

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

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

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

Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped
 Crash Report ID# **24-77-AC**

License _____ DOB/Agc _____ Reg # **7VAV40** Reg Type **PC** Reg State **MA**
 Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **B** 20 CDL Endorsement
 Veh Year **2010** Veh Make **VOLKSWAGEN** Veh Config. **1** 21
 Operator **KNIGHT, CHRISTINA M** Owner **KNIGHT, CHRISTINA M**
 Address **1 ELDERBERRY LN APT 107** Address **1 ELDERBERRY LN APT 107**
 City **READING** State **MA** Zip **01867-1001** City **READING** State **MA** Zip **01867-1001**
 Insurance Company **PROGRESSIVE DIRECT INSURA** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **0** 27 27 27
 Vehicle Travel Direction: **NSEW** Responding to Emergency? **2** Event Sequence **3** 23 23 23 23 Test Status: **1** 28
 Citation # (If Issued) _____ Most Harmful Event **3** 24 Type of Test: **1** 29
 Viol. 1: Ch/Sec/Sub _____ Driver Contributing Code **18** 25 **19** 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
 Viol. 4: Ch/Sec/Sub _____

Please fill out for operator and all occupants involved

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

Please Select One of the Following: Vehicle 2 #Occupants Non-Motorist A Type **1** 15 Action **2** 16 Location **10** 17 Condition **1** 18 Hit/Run Moped

License _____ St. _____ DOB/Agc _____ Reg # _____ Reg Type _____ Reg State _____
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **B** 20 CDL Endorsement
 Veh Year _____ Veh Make _____ Veh Config. **21**
 Operator **SIMMONS, CHRISTOPHER J** Owner _____
 Address **91 GROVE AVE** Address _____
 City **WILMINGTON** State **MA** Zip **01887-3720** City _____ State _____ Zip _____
 Insurance Company _____ Vehicle Action Prior to Crash **22** Damaged Area Code: **27** 27 27
 Vehicle Travel Direction: **NSEW** Responding to Emergency? **2** 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 _____ Driver Contributing Code **25** 25 BAC Test Result: **30**
 Viol. 2: Ch/Sec/Sub _____ Driver Distracted by **26** Susp. Alcohol: **31** Susp. Drug: **32**
 Viol. 3: Ch/Sec/Sub _____ Towed from scene? **33**
 Viol. 4: Ch/Sec/Sub _____

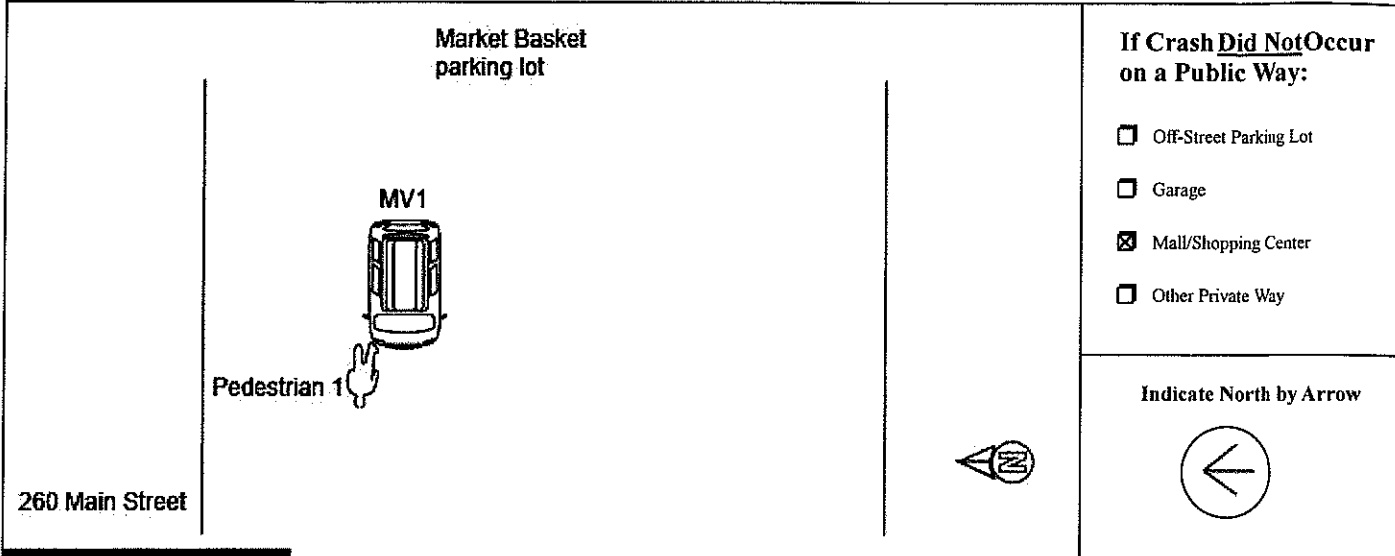
Please fill out for operator/non-motorist and all occupants involved

