

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

1 **MAIN ST**  
Route# Direction Name of Roadway/Street  
At  
Route# Direction Name of Intersecting Roadway/Street  
Also at Intersection with  
2 **MILTON WAY**  
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

3 Please Select One of the Following:  Vehicle 2 #Occupants  Hit/Run  Moped  
Crash Report ID# **24-68-AC**

4 License: \_\_\_\_\_ DOB/Age \_\_\_\_\_ Reg # **6YF648** Reg Type **PC** Reg State **MA**  
Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **B** 20 CDL \_\_\_\_\_ Veh Year **2019** Veh Make **NISSAN** Veh Config. **1** 21  
Operator **LANG, PHILIP JOSEPH** Owner **LANG, PHILIP JOSEPH**  
Address **334 ALBION ST** Address **334 ALBION ST**  
City **WAKEFIELD** State **MA** Zip **01880-2602** City **WAKEFIELD** State **MA** Zip **01880-2602**  
Insurance Company **NORFOLK & DEDHAM MUTUAL F** Vehicle Action Prior to Crash **1** 22 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: 2 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? **1** 33

6 1 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
<b>Operator</b>	See Above	<del>XXXXXX</del>	<del>M</del>	<b>1</b>	<b>0</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	
<b>DAWN TEMPLE</b>	334 ALBION ST WAKEFIELD, MA 01880		<b>F</b>	<b>3</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

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: \_\_\_\_\_ S DOB/Age \_\_\_\_\_ Reg # **476M4** Reg Type **PC** Reg State **NH**  
Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **B** 20 CDL \_\_\_\_\_ Veh Year **2010** Veh Make **FORD** Veh Config. **1** 21  
Operator **HARLOW, DANIEL S** Owner **HARLOW, DANIEL S**  
Address **57 FOX RUN LN** Address **57 FOX RUN LN**  
City **RINDGE** State **NH** Zip **03461** City **RINDGE** State **NH** Zip **03461**  
Insurance Company \_\_\_\_\_ Vehicle Action Prior to Crash **99** 22 Damaged Area Code: 8 27 27 27  
Vehicle Travel Direction: **N S X W** Responding to Emergency? **2** Event Sequence 1 23 23 23 23 Test Status: 1 28  
Citation # (If Issued) \_\_\_\_\_ Most Harmful Event **1** 24 Type of Test: 2 29  
Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **99** 25 25 BAC Test Result: 1 30  
Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **99** 26 Susp. Alcohol: 99 31 Susp. Drug: 99 32  
Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Towed from scene? **2** 33

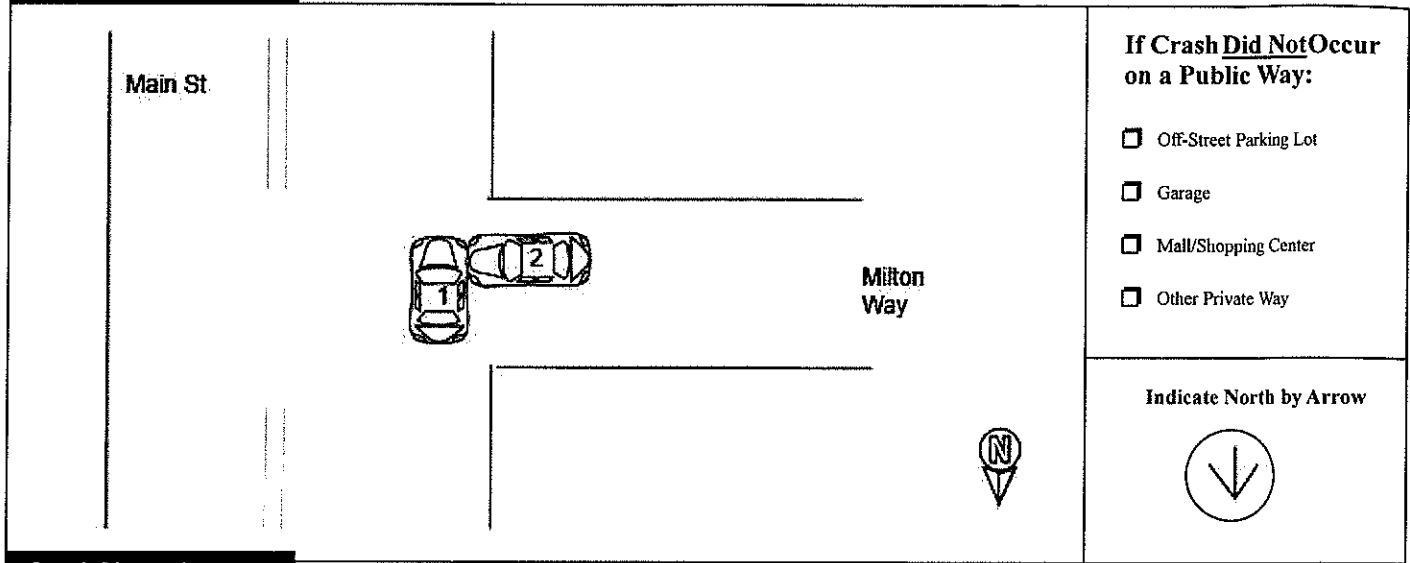
9 2 Please fill out for operator/non-motorist and all occupants involved

