

Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash: 01/30/2024
Time of Crash: 1209
City/Town: **Wilmington**

Motor Vehicle Crash Police Report

Number Vehicles: 3
Number Injured: 1
Speed Limit: 35
Latitude: _____
Longitude: _____
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 Name of Intersecting Roadway/Street

Route# Direction Address # Name of Roadway/Street
35 **LOWELL ST**
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

10
11

2

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

Crash Report ID# **24-40-AC**

3

License # _____ DOB/Age _____
Sex **F** Lic. Class **D** Lic. Restrictions **1** CDL Endorsement _____
Operator **KELLIHER, CLARE MARIE**
Address **7114 AVALON DR**
City **WILMINGTON** State **MA** Zip **01887-1167**
Insurance Company **AMICA MUTUAL INSURANCE CO**
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 # **4XT792** Reg Type **PC** Reg State **MA**
Veh Year **2012** Veh Make **HONDA** Veh Config. **1**
Owner **KELLIHER, CLARE MARIE**
Address **7114 AVALON DR**
City **WILMINGTON** State **MA** Zip **01887-1167**
Vehicle Action Prior to Crash **4**
Event Sequence **1 23 23 23 23**
Most Harmful Event **1 24**
Driver Contributing Code **4 25 25**
Driver Distracted by **0 26**
Damaged Area Code: **7 27 8 27 27**
Test Status: **1 28**
Type of Test: **1 29**
BAC Test Result: **1 30**
Susp. Alcohol: **2 31** Susp. Drug: **2 32**
Towed from scene? **1 33**

12
13

6

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

7

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

Reg # **265D** Reg Type **PC** Reg State **MA**

8

License # _____ DOB/Age _____
Sex **F** Lic. Class **D** Lic. Restrictions **1** CDL Endorsement _____
Operator **KELLEHER, PATRICIA A**
Address **19 OHIO ST**
City **WILMINGTON** State **MA** Zip **01887-1656**
Insurance Company **ALLSTATE INSURANCE COMPAN**
Vehicle Travel Direction: **N S W** Responding to Emergency? **1**
Citation # (If Issued) _____
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____

Veh Year **2011** Veh Make **HYUNDAI** Veh Config. **1**
Owner **KELLEHER, PATRICIA A**
Address **19 OHIO ST**
City **WILMINGTON** State **MA** Zip **01887-1656**
Vehicle Action Prior to Crash **1**
Event Sequence **1 23 23 23 23**
Most Harmful Event **1 24**
Driver Contributing Code **1 25 25**
Driver Distracted by **0 26**
Damaged Area Code: **7 27 8 27 27**
Test Status: **1 28**
Type of Test: **1 29**
BAC Test Result: **1 30**
Susp. Alcohol: **2 31** Susp. Drug: **2 32**
Towed from scene? **1 33**

14

9

| Please fill out for operator/non-motorist and all occupants involved | | DOB/Age | Sex | 34 Seat Pos. | 35 Safety System | 36 Airbag Status | 37 Eject Code | 38 Trap Code | 39 Injury Status | 40 Transp. Code | Medical Facility |
|--|-----------|------------------|------------------|--------------|------------------|------------------|---------------|--------------|------------------|-----------------|----------------------------|
| Operator/Non-Motorist | See Above | _____ | _____ | 1 | 0 | 4 | 0 | 0 | 8 | 2 | Winchester Hospital |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash 01/30/2024 Time of Crash 1209 24HR City/Town WILMINGTON

Motor Vehicle Crash Police Report

Number Vehicles 3 Number Injured 1 Speed Limit 35 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# Direction Name of Intersecting Roadway/Street Also at Intersection with

Route# Direction Address # Name of Roadway/Street 35 LOWELL ST Feet N S E W of Mile Marker Exit Number

Please Select One of the Following: [X] Vehicle 31 #Occupants [] Hit/Run [] Moped

Crash Report ID# 24-40-AC

License #, Sex M, Lic. Class 99, Lic. Restrictions 99, CDL Endorsement

Reg # 1DHE45, Reg Type PC, Reg State MA, Veh Year 2005, Veh Make TOYOTA, Veh Config. 1

Operator DA SILVA, PAULO JOSE

Owner DA SILVA, PAULO JOSE

Address 22 CLARK ST

Address 22 CLARK ST

City MALDEN State MA Zip 02148-2867

City MALDEN State MA Zip 02148-2867

Insurance Company SAFETY INSURANCE COMPANY

Vehicle Action Prior to Crash 1, Damaged Area Code: 8, 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) 415948AC

Most Harmful Event 1, 24, Type of Test: 29

Viol. 1: Ch/Sec/Sub 90 10A 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 1, 26, Susp. Alcohol: 2, 31, Susp. Drug: 2, 32

Table with 10 columns: Name, Address, DOB/Age, Sex, 34 Seat Pos, 35 Safety System, 36 Airbag Status, 37 Eject Code, 38 Trap Code, 39 Injury Status, 40 Transp. Code, Medical Facility. Row 1: Operator, See Above, X, X, 1, 0, 4, 0, 0, 10, 1.