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

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○



Crash Narrative:

Operator of motor vehicle 1, Christina M. Knight, stated she was traveling west down the parking lot aisle of Market Basket at 260 Main Street. She stated that the sun was directly in her eyes and she accidentally struck the back of the male pedestrians left leg with the front right side of her vehicle. The pedestrian, Christopher J. Simmons, stated that he was walking west down the parking lot aisle and was struck on the back of his left leg by MV1. All parties stated no injuries and refused medical attention. Paperwork was exchanged and all parties were advised accordingly. Both eye witness, Cherie A. Simmons, and Clark M. Barbara corroborated Mrs. Knight and Mr. Simmons statements.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
CLARK BARBARA M	12 PRISCILLA LN BILLERICA MA 01821-1125		1
SIMMONS CHERIE ANN	91 GROVE AVE 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 _____ 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 197 Wilmington Police Department 03/03/2024
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

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

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

Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____
 _____ Feet N S E W of _____ or _____ 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 12 #Occupants Hit/Run Moped **Crash Report ID# 24-78-AC**

License # S79754097 St. MA DOB/Age _____ Reg # 257EL6 Reg Type PC Reg State MA
 Sex M Lic. Class D 19 19 Lic. Restrictions B 20 CDL _____ Veh Year 2009 Veh Make Jeep Veh Config. 1 21
 Operator QURESHI, HAMID U Owner QURESHI, HAMID U
 Address 8 ORCHARD XING Address 8 ORCHARD XING
 City ANDOVER State MA Zip 01810-4874 City ANDOVER State MA Zip 01810-4874
 Insurance Company PROGRESSIVE DIRECT INSURA Vehicle Action Prior to Crash 1 22 Damaged Area Code: 4 27 27 27
 Vehicle Travel Direction: N X E W Responding to Emergency? 2 Event Sequence 1 23 23 23 23 Test Status: 1 28
 Citation # (If Issued) _____ Most Harmful Event 1 24 Type of Test: 29
 Viol. 1: Ch/Sec/Sub _____ Driver Contributing Code 10 25 5 25 BAC Test Result: 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
 Viol. 4: Ch/Sec/Sub _____

