

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

1 1 Route# Direction Name of Roadway/Street At Route# Direction Name of Roadway/Street

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

3 1 Route# Direction Name of Intersecting Roadway/Street

4 11 Route# Direction Name of Roadway/Street Address # 397 MIDDLESEX AVE

4 11 Feet N S E W of Mile Marker Exit Number

4 11 Feet N S E W of Route# Intersecting Roadway/Street

4 11 Feet N S E W of Landmark

3 Please Select One of the Following:  Vehicle 1 #Occupants  Hit/Run  Moped Crash Report ID# 24-90-AC

1 12 License # St DOB/Age Reg # E611 Reg Type PC Reg State MA

1 12 Sex F Lic. Class 19 19 Lic. Restrictions 99 20 CDL Endorsement Veh Year 2017 Veh Make CADILLAC Veh Config. 1 21

4 1 Operator ENOS, SHARON Owner ENOS, PHILIP JAMES

4 1 Address 25 DADANT DR Address 25 DADANT DR

5 City WILMINGTON State MA Zip 01887 City WILMINGTON State MA Zip 01887-2112

5 Insurance Company ARBELLA MUTUAL INSURANCE Vehicle Action Prior to Crash 7 22 Damaged Area Code: 3 27 27 27

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

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

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

5 Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by 0 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32

6 1 Towed from scene? 2 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
Operator	See Above			1	1	4	0	0	10	1	

7 3 Please Select One of the Following:  Vehicle 2 #Occupants  Non-Motorist A Type 15 Action 16 Location 17 Condition 18  Hit/Run  Moped

8 2 License # St DOB/Age Reg # unknown Reg Type Reg State

8 2 Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement Veh Year Veh Make Veh Config. 21

8 2 Operator unknown Owner

8 2 Address Address

8 2 City State Zip City State Zip

8 2 Insurance Company Vehicle Action Prior to Crash 9 22 Damaged Area Code: 99 27 27 27

8 2 Vehicle Travel Direction: N S E X Responding to Emergency? 2 Event Sequence 1 23 23 23 23 Test Status: 1 28

8 2 Citation # (If Issued) Most Harmful Event 1 24 Type of Test: 29

8 2 Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Driver Contributing Code 4 25 25 BAC Test Result: 30

8 2 Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by 99 26 Susp. Alcohol: 99 31 Susp. Drug: 99 32