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
<b>Operator/Non-Motorist</b>	See Above	<del>XXXXXX</del>	<del>M</del>	<b>1</b>	<b>99</b>	<b>99</b>	<b>99</b>	<b>99</b>	<b>99</b>	<b>99</b>	

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

**Crash Diagram:**

ie: → 1    → 2    → ○    → ○



**Crash Narrative:**

While responding to another call in the area, I was flagged down to this crash. Vehicle 2 exchanged information and then left the scene. Information within this report is from vehicle 1's operator. Contact with vehicle two was unable to be made. Vehicle 1 stated that they were driving south on Main Street in the area in Milton Way when vehicle 2 pulled out and struck vehicle 1 on the front right side. No injuries or airbags were deployed on Vehicle 1. Vehicle 1's operator contacted a private tow through AAA.

**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 R DiLorenzo    217    Wilmington Police Department    02/26/2024  
 Police Officer Name (Please Print)    Signature    ID/Badge #    Department    Precinct/Barracks    Date

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

Route# 1 Direction MIDDLESEX AVE Name of Roadway/Street

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

Route# 1 Direction \_\_\_\_\_ Name of Intersecting Roadway/Street

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

Crash Report ID# **24-69-AC**

License \_\_\_\_\_ DOB/Ag \_\_\_\_\_ Reg # 6PT689 Reg Type PC Reg State MA

Sex M Lic. Class D Lic. Restrictions 1 CDL \_\_\_\_\_ Veh Year 2010 Veh Make BMW Veh Config. 1

Operator JOHNSON, JOSEPH DANIEL Owner JOHNSON, JOSEPH DANIEL

Address 14 HEATH ST APT 3 Address 14 HEATH ST APT 3

City SOMERVILLE State MA Zip 02145-2409 City SOMERVILLE State MA Zip 02145-2409

Insurance Company GOVERNMENT EMPLOYEES INSU Vehicle Action Prior to Crash 2 Damaged Area Code: 5 27 6 27 27

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

Citation # (If Issued) \_\_\_\_\_ Most Harmful Event 1 24 Type of Test: 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

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
<b>Operator</b>	See Above	<del>XXXXXX</del>	<del>XX</del>	1	1	4	0	0	10	1	

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

License # \_\_\_\_\_ DOB/Ag \_\_\_\_\_ Reg # 619NR8 Reg Type PC Reg State MA

Sex M Lic. Class D Lic. Restrictions 1 CDL \_\_\_\_\_ Veh Year 2022 Veh Make HONDA Veh Config. 1

Operator VASQUEZ, YUNIOR T Owner VASQUEZ, YUNIOR T

Address 34 WASHINGTON ST APT 1 Address 34 WASHINGTON ST APT 1

City LAWRENCE State MA Zip 01841-3435 City LAWRENCE State MA Zip 01841-3435

Insurance Company PLYMOUTH ROCK ASSURANCE C Vehicle Action Prior to Crash 1 Damaged Area Code: 2 27 1 27 27

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

Citation # (If Issued) \_\_\_\_\_ Most Harmful Event 1 24 Type of Test: 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

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
<b>Operator/Non-Motorist</b>	See Above	<del>XXXXXX</del>	<del>XX</del>	1	1	4	0	0	10	1	