Please Select One of the Following: [] Vehicle 4 #Occupants [] Non-Motorist A Type 15 Action 16 Location 17 Condition 18 [] Hit/Run [] Moped

License #, Sex, Lic. Class 19, Lic. Restrictions 20, CDL Endorsement

Reg #, Reg Type, Reg State, 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

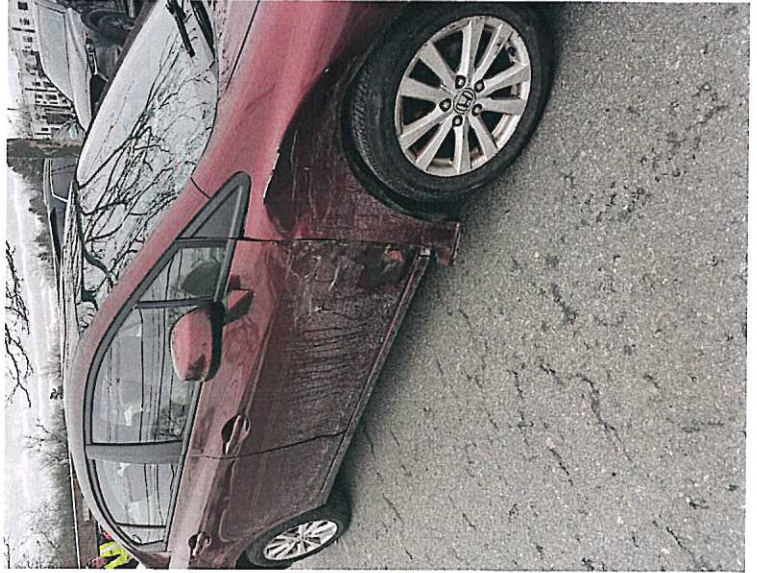
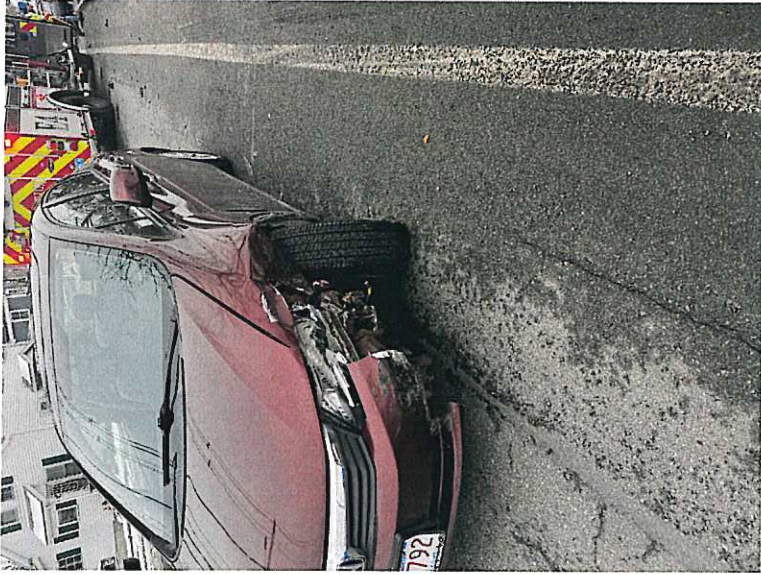
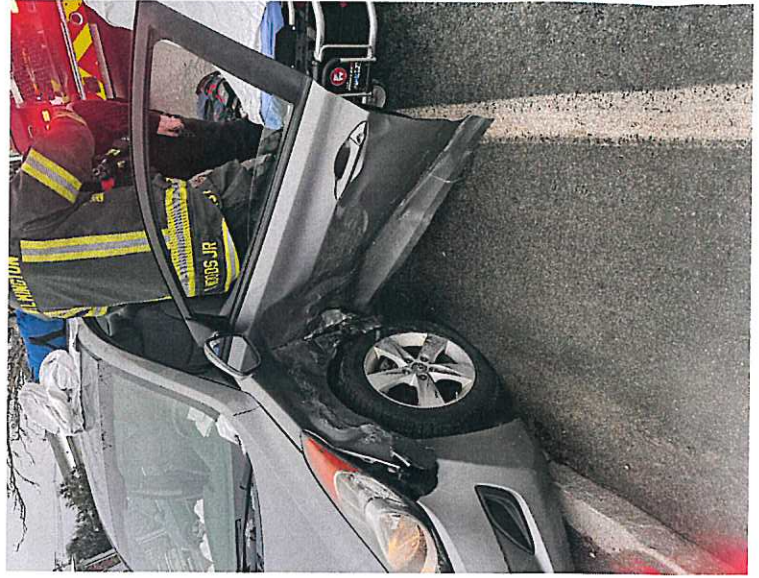
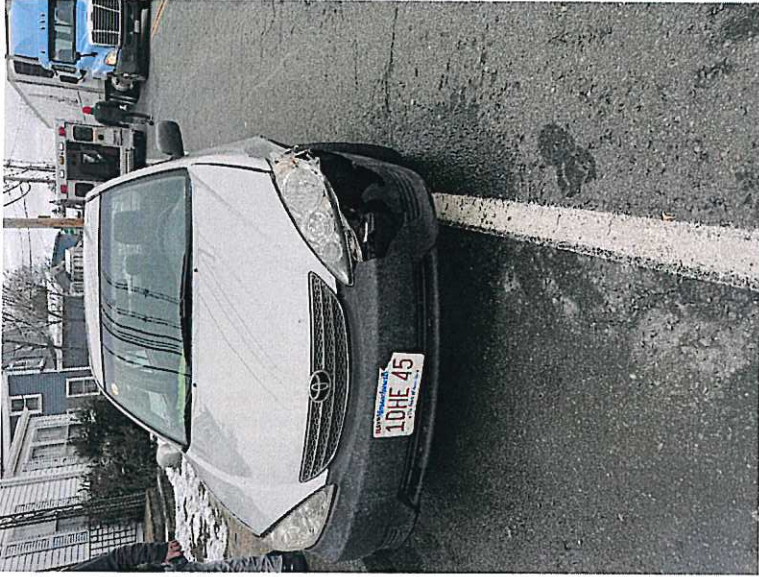
Driver Contributing Code 25, 25, BAC Test Result: 30

Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub

Driver Distracted by 26, Susp. Alcohol: 31, Susp. Drug: 32

Table with 10 columns: Name, Address, DOB/Age, Sex, 34 Seat Pos, 35 Safety System, 36 Airbag Status, 37 Eject Code, 38 Trap Code, 39 Injury Status, 40 Transp. Code, Medical Facility. Row 1: Operator/Non-Motorist, See Above, X, X, 1.

Wilmington Police Department
Images Associated with 24-40-AC



Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash: 01/30/2024
Time of Crash: 1513
City/Town: **Wilmington**
24HR

Motor Vehicle Crash Police Report

Number Vehicles: 2
Number Injured: 0
Speed Limit: 35
Latitude: _____
Longitude: _____
State Police
Local Police
MBTA Police
Campus Police
Other: _____

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

| | | | | | | |
|---|--|--|--|--|--|--|
| 1 | Route# <u> </u> Direction <u> </u> Name of Roadway/Street <u> </u> | | | Route# <u> </u> Direction <u> </u> Address # <u> </u> Name of Roadway/Street <u> </u> | | |
| | At <u> </u> | | | Feet <u> </u> <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of <u> </u> or <u> </u> Exit Number <u> </u> | | |
| 2 | Route# <u> </u> Direction <u> </u> Name of Intersecting Roadway/Street <u> </u> | | | Feet <u> </u> <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of <u> </u> Mile Marker <u> </u> Exit Number <u> </u> | | |
| | Also at Intersection with <u> </u> | | | Feet <u> </u> <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of <u> </u> Route# <u> </u> Intersecting Roadway/Street <u> </u> | | |
| 3 | Route# <u> </u> Direction <u> </u> Name of Intersecting Roadway/Street <u> </u> | | | Landmark <u> </u> | | |

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

Crash Report ID# **24-41-AC**

| | | |
|----|--|--|
| 4 | License <u>356</u> S DOB/Age <u> </u> | Reg # <u>V45420</u> Reg Type <u>CO</u> Reg State <u>MA</u> |
| 5 | Sex <u>F</u> Lic. Class <u>D</u> Lic. Restrictions <u>1</u> CDL Endorsement <u>20</u> | Veh Year <u>2020</u> Veh Make <u>Other-not listed</u> Veh Config. <u>6</u> |
| 6 | Operator <u>CARR, CISCO JUNE</u> Last First Middle | Owner <u>FEDERAL EXPRESS CORP</u> Last First Middle |
| 7 | Address <u>58 WASON RD</u> | Address <u>4001 LEADENHALL RD</u> |
| 8 | City <u>HUDSON</u> State <u>NH</u> Zip <u>03051</u> | City <u>MT LAUREL</u> State <u>NJ</u> Zip <u>08054-0000</u> |
| 9 | Insurance Company <u>OLD REPUBLIC INSURANCE CO</u> | Vehicle Action Prior to Crash <u>4</u> |
| 10 | Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u> | Damaged Area Code: <u>7</u> <u>27</u> <u>27</u> <u>27</u> |
| 11 | Citation # (If Issued) <u> </u> | Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> |
| 12 | Viol. 1: Ch/Sec/Sub <u> </u> Viol. 2: Ch/Sec/Sub <u> </u> | Most Harmful Event <u>1</u> <u>24</u> |
| 13 | Viol. 3: Ch/Sec/Sub <u> </u> Viol. 4: Ch/Sec/Sub <u> </u> | Driver Contributing Code <u>99</u> <u>25</u> <u>25</u> |
| 14 | | Driver Distracted by <u>0</u> <u>26</u> |
| 15 | | Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u> |
| 16 | | Towed from scene? <u>2</u> <u>33</u> |