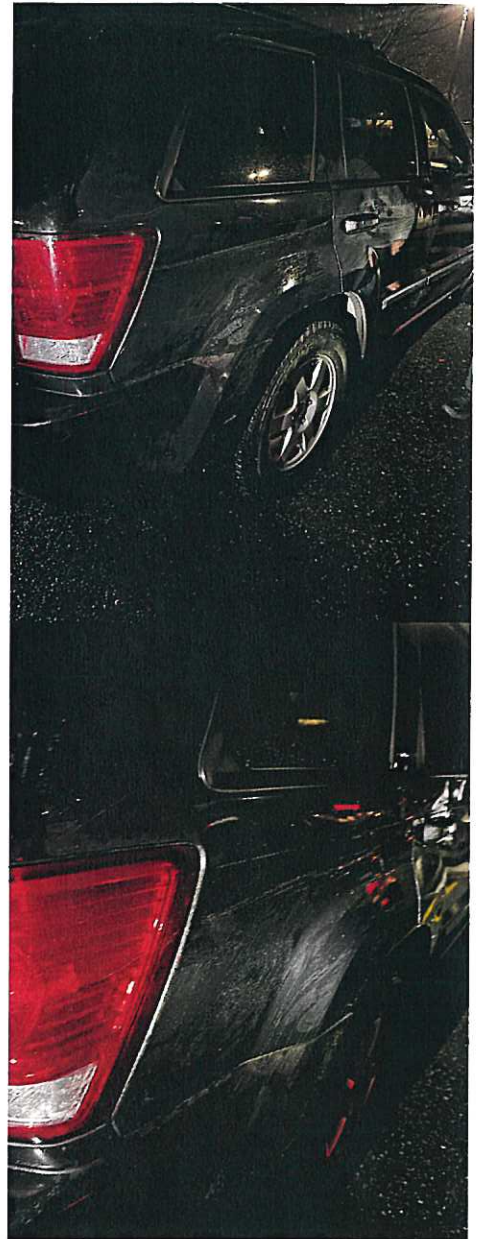
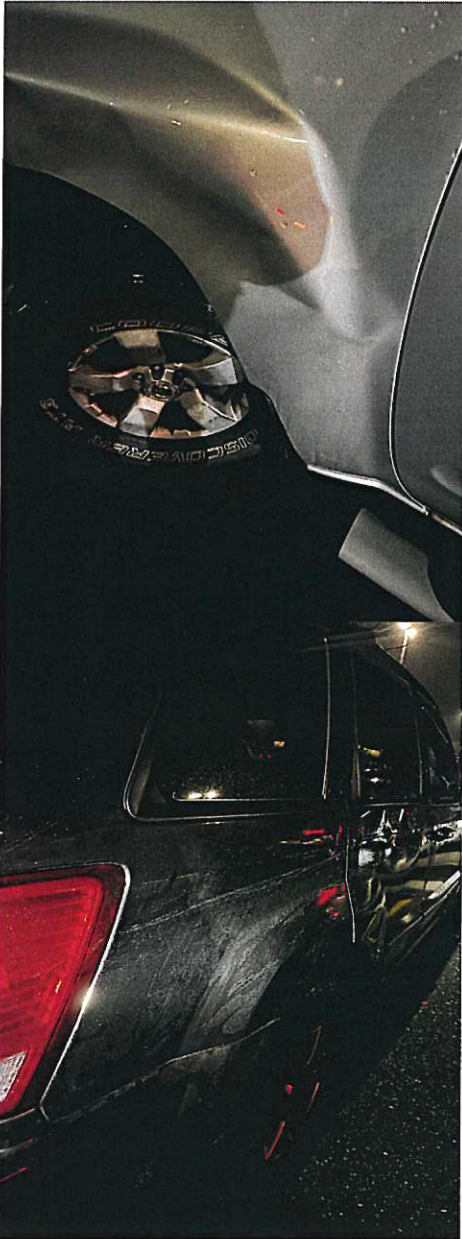
Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator		See Above	X	X	1	1	4	0	0	10	1
ZARINA QURESHI	8 ORCHARD CRSG ANDOVER, MA 01810		F	3	1	4	0	0	10	1	

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

License # S75222737 St. MA DOB/Age _____ Reg # 1BWG29 Reg Type PC Reg State MA
 Sex M Lic. Class D 19 19 Lic. Restrictions B 20 CDL _____ Veh Year 2010 Veh Make NISSAN Veh Config. 1 21
 Operator MCINTOSH, JOSEPH F Owner MCINTOSH, JOSEPH F
 Address 104B NORTH ST Address 104B NORTH ST
 City NORTH READING State MA Zip 01864-1318 City NORTH READING State MA Zip 01864-1318
 Insurance Company PLYMOUTH ROCK ASSURANCE C Vehicle Action Prior to Crash 1 22 Damaged Area Code: 6 27 27 27
 Vehicle Travel Direction: N X E W Responding to Emergency? 2 Event Sequence 1 23 23 23 23 Test Status: 1 28
 Citation # (If Issued) _____ Most Harmful Event 1 24 Type of Test: 29
 Viol. 1: Ch/Sec/Sub _____ Driver Contributing Code 1 25 25 BAC Test Result: 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
 Viol. 4: Ch/Sec/Sub _____

