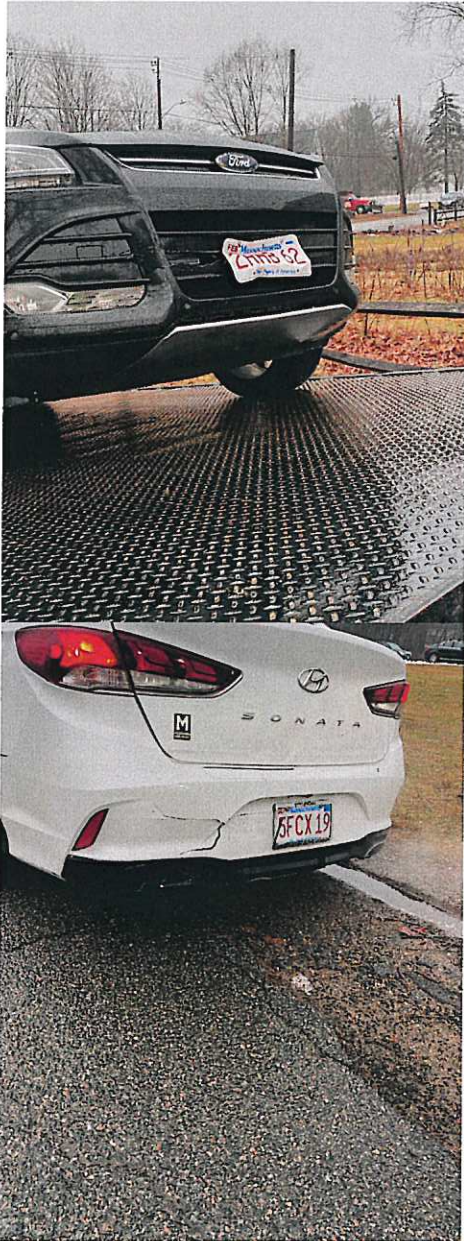
Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 46

Hazmat Information:

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

Patrol Officer Paul Macgilvray **221** **Wilmington Police Department** **01/26/2024**
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Images Associated with 24-34-AC



Date of Crash **01/26/2024** Time of Crash **1657** City/Town **Wilmington** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **1** Speed Limit **20** State Police Local Police MBTA Police Campus Police Other:

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

<p>1 6</p> <p>Route# <u> </u> Direction <u> </u> Name of Roadway/Street <u>GLEN RD</u></p> <p style="text-align: center;">At</p> <p>Route# <u> </u> Direction <u> </u> Name of Intersecting Roadway/Street <u>FAULKNER AVE</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> </u> Direction <u> </u> Address # <u> </u> Name of Roadway/Street <u> </u></p> <p>Feet <u> </u> N S E W of <u> </u> or <u> </u> Mile Marker <u> </u> Exit Number <u> </u></p> <p>Feet <u> </u> N S E W of <u> </u> Route# <u> </u> Intersecting Roadway/Street <u> </u></p> <p>Feet <u> </u> N S E W of <u> </u> Landmark <u> </u></p>
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Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped Crash Report ID# **24-35-AC**

<p>License # <u> </u> S. DOB/Age <u> </u></p> <p>Se. Lic. Class D 19 19 Lic. Restrictions I 20 CDL Endorsement <u> </u></p> <p>Operat Last <u> </u> First <u> </u> Middle <u> </u></p> <p>Address <u> </u></p> <p>City <u> </u> Stat <u> </u> Zip <u> </u></p> <p>Insurance Company <u>PROGRESSIVE DIRECT INSURA</u></p> <p>Vehicle Travel Direction: N S X W Responding to Emergency? 2</p> <p>Citation # (If Issued) <u> </u></p> <p>Viol. 1: Ch/Sec/Sub <u> </u> Viol. 2: Ch/Sec/Sub <u> </u></p> <p>Viol. 3: Ch/Sec/Sub <u> </u> Viol. 4: Ch/Sec/Sub <u> </u></p>	<p>Reg # 5204NP Reg Type PC Reg State MA</p> <p>Veh Year 2018 Veh Make KIA Veh Config. 1 21</p> <p>Owner WILLIAMS, STEPHANIE ANNE</p> <p>Address 139 GLEN RD</p> <p>City WILMINGTON State MA Zip 01887-3535</p> <p>Vehicle Action Prior to Crash 4 22 Damaged Area Code: 2 27 3 27 27</p> <p>Event Sequence 1 23 23 23 23 Test Status: 1 28</p> <p>Most Harmful Event 1 24 Type of Test: 29</p> <p>Driver Contributing Code 1 25 25 BAC Test Result: 30</p> <p>Driver Distracted by 0 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32</p> <p>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	1	0	0	10	1	

