

Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash 03/10/2024 Time of Crash 0025 24HR City/Town WILMINGTON

Motor Vehicle Crash Police Report

Number Vehicles 1 Number Injured 1 Speed Limit 25 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# 27 Direction CHESTNUT ST Address # Name of Roadway/Street Feet N S W of Mile Marker Exit Number

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

Crash Report ID# 24-81-AC

License # Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement Operator STACK, HEIDI J Address 11 DORCHESTER ST City WILMINGTON State MA Zip 01887-2278 Insurance Company SAFETY INSURANCE COMPANY

Reg # 4BNR99 Reg Type PC Reg State MA Veh Year 2019 Veh Make KIA Veh Config. 1 21 Owner STACK, HEIDI J Address 11 DORCHESTER ST City WILMINGTON State MA Zip 01887-2278 Vehicle Action Prior to Crash 1 22 Damaged Area Code: 1 27 7 27 6 27

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, 0, 1, 0, 0, 8, 1, []

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, [], [], [], [], [], [], []

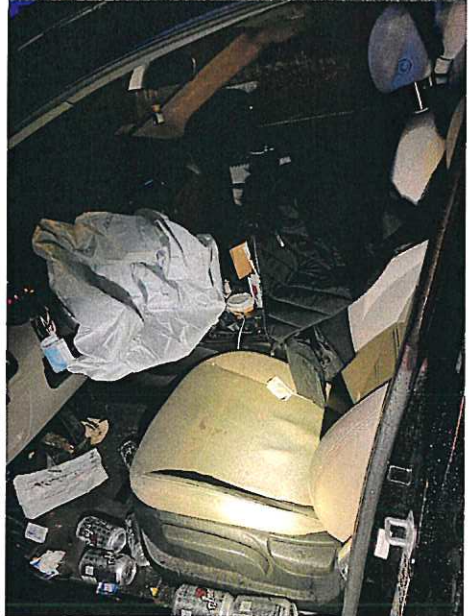
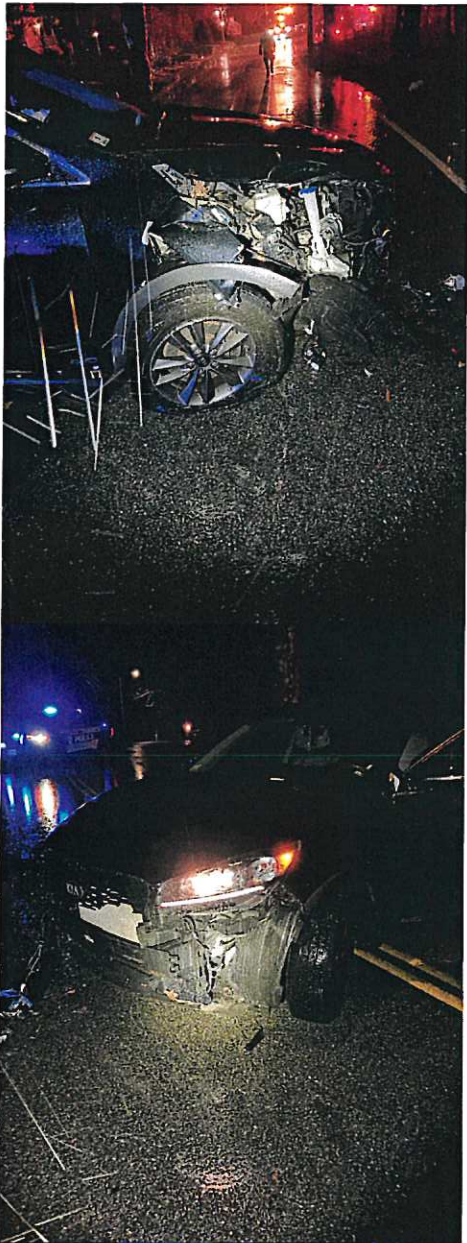
Please Select One of the Following: [] Vehicle 2 #Occupants [] Non-Motorist A Type 15 Action 16 Location 17 Condition 18 [] Hit/Run [] Moped License # Sex Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement Operator Address City State Zip Insurance Company Vehicle Travel Direction: N S E W Responding 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 # 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 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, [], [], [], [], [], [], []

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, [], [], [], [], [], [], []

Wilmington Police Department
Images Associated with 24-81-AC



Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash 03/10/2024 Time of Crash 1701 City/Town WILMINGTON

Motor Vehicle Crash Police Report

Number Vehicles 3 Number Injured 0 Speed Limit 35 State Police MBTA Police Campus Police Other

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1 2 11 2 1 Location details including Route#, Direction, Name of Roadway/Street, and Mile Marker.

3 2 Please Select One of the Following: [X] Vehicle 12 #Occupants [] Hit/Run [] Moped Crash Report ID# 24-82-AC

1 12 5 13 6 1 Driver and Owner information including License #, Reg #, Sex, Lic. Class, Operator, Address, City, State, Zip, and Vehicle details.

Table with 11 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.

7 1 Please Select One of the Following: [X] Vehicle 21 #Occupants [] Non-Motorist A Type 15 Action 16 Location 17 Condition 18 [] Hit/Run [] Moped

8 1 9 2 Driver and Owner information for the second vehicle, including License #, Reg #, Sex, Lic. Class, Operator, Address, City, State, Zip, and Vehicle details.

Table with 11 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.

