

Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash 02/04/2024 Time of Crash 1729 City/Town 24HR Wilmington

Motor Vehicle Crash Police Report

Number Vehicles 1 Number Injured 0 Speed Limit 10 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 Name of Intersecting Roadway/Street

Route# Direction Address # MAIN ST 260 Feet NSEW of Mile Marker Exit Number 99 Feet NSEW of Route# Intersecting Roadway/Street Landmark

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

Crash Report ID# 24-46-AC

License # St DOB/Age Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement Operator Driverless M.V. Address City State Zip Insurance Company THE COMMERCE INSURANCE CO Vehicle Travel Direction: NSEW 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 # 87SL46 Reg Type PC Reg State MA Veh Year 2016 Veh Make TOYOTA Veh Config. 1 21 Owner PIANTEDOSI, DIANE MARIE Address 67 HOLLAND ST City WINCHESTER State MA Zip 01890-2145 Vehicle Action Prior to Crash 11 22 Damaged Area Code: 1 27 8 27 27 Event Sequence 2 23 23 23 23 Test Status: 1 28 Type of Test: 29 BAC Test Result: 1 30 Driver Contributing Code 99 25 25 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Driver Distracted by 99 26 Towed from scene? 2 33

Table with 11 columns: Name, Address, DOB/Age, Sex, Seat Pos, Safety System, Airbag Status, Eject Code, Trap Code, Injury Status, Transp. Code, Medical Facility. Row 1: Operator, See Above, 1, 10, 4, 3, 99, 99, 97

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

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

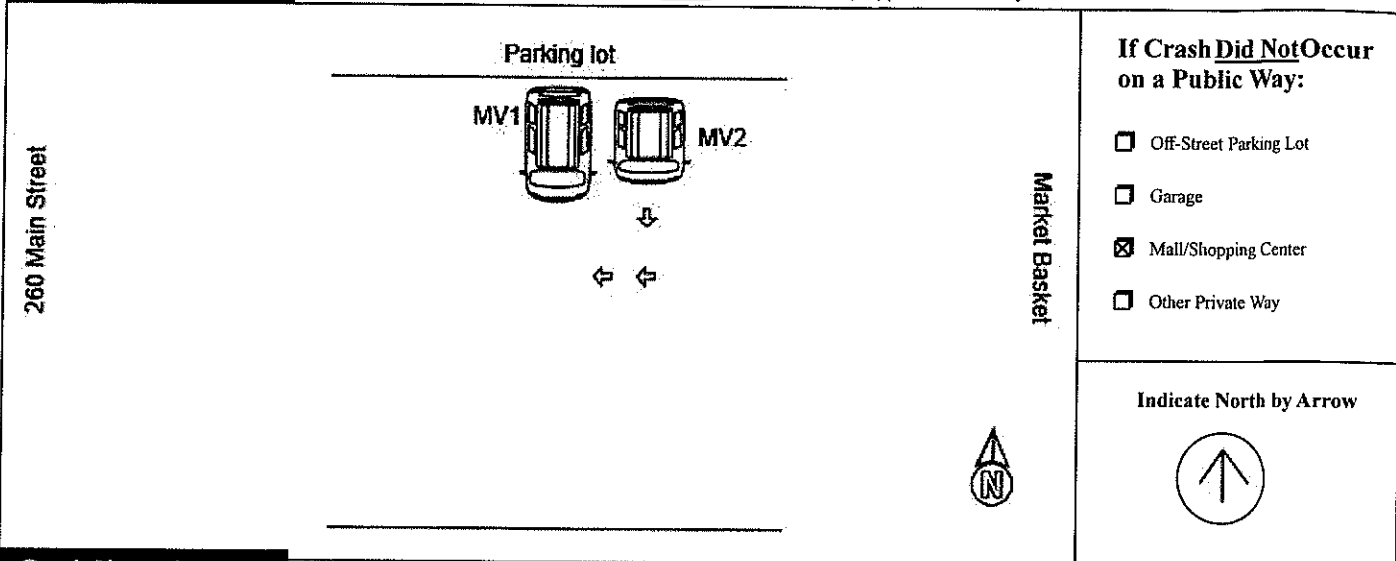
License # St DOB/Age Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement Operator Address City State Zip Insurance Company Vehicle Travel Direction: NSEW Responding to Emergency? Citation # (If Issued) Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub

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

Table with 11 columns: Name, Address, DOB/Age, Sex, Seat Pos, Safety System, Airbag Status, Eject Code, Trap Code, Injury Status, Transp. Code, Medical Facility. Row 1: Operator/Non-Motorist, See Above, 1

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

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:

Motor vehicle number 1 was parked in a spot at the Market Basket Plaza lot and was unattended. MV2 was parked next to MV1. MV2 pulled out of the parking spot, made contact with MV1, and drive away without exchanging any documentation. The reporting party, Martin Miasserian, stated that he heard the vehicles make contact, then he looked over, and observed MV2 drive away after making contact with MV1. He described MV2 as a dark colored SUV (Possibly Honda), but he couldn't provide a license plate number, or any description of the operator. I spoke to the owner of MV1, Diane Piantedosi, and advised her accordingly. I observed minor scuff marks and paint transfer on the front bumper and driver's side of MV1. I took photos of the damage to MV1 (See images). I then checked with Market Basket staff for video surveillance footage, but there was no footage facing in the direction of the incident.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
MIASSERIAN MARTIN PAUL	11 FERGUSON RD WILMINGTON MA 01887		1

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 _____ MCMX/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 Julio J Quiles **197** **Wilmington Police Department** **02/04/2024**
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Images Associated with 24-46-AC



Date of Crash 02/05/2024 Time of Crash 1516 24HR City/Town WILMINGTON

Motor Vehicle Crash Police Report

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

AT INTERSECTION:

LOCATION

NOT AT INTERSECTION:

ROBERTS RD
Route# Direction Name of Roadway/Street
At
BURLINGTON 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# 24-47-AC

License: St DOB/Age Sex M Lic. Class D M Lic. Restrictions 1 CDL Endorsement
Operator VIGNEAU, THOMAS EDWARD
Address 5 ALICE AVE
City WILMINGTON State MA Zip 01887-4578
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 # 144CG2 Reg Type PC Reg State MA
Veh Year 2010 Veh Make CHEVROLET Veh Config. 1
Owner VIGNEAU, THOMAS EDWARD
Address 5 ALICE AVE
City WILMINGTON State MA Zip 01887-4578
Vehicle Action Prior to Crash 1
Event Sequence 1 23 23 23 23
Most Harmful Event 1
Driver Contributing Code 1 25 25
Driver Distracted by 0
Damaged Area Code: 7 27 27 27
Test Status: 1 28 29
Type of Test: 1 30
BAC Test Result: 1 30
Susp. Alcohol: 2 31 Susp. Drug: 2 32
Towed from scene? 2 33

Table with columns: Name (Last First Middle), Address, DOB/Age, Sex, 34 Seat Pos., 35 Safety System, 36 Airbag Status, 37 Eject Code, 38 Trap Code, 39 Injury Status, 40 Transp. Code, Medical Facility. Operator row is filled with data.

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 # P4200 Reg Type PC Reg State MA
Veh Year 2016 Veh Make ACURA Veh Config. 1
Owner BRADY, HELEN M
Address 3 ROBERTS RD
City WILMINGTON State MA Zip 01887-3114
Insurance Company ARBELLA MUTUAL INSURANCE
Vehicle Action Prior to Crash 4
Event Sequence 1 23 23 23 23
Most Harmful Event 1
Driver Contributing Code 4 25 25
Driver Distracted by 0
Damaged Area Code: 8 27 7 27 27
Test Status: 1 28 29
Type of Test: 1 30
BAC Test Result: 1 30
Susp. Alcohol: 2 31 Susp. Drug: 2 32
Towed from scene? 2 33

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

Wilmington Police Department
Images Associated with 24-47-AC



Date of Crash 02/06/2024 Time of Crash 1648 City/Town 24HR WILMINGTON

Motor Vehicle Crash Police Report

Number Vehicles 2 Number Injured 0 Speed Limit 30 State Police Local Police MBTA Police Campus Police Other: [] [] [] []

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1

Route# Direction Name of Roadway/Street At

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

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

Feet [X] S [] E [] W [] of Mile Marker Exit Number

2

Route# Direction Name of Intersecting Roadway/Street

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

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

Crash Report ID# 24-48-AC

3

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

Reg # 7094 Reg Type PC Reg State MA Veh Year 2010 Veh Make FORD Veh Config. 1 21

Operator CROSS, DAVID LYSLE Last First Middle

Owner CROSS, DAVID LYSLE Last First Middle

Address 13 ECLIPSE LN City SALEM State MA Zip 01970-6854

Address 13 ECLIPSE LN City SALEM State MA Zip 01970-6854

Insurance Company LIBERTY MUTUAL INSURANCE

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

Vehicle Travel Direction: [X] S [] E [] W Responding to Emergency? 2

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

Citation # (If Issued)

Most Harmful Event 1 24 Type of Test: 29

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

Driver Contributing Code 5 25 25 BAC Test Result: 30

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

Driver Distracted by 0 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32

6

Table with 12 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. Operator row is filled with data.