Please fill out for operator/non-motorist and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist		See Above	X	X	1	99	4	0	0	10	1

Wilmington Police Department
Images Associated with 24-78-AC



Date of Crash 03/08/2024 Time of Crash 1725 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:**

<p>129 <u>LOWELL ST</u> Route# Direction Name of Roadway/Street</p> <p>At</p> <p>193 NORTH OFF RAMP Route# Direction Name of Intersecting Roadway/Street</p> <p>Also at Intersection with</p> <p>Route# Direction Name of Intersecting Roadway/Street</p>	<p>Route# Direction Address # Name of Roadway/Street</p> <p>Feet N S E W of _____ or _____</p> <p>Mile Marker _____ Exit Number _____</p> <p>Feet N S E W of _____</p> <p>Route# Intersecting Roadway/Street</p> <p>Feet N S E W of _____</p> <p>Landmark _____</p>
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Please Select One of the Following: Vehicle **12** #Occupants Hit/Run Moped Crash Report ID# **24-79-AC**

<p>License # _____ DOB/Ag _____</p> <p>Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL _____ Endorsement _____</p> <p>Operator GOODWIN, SUCHITRA NARAYAN Last First Middle</p> <p>Address 235 WINTHROP ST APT 1102</p> <p>City MEDFORD State MA Zip 02155-3834</p> <p>Insurance Company PROGRESSIVE DIRECT INSURA</p> <p>Vehicle Travel Direction: N S E W Responding to Emergency? 2</p> <p>Citation # (If Issued) _____</p> <p>Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____</p> <p>Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____</p>	<p>Reg # 12W260 Reg Type PC Reg State MA</p> <p>Veh Year 2016 Veh Make TOYOTA Veh Config. 1 21</p> <p>Owner GOODWIN, SUCHITRA NARAYAN Last First Middle</p> <p>Address 235 WINTHROP ST APT 1102</p> <p>City MEDFORD State MA Zip 02155-3834</p> <p>Vehicle Action Prior to Crash 2 22 Damaged Area Code: 5 27 27 27</p> <p>Event Sequence 1 23 23 23 23 Test Status: 28</p> <p>Most Harmful Event 1 24 Type of Test: 29</p> <p>Driver Contributing Code 1 25 25 BAC Test Result: 30</p> <p>Driver Distracted by 0 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32</p> <p>Towed from scene? 2 33</p>
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Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator		See Above	X	X	1	1	4	0	0	10	1
					6	4	4	0	0	10	1

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

<p>License # _____ DOB/Ag _____</p> <p>Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL _____ Endorsement _____</p> <p>Operator AHARON, ELAD Last First Middle</p> <p>Address 473 LOWELL ST</p> <p>City READING State MA Zip 01867-1520</p> <p>Insurance Company SAFETY INSURANCE COMPANY</p> <p>Vehicle Travel Direction: N S E W Responding to Emergency? 2</p> <p>Citation # (If Issued) _____</p> <p>Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____</p> <p>Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____</p>	<p>Reg # W98423 Reg Type CO Reg State MA</p> <p>Veh Year 2023 Veh Make Jeep Veh Config. 1 21</p> <p>Owner AHARON, ELAD Last First Middle</p> <p>Address 473 LOWELL ST</p> <p>City READING State MA Zip 01867-1520</p> <p>Vehicle Action Prior to Crash 1 22 Damaged Area Code: 1 27 27 27</p> <p>Event Sequence 1 23 23 23 23 Test Status: 28</p> <p>Most Harmful Event 1 24 Type of Test: 29</p> <p>Driver Contributing Code 19 25 5 25 BAC Test Result: 30</p> <p>Driver Distracted by 99 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32</p> <p>Towed from scene? 2 33</p>
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Please fill out for operator/non-motorist and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist		See Above	X	X	1	1	4	0	0	10	1