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

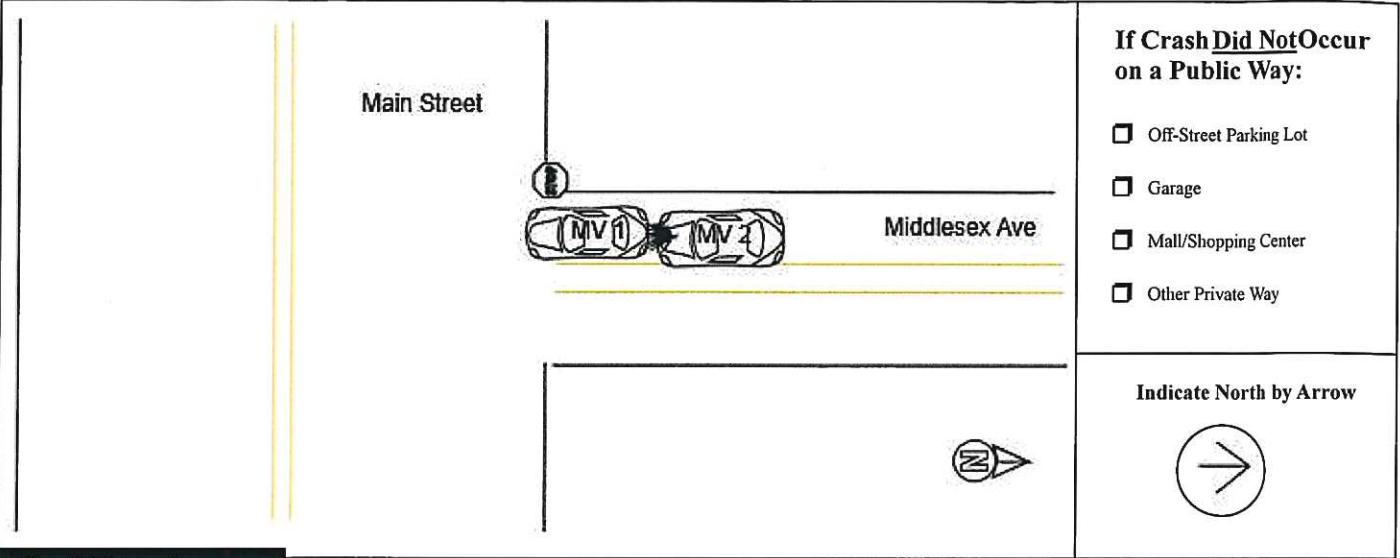
**Crash Diagram:**

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:**

MV1 was stopped at the stop sign at the intersection of Middlesex Avenue and Main Street. MV1 stated he moved up slightly to turn onto Main Street but stopped due to traffic, that is when MV2 rear ended MV1. MV1 suffered minor damage to the left rear and center rear portion of the rear bumper. MV2 suffered minor damage to the front right portion of the front bumper (see images). Airbags did not deploy in either vehicle and both operators had no apparent injuries. Both vehicles were able to be driven away 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      02/26/2024  
 Police Officer Name (Please Print)      Signature      ID/Badge #      Department      Precinct/Barracks      Date

Wilmington Police Department  
Images Associated with 24-69-AC



Date of Crash **02/26/2024** Time of Crash **1721** 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   
 Latitude \_\_\_\_\_ Longitude \_\_\_\_\_

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

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

**2** **GLEN RD**  
 Route# \_\_\_\_\_ Direction \_\_\_\_\_ Name of Intersecting Roadway/Street \_\_\_\_\_  
 Also at Intersection with \_\_\_\_\_

**2** Route# \_\_\_\_\_ Direction \_\_\_\_\_ Name of Intersecting Roadway/Street \_\_\_\_\_

Route# \_\_\_\_\_ Direction \_\_\_\_\_ Address # \_\_\_\_\_ Name of Roadway/Street \_\_\_\_\_  
 \_\_\_\_\_ Feet **N S E W** of \_\_\_\_\_ or \_\_\_\_\_ Exit Number \_\_\_\_\_  
 \_\_\_\_\_ Feet **N S E W** of \_\_\_\_\_ Mile Marker \_\_\_\_\_  
 \_\_\_\_\_ 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# 24-70-AC**

License # \_\_\_\_\_ St \_\_\_\_\_ DOB/Age \_\_\_\_\_ Reg # **2VVR77** Reg Type **PC** Reg State **MA**  
 Sex **M** Lic. Class **D 19 19** Lic. Restrictions **20** CDL \_\_\_\_\_ Veh Year **2013** Veh Make **CHEVROLET** Veh Config. **1 21**  
 Operator **JOHNSTON, MATTHEW DUGUAY** Owner **JOHNSTON, MATTHEW DUGUAY**  
 Address **18 HILLSDALE AVE** Address **18 HILLSDALE AVE**  
 City **BURLINGTON** State **MA** Zip **01803-4850** City **BURLINGTON** State **MA** Zip **01803-4850**  
 Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **1 22** Damaged Area Code: **8 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: **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**  
 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
<b>Operator</b>	See Above			<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>1.0</b>	<b>1</b>	