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

Route# Direction Name of Roadway/Street At Route# Direction Address # Name of Roadway/Street
 580 MAIN ST
 Feet N S E W of Mile Marker Exit Number
 Route# Direction Name of Intersecting Roadway/Street
 Feet N S E W of Route# Intersecting Roadway/Street
 Route# Direction Name of 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# **24-82-AC**

License # _____ S: _____ JB/Ag _____ Reg # **3LR522** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D** Lic. Restrictions **1** CDL _____ Veh Year **2009** Veh Make **MAZDA** Veh Config. **1**
 Operator **SOTO, ALEX GABRIEL** Owner **ESPINOZA, JORGE LUIS**
 Address **6 SALEM ST** Address **6 SALEM ST**
 City **LAWRENCE** State **MA** Zip **01843** City **LAWRENCE** State **MA** Zip **01843-1723**
 Insurance Company **SAFETY INSURANCE COMPANY** Vehicle Action Prior to Crash **1** Damaged Area Code: **1 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) _____ Most Harmful Event **1 24** Type of Test: **29**
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **19 25 25** BAC Test Result: **1 30**
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**
 Towed from scene? **1 33**

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above	XXXXXX	XXXX	1	1	1	0	0	10	1	
MAKAYLLA ORTEGA	208 CUMBERLAND RD LOWELL, MA 01850	08/08/2005	F	3	1	1	0	0	10	1	

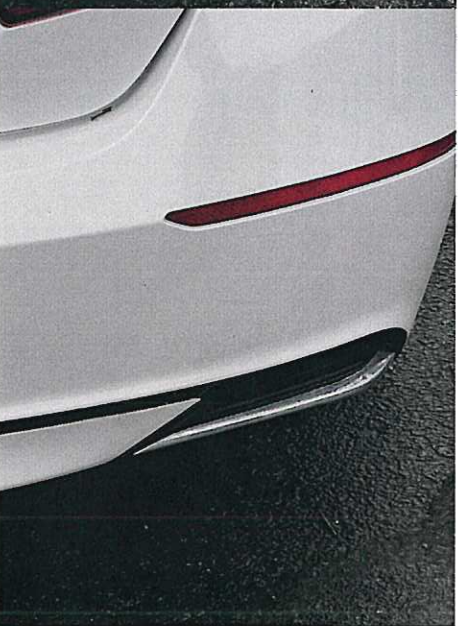
Please Select One of the Following: Vehicle 4 #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

License # _____ St _____ DOB/Age _____ Reg # _____ Reg Type _____ Reg State _____
 Sex _____ Lic. Class **19 19** Lic. Restrictions **20** CDL _____ Veh Year _____ Veh Make _____ Veh Config. **21**
 Operator _____ Owner _____
 Address _____ Address _____
 City _____ State _____ Zip _____ City _____ State _____ Zip _____
 Insurance Company _____ Vehicle Action Prior to Crash **22** Damaged Area Code: **27 27 27**
 Vehicle Travel Direction: **N S E W** Responding to Emergency? _____ Event Sequence **23 23 23 23** Test Status: **28**
 Citation # (If Issued) _____ Most Harmful Event **24** Type of Test: **29**
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **25 25** BAC Test Result: **30**
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **26** Susp. Alcohol: **31** Susp. Drug: **32**
 Towed from scene? **33**

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

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 24-82-AC



Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash 03/12/2024 Time of Crash 0224 24HR City/Town WILMINGTON

Motor Vehicle Crash Police Report

Number Vehicles 1 Number Injured 1 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 Address # CLARK ST Name of Roadway/Street Feet N S E W of Mile Marker Exit Number

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

Crash Report ID# 24-83-AC

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

Reg # 3DBE44 Reg Type PC Reg State MA Veh Year 2021 Veh Make CHEVROLET Veh Config. 1 21

Operator CORBETT, SHANNON Last First Middle

Owner CORBETT, SHANNON Last First Middle

Address 35 GLEN RD

Address 35 GLEN RD

City WILMINGTON State MA Zip 01887-1943

City WILMINGTON State MA Zip 01887-1943

Insurance Company PROGRESSIVE DIRECT INSURA

Vehicle Action Prior to Crash 1 22 Damaged Area Code: 2 27 3 27 1 27

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

Event Sequence 23 23 23 23 Test Status: 3 28

Citation # (If Issued) 501485AC

Most Harmful Event 22 24 Type of Test: 1 29

Viol. 1: Ch/Sec/Sub 90 24 Viol. 2: Ch/Sec/Sub 90 24

Driver Contributing Code 10 25 25 BAC Test Result: 6 30

Viol. 3: Ch/Sec/Sub 90 24I Viol. 4: Ch/Sec/Sub 89 4A

Driver Distracted by 0 26 Susp. Alcohol: 1 31 Susp. Drug: 2 32

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, 0, 1, 0, 0, 7, 2, Lahey Clinic

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

License # 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

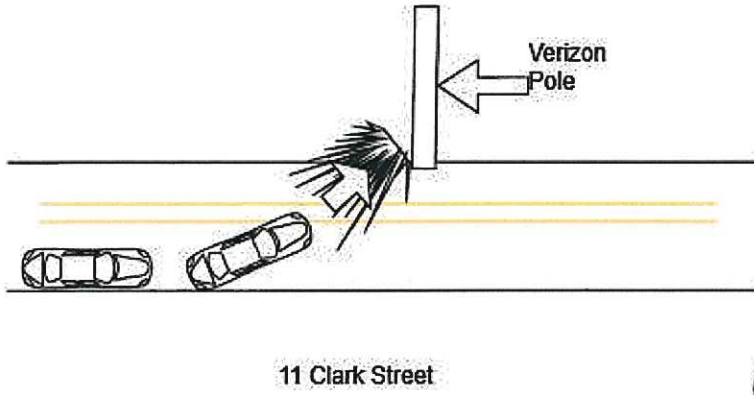
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub

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

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

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ○ = 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:

While traveling East on Clark Street (public way in Wilmington), the motor vehicle crashed into Verizon pole utility 3. The crash lead significant damage to the front side of the motor vehicle with air bag deployment from the driving wheel. The operator was then transported and later admitted into Lahey Hospital for serious injuries resulting from the crash. Please refer to 23-139-AR for further details.