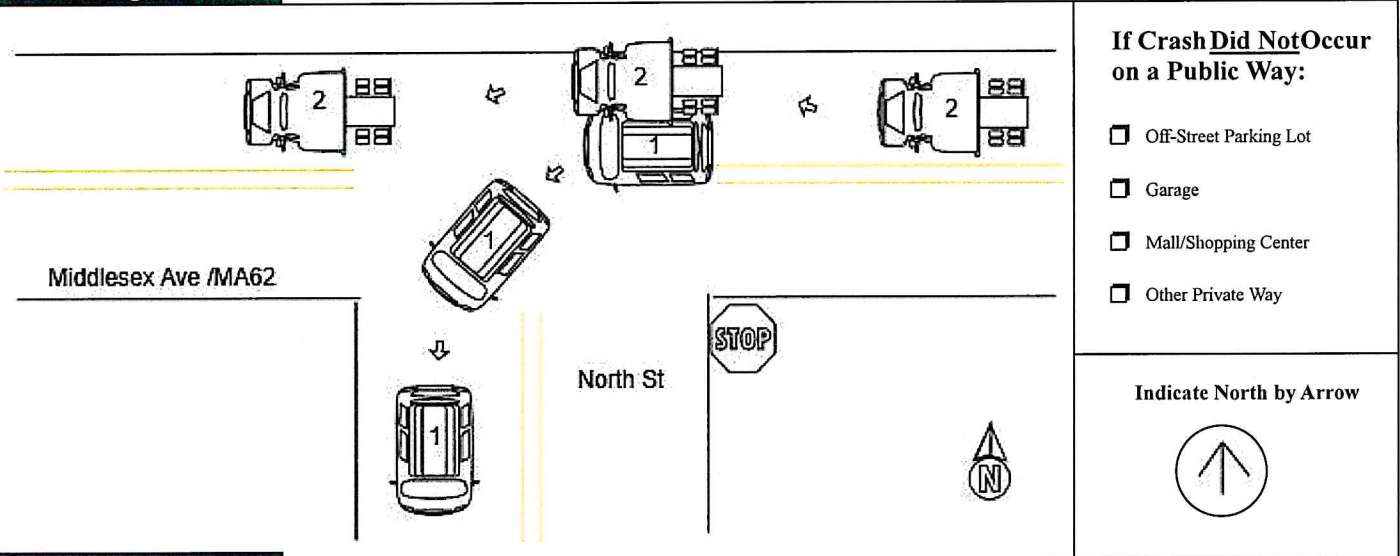
8 2 Towed from scene? 2 33

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
Operator/Non-Motorist	See Above			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:**

MV1 traveling WB on Middlesex Ave/MA62. Stopped to turn L onto North St. Unidentified white box truck (MV2) traveling behind MV1 attempted to pass MV1. MV2 hit mirror of MV1 destroying mirror. MV1 continued to nearby son's house to call police. OP1 stated MV2 stopped for a second in front of 380 Middlesex Ave before continuing Wbound. MV1 driveable and no injury reported. See 24-315-OF.

**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 Joseph A Fitzgerald      215      Wilmington Police Department      03/18/2024  
 Police Officer Name (Please Print)      Signature      ID/Badge #      Department      Precinct/Barracks      Date

Wilmington Police Department  
Images Associated with 24-90-AC



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

1 **WOBURN ST**  
 Route# Direction Name of Roadway/Street  
 At  
**HIGH ST**  
 Route# Direction Name of Intersecting Roadway/Street  
 Also at Intersection with  
 2 **1** Route# Direction Name of Intersecting Roadway/Street  
 3 \_\_\_\_\_ Feet     of \_\_\_\_\_ Mile Marker \_\_\_\_\_ Exit Number \_\_\_\_\_  
 \_\_\_\_\_ Feet     of \_\_\_\_\_ Route# \_\_\_\_\_ Intersecting Roadway/Street \_\_\_\_\_  
 \_\_\_\_\_ Feet     of \_\_\_\_\_ Landmark \_\_\_\_\_

Please Select One of the Following:  Vehicle 1 Occupants  Hit/Run  Moped  
 Crash Report ID# **24-91-AC**

License # \_\_\_\_\_ S \_\_\_\_\_ DOB/Ag \_\_\_\_\_ Reg # **NE10FJ** Reg Type **PC** Reg State **MA**  
 Sex **M** Lic. Class **D**     Lic. Restrictions **B**     CDL \_\_\_\_\_ Veh Year **2013** Veh Make **CHEVROLET** Veh Config. **1**  
 Operator **KNOX, JOHN A** Owner **KNOX, JOHN A**  
 Address **26 TEABERRY CIR** Address **26 TEABERRY CIR**  
 City **PLYMOUTH** State **MA** Zip **02360-2187** City **PLYMOUTH** State **MA** Zip **02360-2187**  
 Insurance Company **LIBERTY MUTUAL INSURANCE** Vehicle Action Prior to Crash **1** Damaged Area Code: **2** **27** **27** **27**  
 Vehicle Travel Direction:     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? **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	<del>XXXXXX</del>	<del>XXXX</del>	<b>1</b>	<b>99</b>	<b>1</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