7

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

License St OB/Age Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement

Reg # 2VMN46 Reg Type PC Reg State MA Veh Year 2010 Veh Make ACURA Veh Config. 1 21

Operator BIDO, JUSTIN YATZIEL Last First Middle

Owner PEREZ, PEDRO LUIS Last First Middle

Address 425 ROSEWOOD LN APT 425 City LOWELL State MA Zip 01851-2105

Address 425 ROSEWOOD LN City LOWELL State MA Zip 01851-2105

Insurance Company SAFETY INSURANCE COMPANY

Vehicle Action Prior to Crash 3 22 Damaged Area Code: 6 27 27 27

Vehicle Travel Direction: [X] S [] E [] W Responding to Emergency? 2

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

Citation # (If Issued)

Most Harmful Event 1 24 Type of Test: 29

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

Driver Contributing Code 1 25 25 BAC Test Result: 30

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

Driver Distracted by 0 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32

9

Table with 12 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. Operator/Non-Motorist row is filled with data.

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○

Fordham Road



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 both traveling northbound on Fordham Road. MV2 stated they were slowing down to turn right into the parking lot of 40 Fordham Road when they were struck from behind by MV1. MV1 stated that they were behind MV2 when they stopped. MV1 stated they tried to go around MV2 when they made contact with each other. MV2 had minor damage to its rear left bumper and MV1 had minor damage to it's front right bumper. Both drivers denied having any injuries and the airbags in both vehicles did not deploy. Both vehicles were 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 # _____ (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

02/06/2024

Police Officer Name (Please Print)

Signature

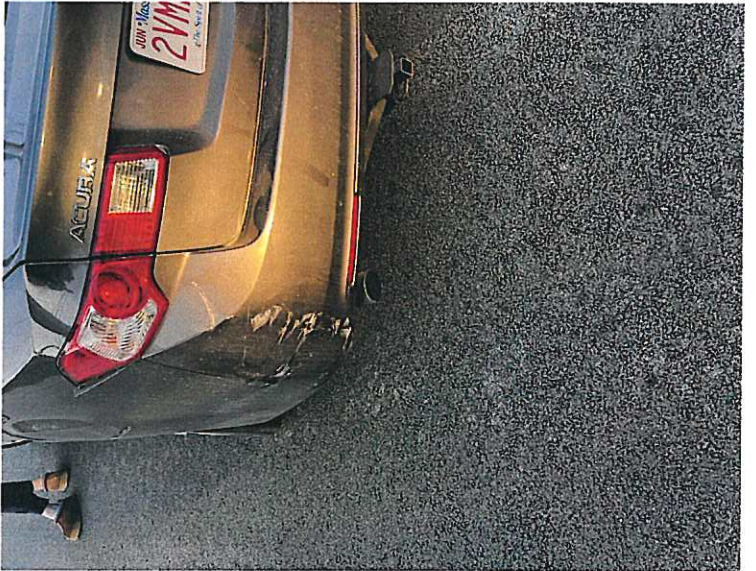
ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department
Images Associated with 24-48-AC



Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash 02/06/2024 Time of Crash 1431 24HR City/Town WILMINGTON

Motor Vehicle Crash Police Report

Number Vehicles 1 Number Injured 0 Speed Limit 30 Latitude Longitude 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 160 BURLINGTON AVE Address # Name of Roadway/Street Feet N S E W of Mile Marker Exit Number

2 10

1 11

2 1

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

Crash Report ID# 24-49-AC

3

License # St DOB/Ag Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement Operator DELLANNO, RICHARD F

Reg # 3905MA Reg Type PC Reg State MA Veh Year 2014 Veh Make FORD Veh Config. 1 21 Owner DELLANNO, RICHARD F

3 12

4 1

Address 8 STONEHEDGE DR City WILMINGTON State MA Zip 01887-3190

Address 8 STONEHEDGE DR City WILMINGTON State MA Zip 01887-3190

5

Insurance Company SAFETY INSURANCE COMPANY Vehicle Travel Direction: N S X W Responding to Emergency? 2 Citation # (If Issued) 431495AC

Vehicle Action Prior to Crash 1 22 Damaged Area Code: 2 27 27 27 Event Sequence 22 23 23 23 23 Test Status: 1 28 Type of Test: 29 Most Harmful Event 22 24 BAC Test Result: 1 30 Driver Contributing Code 10 25 25 Susp. Alcohol: 1 31 Susp. Drug: 2 32 Driver Distracted by 0 26 Towed from scene? 2 33

22 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. Row 1: Operator, See Above, [X], [X], 1, 1, 1, 0, 0, 10, 1.

7 3

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

8 2

License # St DOB/Ag Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement Operator Address City State Zip

Reg # Reg Type Reg State Veh Year Veh Make Veh Config. 21 Owner Address City State Zip

1 14

9 2

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

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 Most Harmful Event 24 BAC Test Result: 30 Driver Contributing Code 25 25 Susp. Alcohol: 31 Susp. Drug: 32 Driver Distracted by 26 Towed from scene? 33

Table with 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.

Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash 02/05/2024 Time of Crash 1433 24HR City/Town WILMINGTON

Motor Vehicle Crash Police Report

Number Vehicles 2 Number Injured 0 Speed Limit 30 State Police Local Police MBTA Police Campus Police Other

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1 Route# Direction Name of Roadway/Street At Route# Direction Name of Intersecting Roadway/Street Also at Intersection with 2 1 Route# Direction Name of Intersecting Roadway/Street

2 10 38 581 MAIN ST Route# Direction Address # Name of Roadway/Street Feet N S E W of Mile Marker or Exit Number 5 11 Feet N S E W of Route# Intersecting Roadway/Street TRITON CAR WASH Landmark

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

Crash Report ID# 24-50-AC

License Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement Operator TURNER, ANDREW EUGENE Address 40 HANCOCK ST APT 3 City DORCHESTER State MA Zip 02125-2178 Insurance Company THE HANOVER INSURANCE COM 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 # JF269V Reg Type PC Reg State MA Veh Year 2003 Veh Make MERCURY Veh Config. 1 21 Owner TURNER, ANDREW EUGENE Address 40 HANCOCK ST APT 3 City DORCHESTER State MA Zip 02125-2178 Vehicle Action Prior to Crash 2 22 Damaged Area Code: 3 27 27 27 Event Sequence 1 23 23 23 23 Test Status: 1 28 Type of Test: 29 Most Harmful Event 1 24 BAC Test Result: 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. Operator row: Name Operator, Address See Above, DOB/Age, Sex, 1, 1, 4, 0, 0, 10, 1.

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

Reg # 3ZFE75 Reg Type PC Reg State MA Veh Year 2023 Veh Make MITSUBISHI Veh Config. 1 21

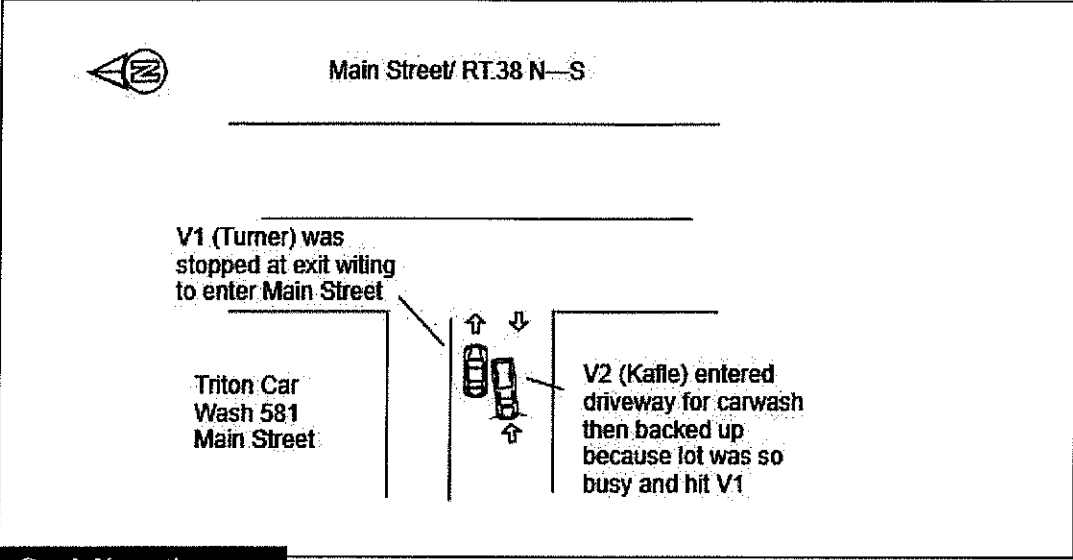
8 2 License # Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement Operator KAFLE, MANIRAJ Address 15 VERDUN RD City WILMINGTON State MA Zip 01887-3419 Insurance Company THE HANOVER INSURANCE COM Vehicle Travel Direction: N [X] E W Responding to Emergency? 2 Citation # (If Issued) Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub

Owner KAFLE, MANIRAJ Address 15 VERDUN RD City WILMINGTON State MA Zip 01887-3419 Vehicle Action Prior to Crash 10 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: 30 Driver Contributing Code 19 25 25 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Driver Distracted by 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. Operator/Non-Motorist row: Name Operator/Non-Motorist, Address See Above, DOB/Age, Sex, 1, 1, 4, 0, 0, 10, 1.

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

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:

V1 (Turner) was stopped at end of Triton Car Wash driveway waiting to enter traffic. V2 (Kafle) entered driveway from Main Street but within seconds decided to back up because car wash was so busy. In doing so, V2 backed into V1 cause minor scuff and dent damage to V1 right front fender on both sides of wheel well. V2 damaged on right rear end/fender with fresh scuffing damage to the paint down to fiberglass. V2 operator initially stopped & then left scene. Opr. Kafle contacted by phone and reported to WPD. Significant cultural language barrier (Nepali primary language). Opr. Kafle (via Google translate) was informed of Massachusetts responsibility re: expected crash procedures and filing of crash reports. Understanding established. Opr. Kafle thought he would be fired if late returning to work. Incident to be handled as simple crash report/exchange for insurance. V2 backing and inattention/spatial awareness probable cause of crash. V1 opr. advised.