Witnesses:

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

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
VERIZON POLE #3	11 CLARK ST WILMINGTON MA 01887		1	MINOR DAMAGE TO VERIZON POLE #3

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

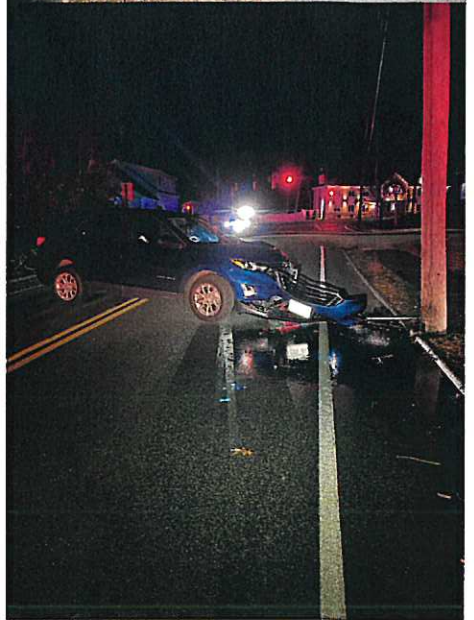
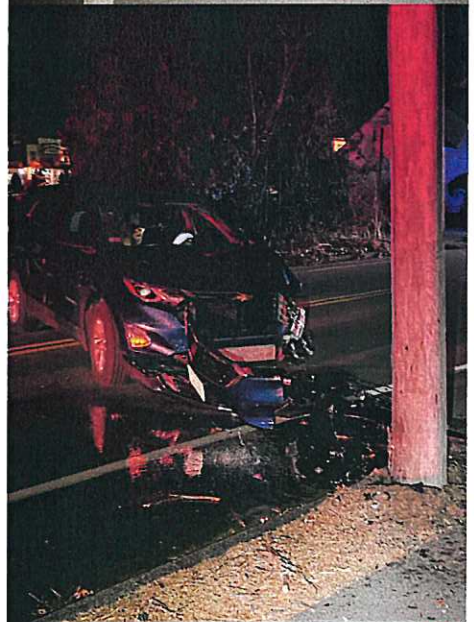
Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 46

Hazmat Information:

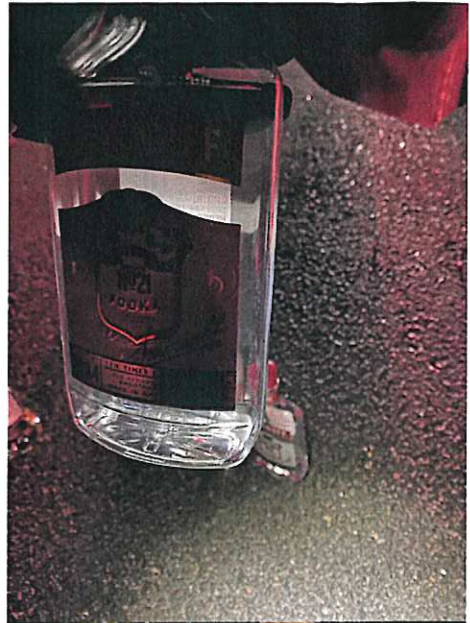
Placard 47 Material 1 digit # 48 Material Name _____ Material 4 digit # _____ Release code 49

Patrol Officer Zachary A Leighton 227 Wilmington Police Department 03/12/2024
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Images Associated with 24-83-AC



Wilmington Police Department
Images Associated with 24-83-AC



Wilmington Police Department
Images Associated with 24-83-AC



Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash 03/13/2024 Time of Crash 0926 24HR City/Town WILMINGTON

Motor Vehicle Crash Police Report

Number Vehicles 2 Number Injured 0 Speed Limit 15 State Police Local Police MBTA Police Campus Police Other

AT INTERSECTION:

LOCATION

NOT AT INTERSECTION:

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

Route# Direction Address # Name of Roadway/Street 381 MIDDLESEX AVE

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

Crash Report ID# 24-85-AC

License # St DOB/Age Sex Lic. Class Lic. Restrictions CDL Endorsement

Reg # 5PP526 Reg Type PC Reg State MA Veh Year 2024 Veh Make FORD Veh Config 1

Operator Driverless M.V. Last First Middle

Owner FITZMAURICE, CASSANDRA Last First Middle

Address City State Zip

Address 6 HAMPSTEAD AVE City NORTH BILLERICA State MA Zip 01862-1110

Insurance Company NORFOLK & DEDHAM MUTUAL F

Vehicle Action Prior to Crash 11 22 Damaged Area Code: 7 27 27 27

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

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 25 25 BAC Test Result: 30

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

Driver Distracted by 0 26 Susp. Alcohol: 31 Susp. Drug: 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: Vehicle 21 #Occupants Non-Motorist A Type 15 Action 16 Location 17 Condition 18 Hit/Run Moped