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 # **1TWL68** Reg Type **PC** Reg State **MA**  
 Sex **F** Lic. Class **D 19 19** Lic. Restrictions **20** CDL \_\_\_\_\_ Veh Year **2023** Veh Make **HYUNDAI** Veh Config. **1 21**  
 Operator **KODGULE, SANTOSHI NIKHIL** Owner **KODGULE, NIKHIL SUNIL**  
 Address **2 CHRISTINE DR** Address **2 CHRISTINE DR**  
 City **WILMINGTON** State **MA** Zip **01887-1803** City **WILMINGTON** State **MA** Zip **01887-1803**  
 Insurance Company **SAFECO INSURANCE COMPANY** Vehicle Action Prior to Crash **4 22** Damaged Area Code: **6 27 7 27 27**  
 Vehicle Travel Direction:  **N E W** Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **1 28**  
 Citation # (If Issued) \_\_\_\_\_ Most Harmful Event **1 24** Type of Test: **29**  
 Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **4 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? **2 33**

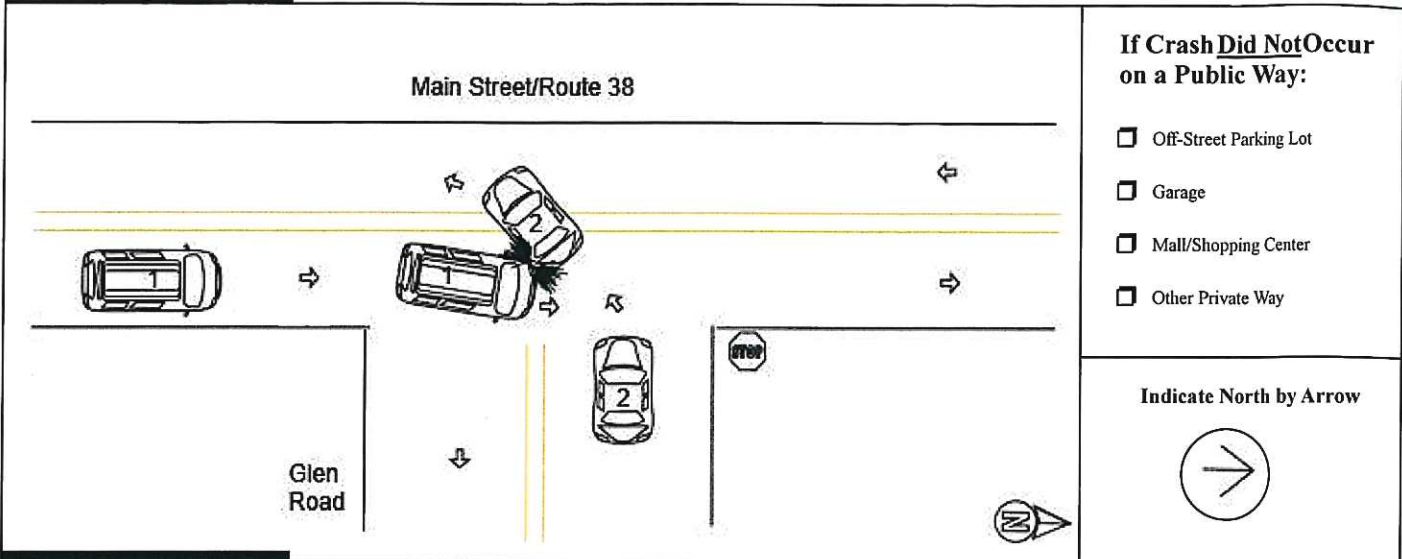
Please fill out for operator/non-motorist and all occupants involved

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
<b>Operator/Non-Motorist</b>	See Above			<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>1.0</b>	<b>1</b>	
<b>NIHIRA KODGULE</b>	<b>2 CHRISTINE DR WILMINGTON, MA 01887</b>		<b>F</b>	<b>4</b>	<b>4</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>1.0</b>	<b>1</b>	

→ = 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 northbound on Main Street/Route 38. MV2 was traveling eastbound and stopped at the stop sign, waiting to turn left onto Main Street/Route 38 southbound. MV1 was traveling straight ahead towards Tewksbury as it approached the intersection with Glen Road. MV2 turned left onto Main Street across the northbound travel lane. MV1 collided with MV2 as it was turning. MV1 suffered front left and left side damage. MV2 suffered rear left and left side damage. None of the occupants were injured and both vehicles were driven from the scene. The operator of MV2 reported that an ambulance with its emergency lights activated was turning right onto Glen Road and that they were attempting to turn left in the heavy traffic. Operator of MV2 stated she abruptly turned left "in an attempt to get out of the way and give the ambulance more room to turn." Operator of MV1 stated that MV2 suddenly turned left in front of them and cut them off.