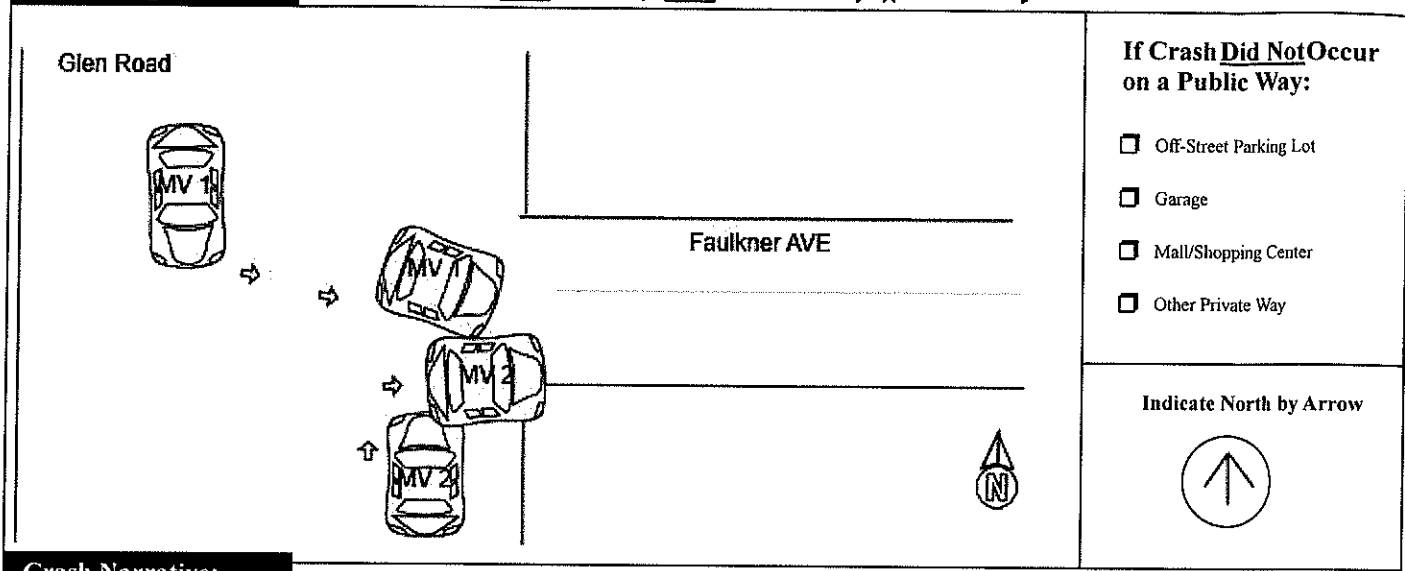
Please Select One of the Following: Vehicle **2** #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

<p>License # <u> </u> St. DOB/Age <u> </u></p> <p>Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement <u> </u></p> <p>Operator HOOPER, GREGG WARREN</p> <p>Address 532 WHIDDY LOOP</p> <p>City CONWAY State SC Zip 29526</p> <p>Insurance Company <u>AMICA MUTUAL</u></p> <p>Vehicle Travel Direction: N S E X Responding to Emergency? 2</p> <p>Citation # (If Issued) <u> </u></p> <p>Viol. 1: Ch/Sec/Sub <u> </u> Viol. 2: Ch/Sec/Sub <u> </u></p> <p>Viol. 3: Ch/Sec/Sub <u> </u> Viol. 4: Ch/Sec/Sub <u> </u></p>	<p>Reg # 2ZKF85 Reg Type PC Reg State MA</p> <p>Veh Year 2020 Veh Make FORD Veh Config. 1 21</p> <p>Owner HOOPER, GEORGE WALTER</p> <p>Address 12 ALLEN PARK DR</p> <p>City WILMINGTON State MA Zip 01887-2939</p> <p>Vehicle Action Prior to Crash 3 22 Damaged Area Code: 8 27 7 27 27</p> <p>Event Sequence 1 23 23 23 23 Test Status: 1 28</p> <p>Most Harmful Event 1 24 Type of Test: 29</p> <p>Driver Contributing Code 1 25 25 BAC Test Result: 30</p> <p>Driver Distracted by 0 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32</p> <p>Towed from scene? 3 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	1	4	0	0	10	2	Lahey Clinic
GEORGE HOOPER	12 ALLEN PARK DR WILMINGTON, MA 01887-2939		M	3	1	4	0	0	8	2	Lahey Clinic

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

Crash Diagram:



Crash Narrative:

Motor Vehicle one was traveling East on Glen Road and stopped at the intersection of Glen Road and Faulkner Avenue. Motor Vehicle two was traveling West on Glen Road and stopped at the intersection of Glen Road and Faulkner Avenue. Motor Vehicle one stated that they were turning left onto Faulkner Avenue when Motor Vehicle two slowed down to turn right onto Faulkner Avenue as well. Motor Vehicle one stated they believed Motor Vehicle two was allowing them to turn first due to Motor Vehicle two slowing down. Both vehicles then turned onto Faulkner Avenue at the same time causing the collision. The front airbags in Motor Vehicle one deployed. The occupants of Motor Vehicle two were transported by WFD to Lahey Medical Center. Both vehicles were towed by A&S Towing company.

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 I digit # 48 Material Name _____ Material 4 digit # _____ Release code 49

Police Use Only: Date of Crash 01/26/2024, Time of Crash 1834, City/Town **Wilmington**, Number Vehicles 2, Number Injured 2, Speed Limit 30, State Police , Local Police , MBTA Police , Campus Police , Other:

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

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

At Feet of • or Mile Marker Exit Number

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

Route# Direction Name of Intersecting Roadway/Street Feet of Landmark

Please Select One of the Following: Vehicle 2 #Occupants Hit/Run Moped **Crash Report ID# 24-36-AC**

License # St DOB/Agr Reg # 2TSZ28 Reg Type PC Reg State MA

Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Veh Year 2015 Veh Make TOYOTA Veh Config. 1 21

Operator MARTYN, CHRISTINE F Owner MARTYN, CHRISTINE F

Address 216 FOREST ST Address 216 FOREST ST

City NORTH ANDOVER State MA Zip 01845-3208 City NORTH ANDOVER State MA Zip 01845-3208

Insurance Company SAFETY INSURANCE COMPANY Vehicle Action Prior to Crash 2 22 Damaged Area Code: 5 27 27 27

Vehicle Travel Direction: 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? 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	 	 	<u>1</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>8</u>	<u>2</u>	Lahey Clinic
KEELY MARTYN	216 FOREST ST NORTH ANDOVER, MA 01845-3208		F	<u>3</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>8</u>	<u>2</u>	Lahey Clinic

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

License # J DOB/Agr Reg # 2291T Reg Type Reg State MA

Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Veh Year 2022 Veh Make Other-not listed Veh Config. 6 21

Operator NAVAS FLORIAN, YEFRY BYRON ENRIQUE Owner PRO TECH TOWING & RECOVERY INC

Address 38 GORDON ST APT 4 Address 205 WILLOW ST

City FRAMINGHAM State MA Zip 01702-7317 City WALTHAM State MA Zip 02453-8332

Insurance Company PILGRIM INSURANCE COMPANY Vehicle Action Prior to Crash 1 22 Damaged Area Code: 2 27 1 27 27

Vehicle Travel Direction: 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 5 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