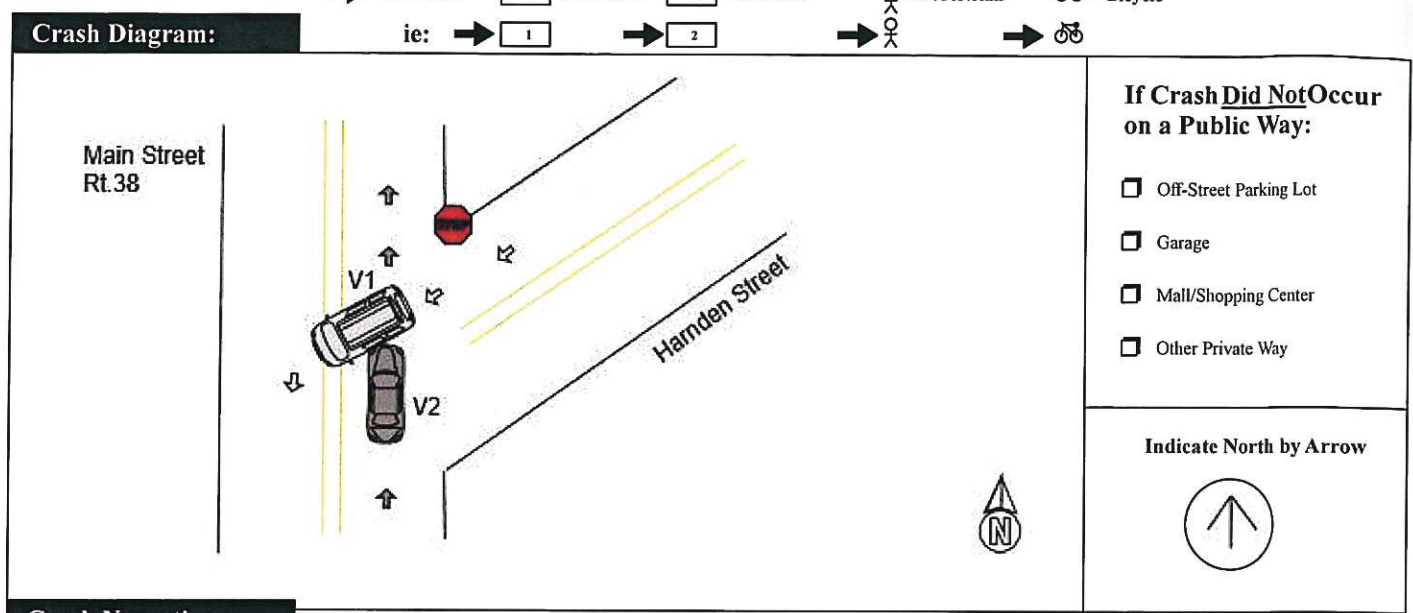
| Please fill out for operator and all occupants involved | | DOB/Age | Sex | 34 Seat Pos. | 35 Safety System | 36 Airbag Status | 37 Eject Code | 38 Trap Code | 39 Injury Status | 40 Transp. Code | Medical Facility |
|---|--|-----------|-------------------------------------|--------------|------------------|------------------|---------------|--------------|------------------|-----------------|------------------|
| 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

| | | |
|----|--|---|
| 7 | License # <u> </u> S DOB/Age <u> </u> | Reg # <u>6XE929</u> Reg Type <u>PC</u> Reg State <u>MA</u> |
| 8 | Sex <u>F</u> Lic. Class <u>D</u> Lic. Restrictions <u>1</u> CDL Endorsement <u>20</u> | Veh Year <u>2020</u> Veh Make <u>HONDA</u> Veh Config. <u>1</u> |
| 9 | Operator <u>WAMNESS, JOANNE</u> Last First Middle | Owner <u>WAMNESS, JOANNE</u> Last First Middle |
| 10 | Address <u>112 ALDRICH RD</u> | Address <u>112 ALDRICH RD</u> |
| 11 | City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-2227</u> | City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-2227</u> |
| 12 | Insurance Company <u>THE HANOVER INSURANCE COM</u> | Vehicle Action Prior to Crash <u>1</u> |
| 13 | Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u> | Damaged Area Code: <u>8</u> <u>27</u> <u>1</u> <u>27</u> <u>2</u> <u>27</u> |
| 14 | Citation # (If Issued) <u> </u> | Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> |
| 15 | Viol. 1: Ch/Sec/Sub <u> </u> Viol. 2: Ch/Sec/Sub <u> </u> | Most Harmful Event <u>1</u> <u>24</u> |
| 16 | Viol. 3: Ch/Sec/Sub <u> </u> Viol. 4: Ch/Sec/Sub <u> </u> | Driver Contributing Code <u>99</u> <u>25</u> <u>25</u> |
| 17 | | Driver Distracted by <u>0</u> <u>26</u> |
| 18 | | Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u> |
| 19 | | Towed from scene? <u>1</u> <u>33</u> |

| 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 | 1 | 1 | 0 | 0 | 10 | 1 | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

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



Crash Narrative:

V1 took a left from Harnden Street onto Main Street (Rt.38S). V2 was traveling straight on Main Street (Rt. 38N). Operator 1 stated Operator 2 had her right directional on to turn right on Harnden Street. Operator 1 stated she took the left and made it completely out into the roadway before V2 struck her. Operator 2 stated she was traveling straight the whole time and intended to turn right further up the road. Minor damage on the driver's side of V1, vehicle operable. V2 was towed by Forrest Towing due to major front damage. Steering wheel airbag deployment in V2. Both operators denied medical attention. No injuries observed or reported in either party.