License # St DOB/Age Sex Lic. Class Lic. Restrictions CDL Endorsement

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

Operator unknown Last First Middle

Owner Last First Middle

Address City State Zip

Address 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

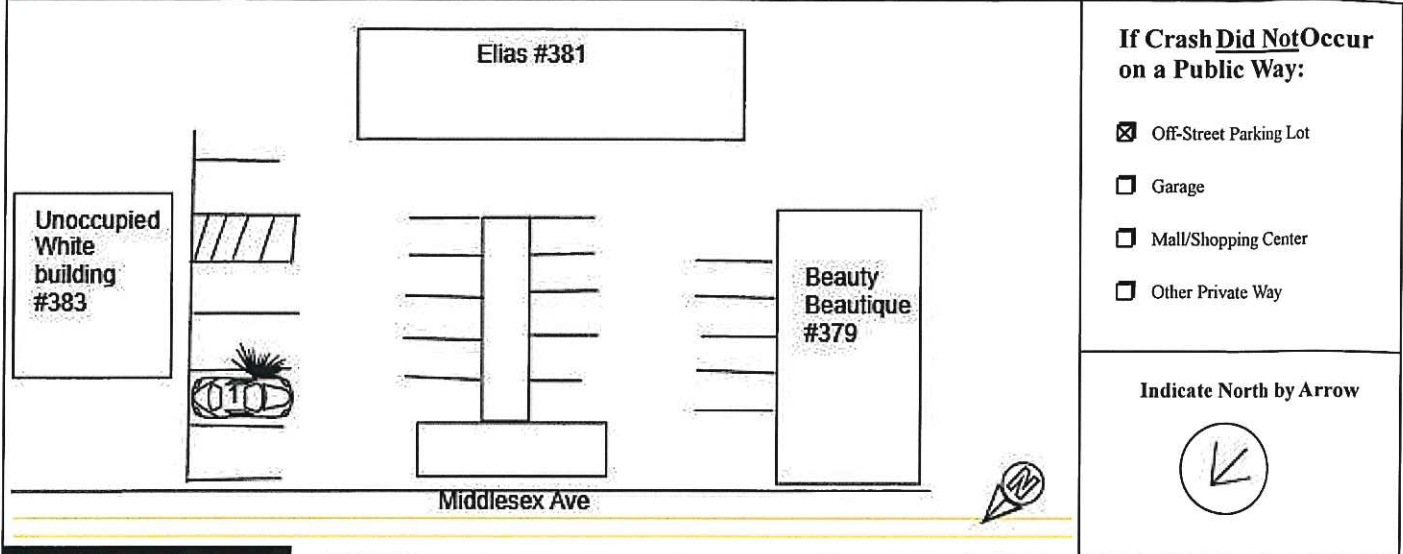
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub

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

Crash Diagram:

ie: → 1 → 2 → →



If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow



Crash Narrative:

MV 1 WAS PARKED IN THE LOT OF 381 MIDDLESEX AVE, NEXT TO UNOCCUPIED BUILDING #383 MIDDLESEX AVE. THE VEHICLE WAS PARKED TWO SPOTS IN FROM THE STREET (MIDDLESEX AVE). THE VEHICLE WAS STRUCK BY ANOTHER VEHICLE AT SOME POINT BETWEEN 1:00 PM AND 8:30 PM ON TUESDAY, MARCH 12TH. THERE IS DAMAGE TO THE FRONT LEFT SIDE OF THE VEHICLE. AS A RESULT OF THE DAMAGE, THE FRONT DRIVERS SIDE DOOR DOES NOT OPEN. NO INJURIES REPORTED. NO TOWS.

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

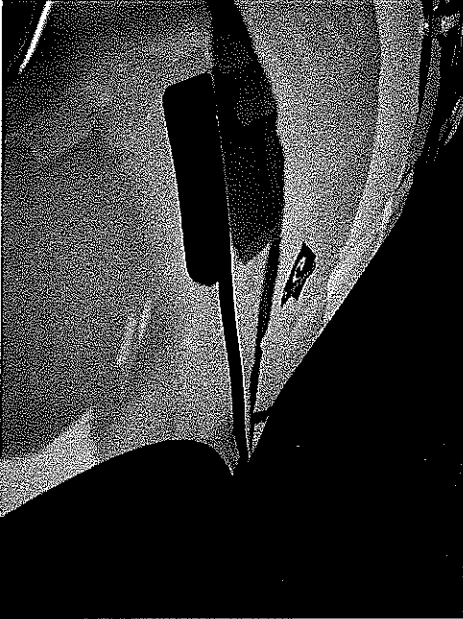
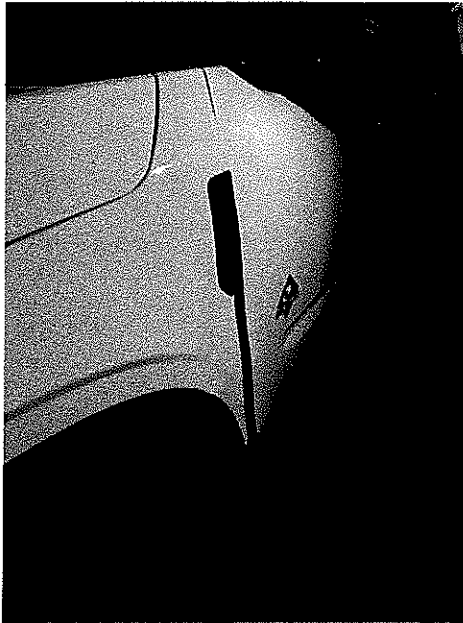
Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 46

Hazmat Information:

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

Patrol Officer Kayla M Hanson **230** **Wilmington Police Department** **03/13/2024**
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Images Associated with 24-85-AC



Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash 03/13/2024 Time of Crash 1541 City/Town WILMINGTON

Motor Vehicle Crash Police Report

Number Vehicles 2 Number Injured 0 Speed Limit 5 State Police Local Police MBTA Police Campus Police Other

AT INTERSECTION:

LOCATION

NOT AT INTERSECTION:

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

Route# Direction Address # Name of Roadway/Street 342 MAIN ST Feet N S E W of Mile Marker Exit Number

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

Crash Report ID# 24-86-AC

License # S DOB/Age Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement Operator ENOS, PHILIP JAMES JR Address 8 CAROLYN RD City WILMINGTON State MA Zip 01887-1438 Insurance Company ARBELLA MUTUAL INSURANCE Vehicle Travel Direction: [X] S E W Responding to Emergency? 2 Citation # (If Issued) Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub

Reg # 61239 Reg Type PC Reg State MA Veh Year 2015 Veh Make CHEVROLET Veh Config. 1 21 Owner ENOS, PHILIP JAMES JR Address 8 CAROLYN RD City WILMINGTON State MA Zip 01887-1438 Vehicle Action Prior to Crash 11 22 Damaged Area Code: 2 27 27 27 Event Sequence 1 23 23 23 23 Test Status: 1 28 29 Type of Test: 1 30 BAC Test Result: 1 30 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Driver Contributing Code 1 25 25 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: Operator, See Above, [X], [X], 1, 99, 4, 0, 0, 10, 1.