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 Richard DiPerri 173 Wilmington Police Department 02/08/2024
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash 02/09/2024 Time of Crash 1755 24HR City/Town WILMINGTON

Motor Vehicle Crash Police Report

Number Vehicles 1 Number Injured 1 Speed Limit 35 State Police Local Police MBTA Police Campus Police Other

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

MAIN ST At LAKE ST Also at Intersection with

Route# Direction Address # Name of Roadway/Street

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

Crash Report ID# 24-51-AC

License # S OB/Ag Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement Operator GRASSI, NANCY L Address 84 LAKE ST City TEWKSBURY State MA Zip 01876-4472 Insurance Company SAFETY INSURANCE

Reg # HND5095 Reg Type PC Reg State OH Veh Year 2019 Veh Make FORD Veh Config. 1 21 Owner EAN HOLDINGS Address 554 WATER ST City CHARDON State OH Zip 44024 Vehicle Action Prior to Crash 4 22 Damaged Area Code: 0 27 27 27 Event Sequence 3 23 23 23 23 Test Status: 1 28 Type of Test: 29 Most Harmful Event 3 24 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, 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, Lahey Clinic

Please Select One of the Following: [] Vehicle 2 #Occupants [X] Non-Motorist A Type 1 15 Action 2 16 Location 2 17 Condition 6 18 [] Hit/Run [] Moped

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

License # S DOB/Age Sex M Lic. Class 99 19 19 Lic. Restrictions 20 CDL Endorsement Operator RICHARDS, ROBERT Address 24 PATTEN ST APT 2-8 City WATERTOWN State MA Zip 02472 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

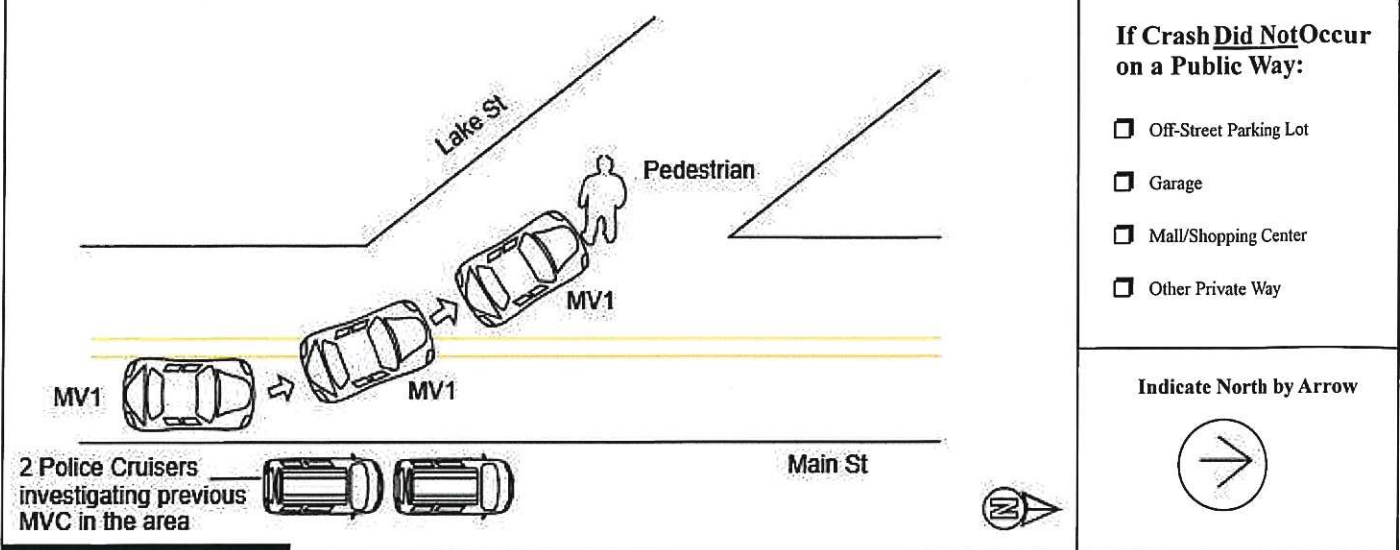
Reg # Reg Type Reg State Veh Year Veh Make Veh Config. 21 Owner Address City State Zip Vehicle Action Prior to Crash 22 Damaged Area Code: 27 27 27 Event Sequence 23 23 23 23 Test Status: 28 Type of Test: 29 Most Harmful Event 24 BAC Test Result: 30 Driver Contributing Code 25 25 Susp. Alcohol: 31 Susp. Drug: 32 Driver Distracted by 26 Towed from scene? 33

Table with 10 columns: Name, 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, 0, 8, 2, Lahey Clinic

→ = 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 was traveling north on Main St attempting to turn left onto Lake St. As the operator was taking the left onto Lake St, they struck a pedestrian that was attempting to cross the roadway. The pedestrian was originally walking on the Main St sidewalk heading south prior to crossing over Lake St. During this incident, I was in the same area investigating a previous MVC involving 3 vehicles with Officer Goodwin (Car 32). Both Officer Goodwin and I had our emergency blue lights activated. MV1 was traveling at a slow speed prior to the collision. No damage was observed on MV1. Pedestrian complained of minor knee pain. Pedestrian was transported to Layhe Hospital for further medical evaluation by WFD. Also note that there is no crosswalk painted on the roadway on Lake Street.