**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    02/26/2024  
 Police Officer Name (Please Print)    Signature    ID/Badge #    Department    Precinct/Barracks    Date

Date of Crash **02/26/2024** Time of Crash **1756** City/Town **Wilmington** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **0** Speed Limit **10** State Police  Local Police  MBTA Police  Campus Police  Other

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

Route# _____ Direction _____ Name of Roadway/Street _____ At _____	Route# _____ Direction _____ Address # <b>4200</b> Name of Roadway/Street <b>HORSESHOE LN</b>
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____	_____ Feet <b>N S E W</b> of _____ Mile Marker _____ Exit Number _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____	_____ Feet <b>N S E W</b> of _____ Route# _____ Intersecting Roadway/Street _____
	_____ Feet <b>N S E W</b> of _____ Landmark _____

Please Select One of the Following:  Vehicle **10** #Occupants  Hit/Run  Moped Crash Report ID# **24-71-AC**

License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class <b>19 19</b> Lic. Restrictions <b>20</b> CDL _____ Operator <b>Driverless M.V.</b> Address _____ City _____ State _____ Zip _____ Insurance Company <b>GOVERNMENT EMPLOYEES INSU</b> Vehicle Travel Direction: <b>N S E W</b> 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 # <b>5REN20</b> Reg Type <b>PC</b> Reg State <b>MA</b> Veh Year <b>2018</b> Veh Make <b>PORSCHE</b> Veh Config. <b>1 21</b> Owner <b>ROSA, WENDY D</b> Address <b>4213 HORSESHOE LN</b> City <b>WILMINGTON</b> State <b>MA</b> Zip <b>01887-6005</b> Vehicle Action Prior to Crash <b>11 22</b> Damaged Area Code: <b>6 27 27 27</b> Event Sequence <b>1 23 23 23 23</b> Test Status: <b>1 28</b> Most Harmful Event <b>1 24</b> Type of Test: <b>29</b> Driver Contributing Code <b>1 25 25</b> BAC Test Result: <b>30</b> Driver Distracted by <b>0 26</b> Susp. Alcohol <b>2 31</b> Susp. Drug: <b>2 32</b> Towed from scene? <b>2 33</b>
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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
<b>Operator</b>	See Above	<del>XXXX</del>	<del>XX</del>	<b>1</b>							

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

License # _____ S _____ DOB/Age _____ Sex <b>F</b> Lic. Class <b>D 19 19</b> Lic. Restrictions <b>B 20</b> CDL _____ Operator <b>MILLER, KATHERINE M</b> Address <b>4222 HORSESHOE LN</b> City <b>WILMINGTON</b> State <b>MA</b> Zip <b>01887-6006</b> Insurance Company _____ Vehicle Travel Direction: <b>N S E X</b> Responding to Emergency? <b>2</b> Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # <b>7EW858</b> Reg Type <b>PC</b> Reg State <b>MA</b> Veh Year <b>2017</b> Veh Make <b>TOYOTA</b> Veh Config. <b>1 21</b> Owner <b>NU TECH PLASTICS SYSTEMS INC</b> Address <b>200 BROADWAY APT E 20</b> City <b>LYNNFIELD</b> State <b>MA</b> Zip <b>01940-2349</b> Vehicle Action Prior to Crash <b>10 22</b> Damaged Area Code: <b>6 27 27 27</b> Event Sequence <b>1 23 23 23 23</b> Test Status: <b>1 28</b> Most Harmful Event <b>1 24</b> Type of Test: <b>29</b> Driver Contributing Code <b>97 25 25</b> BAC Test Result: <b>30</b> Driver Distracted by <b>99 26</b> Susp. Alcohol <b>2 31</b> Susp. Drug: <b>2 32</b> Towed from scene? <b>2 33</b>
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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
<b>Operator/Non-Motorist</b>	See Above	<del>XXXX</del>	<del>XX</del>	<b>1</b>	<b>99</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>99</b>	<b>1</b>	





SUPPLEMENTAL NARRATIVE FOR PATROL OFFICER JOSEPH A FITZGERALD

Ref: 24-71-AC

Entered: 02/27/2024 @ 2226      Entry ID: 215  
Modified: 02/27/2024 @ 2234      Modified ID: 215

The following is a brief summary of facts.

On Tuesday, February 27, 2024, I, Officer Fitzgerald, was working the 4:00pm to 12:00am shift assigned to marked patrol car 32/sector 2, I was able to get in contact with the owner of the Toyota Highlander (MA:7EW858).

After a Google search of Nu Tech Plastics Systems, I was able to find a phone number (781-596-1000). The line went directly to Katherine Miller, who resides at 4222 Horseshoe lane. Katherine informed me that the Highlander is her vehicle.