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

License # St DOB/Age Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement Operator WEBSTER, LEIGH H Address 121 CHURCH ST City WILMINGTON State MA Zip 01887-2715 Insurance Company OLD REPUBLIC INSURANCE CO Vehicle Travel Direction: N [X] E W Responding to Emergency? 2 Citation # (If Issued) Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub

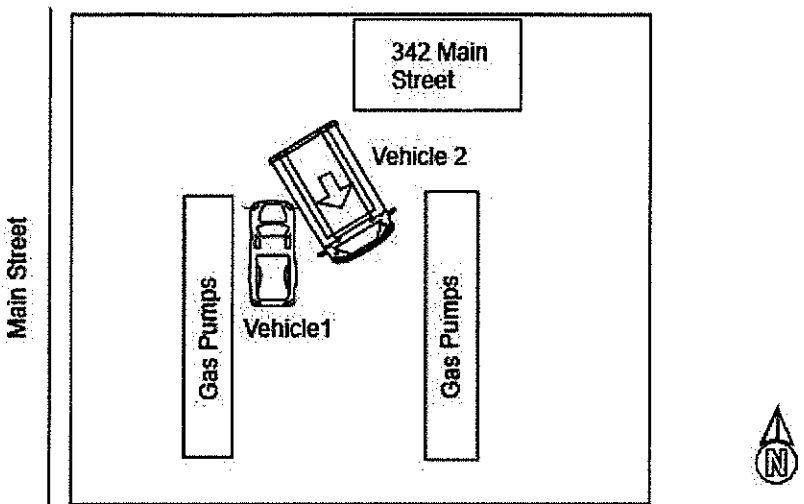
Reg # SB42232 Reg Type BU Reg State MA Veh Year 2016 Veh Make Thomas Veh Config. 5 21 Owner NRT BUS INC Address 230 MAIN ST City NORTH READING State MA Zip 01864-3112 Vehicle Action Prior to Crash 3 22 Damaged Area Code: 0 27 27 27 Event Sequence 1 23 23 23 23 Test Status: 1 28 29 Type of Test: 1 30 BAC Test Result: 1 30 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Driver Contributing Code 19 25 25 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/Non-Motorist row: Operator/Non-Motorist, See Above, [X], [X], 1, 99, 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:

On Wednesday, March 13, 2024, Vehicle 1 was stopped at a gas pump at 342 Main Street. At approximately 3:35PM, Vehicle 2 entered the parking lot and side swiped the front of vehicle 1 while turning into the gas pump on the opposite side.

All parties were offered medical attention and declined.

Photos of the damaged vehicle are attached.

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 _____ 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 Christopher k Micciichi

232

Wilmington Police Department

03/13/2024

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department
Images Associated with 24-86-AC



Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash: 03/14/2024
Time of Crash: 0800
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:

1

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

Route# 110 Direction GLEN RD Address # _____ Name of Roadway/Street _____
Feet N S E W of _____ or _____ Mile Marker _____ Exit Number _____
Feet N S E W of _____ Route# _____ Intersecting Roadway/Street _____
Feet N S E W of _____ Landmark _____

2 10

4 11

2

3

Please Select One of the Following: Vehicle 21 #Occupants Hit/Run Moped

Crash Report ID# **24-87-AC**

4

License # _____ St _____ DOB/Age _____
Sex _____ Lic. Class 19 19 Lic. Restrictions 20 CDL _____
Operator Driverless M.V.
Address _____
City _____ State _____ Zip _____
Insurance Company _____
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 # 6EN970 Reg Type PC Reg State MA
Veh Year _____ Veh Make TOYOTA Veh Config. 1 21
Owner OCONNOR, KIMBERLY MARIE
Address 11 RIVER ST
City WILMINGTON State MA Zip 01887-2028
Vehicle Action Prior to Crash 11 22 Damaged Area Code: 7 27 6 27 8 27
Event Sequence 2 23 23 23 23 Test Status: 1 28
Most Harmful Event 2 24 Type of Test: 99 29
Driver Contributing Code 1 25 25 BAC Test Result: 1 30
Driver Distracted by 0 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32
Towed from scene? 1 33

1 12

1 13

6

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

7

Please Select One of the Following: Vehicle 31 #Occupants Non-Motorist A Type 15 Action 16 Location 17 Condition 18 Hit/Run Moped

License # unknown St _____ DOB/Age 01
Sex M Lic. Class 19 19 Lic. Restrictions 20 CDL _____
Operator 00000, UNKNOWN
Address UNKNOWN
City UNKNOWN State MA Zip 01887
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 # UNKNOWN Reg Type PC Reg State MA
Veh Year _____ Veh Make _____ Veh Config. 21
Owner 00000, UNKNOWN
Address UNKNOWN
City UNKNOWN State MA Zip 01887
Vehicle Action Prior to Crash 1 22 Damaged Area Code 99 27 27 27
Event Sequence 2 23 23 23 23 Test Status: 1 28
Most Harmful Event 2 24 Type of Test: 99 29
Driver Contributing Code 10 25 25 BAC Test Result: 1 30
Driver Distracted by 99 26 Susp. Alcohol: 99 31 Susp. Drug: 99 32
Towed from scene? 2 33