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 Daryl J Ceruolo

212

Wilmington Police Department

02/09/2024

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

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

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

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

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

Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped
 Crash Report ID# **24-52-AC**

License # _____ St. _____ DOB/Age _____ Reg # **3235** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D** Lic. Restrictions **1** CDL Endorsement _____ Veh Year **2014** Veh Make **TOYOTA** Veh Config. **1**
 Operator **VENEZIA, ZACHARY THOMAS** Owner **CROWLEY, STACEY ANNE**
 Address **6 FRED'S CIR** Address **6 FRED'S CIR**
 City **DRACUT** State **MA** Zip **01826** City **DRACUT** State **MA** Zip **01826-6315**
 Insurance Company **ARBELLA MUTUAL INSURANCE** Vehicle Action Prior to Crash **1** Damaged Area Code: **2 27 3 27 27**
 Vehicle Travel Direction: **N X E W** Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **1 28**
 Citation # (If Issued) _____ Most Harmful Event **1 24** Type of Test: **29**
 Viol. 1: Ch/Sec/Sub _____ Driver Contributing Code **1 25 25** BAC Test Result: **1 30**
 Viol. 2: Ch/Sec/Sub _____ Driver Distracted by **0 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**
 Viol. 3: Ch/Sec/Sub _____ Towed from scene? **2 33**

Please fill out for operator and all occupants involved

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

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

License _____ St. _____ DOB/Age _____ Reg # **5HRJ79** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D** Lic. Restrictions **B** CDL Endorsement _____ Veh Year **2008** Veh Make **Infinity** Veh Config. **1**
 Operator **DESROSIERS, RANDAL STEPHEN** Owner **DESROSIERS, RANDAL STEPHEN**
 Address **25 FOREST ST** Address **25 FOREST ST**
 City **WILMINGTON** State **MA** Zip **01887-2857** City **WILMINGTON** State **MA** Zip **01887-2857**
 Insurance Company **AMICA MUTUAL INSURANCE CO** Vehicle Action Prior to Crash **6** Damaged Area Code: **1 27 2 27 B 27**
 Vehicle Travel Direction: **N S X W** Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **1 28**
 Citation # (If Issued) _____ Most Harmful Event **1 24** Type of Test: **29**
 Viol. 1: Ch/Sec/Sub _____ Driver Contributing Code **1 25 25** BAC Test Result: **1 30**
 Viol. 2: Ch/Sec/Sub _____ Driver Distracted by **0 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**
 Viol. 3: Ch/Sec/Sub _____ Towed from scene? **2 33**

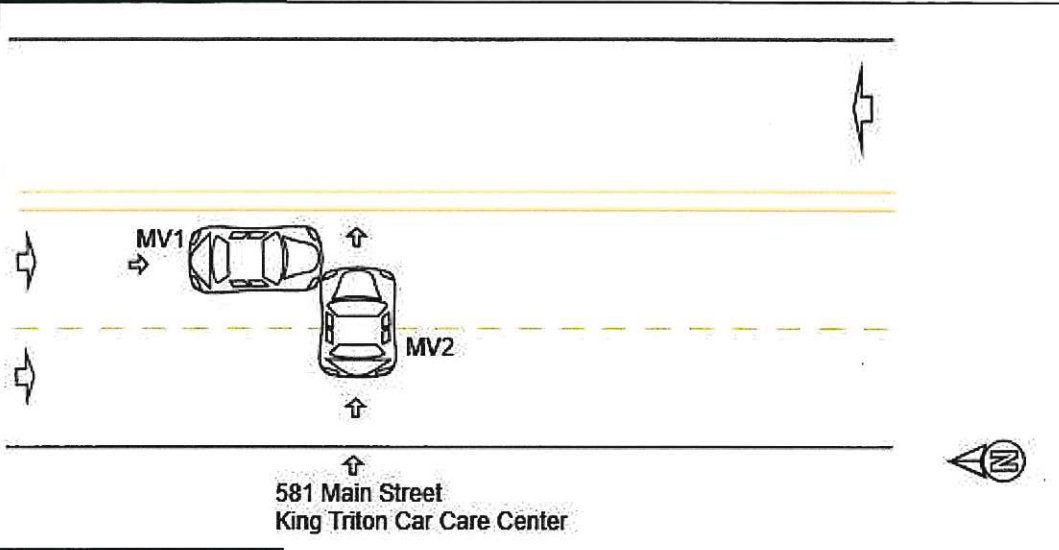
Please fill out for operator/non-motorist and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above	XXXXXX	X	1	1	4	0	0	10	1	
SAMSON JULES	25 FOREST ST WILMINGTON, MA 01887		M	3	1	4	0	0	10	1	