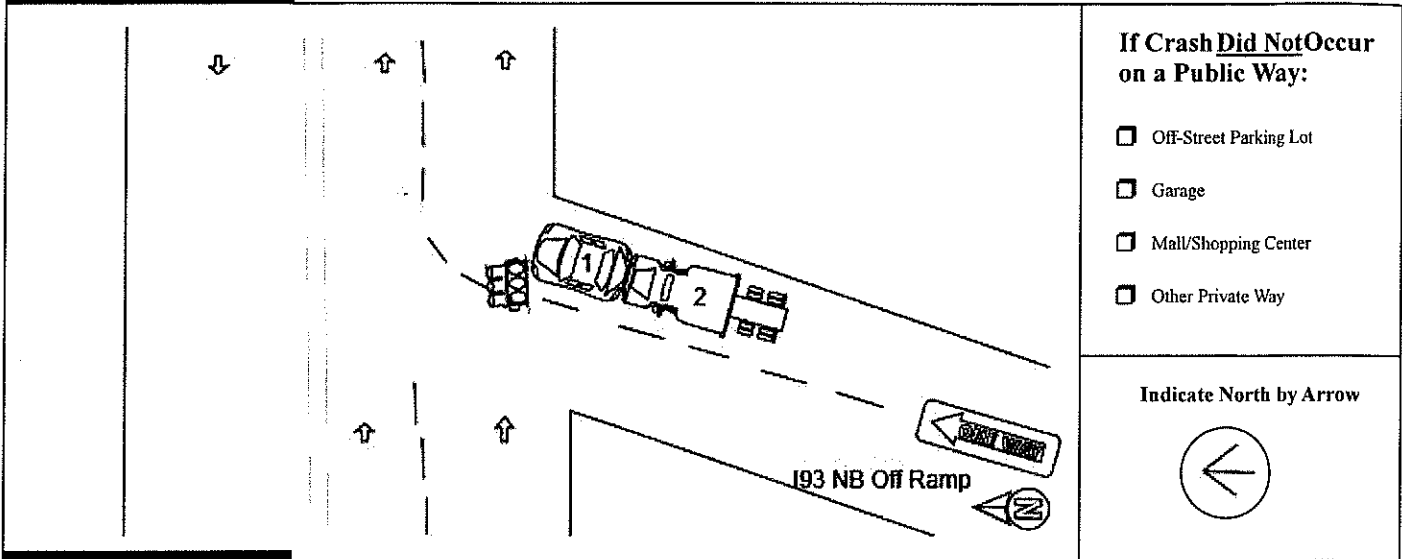
Towed from scene? 2 33

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	 	 	<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:



Crash Narrative:

Vehicle 1 and vehicle 2 were exiting Interstate 93 Northbound at Rt. 125, vehicle 2 traveling directly behind vehicle 1. They were approaching the light at the intersection of the Off Ramp and Rt.125. The light began to turn red and vehicle 1 slowed and stopped for the red light. Vehicle 2 rear ended vehicle 1. Neither vehicles had airbags deployed. Operator and passenger of vehicle 1 were transported by the Wilmington Fire Department to Lahey Hospital. Operator of vehicle 2 signed a medical refusal. Vehicle 1 was towed from the scene by A&S Towing, vehicle 2 was able to be driven from the scene.

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # **2291T** (From Vehicle Section)

Carrier Name **Pro-Tech Towing**

Bus Use 42 0

Address **205 WILLOW ST** City **WALTHAM** St **MA** Zip _____

US DOT #: **473394** State Number _____ Issuing State _____ MC/MX/ICC #: _____

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

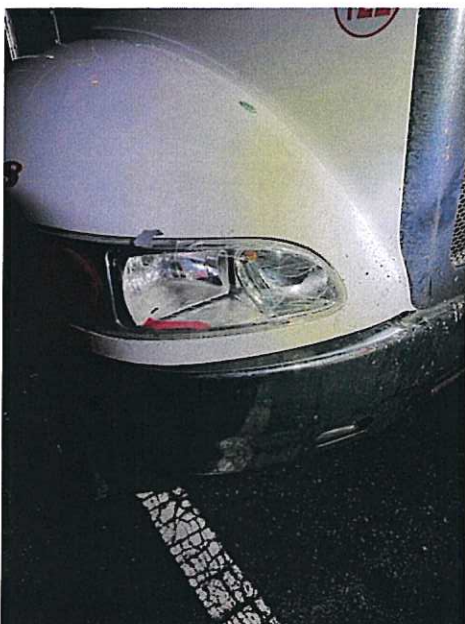
Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 46

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 01/26/2024
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Images Associated with 24-36-AC



Police Use Only	Date of Crash 01/27/2024	Time of Crash 0105 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report	Number Vehicles 2	Number Injured 0	Speed Limit <u>25</u> Latitude _____ Longitude _____	State Police Local Police MBTA Police Campus Police Other: _____	
AT INTERSECTION:				LOCATION	NOT AT INTERSECTION:				
Route# _____ Direction _____ Name of Roadway/Street _____ At _____				Route# <u>93</u> Direction _____ Address # <u>MINKRUN RD</u> Name of Roadway/Street _____					2 10
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____				Feet <u>N S E W</u> of _____ of _____ or _____ Mile Marker _____ Exit Number _____					6 11
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____				Feet <u>N S E W</u> of _____ of _____ Route# _____ Intersecting Roadway/Street _____ Landmark _____					2 13