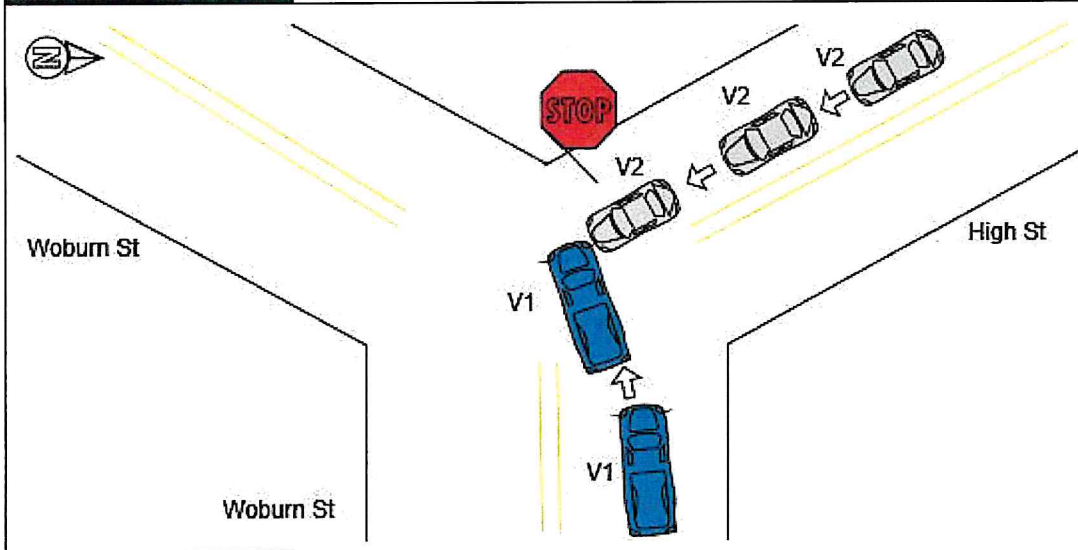
License # \_\_\_\_\_ S \_\_\_\_\_ DOB/Ag \_\_\_\_\_ Reg # **TC4632** Reg Type **PC** Reg State **MA**  
 Sex **F** Lic. Class **D**     Lic. Restrictions **B**     CDL \_\_\_\_\_ Veh Year **2014** Veh Make **SUBARU** Veh Config. **1**  
 Operator **DOONAN, JEAN KATHERINE** Owner **DOONAN, JEAN KATHERINE**  
 Address **135 SALEM ST** Address **135 SALEM ST**  
 City **WAKEFIELD** State **MA** Zip **01880-1938** City **WAKEFIELD** State **MA** Zip **01880-1938**  
 Insurance Company **THE STANDARD FIRE INSURAN** Vehicle Action Prior to Crash **6** Damaged Area Code: **1** **27** **27** **27**  
 Vehicle Travel Direction:     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: **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/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>XXXX</del>	<b>1</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

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

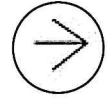
**Crash Diagram:**



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

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

Indicate North by Arrow



**Crash Narrative:**

V1 was traveling south on Woburn Street when V2 collided with it at the intersection of Woburn St and High St. V2 was exiting High St and entering the travel lane onto Woburn St when the collision occurred. There is a stop sign at the end of High St and operator 2 stated she came to a complete stop before entering the Woburn St travel lane. Both operators were the lone occupants of their vehicles and both signed medical refusals from the fire department. Both vehicles sustained major front-end damage and were both towed by Forest Towing.

**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 W Powers    231    Wilmington Police Department    03/18/2024  
 Police Officer Name (Please Print)    Signature    ID/Badge #    Department    Precinct/Barracks    Date

Wilmington Police Department  
Images Associated with 24-91-AC



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

1 1 Route# Direction Name of Roadway/Street At Route# Direction Address # Name of Roadway/Street  
 402 MAIN ST  
 Feet N S E W of Mile Marker Exit Number  
 1 11  
 Route# Direction Name of Intersecting Roadway/Street Also at Intersection with  
 Route# Direction Name of Intersecting Roadway/Street  
 2 1  
 Landmark

3 Please Select One of the Following:  Vehicle 1 Occupants  Hit/Run  Moped Crash Report ID# **24-92-AC**

4 1 License St. B/Ag Reg # **8ES654** Reg Type **PC** Reg State **MA**  
 Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL Endorsement  
 Veh Year **2016** Veh Make **TOYOTA** Veh Config. **1** 21  
 Operator **NASCIMENTO, SUZANA** Owner **NASCIMENTO, SUZANA**  
 Address **81 SMITH ST** Address **81 SMITH ST**  
 City **LOWELL** State **MA** Zip **01851-2613** City **LOWELL** State **MA** Zip **01851-2613**  
 Insurance Company **FARMERS PROPERTY & CASUAL** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **1** 27 **2** 27 **8** 27  
 Vehicle Travel Direction:  S  E  W Responding to Emergency? **2** Event Sequence **22** 23 **23** 23 **23** Test Status: **1** 28  
 Citation # (If Issued) Most Harmful Event **22** 24 Type of Test: **29**  
 5 2 Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Driver Contributing Code **21** 25 **25** BAC Test Result: **1** 30  
 Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by **0** 26 **26** Susp. Alcohol: **2** 31 Susp. Drug: **2** 32  
 6 1 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>3</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>2</b>	Saints Memorial Medical CTR

7 1 Please Select One of the Following:  Vehicle 2 Occupants  Hit/Run  Moped  Vulnerable User Complete the Vulnerable User section.