When I informed Katherine about the hit and run she was surprised and was unaware of it. She denied being involved stating she was sick the past few days and did not leave her apartment that day. She admitted to having prior damage to her vehicle but was unaware of the fresh scrape. She claimed that if she was in an accident she would report it and if there was any fresh damage then someone "must have" hit her car.

While speaking with me, Katherine sounded excitable, she spoke in long rambles and at times over me.

Due to the fact that there is no security footage or any witnesses and that there is extremely minor damage to both vehicles, no charges will be filed.

Due to the fact that the Toyota was found near the Porsche close to the given time frame with damage that appeared fresh and consistent with the damage to the Porsche. The Toyota was added to this report.

Due to the fact that Katherine admitted that it is her vehicle and she is the primary operator, Katherine has been added to this report.

Respectfully Submitted,  
Officer Joseph A. Fitzgerald #215  
Wilmington Police Department

**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 Address # Name of Roadway/Street  
 Feet **NSEW** of Mile Marker Exit Number  
 Feet **NSEW** of Route# Intersecting Roadway/Street  
 Feet **NSEW** of **WHS ADAMS STREET LOT** Landmark

Please Select One of the Following:  Vehicle **1** #Occupants  Hit/Run  Moped  
 Crash Report ID# **24-72-AC**

License: \_\_\_\_\_ DOB/Age: \_\_\_\_\_ Reg # **BOLA** Reg Type **PC** Reg State **MA**  
 Sex **M** Lic. Class **D** Lic. Restrictions **1** CDL Endorsement \_\_\_\_\_ Veh Year **2014** Veh Make **HONDA** Veh Config. **1**  
 Operator **KAUR, SURJIT** Owner **SINGH, DILBAG**  
 Address **16 SALEM ST** Address **16 SALEM ST**  
 City **WILMINGTON** State **MA** Zip **01887** City **WILMINGTON** State **MA** Zip **01887-1318**  
 Insurance Company **ARBELLA MUTUAL INSURANCE** Vehicle Action Prior to Crash **2** Damaged Area Code: **6** **27** **27** **27**  
 Vehicle Travel Direction:  **N**  **E**  **W** Responding to Emergency? **2** Event Sequence **1** **23** **23** **23** **23** Test Status: **1** **28**  
 Citation # (if Issued) \_\_\_\_\_ Most Harmful Event **1** **24** Type of Test: **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**  
 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
<b>Operator</b>	See Above			<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

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

License: \_\_\_\_\_ DOB/Age: \_\_\_\_\_ Reg # **3KPB28** Reg Type **PC** Reg State **MA**  
 Se. Lic. Class **D** Lic. Restrictions **I** CDL Endorsement \_\_\_\_\_ Veh Year **2011** Veh Make **BMW** Veh Config. **1**  
 Operator \_\_\_\_\_ Owner **CRANE, JEFFREY ROBERT**  
 Address \_\_\_\_\_ Address **9 GLEN RD**  
 City \_\_\_\_\_ State **MA** Zip **01887-1914** City **WILMINGTON** State **MA** Zip **01887-1914**  
 Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **1** Damaged Area Code: **2** **27** **27** **27**  
 Vehicle Travel Direction:  **N**  **E**  **W** Responding to Emergency? **2** Event Sequence **1** **23** **23** **23** **23** Test Status: **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** **19** **25** BAC Test Result: **30**  
 Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **2** **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
<b>Operator/Non-Motorist</b>	See Above			<b>1</b>	<b>1</b>	<b>4</b>	<b>3</b>	<b>0</b>	<b>10</b>	<b>1</b>	



Date of Crash **02/29/2024** Time of Crash **0751** 24HR City/Town **Wilmington** **Motor Vehicle Crash Police Report** Number Vehicles **1** Number Injured **0** Speed Limit **30** State Police  Local Police  MBTA Police  Campus Police  Other

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

<p>Route# _____ Direction _____ Name of Roadway/Street _____</p> <p 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 # <b>300</b> Name of Roadway/Street <b>BALLARDVALE ST</b></p> <p>_____ Feet <b>N S E W</b> of _____ or _____ Exit Number _____</p> <p>_____ Feet <b>N S E W</b> of _____ Mile Marker _____</p> <p>_____ Feet <b>N S E W</b> of _____ Route# _____ Intersecting Roadway/Street _____</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# 24-74-AC**