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 # **V45420** (From Vehicle Section)

Carrier Name **Federal Express (Fedex) Corp.** Bus Use 42

Address **4001 LEADENHALL RD** City **MT. LAUREL** St **NJ** Zip **08054**

US DOT #: **86876** 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 **Kathryn C Goodwin** Signature **216** ID/Badge # **Wilmington Police Department** Department **01/30/2024** Date

Wilmington Police Department
Images Associated with 24-41-AC



Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash 01/31/2024 Time of Crash 0850 City/Town 24HR WILMINGTON

Motor Vehicle Crash Police Report

Number Vehicles 2 Number Injured 0 Speed Limit 30 Latitude Longitude 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 # MAIN ST Mile Marker Exit Number Feet N S E W of Route# Intersecting Roadway/Street Landmark

2 10

3 11

2 1

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

Crash Report ID# 24-42-AC

3

License # Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement Operator DIPLATZI, PAULA I Address 23 FOREST ST City WILMINGTON State MA Zip 01887-2858 Insurance Company THE COMMERCE INSURANCE CO Vehicle Travel Direction: N X E W Responding to Emergency? 2 Citation # (If Issued) Viol. 1: Cl/Sec/Sub Viol. 2: Cl/Sec/Sub Viol. 3: Cl/Sec/Sub Viol. 4: Cl/Sec/Sub

Reg # 1XCG16 Reg Type PC Reg State MA Veh Year 2018 Veh Make TOYOTA Veh Config. 1 21 Owner DIPLATZI, MICHAEL A Address 23 FOREST ST City WILMINGTON State MA Zip 01887-2858 Vehicle Action Prior to Crash 4 22 Damaged Area Code: 4 27 27 27 Event Sequence 1 23 23 23 23 Test Status: 1 28 Type of Test: 29 Most Harmful Event 1 24 BAC Test Result: 1 30 Driver Contributing Code 19 25 25 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Driver Distracted by 0 26 Towed from scene? 1 33

1 12

1 13

4 3

5 1

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, 1.

7 2

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

Reg # 2BER77 Reg Type PC Reg State MA Veh Year 2021 Veh Make TOYOTA Veh Config. 1 21 Owner PATEL, CHINTESHKUMAR HASMUKHBH Address 5 BARON PARK LN APT 30 City BURLINGTON State MA Zip 01803-5440