8 2 License # St. DOB/Age Reg # Reg Type Reg State  
 Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement  
 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  
 9 2 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 26 Susp. Alcohol: 31 Susp. Drug: 32  
 Towed from scene? 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/Occupants</b>	See Above			<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

**Main St**

Verizon Pole 108

**Indicate North by Arrow**

**Crash Narrative:**

V1 Was traveling north on Main St in the right lane when it veered onto the sidewalk in front of 402 Main St and collided with Verizon utility pole #108. In speaking with the operator of V1 (lone occupant) she stated that she fell asleep while driving and that is the reason why she hit the pole. The operator stated that she was coming home from work after leaving due to feeling ill. She also stated that she did not get much sleep the night prior and had a medical appointment this morning, which caused her to be overly tired and sick at the time of this crash. The operator was treated was on scene by the fire department and was transported via ambulance to Saints Memorial Hospital. RMLD and Wilmington DPW arrived on scene and Cain's Towing towed the vehicle.

**Witnesses:**

Name (Last,First,Middle)	Address	Phone #	Statement
RUSSO JAMES M	616 WOBURN ST WILMINGTON MA 01887-2999		

**Property Damage:**

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
VERIZON	28 DIANA LN DRACUT MA 01826		4	VERIZON UTILITY POLE #108
LUCCITELLI VINCENT D	85 COLONIAL DR READING MA 01867-13		97	WIRES FROM UTILITY 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 Michael W Powers	231	Wilmington Police Department	03/21/2024
<small>Police Officer Name (Please Print)</small>	<small>ID/Badge #</small>	<small>Department</small>	<small>Precinct/Barracks</small>
<small>Signature</small>		<small>Department</small>	<small>Date</small>