<p>License # _____ S DOB/Age _____</p> <p>Sex <b>M</b> Lic. Class <b>D 19 19</b> Lic. Restrictions <b>1 20</b> CDL _____ Endorsement _____</p> <p>Operator <b>MARTINEZ, OLIVER R</b></p> <p>Address <b>575 COMMON ST APT 402</b></p> <p>City <b>LAWRENCE</b> State <b>MA</b> Zip <b>01840-0100</b></p> <p>Insurance Company <b>THE COMMERCE INSURANCE CO</b></p> <p>Vehicle Travel Direction: <b>N S X W</b> Responding to Emergency? <b>2</b></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 # <b>4XLG31</b> Reg Type <b>PC</b> Reg State <b>MA</b></p> <p>Veh Year <b>2008</b> Veh Make <b>HONDA</b> Veh Config. <b>1 21</b></p> <p>Owner <b>MARTINEZ, OLIVER R</b></p> <p>Address <b>575 COMMON ST APT 402</b></p> <p>City <b>LAWRENCE</b> State <b>MA</b> Zip <b>01840-0100</b></p> <p>Vehicle Action Prior to Crash <b>4 22</b> Damaged Area Code: <b>8 27 27 27</b></p> <p>Event Sequence <b>35 23 23 23 23</b> Test Status: <b>1 28</b></p> <p>Most Harmful Event <b>35 24</b> Type of Test: <b>29</b></p> <p>Driver Contributing Code <b>1 25 25</b> BAC Test Result: <b>1 30</b></p> <p>Driver Distracted by <b>0 26</b> Susp. Alcohol <b>2 31</b> Susp. Drug: <b>2 32</b></p> <p>Towed from scene? <b>1 33</b></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
<b>Operator</b>	See Above	<del>XXXXXX</del>	<del>X</del>	1	1	4	0	0	10	1	

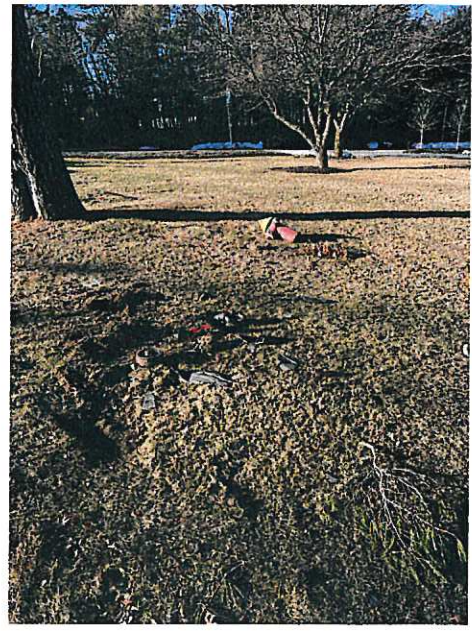
Please Select One of the Following:  Vehicle **2** #Occupants  Non-Motorist A Type **15** Action **16** Location **17** Condition **18**  Hit/Run  Moped

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



Wilmington Police Department  
Images Associated with 24-74-AC



Date of Crash 02/29/2024 Time of Crash 2257 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:**

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 \_\_\_\_\_ 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# **24-75-AC**

License # \_\_\_\_\_ S DOB/Age \_\_\_\_\_ Reg # **3EZ954** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** Lic. Restrictions **20** CDL \_\_\_\_\_ Veh Year **2019** Veh Make **GMC** Veh Config. **1**

Operator **SZYDLOWSKI, WILLIAM A** Owner **SZYDLOWSKI, WILLIAM A**

Address **75 WEST ST** Address **75 WEST ST**

City **WILMINGTON** State **MA** Zip **01887-3037** City **WILMINGTON** State **MA** Zip **01887-3037**

Insurance Company **QUINCY MUTUAL FIRE INSURA** Vehicle Action Prior to Crash **4** Damaged Area Code: **7 27 27 27**

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

Citation # (If Issued) **420121AC** Most Harmful Event **1 24** Type of Test: **29**

Viol. 1: Ch/Sec/Sub **90 24J** Viol. 2: Ch/Sec/Sub **90 24E** Driver Contributing Code **12 25 25** BAC Test Result: **1 30**

Viol. 3: Ch/Sec/Sub **89 4A** Viol. 4: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **0 26** Susp. Alcohol: **1 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 Sent Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator</b>	See Above	<del>XXXXXX</del>	<del>XX</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

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 # **4782398** Reg Type **PC** Reg State **NH**

Sex **M** Lic. Class **D** Lic. Restrictions **20** CDL \_\_\_\_\_ Veh Year **2021** Veh Make **GMC** Veh Config. **1**

Operator **SEEBECK, JOSHUA** Owner **SEEBECK, JOSHUA**

Address **73 ASH ST APT 2** Address **73 ASH ST APT 2**

City **MANCHESTER** State **NH** Zip **03104** City **MANCHESTER** State **NH** Zip **03104**