1 14

8 1

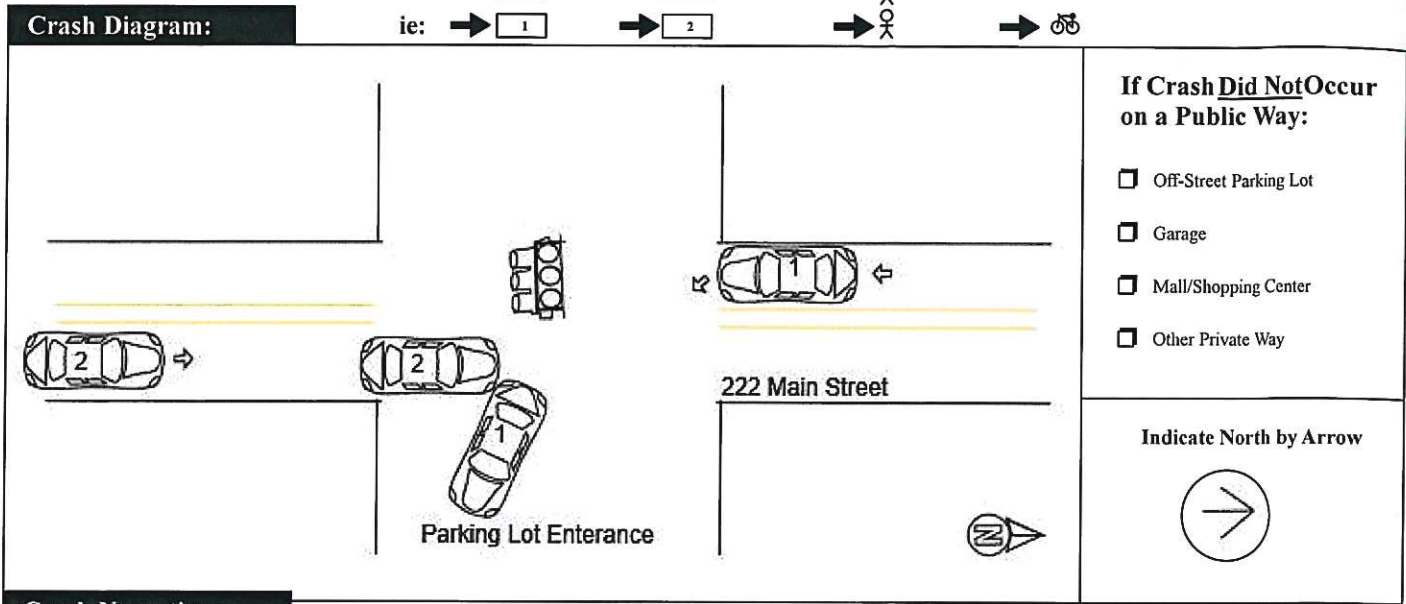
9 2

License Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement Operator PATEL, DIXITABEN KIRITBHAI Address 19 VOLUNTEER WAY City LEXINGTON State MA Zip 02420-1116 Insurance Company GEICO GENERAL INSURANCE C Vehicle Travel Direction: X S E W Responding to Emergency? 2 Citation # (If Issued) Viol. 1: Cl/Sec/Sub Viol. 2: Cl/Sec/Sub Viol. 3: Cl/Sec/Sub Viol. 4: Cl/Sec/Sub

Reg # 2BER77 Reg Type PC Reg State MA Veh Year 2021 Veh Make TOYOTA Veh Config. 1 21 Owner PATEL, CHINTESHKUMAR HASMUKHBH Address 5 BARON PARK LN APT 30 City BURLINGTON State MA Zip 01803-5440 Vehicle Action Prior to Crash 1 22 Damaged Area Code: 2 27 27 27 Event Sequence 1 23 23 23 23 Test Status: 1 28 Type of Test: 29 Most Harmful Event 1 24 BAC Test Result: 1 30 Driver Contributing Code 19 25 25 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Driver Distracted by 0 26 Towed from scene? 1 33

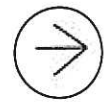
Table with columns: Name (Last First Middle), Address, DOB/Age, Sex, 34 Seat Pos., 35 Safety System, 36 Airbag Status, 37 Eject Code, 38 Trap Code, 39 Injury Status, 40 Transp. Code, Medical Facility. Operator/Non-Motorist row: See Above, 1, 1, 4, 0, 0, 10, 1.

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



- 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 attempting to turn left into the Market Basket Parking Lot. MV 2 was driving straight on Main Street. Both operators stated they had green lights. MV 2 sustained front right damage. MV 1 sustained rear right damage. No injuries. Both vehicles were towed by the owner's own tow companies.

Witnesses:

| Name (Last,First,Middle) | Address | Phone # | Statement |
|--------------------------|---|---------|-----------|
| CABRAL JUDY ANN | 21 MARJORIE RD WILMINGTON MA 01887-1313 | | |
| | | | |

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 Kevin J Skinner 200 Wilmington Police Department 01/31/2024
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash 02/01/2024 Time of Crash 1715 City/Town 24HR Wilmington

Motor Vehicle Crash Police Report

Number Vehicles 2 Number Injured 0 Speed Limit 35 State Police Local Police MBTA Police Campus Police Other

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

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

Route# Direction Address # 314 MAIN ST Name of Roadway/Street Feet N S E W of Mile Marker Exit Number Route# Intersecting Roadway/Street Feet N S E W of Landmark

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

Crash Report ID# 24-43-AC

License # S DOB/Agc Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement Operator BOURGEAULT, ROBERT GERARD Address 186 BURLINGTON AVE City WILLINGTON State MA Zip 01887-3103 Insurance Company LIBERTY MUTUAL INSURANCE Vehicle Travel Direction: [X] 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 # 9116EJ Reg Type PC Reg State MA Veh Year 2017 Veh Make MERCEDES-BENZ Veh Config. 1 21 Owner BOURGEAULT, ROBERT GERARD Address 186 BURLINGTON AVE City WILLINGTON State MA Zip 01887-3103 Vehicle Action Prior to Crash 1 22 Damaged Area Code: 3 27 27 27 Event Sequence 1 23 23 23 23 Test Status: 1 28 Type of Test: 29 BAC Test Result: 30 Driver Contributing Code 1 25 25 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Driver Distracted by 0 26 Towed from scene? 2 33

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

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

License St. DOB/Agc Sex M Lic. Class D M 19 19 Lic. Restrictions 1 20 CDL Endorsement Operator BARTLETT, MICHAEL W Address 20 WHITTIER RD City BILLERICA State MA Zip 01821-2849 Insurance Company LIBERTY MUTUAL FIRE INSUR Vehicle Travel Direction: [X] 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 # P95711 Reg Type CO Reg State MA Veh Year 2013 Veh Make Other-not listed Veh Config. 6 21 Owner UNITED PARCEL SERVICE INC Address 15 ARLINGTON ST City WATERTOWN State MA Zip 02472-5002 Vehicle Action Prior to Crash 6 22 Damaged Area Code: 2 27 27 27 Event Sequence 1 23 23 23 23 Test Status: 1 28 Type of Test: 29 BAC Test Result: 30 Driver Contributing Code 19 25 25 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Driver Distracted by 99 26 Towed from scene? 2 33