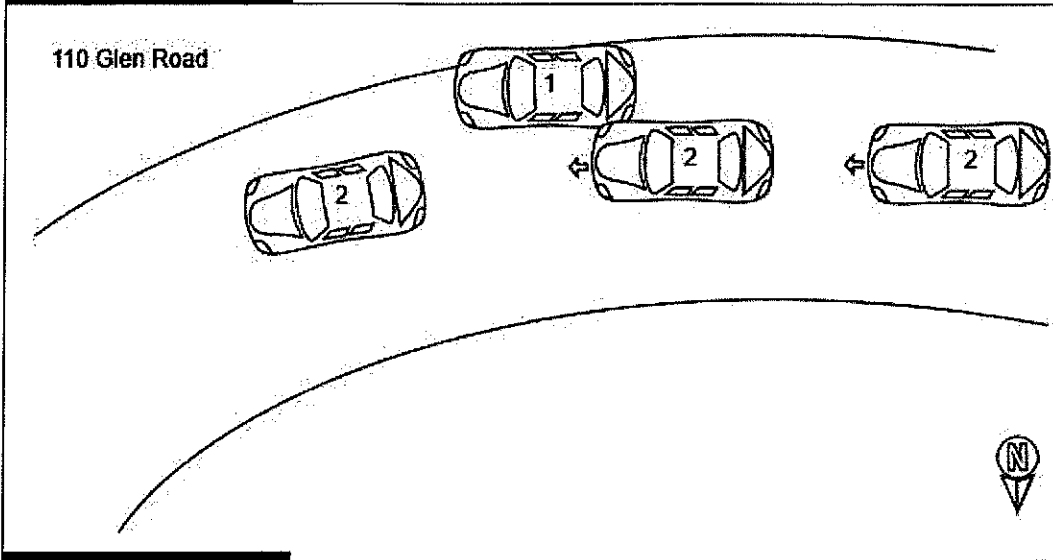
1 14

9

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

➔ = Direction [1] = Vehicle 1 [2] = Vehicle 2 ♂ = 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:

MV 1 was parked on the side of the roadway due to the vehicle breaking down. MV 1 stated that a red sedan (unknown license plate) drove by and sideswiped his vehicle as it was parked. This caused damage to the left rear passenger side. The suspect's sideview mirror struck MV1 resulting in the suspect's mirror popping off and being left at the scene. A google search of the serial number shows it belongs to an Toyota Camry (unknown year). No injuries. MV 1 was towed by his own tow company.

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

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

Hazmat Information:

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

Patrol Officer Kevin J Skinner 200 Wilmington Police Department 03/14/2024
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

CDPI 11-24-00

Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash **03/16/2024** Time of Crash **0311** City/Town **Wilmington**
 24HR

Motor Vehicle Crash Police Report

Number Vehicles **1** Number Injured **0** Speed Limit **25** State Police
 Latitude _____ MBTA Police
 Longitude _____ Campus Police
 Other _____

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1 5	Route# _____ Direction _____ Name of Roadway/Street _____	Route# 47 Direction WEST Address # ST Name of Roadway/Street _____	2 10
	At _____	Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____	1 11
	Route# _____ Direction _____ Name of Intersecting Roadway/Street _____	Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____	
2 1	Also at Intersection with _____	Route# _____ Intersecting Roadway/Street _____	
	Route# _____ Direction _____ Name of Intersecting Roadway/Street _____	Landmark _____	

3 Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped Crash Report ID# **24-88-AC**

4 1	License # _____ St _____ DOB/Age _____	Reg # W20572 Reg Type PC Reg State MA	7 12
	Sex M Lic. Class D Lic. Restrictions 1 CDL Endorsement _____	Veh Year 2007 Veh Make CHEVROLET Veh Config. 1	
5	Operator O'DONOGHUE, SEAN FITZGERALD	Owner ODONOGHUE, BRIAN GERARD	10 13
	Address 15 WEST ST	Address 15 WEST ST	
6 1	City WILMINGTON State MA Zip 01887-3007	City WILMINGTON State MA Zip 01887-3007	10 13
	Insurance Company OHIO SECURITY INSURANCE C	Vehicle Action Prior to Crash 1 Damaged Area Code: 7 27 1 27 10 27	
5	Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? 2	Event Sequence 30 23 31 23 10 23 23 Test Status: 1 28	10 13
	Citation # (If Issued) 511424AC	Most Harmful Event 10 24 Type of Test: 99 29	
6 1	Viol. 1: Ch/Sec/Sub 89 4 Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code 19 25 21 25 BAC Test Result: 1 30	10 13
	Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by 0 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32	

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	10	1	

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

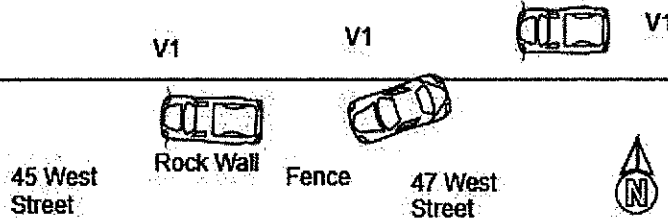
8 1	License # _____ St _____ DOB/Age _____	Reg # _____ Reg Type _____ Reg State _____	1 14
	Sex _____ Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement _____	Veh Year _____ Veh Make _____ Veh Config. 21	
9 2	Operator _____	Owner _____	1 14
	Address _____	Address _____	
9 2	City _____ State _____ Zip _____	City _____ State _____ Zip _____	1 14
	Insurance Company _____	Vehicle Action Prior to Crash 22 Damaged Area Code: 27 27 27	
9 2	Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____	Event Sequence 23 23 23 23 Test Status: 28	1 14
	Citation # (If Issued) _____	Most Harmful Event 24 Type of Test: 29	
9 2	Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code 25 25 BAC Test Result: 30	1 14
	Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by 26 Susp. Alcohol: 31 Susp. Drug: 32	

Please fill out for operator/non-motorist and all occupants involved											
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above	XXXXXX	XXXX	1							

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

Crash Diagram:

West Street



If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow



Crash Narrative:

On Saturday March 16, 2024 at approximately 3:11am I was dispatched to the area of 45 West Street for a report of a single car motor vehicle crash. Upon arrival I observed Op1 standing outside his vehicle. V1 was resting on top of a rock wall in front of 45 West Street and there was lawn debris, fence debris, and the mailbox of 47 West Street on the ground. Op1 stated he fell asleep while driving home and crashed. SFSTs were conducted and passed by Op1. I spoke to the home owners of 45 and 47 West Street and saw a video the home owner of 45 West Street had from his camera attached to his house. In the video I saw V1 traveling east on West Street then veer off the roadway into the mailbox at 45 West then into a small wooden fence then end up on a rock wall in front of 47 West Street. Op1 was issued Massachusetts Uniform Citation 511424AC for Marked Lanes Violation. The vehicle was towed by Cain's Towing back to Op1's residence.