Insurance Company \_\_\_\_\_ Vehicle Action Prior to Crash **2** Damaged Area Code: **7 27 27 27**

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

Citation # (If Issued) \_\_\_\_\_ Most Harmful Event **1 24** Type of Test: **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 Sent Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator/Non-Motorist</b>	See Above	<del>XXXXXX</del>	<del>XX</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	
<b>SANDRA SAUVAN</b>	130 HACKETT HILL RD HOOKSETT, NH 03106		<b>F</b>	<b>3</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	



→ = 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 1 was turning left onto West Street from Lowell street while vehicle 2 was waiting at the lights to turn left from West Street onto Lowell Street in the left turn only lane. As vehicle 1 was turning onto West Street it came across and sideswiped the left side of vehicle 2. Vehicle 2 suffered scatch marks on its left hand side and had lost its left side mirror. Neither vehicle had airbag deployment and neither occupants suffered injuries. Vehicle 2 was towed from the scene by Forrest Towing (see 24-108-AR for more info).

**Witnesses:**

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

**Property Damage:**

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

**Truck and Bus Information:**

Registration # \_\_\_\_\_ (From Vehicle Section)

Carrier Name \_\_\_\_\_ Bus Use  42

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

US DOT #: \_\_\_\_\_ State Number \_\_\_\_\_ Issuing State \_\_\_\_\_ MC/MX/ICC #: \_\_\_\_\_

Interstate  43    Cargo Body Type Code  44    GVWR/GCWR  45

Trailer Reg #: \_\_\_\_\_ Reg Type \_\_\_\_\_ Reg State \_\_\_\_\_ Reg Year \_\_\_\_\_ Trailer Length  46

**Hazmat Information:**

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

Patrol Officer Thomas Lawrenson	222	Wilmington Police Department	02/29/2024
Police Officer Name (Please Print)	Signature	ID/Badge #	Department    Precinct/Barracks    Date

Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash 03/01/2024 Time of Crash 1411 City/Town WILMINGTON

Motor Vehicle Crash Police Report

Number Vehicles 1 Number Injured 0 Speed Limit 35 State Police Local Police MBTA Police Campus Police Other

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1 1 2 10 1 11 2 1

3 Please Select One of the Following: [X] Vehicle 1 #Occupants [ ] Hit/Run [ ] Moped Crash Report ID# 24-76-AC

4 2 5 2 6 1 1 12 22 13

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. Row 1: Operator, See Above, [X], [X], 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

8 1 9 2 1 14

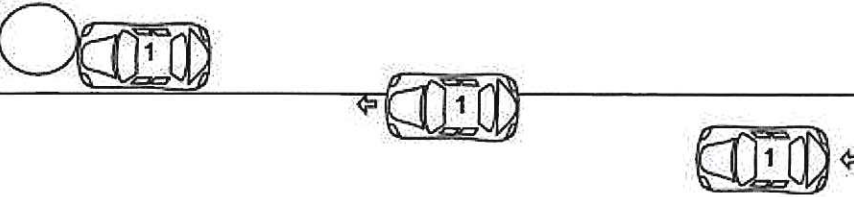
Table with 12 columns: Name, Address, DOB/Age, Sex, 34 Seat Pos, 35 Safety System, 36 Airbag Status, 37 Eject Code, 38 Trap Code, 39 Injury Status, 40 Transp. Code, Medical Facility. Row 1: Operator/Non-Motorist, See Above, [X], [X], 1, [ ], [ ], [ ], [ ], [ ], [ ], [ ]

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

**Crash Diagram:**

ie: → 1 → 2 → ○ → ○

VZ Telephone Pole →



196 Shawsheen Ave

**If Crash Did Not Occur on a Public Way:**

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

Indicate North by Arrow



**Crash Narrative:**

MV 1 was driving east on Shawsheen Ave. MV 1 drove off the roadway and struck a Verizon utility pole. The telephone pole was severed in half resulting in live wires hanging over the roadway. The operator of the MV was sitting on the sidewalk. She was an older woman who was extremely confused. It appeared the woman suffered an unknown medical episode resulting in the crash. The operator was transported to Lahey Hospital. A&S Towing towed the motor vehicle. An immediate threat and medical request was sent to the RMV. Refer to 24-241-OF.

**Witnesses:**

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

**Property Damage:**

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
VERIZON	28 DIANA LN DRACUT MA 01826		4	TELEPHONE 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 Kevin J Skinner

Police Officer Name (Please Print)

Signature

200

ID/Badge #

Wilmington Police Department

Department

Precinct/Barracks

03/01/2024

Date