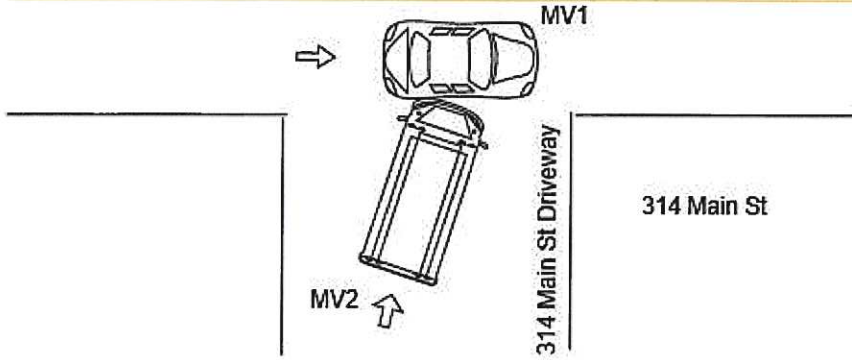
Table with 10 columns: Name (Last First Middle), Address, DOB/Age, Sex, 34 Seat Pos., 35 Safety System, 36 Airbag Status, 37 Eject Code, 38 Trap Code, 39 Injury Status, 40 Transp. Code, Medical Facility. Row 1: Operator/Non-Motorist, See Above, [X], [X], 1, 1, 4, 0, 0, 10, 1, []

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

Crash Diagram:

ie: → 1 → 2 → O → B

Main St R38



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 was traveling north on Main St. MV2 was exiting the driveway of 314 Main St, attempting to pull out into north bound travel lane. MV2 struck the rear passenger side of MV1 while attempting to exit the driveway. There was damage on the rear passenger side of MV1 and minor damage on the front drivers side of MV2 (see images). No injuries reported and both vehicle operable.

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 # **P95711** (From Vehicle Section)

Carrier Name **United Parcel Service INC**

Bus Use 42

Address **15 ARLINGTON ST** City **WATERTOWN** St **MA** Zip **02472**

US DOT #: **021800** State Number _____ Issuing State **MA** MC/MX/ICC #: _____

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

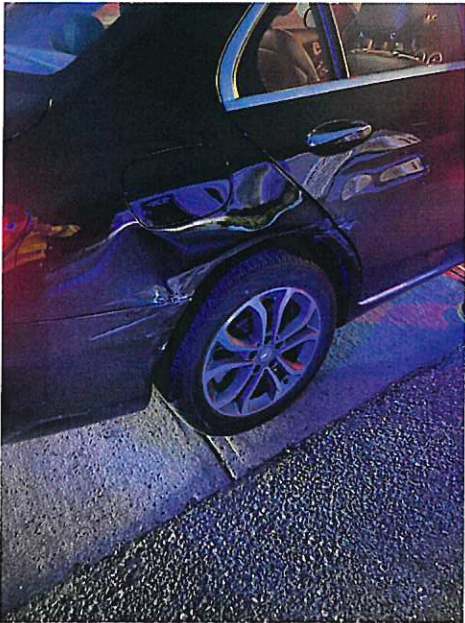
Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 46

Hazmat Information:

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

Patrol Officer **Daryl J Ceruolo** Signature **212** ID/Badge # **Wilmington Police Department** Department **02/01/2024** Date

Wilmington Police Department
Images Associated with 24-43-AC



Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash 02/01/2024

Time of Crash 2049 24HR

City/Town WILMINGTON

Motor Vehicle Crash Police Report

Number Vehicles 1

Number Injured 0

Speed Limit 30

State Police Local Police MBTA Police Campus Police Other

AT INTERSECTION:

LOCATION

NOT AT INTERSECTION:

SALEM ST
Route# Direction Name of Roadway/Street
At
ANTHONY AVE
Route# Direction Name of Intersecting Roadway/Street
Also at Intersection with
Route# Direction Name of Intersecting Roadway/Street

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

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

Crash Report ID# 24-44-AC

License # S DOB/Ag
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement

Reg # CTI Reg Type CO Reg State MA
Veh Year 2015 Veh Make CHEVROLET Veh Config. 2 21

Operator WING, MICHAEL JOHN
Last First Middle

Owner CABLING TECHNOLOGIES INC
Last First Middle

Address 6223 AVALON DR

Address 38 MONTVALE AVE

City WILMINGTON State MA Zip 01887

City STONEHAM State MA Zip 02180-2446

Insurance Company SAFETY INSURANCE COMPANY

Vehicle Action Prior to Crash 1 22 Damaged Area Code: 1 27 2 27 8 27

Vehicle Travel Direction: N S E W Responding to Emergency? 2

Event Sequence 21 23 23 23 23 Test Status: 1 28

Citation # (If Issued)

Most Harmful Event 21 24 Type of Test: 29

Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub

Driver Contributing Code 11 25 25 BAC Test Result: 30

Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub

Driver Distracted by 99 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Towed from scene? 1 33