Witnesses:

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

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
SARGENT JEAN	45 WEST ST WILMINGTON MA 01887-301		97	WOODEN FENCE AND SURROUNDING ROCK WALL
MORRISEY CLAYTON T	47 WEST ST WILMINGTON MA 01887-301		97	MAILBOX AND SURROUNDING YARD

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 John A Fortes

228

Wilmington Police Department

03/16/2024

Police Officer Name (Please Print)

Signature

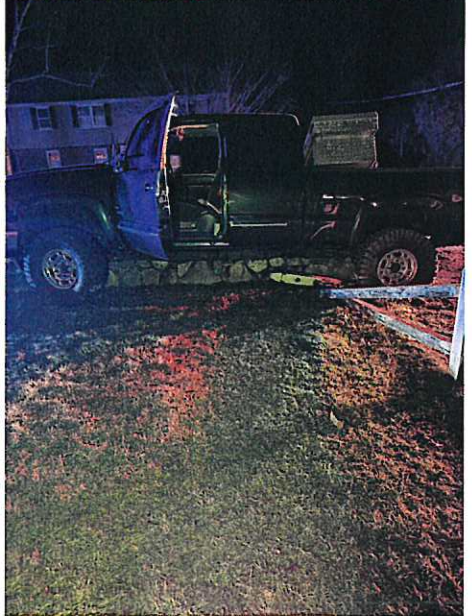
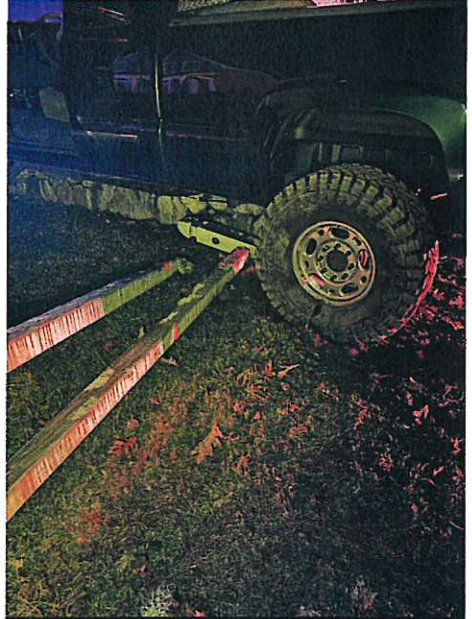
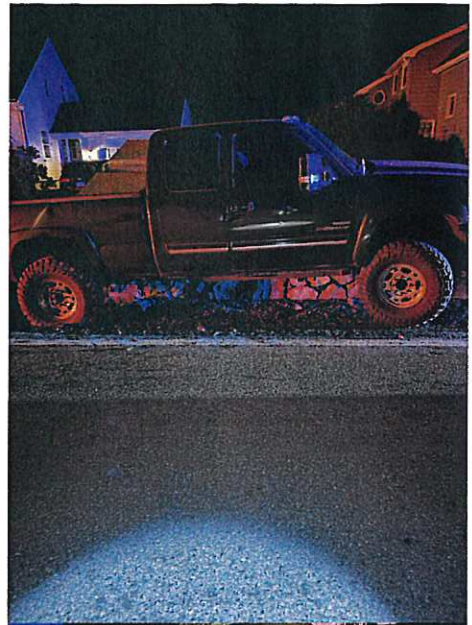
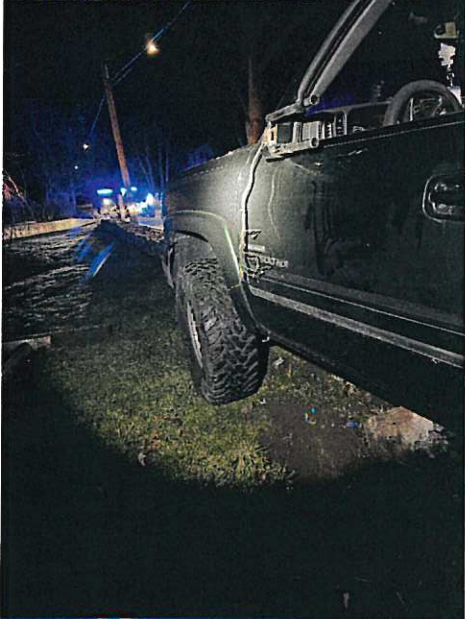
ID/Badge #

Department

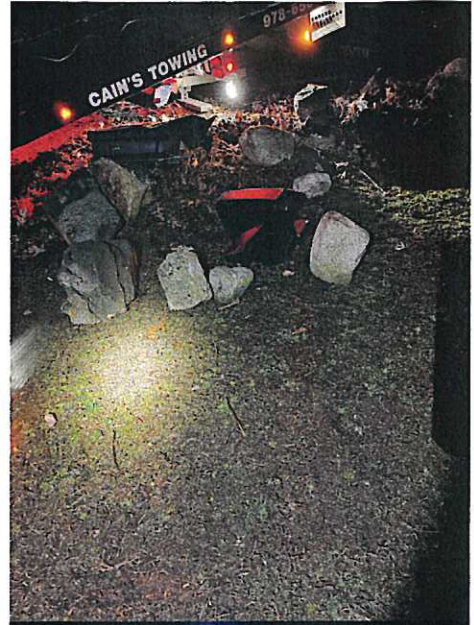
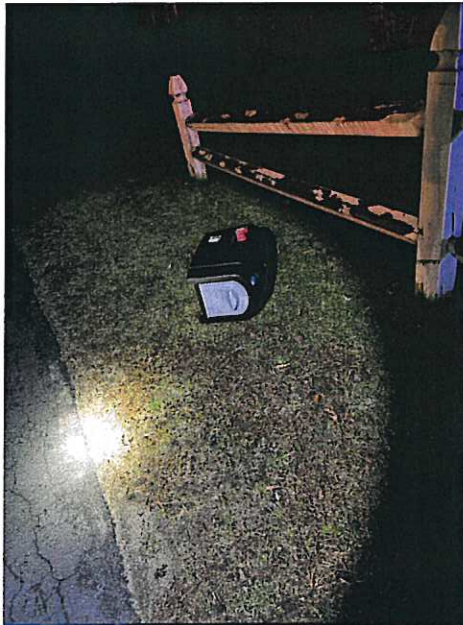
Precinct/Barracks

