

<b>Police Use Only</b>			<b>Commonwealth of Massachusetts</b>				<b>RMV Document Number</b>		
Date of Crash 01/21/2024	Time of Crash 1857 24HR	City/Town Wilmington	<b>Motor Vehicle Crash Police Report</b>		Number Vehicles 2	Number Injured 0	Speed Limit <u>35</u>	State Police <input type="checkbox"/>	Local Police <input type="checkbox"/>
							Latitude _____	MBTA Police <input type="checkbox"/>	Campus Police <input type="checkbox"/>
							Longitude _____	Other: _____	

<b>AT INTERSECTION:</b>	<b>&lt; LOCATION &gt;</b>	<b>NOT AT INTERSECTION:</b>
<b>CHURCH ST</b> Route# _____ Direction _____ Name of Roadway/Street _____ At _____		Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ Mile Marker _____ Exit Number _____ Route# _____ Intersecting Roadway/Street _____ Landmark _____
<b>CENTRAL ST</b> Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____		
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____		
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____		

Please Select One of the Following:	<input checked="" type="checkbox"/> Vehicle <u>14</u> #Occupants _____	<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped	Crash Report ID# <b>24-25-AC</b>
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License # <b>S09415612</b> St <b>MA</b> DOB/Age <u>04/07/1995</u> Sex <b>F</b> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____ Operator <b>MORRISON, TICHINA EBONY</b> Address <b>16C STRAWBERRY HILL RD APT 36C</b> City <b>ACTON</b> State <b>MA</b> Zip <b>01720-0000</b> Insurance Company <b>PHILADELPHIA INDEMNITY IN</b> Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u> 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>1DRS98</b> Reg Type <b>PC</b> Reg State <b>MA</b> Veh Year <b>2015</b> Veh Make <b>TOYOTA</b> Veh Config. <u>1</u> <u>21</u> Owner <b>LAI TRUST</b> Address <b>12600 N FEATHERWOOD ST APT 400</b> City <b>HOUSTON</b> State <b>TX</b> Zip <b>77034-0000</b> Vehicle Action Prior to Crash <u>6</u> <u>22</u> Damaged Area Code: <u>8</u> <u>27</u> <u>1</u> <u>27</u> <u>2</u> <u>27</u> Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u> Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u> Driver Contributing Code <u>4</u> <u>25</u> <u>19</u> <u>25</u> BAC Test Result: <u>1</u> <u>30</u> Driver Distracted by <u>99</u> <u>26</u> Susp. Alcohol: <u>31</u> Susp. Drug: <u>32</u> Towed from scene? <u>1</u> <u>33</u>
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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	<input checked="" type="checkbox"/>	<u>1</u>	<u>99</u>	<u>3</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>2</u>	Winchester Hospital
KAVON DUNBAR	82 HIGH ST WILMINGTON, MA 01887	05/24/2007	M	<u>99</u>	<u>99</u>	<u>3</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>2</u>	Winchester Hospital
KEYANA JACKSON	82 HIGH ST WILMINGTON, MA 01887	05/21/2007	F	<u>99</u>	<u>99</u>	<u>3</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>2</u>	Winchester Hospital
MARCELLO DOS ANJOS	82 HIGH ST WILMINGTON, MA 01887	06/07/2010	M	<u>99</u>	<u>99</u>	<u>3</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>2</u>	Winchester Hospital