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 O X O X = Pedestrian ☺ = Bicycle

Crash Diagram:

ie: → 1 → 2 → O X O X → ☺



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:

Operator of motor vehicle 1, Zachary Venezia, stated that he was traveling straight ahead driving south bound on Main Street prior to colliding into MV2. Op. of MV2, Randal Desrosiers, stated that he was pulling out of Triton Car Wash, was attempting to cross two travel lanes and turn left onto Main Street (North bound). Mr. Desrosiers stated that it was difficult for him to see oncoming traffic in the second lane. All parties stated they sustained no injuries and refused medical attention. I took pictures of the damage to both vehicles (See images). I assisted with the paperwork exchange and advised all parties accordingly.

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 Julio J Quiles

Police Officer Name (Please Print)

Signature

197

ID/Badge #

Wilmington Police Department

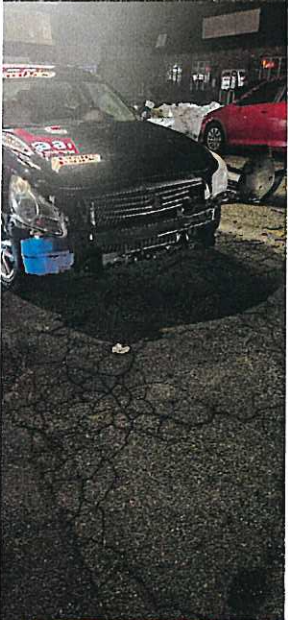
Department

Precinct/Barracks

02/09/2024

Date

Wilmington Police Department
Images Associated with 24-52-AC



Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash 02/09/2024 Time of Crash 1744 City/Town 24HR WILMINGTON

Motor Vehicle Crash Police Report

Number Vehicles 3 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 # MAIN ST Route# Direction 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# 24-53-AC

License #, Sex F, Lic. Class D, Lic. Restrictions B, Operator DOYLE, ALICE B, Address 11 MARION RD, City NORTH BILLERICA, State MA, Zip 01862-1710, Insurance Company FARMERS PROPERTY & CASUAL, Vehicle Travel Direction: [X] S E W, Responding to Emergency? 2

Reg # 4DSK45, Reg Type PC, Reg State MA, Veh Year 2020, Veh Make CHEVROLET, Veh Config 1, Owner DOYLE, ALICE B, Address 11 MARION RD, City NORTH BILLERICA, State MA, Zip 01862-1710, Vehicle Action Prior to Crash 2, Damaged Area Code: 5 27 27 27, Event Sequence 1 23 23 23 23, Test Status: 1 28 29 30, Most Harmful Event 1 24, 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, 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

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 # 194WH7, Reg Type PC, Reg State MA, Veh Year 2010, Veh Make HONDA, Veh Config 1, Owner PEEFFERS, JENNIFER LYN, Address 11 LLOYD RD, City WILMINGTON, State MA, Zip 01887-1730, Vehicle Action Prior to Crash 2, Damaged Area Code: 1 27 5 27 27, Event Sequence 1 23 1 23 23 23, Test Status: 1 28 29 30, Most Harmful Event 1 24, 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? 1 33

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. Operator/Non-Motorist row: See Above, 1, 1, 4, 0, 0, 10, 1

Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash 02/09/2024 Time of Crash 1744 City/Town 24HR Wilmington

Motor Vehicle Crash Police Report

Number Vehicles 3 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 # 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: [X] Vehicle 31 #Occupants [] Hit/Run [] Moped Crash Report ID# 24-53-AC

License # St DOB/Age Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement Operator PERKINS, SAMUEL ADAMS Address 1204 LAWRENCE ST City LOWELL State MA Zip 01852-5533 Insurance Company THE HANOVER INSURANCE COM Vehicle Travel Direction: [X] S E W Responding to Emergency? 2 Citation # (If Issued) T3282128 Viol. 1: Ch/Sec/Sub 90 13B Viol. 2: Ch/Sec/Sub Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub

Reg # 4DFT44 Reg Type PC Reg State MA Veh Year 2012 Veh Make FORD Veh Config. 1 21 Owner PERKINS, SAMUEL ADAMS Address 1204 LAWRENCE ST City LOWELL State MA Zip 01852-5533 Vehicle Action Prior to Crash 1 22 Damaged Area Code: 1 27 27 27 Event Sequence 1 23 23 23 23 Test Status: 1 28 Type of Test: 29 BAC Test Result: 30 Driver Contributing Code 20 25 25 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Driver Distracted by 4 26 Towed from scene? 1 33