Date

Wilmington Police Department
Images Associated with 24-88-AC



Wilmington Police Department
Images Associated with 24-88-AC



AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

Route# Direction Name of Roadway/Street
62 W 80 BURLINGTON AVE
 Route# Direction Address # Name of Roadway/Street

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

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

Feet N S E W of _____
 Landmark _____

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped
 Crash Report ID# **24-89-AC**

License # _____ S _____ DOB/Age _____ Reg # **V85596** Reg Type **CO** Reg State **MA**
 Sex **M** Lic. Class **D** Lic. Restrictions **1** CDL Endorsement _____ Veh Year **2021** Veh Make _____ Veh Config. **6**
 Operator **ROSSI, NICHOLAS FRANCIS** Owner **AMAZON LOGISTICS INC**
 Address **2 GRANT ST APT 1** Address **410 TERRY N AVE**
 City **HAVERHILL** State **MA** Zip **01830-4106** City **SEATTLE** State **WA** Zip **98109-5210**
 Insurance Company **OLD REPUBLIC INSURANCE CO** Vehicle Action Prior to Crash **2** Damaged Area Code: **B 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) _____ 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		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator		See Above	<input checked="" type="checkbox"/>	1	1	4	0	0	10	1	

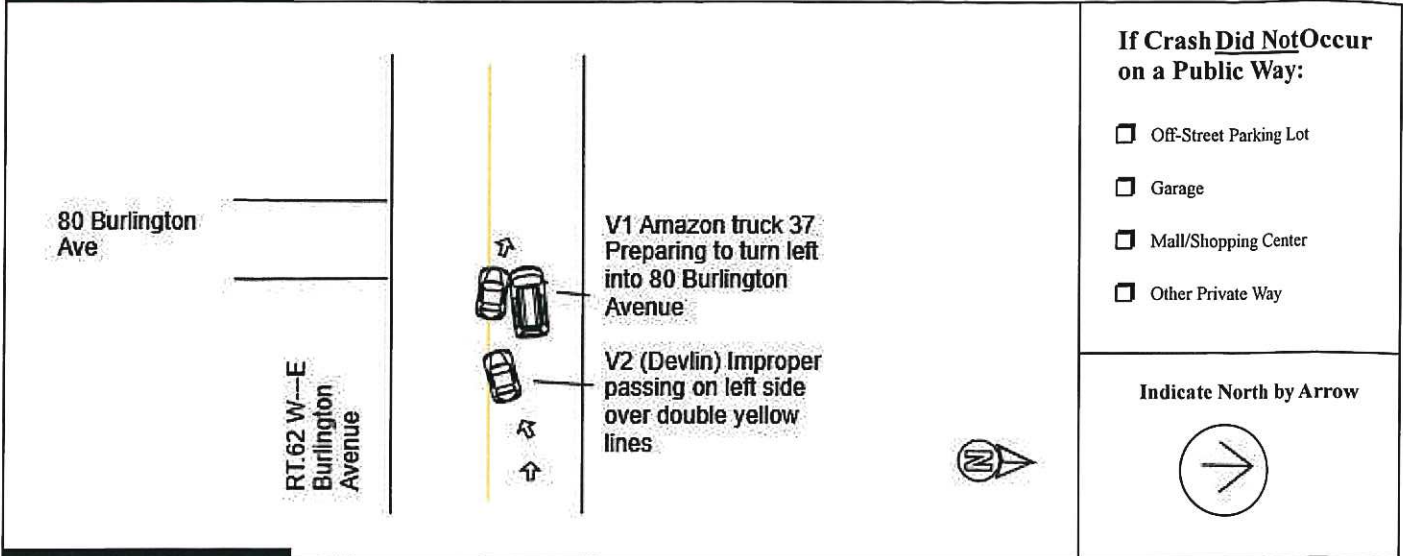
Please Select One of the Following: Vehicle **2** #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

License # _____ St _____ DOB/Age _____ Reg # **11629** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D** Lic. Restrictions **B** CDL Endorsement _____ Veh Year **2017** Veh Make **HONDA** Veh Config. **1**
 Operator **DEVLIN, PAUL THOMAS** Owner **DEVLIN, NANCY E**
 Address **5 APPLETREE LN** Address **5 APPLETREE LN**
 City **WILMINGTON** State **MA** Zip **01887-3916** City **WILMINGTON** State **MA** Zip **01887**
 Insurance Company **SAFETY INSURANCE COMPANY** Vehicle Action Prior to Crash **9** Damaged Area Code: **3 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) _____ Most Harmful Event **1 24** Type of Test: **29**
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **97 25 9 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		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	3	0	10	1	
MATTHEW DEVLIN		5 APPLETREE LN WILMINGTON, MA 01887-3916	M	3	1	4	0	0	10	1	

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ○ = 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:

V1 (Amazon delivery truck #37) was stopped in traffic with left turn signal (non flashers/hazard) to make driveway access for delivery at 80 Burlington Avenue. V2 (Devlin) approached from behind in single lane traffic. V2 opr stated his belief that he thought the Amazon truck was stopping on the right to make a delivery. He then explained he passed the truck on the left by entering the oncoming travel lane of the narrow roadway. In doing so V2 clipped the front bumper of V1. Said collison then pulled the metal truck bumper forward causing significant bumper damage to the left front end of V1. V2 damaged along the right side and had mirror knocked off. No injuries observed or reported. V2 Improper passing (on left over double yellow lines)of single travel lane, and mis-judging proximity of both vehicles probable cause of crash. No injuries observed or reported.

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

03/16/2024

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date