Please Select One of the Following: Vehicle 10 #Occupants Hit/Run Moped

Crash Report ID# **24-37-AC**

License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class <u>19 19</u> Lic. Restrictions <u>20</u> CDL _____ Operator Driverless M.V. Address _____ City _____ State _____ Zip _____ Insurance Company THE HANOVER INSURANCE COM Vehicle Travel Direction: <u>N S 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 # 2CKG95 Reg Type PC Reg State MA Veh Year 2011 Veh Make FORD Veh Config. <u>1 21</u> Owner DOYLE, STEPHEN DOMENIC Address 5 LEDGEWOOD RD City WILMINGTON State MA Zip 01887-3409 Vehicle Action Prior to Crash <u>11 22</u> Damaged Area Code: <u>2 27 3 27 27</u> Event Sequence <u>1 23 31 23 23 23</u> Test Status: <u>1 28</u> Most Harmful Event <u>1 24</u> Type of Test: <u>29</u> Driver Contributing Code <u>1 25 25</u> BAC Test Result: <u>1 30</u> Driver Distracted by <u>0 26</u> Susp. Alcohol: <u>2 31</u> Susp. Drug: <u>2 32</u> Towed from scene? <u>1 33</u>
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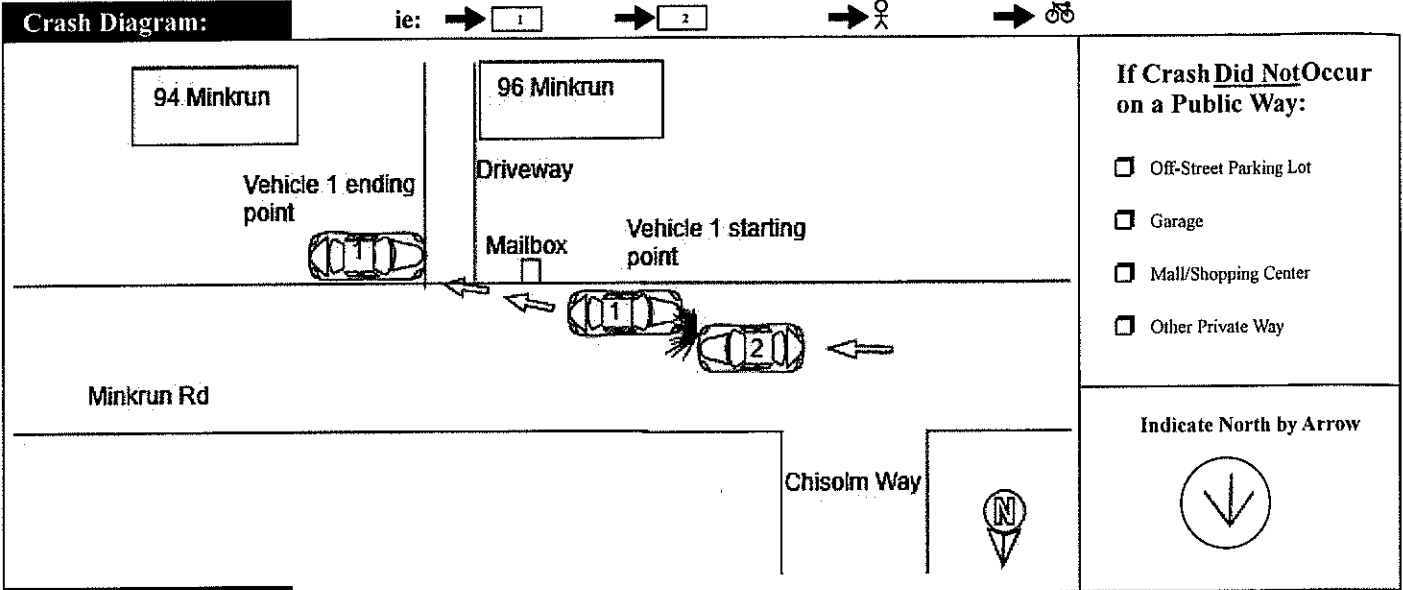
Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above	XXXX	XX	1							

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

License # _____ St _____ DOB/Age _____ Sex M Lic. Class <u>D 19 19</u> Lic. Restrictions <u>20</u> CDL _____ Operator KEBADJIAN, EDWARD A Address 43 POMEWORTH ST APT 44 City STONEHAM State MA Zip 02180-1279 Insurance Company GOVERNMENT EMPLOYEES INSU 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 _____	Reg # 2FBY76 Reg Type PC Reg State MA Veh Year 2021 Veh Make MAZDA Veh Config. <u>1 21</u> Owner KEBADJIAN, EDWARD A Address 43 POMEWORTH ST APT 44 City STONEHAM State MA Zip 02180-1279 Vehicle Action Prior to Crash <u>1 22</u> Damaged Area Code: <u>11 27 27 27</u> Event Sequence <u>1 23 43 23 23 23</u> Test Status: <u>3 28</u> Most Harmful Event <u>1 24</u> Type of Test: <u>1 29</u> Driver Contributing Code <u>14 25 25</u> BAC Test Result: <u>6 30</u> Driver Distracted by <u>99 26</u> Susp. Alcohol: <u>1 31</u> Susp. Drug: <u>1 32</u> Towed from scene? <u>1 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	XXXX	XX	1	1	3	0	0	10	2	Lahay Clinic

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



Crash Narrative:

Vehicle 1 was parked in front of 96 Minkrun Rd, in front of its mailbox, and was unoccupied at the time of the crash. Vehicle 2 was traveling East on Minkrun and crashed head on into Vehicle 1, causing damage to the front right and right side of Vehicle 1. Due to the crash, Vehicle 1 was pushed approximately 15 feet, ending up in front of 94 Minkrun Rd and damaging the mailbox of 96 Minkrun Rd. After colliding with Vehicle 1, Vehicle 2 then rolled over and its final resting spot was on its roof. There was damage to all parts of Vehicle 2. The operator of Vehicle 2 then got out of his vehicle and left the scene on foot. The operator was then found on another street. The operator had no apparent injuries but requested to be transported to Lahey Clinic in Burlington, MA. The operator was transported and both vehicle were towed by A&S Towing.

Witnesses:

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

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
GAMBALE ALFONSO FRANK JR	96 MINKRUN RD WILMINGTON MA 01887-		97	MAILBOX

Truck and Bus Information:

Registration # _____ (From Vehicle Section) Bus Use 42

Carrier Name _____
 Address _____ City _____ St _____ Zip _____

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

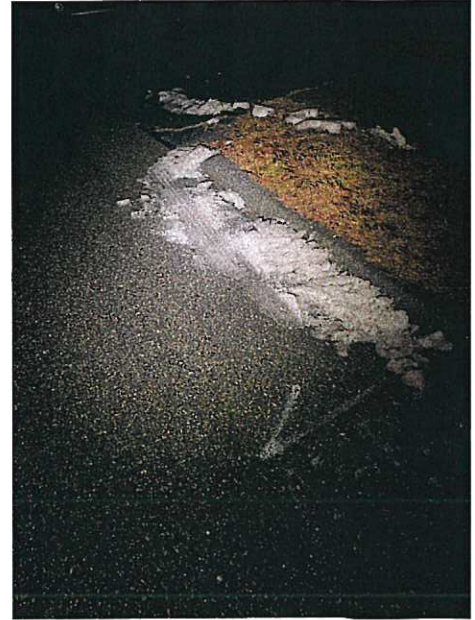
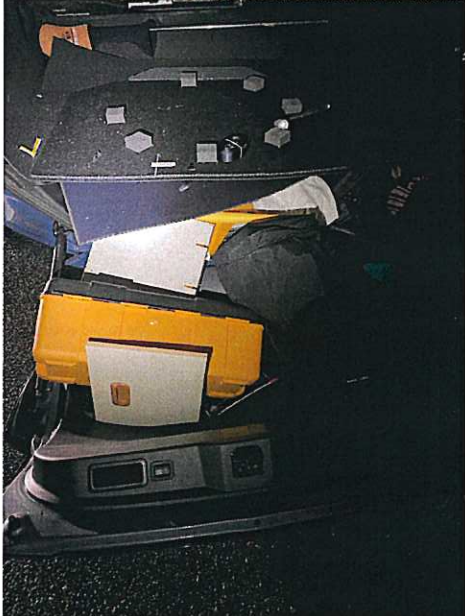
Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

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

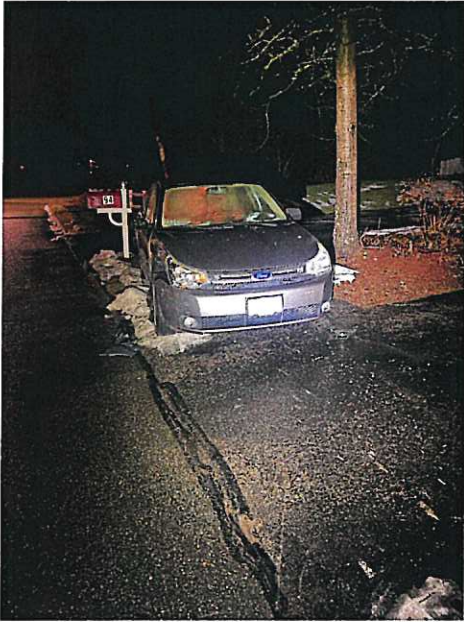
Hazmat Information:
 Placard 47 Material 1 digit # 48 Material Name _____ Material 4 digit # _____ Release code 49

Patrol Officer Alec S Masiello 229 Wilmington Police Department 01/27/2024
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Images Associated with 24-37-AC