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

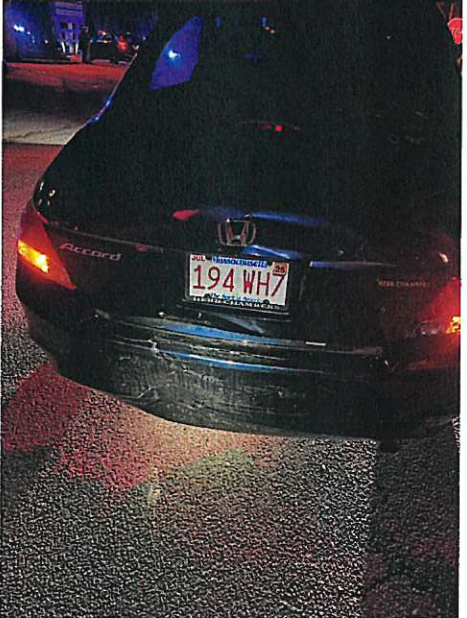
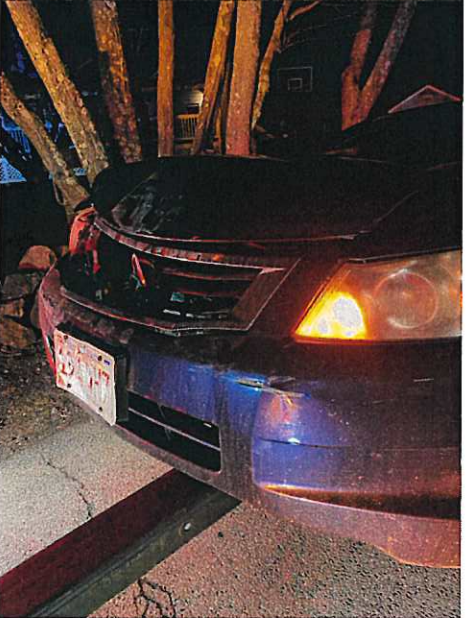
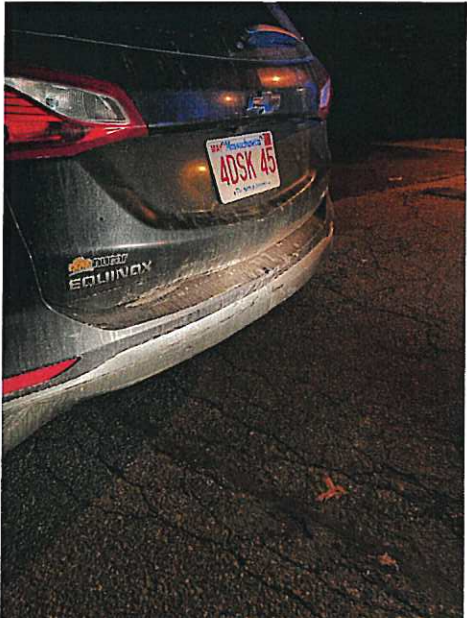
Please Select One of the Following: [] Vehicle 4 #Occupants [] Non-Motorist A Type 15 Action 16 Location 17 Condition 18 [] Hit/Run [] Moped

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

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

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

Wilmington Police Department
Images Associated with 24-53-AC



Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash 02/10/2024 Time of Crash 0042 City/Town 24HR Wilmington

Motor Vehicle Crash Police Report

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

AT INTERSECTION:

LOCATION

NOT AT INTERSECTION:

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

Route# Direction Address # 316 LOWELL 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# 24-54-AC

License # 3 DOB/Age 1 Sex M Lic. Class D 19 19 Lic. Restrictions 99 20 CDL Endorsement

Reg # 5053530 Reg Type PC Reg State NH Veh Year 2020 Veh Make HONDA Veh Config. 1 21

Operator HULSE, DENIS I Last First Middle

Owner HULSE, DENIS I Last First Middle

Address 54 FLAGSTONE DR APT 11

Address 54 FLAGSTONE DR APT 11

City NASHUA State NH Zip 03063

City NASHUA State NH Zip 03063

Insurance Company PROGRESSIVE

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

Vehicle Travel Direction: [N] [S] [X] [W] Responding to Emergency? 2

Event Sequence 22 23 23 23 23 Test Status: 3 28

Citation # (If Issued) 439675AC

Most Harmful Event 22 24 Type of Test: 2 29

Viol. 1: Ch/Sec/Sub 90 24 Viol. 2: Ch/Sec/Sub 89 4A

Driver Contributing Code 10 25 21 25 BAC Test Result: 4 30

Viol. 3: Ch/Sec/Sub 90 17A Viol. 4: Ch/Sec/Sub

Driver Distracted by 5 26 Susp. Alcohol: 1 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, 99, 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

License # St DOB/Age 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.

Wilmington Police Department
Images Associated with 24-54-AC