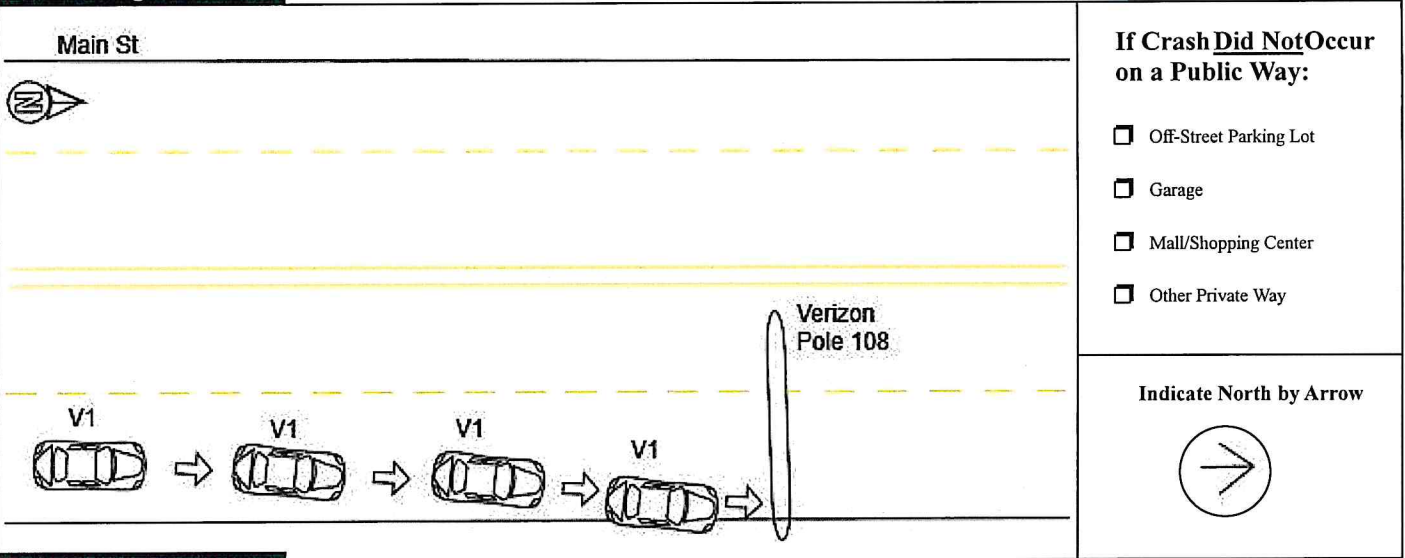
Form No. 10364 CRA-65 08/23



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

ie:    → 1    → 2    → ○    → 🚲

**Crash Diagram:**



**Crash Narrative:**

V1 Was traveling north on Main St in the right lane when it veered onto the sidewalk in front of 402 Main St and collided with Verizon utility pole #108. In speaking with the operator of V1 (lone occupant) she stated that she fell asleep while driving and that is the reason why she hit the pole. The operator stated that she was coming home from work after leaving due to feeling ill. She also stated that she did not get much sleep the night prior and had a medical appointment this morning, which caused her to be overly tired and sick at the time of this crash. The operator was treated on scene by the fire department and was transported via ambulance to Saints Memorial Hospital. RMLD and Wilmington DPW arrived on scene and Cain's Towing towed the vehicle.

**Witnesses:**

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

**Property Damage:**

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
CONNOLLY CHRISANNE	15 HILLCREST RD READING MA 01867-3		97	WIRES FROM UTILITY 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

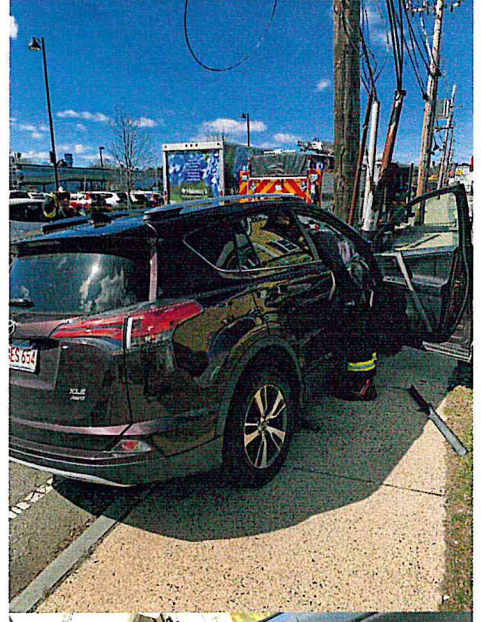
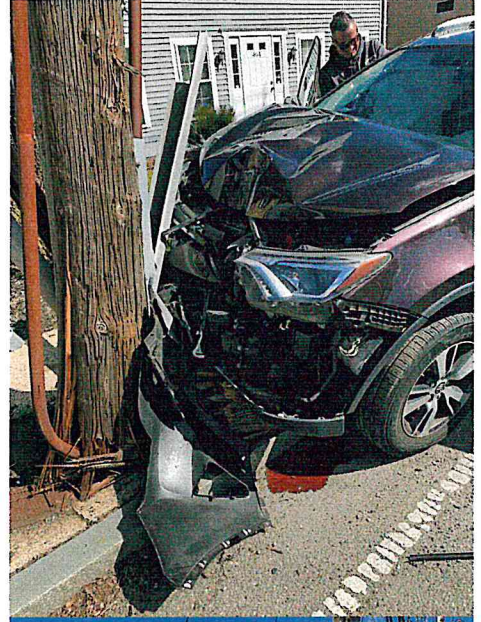
Trailer Reg #: \_\_\_\_\_ Reg Type \_\_\_\_\_ Reg State \_\_\_\_\_ Reg Year \_\_\_\_\_ Trailer Length  46

**Hazmat Information:**

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

Patrol Officer <b>Michael W Powers</b>	231	Wilmington Police Department	03/21/2024
Police Officer Name (Please Print)	Signature	ID/Badge #	Department Precinct/Barracks Date

Wilmington Police Department  
Images Associated with 24-92-AC



Wilmington Police Department  
Images Associated with 24-92-AC