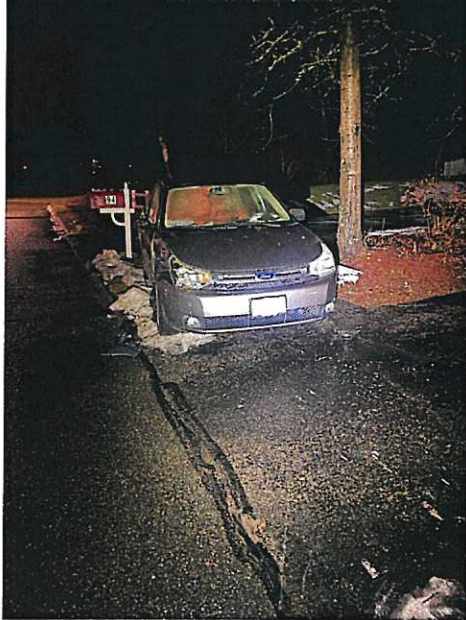
Wilmington Police Department
Images Associated with 24-37-AC



Wilmington Police Department
Images Associated with 24-37-AC



Wilmington Police Department
Images Associated with 24-37-AC



Police Use Only: Date of Crash 01/27/2024, Time of Crash 1904, 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:

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

Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped
 Crash Report ID# **24-38-AC**

License # S DOB/Age Reg # **454Z20** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D** Lic. Restrictions **1** CDL Endorsement
 Operator **PEABODY, AARON CHRISTOPHER** Owner **PEABODY, ELIZABETH ANN**
 Address **67 BURLINGTON AVE** Address **67 BURLINGTON AVE**
 City **WILMINGTON** State **MA** Zip **01887-3906** City **WILMINGTON** State **MA** Zip **01887-3906**
 Insurance Company **GOVERNMENT EMPLOYEES INSU**
 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

Vehicle Action Prior to Crash **4** 22 Damaged Area Code: 1 27 27 2 27
 Event Sequence 1 23 23 23 23 Test Status: 1 28
 Most Harmful Event **1** 24 Type of Test: 29
 Driver Contributing Code **4** 25 25 BAC Test Result: 1 30
 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			1	1	4	0	0	10	1	

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

License # S DOB/Age Reg # **X36714** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D** Lic. Restrictions **1** CDL Endorsement
 Operator **GONCALVES DEFRANCA, JOAO** Owner **ANGEL RENTAL CAR CORP**
 Address **12A SHERIDAN ST** Address **255 THACHER ST**
 City **WOBURN** State **MA** Zip **01801** City **MILTON** State **MA** Zip **02186-3219**
 Insurance Company **ARBELLA PROTECTION INSURA**
 Vehicle Travel Direction: N E W Responding to Emergency? 2
 Citation # (If Issued) **T3282170**
 Viol. 1: Ch/Sec/Sub **90** **23** Viol. 2: Ch/Sec/Sub
 Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub

Vehicle Action Prior to Crash **1** 22 Damaged Area Code: 1 27 2 27 27
 Event Sequence 1 23 23 23 23 Test Status: 1 28
 Most Harmful Event **1** 24 Type of Test: 29
 Driver Contributing Code **1** 25 25 BAC Test Result: 1 30
 Driver Distracted by **0** 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32
 Towed from scene? **1** 33

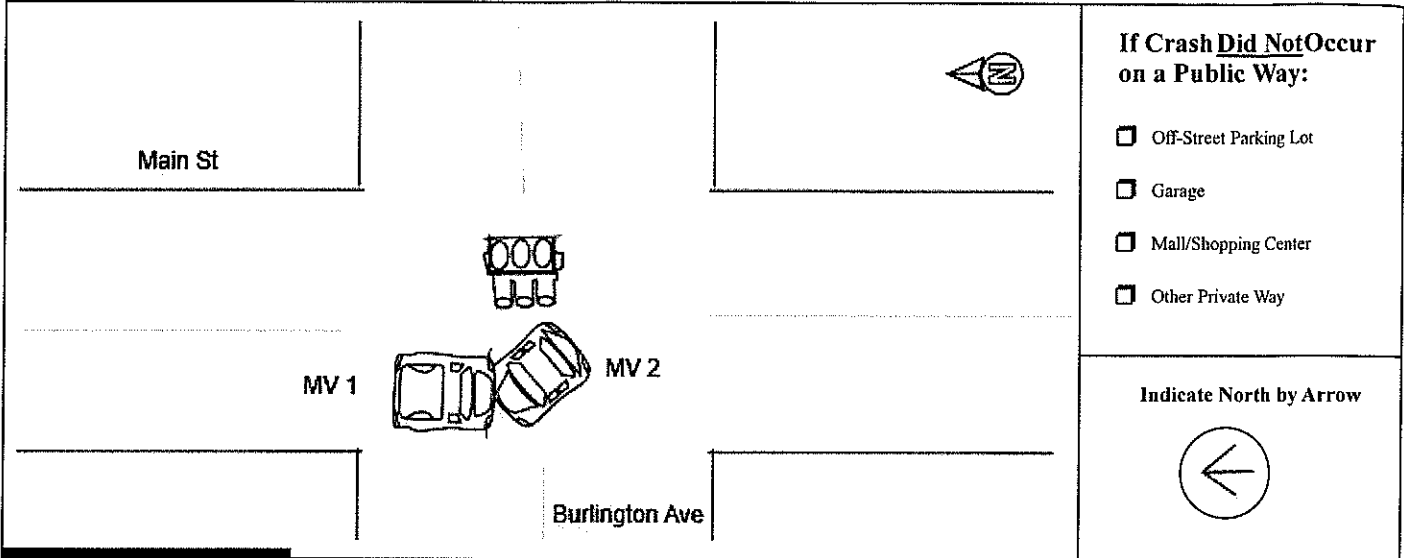
Please fill out for operator/non-motorist and all occupants involved