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

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

License # St DOB/Ag
Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement

Reg # Reg Type Reg State
Veh Year Veh Make Veh Config. 21

Operator
Last First Middle

Owner
Last First Middle

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

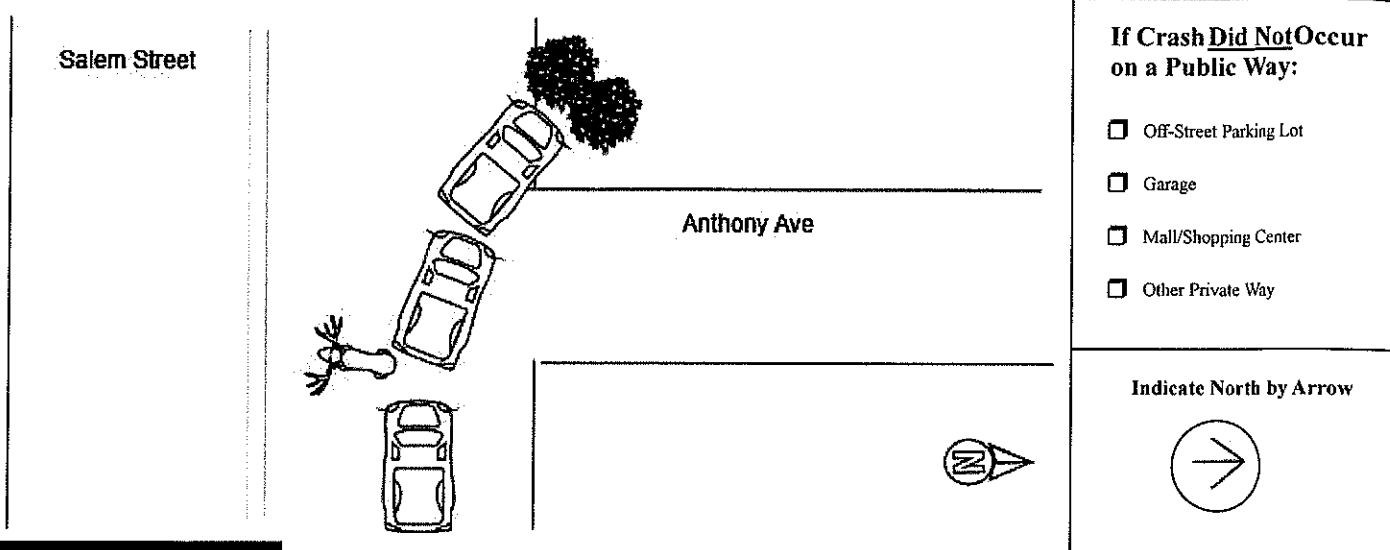
Driver Distracted by 26 Susp. Alcohol: 31 Susp. Drug: 32 Towed from scene? 33

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

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

Crash Diagram:

ie: → 1 → 2 → O → ⚡



Crash Narrative:

MV1 was traveling West on Salem Street when the operator reported that a deer crossed the street in front of him. MV1 stated he swerved right, to avoid a collision with the deer, and in doing so oversteered and crashed head on with a tree that was just off the roadway. Airbags did not deploy, however MV1 was disabled as it suffered substantial damage to the front end. MV1 was towed by A&S Towing Company. The Operator of MV1 was medically evaluated by Wilmington Fire Department and signed a refusal for treatment. The operator of MV1 was then transported to his residence by Wilmington Police Department.

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

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

Hazmat Information:

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

Patrol Officer Joshua I DeBarros 234 Wilmington Police Department 02/01/2024
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash 02/02/2024 Time of Crash 1225 City/Town 24HR WILMINGTON

Motor Vehicle Crash Police Report

Number Vehicles 1 Number Injured 0 Speed Limit 30 State Police Local Police MBTA Police Campus Police Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1

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

2 10

1 11

2 1

Please Select One of the Following: [X] Vehicle 12 #Occupants [] Hit/Run [] Moped

Crash Report ID# 24-45-AC

3

Licenses St DOB/Ag Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement Operator RODRIGUEZ, JESSICA REYES Address 1123 OAKGROVE AVE City MARTINSVILLE State VA Zip 24112-4810 Insurance Company UHAUL #T63384562 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 # AM28353 Reg Type AP Reg State AZ Veh Year 2024 Veh Make FORD Veh Config 6 21 Owner UHAUL CO OF ARIZONA Address PO BOX 21508 City PHOENIX State AZ Zip 85036-1508 Vehicle Action Prior to Crash 10 22 Damaged Area Code: 0 27 27 27 Event Sequence 97 23 23 23 23 Test Status: 1 28 Type of Test: 29 BAC Test Result: 30 Driver Contributing Code 97 25 25 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Driver Distracted by 0 26 Towed from scene? 3 33

7 12

97 13

6 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. Includes Operator CHRISTINA RODRIGUEZ.

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

License # St DOB/Ag Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement Operator Address City State Zip Insurance Company Vehicle Travel Direction: N S E W Responding to Emergency? Citation # (If Issued) Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub

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

1 14

9 2

Table for Operator/Non-Motorist 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.