Date of Crash 03/08/2024 Time of Crash 1831 24HR City/Town **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 # 409 Name of Roadway/Street MIDDLESEX AVE _____ Feet N S E W of _____ or _____ Mile Marker _____ Exit Number _____ _____ Feet N S E W of _____ Route# _____ Intersecting Roadway/Street _____ _____ Feet N S E W of _____ Landmark _____
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Please Select One of the Following: Vehicle 1 Occupants Hit/Run Moped Crash Report ID# **24-80-AC**

License # _____ OB/Age _____ Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL _____ Endorsement _____ Operator MORONEY, SEAN C Last First Middle Address 5 CARTER RD City WILMINGTON State MA Zip 01887-2838 Insurance Company USAA GENERAL INDEMNITY 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 # 2YHJ92 Reg Type PC Reg State MA Veh Year 1999 Veh Make CHEVROLET Veh Config. 1 21 Owner MORONEY, SEAN C Last First Middle Address 5 CARTER RD City WILMINGTON State MA Zip 01887-2838 Vehicle Action Prior to Crash 1 22 Damaged Area Code: 1 27 8 27 2 27 Event Sequence 1 23 23 23 23 Test Status: 1 28 Most Harmful Event 1 24 Type of Test: 1 29 Driver Contributing Code 20 25 19 25 BAC Test Result: 1 30 Driver Distracted by 4 26 Susp. Alcohol: 31 Susp. Drug: 32 Towed from scene? 1 33
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Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator		See Above	<input checked="" type="checkbox"/>	1	1	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 # _____ SI _____ OB/Age _____ Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL _____ Endorsement _____ Operator ROBERTS, JOSHUA WALTER Last First Middle Address 14 NORTH ST City WILMINGTON State MA Zip 01887-2119 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 # 5HBC87 Reg Type PC Reg State MA Veh Year 2020 Veh Make Land Rover Veh Config. 1 21 Owner ROBERTS, JOSHUA WALTER Last First Middle Address 14 NORTH ST City WILMINGTON State MA Zip 01887-2119 Vehicle Action Prior to Crash 2 22 Damaged Area Code: 5 27 6 27 4 27 Event Sequence 1 23 23 23 23 Test Status: 1 28 Most Harmful Event 1 24 Type of Test: 1 29 Driver Contributing Code 1 25 25 BAC Test Result: 1 30 Driver Distracted by 0 26 Susp. Alcohol: 31 Susp. Drug: 32 Towed from scene? 1 33
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Please fill out for operator/non-motorist and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist		See Above	<input checked="" type="checkbox"/>	1	1	4	0	0	10	1	
EMI ROBERTS	14 NORTH ST WILMINGTON, MA 01887		F	6	4	4	0	0	10	1	

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# **24-84-AC**

License # _____ S. DOB/Age _____ Reg # **920F95** Reg Type **CO** Reg State **MD**

Sex **M** Lic. Class **A** Lic. Restrictions **20** CDL _____ Veh Year **2020** Veh Make **Mack Truck** Veh Config. **10 21**

Operator **DINGLE, ANDREW BARKER** Owner **POTOMAC TRUCK LEASING INC**

Address **1470 COLONEL MAHAM DR** Address **610 NURSERY RD**

City **PINEVILLE** State **SC** Zip **294683136** City **LINTHICUM** State **MD** Zip **210901407**

Insurance Company **SELECTIVE INS CO OF SC** Vehicle Action Prior to Crash **3 22** Damaged Area Code: **99 27 27 27**

Vehicle Travel Direction: N S E W Responding to Emergency? **2** Event Sequence **20 23 23 23 23** Test Status: **1 28**

Citation # (If Issued) _____ Most Harmful Event **23 24** Type of Test: **29**

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **9 25 25** BAC Test Result: **1 30**

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

Towed from scene? **2 33**

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above	XXXXXX	XXXX	1	99	4	0	0	99	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 # _____ Reg Type _____ Reg State _____

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

Operator _____ Owner _____

Address _____ Address _____

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

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

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

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

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

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

Towed from scene? **33**

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

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

Wilmington Police Department
Images Associated with 24-84-AC