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	

→ = 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 travelling southbound on Main St when he approached the intersection of Main St at Burlington Ave. When I spoke to the operator of MV 1 he stated that he had a green light and attempted to go through the intersection. MV 2 was travelling northbound on Main St when he approached the intersection. He stated that he had a yellow light but beleived he would be able to make the left hand turn without issue. The operator of MV 2 was unable to make the turn onto Burlinton Ave and collided into 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

01/27/2024

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Date of Crash **01/27/2024** Time of Crash **1857** City/Town **Wilmington** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **1** Speed Limit **40** State Police Local Police MBTA Police Campus Police 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 # 300 Name of Roadway/Street LOWELL ST</p> <p>Feet <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" 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>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# **24-39-AC**

<p>License # _____ S _____ OB/Age _____</p> <p>Sex F Lic. Class D Lic. Restrictions 1 CDL Endorsement _____</p> <p>Operator NGUYEN, HOA THI</p> <p>Address 141 FRANKLIN ST</p> <p>City MELROSE State MA Zip 02176-1833</p> <p>Insurance Company PROGRESSIVE CASUALTY INSU</p> <p>Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" 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 # 413FA7 Reg Type PC Reg State MA</p> <p>Veh Year 2010 Veh Make TOYOTA Veh Config. 1</p> <p>Owner NGUYEN, HOA THI</p> <p>Address 141 FRANKLIN ST</p> <p>City MELROSE State MA Zip 02176-1833</p> <p>Vehicle Action Prior to Crash 1</p> <p>Event Sequence 1 23 23 23 23</p> <p>Most Harmful Event 1</p> <p>Driver Contributing Code 1 25 25</p> <p>Driver Distracted by 99</p> <p>Damaged Area Code: 5 27 4 27 6 27</p> <p>Test Status: 1 28</p> <p>Type of Test: 2 29</p> <p>BAC Test Result: 3 30</p> <p>Susp. Alcohol: 2 31 Susp. Drug: 2 32</p> <p>Towed from scene? 1 33</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		XXXXXX	XXXX	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 _____ OB/Age _____</p> <p>Sex F Lic. Class D Lic. Restrictions 1 CDL Endorsement _____</p> <p>Operator CORAPI, CYNTHIA ROSA</p> <p>Address 5 HIGHCLIFF TER</p> <p>City STONEHAM State MA Zip 02180-3039</p> <p>Insurance Company THE HANOVER INSURANCE COM</p> <p>Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? 2</p> <p>Citation # (If Issued) 411486AC-CN</p> <p>Viol. 1: Ch/Sec/Sub 90 24 Viol. 2: Ch/Sec/Sub _____</p> <p>Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____</p>	<p>Reg # 3CXV71 Reg Type PC Reg State MA</p> <p>Veh Year 2019 Veh Make CADILLAC Veh Config. 1</p> <p>Owner CORAPI, CYNTHIA ROSA</p> <p>Address 5 HIGHCLIFF TER</p> <p>City STONEHAM State MA Zip 02180-3039</p> <p>Vehicle Action Prior to Crash 1</p> <p>Event Sequence 1 23 23 23 23</p> <p>Most Harmful Event 1</p> <p>Driver Contributing Code 5 25 25</p> <p>Driver Distracted by 99</p> <p>Damaged Area Code: 1 27 8 27 2 27</p> <p>Test Status: 3 28</p> <p>Type of Test: 2 29</p> <p>BAC Test Result: 5 30</p> <p>Susp. Alcohol: 1 31 Susp. Drug: 2 32</p> <p>Towed from scene? 3 33</p>
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Please fill out for operator/non-motorist and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist		XXXXXX	XXXX	1	1	4	0	0	10	1	