Please Select One of the Following:	<input checked="" type="checkbox"/> Vehicle <u>25</u> #Occupants _____	<input type="checkbox"/> Non-Motorist A	Type <u>15</u> Action <u>16</u> Location <u>17</u> Condition <u>18</u>	<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped
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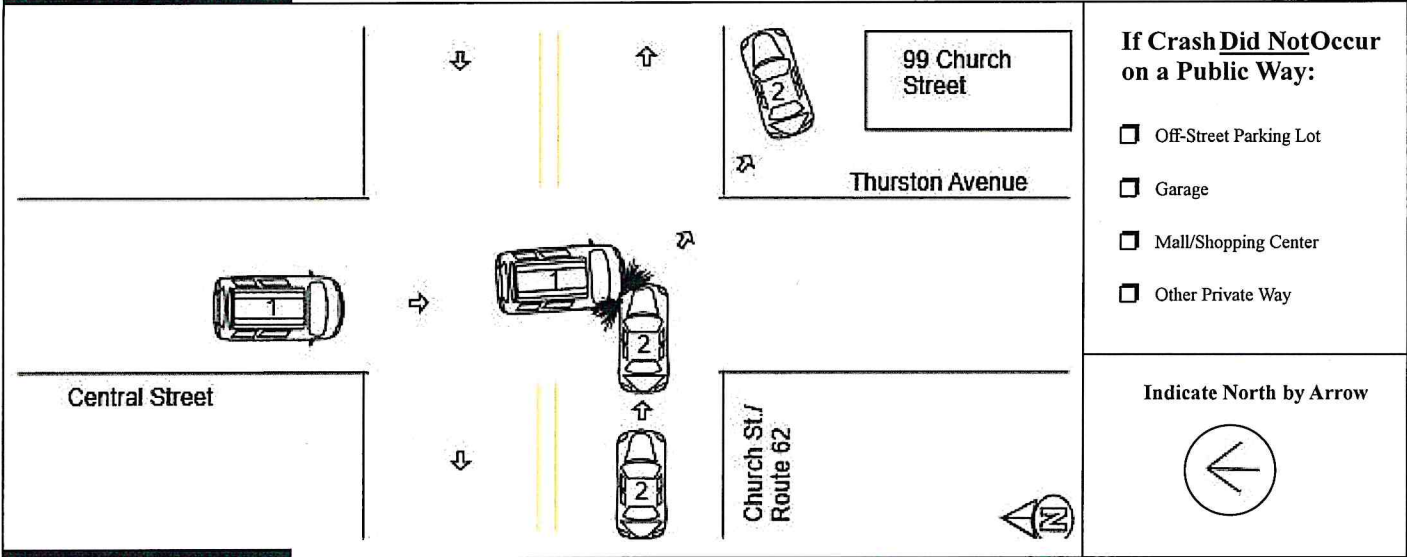
License # <b>SA9690524</b> St <b>MA</b> DOB/Age <u>05/03/2006</u> Sex <b>F</b> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____ Operator <b>HERBERCHUK, ANGELINA MAE</b> Address <b>8 GIBSON CT</b> City <b>NORTH ANDOVER</b> State <b>MA</b> Zip <b>01845-4246</b> Insurance Company <b>THE COMMERCE INSURANCE CO</b> Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? <u>2</u> 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>3LMD38</b> Reg Type <b>PC</b> Reg State <b>MA</b> Veh Year <b>2010</b> Veh Make <b>NISSAN</b> Veh Config. <u>1</u> <u>21</u> Owner <b>CONLEY, ALYSSA ANNE</b> Address <b>8 GIBSON CT</b> City <b>NORTH ANDOVER</b> State <b>MA</b> Zip <b>01845-4246</b> Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>7</u> <u>27</u> <u>8</u> <u>27</u> <u>1</u> <u>27</u> Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u> Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u> Driver Contributing Code <u>1</u> <u>25</u> <u>25</u> BAC Test Result: <u>1</u> <u>30</u> Driver Distracted by <u>99</u> <u>26</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u> Towed from scene? <u>1</u> <u>33</u>
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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	<input checked="" type="checkbox"/>	<u>1</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	
AUTUMN MCINTYRE	7 EMERSON CT NORTH ANDOVER, MA 01845	09/18/2006	F	<u>6</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	
DYLAN SMERDON	92 UNION ST NORTH ANDOVER, MA 01845	12/07/2009	M	<u>4</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	
EMILY SMERDON	92 UNION ST NORTH ANDOVER, MA 01845	12/02/2005	F	<u>3</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	

→ = Direction    [ 1 ] = Vehicle 1    [ 2 ] = Vehicle 2    ○ = Pedestrian    ⚙ = Bicycle

**Crash Diagram:**

ie: → [ 1 ]    → [ 2 ]    → ○    → ⚙



**Crash Narrative:**

MV2 was traveling eastbound on Church Street/Route 62. MV1 was traveling southbound on Central Street and stopped at the intersection of Church St. and Central Street. MV2 was traveling straight ahead. MV1 stopped, then entered the traffic lane, and drove straight across Church Street towards Thurston Ave as MV2 continued traveling down Church St. MV1 collided with MV2 while cutting across the eastbound travel lane. The force of the collision caused MV2 to leave the roadway and come to rest in the front yard of 99 Church St. MV2 suffered left side and front end damage. MV1 suffered front end and right side damage as well as airbag deployment. Both vehicles were disabled and towed from the scene by Cain's Towing. Some of the passengers of MV2 suffered possible minor injuries, but all parents denied medical care with the WFD. The operator and occupants of MV1 were transported to Winchester Hospital by the WFD due to their juvenile status.

**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 ]

<b>Patrol Officer Michael A Wilson</b>	<b>209</b>	<b>Wilmington Police Department</b>	<b>01/21/2024</b>
Police Officer Name (Please Print)	Signature	ID/Badge #	Department Precinct/Barracks Date



Police Use Only

# Commonwealth of Massachusetts

RMV Document Number

Date of Crash 01/21/2024 Time of Crash 1857 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:

1 4

Route# Direction **CHURCH ST** Name of Roadway/Street

Route# Direction Address # Name of Roadway/Street

2 1

Route# Direction **CENTRAL ST** Name of Intersecting Roadway/Street

Feet  N  S  E  W of Mile Marker Exit Number

3

Route# Direction Name of Intersecting Roadway/Street

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

Please Select One of the Following:  Vehicle 25 #Occupants  Hit/Run  Moped Crash Report ID# **24-25-AC**

4 1

License # **SA9690524** St **MA** DOB/Age **05/03/2006** Sex **F** Lic. Class **19 19** Lic. Restrictions **20** CDL Endorsement

Reg # **3LMD38** Reg Type **PC** Reg State **MA** Veh Year Veh Make **NISSAN** Veh Config. **21**

Operator **HERBERCHUK, ANGELINA MAE** Address **8 GIBSON CT** City **NORTH ANDOVER** State **MA** Zip **01845-4246**

Owner **CONLEY, ALYSSA ANNE** Address **8 GIBSON CT** City **NORTH ANDOVER** State **MA** Zip **01845-4246**

5

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

Vehicle Action Prior to Crash **22** Damaged Area Code: **27 27 27** Event Sequence **23 23 23 23** Test Status: **28**

6 1

Citation # (If Issued) Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub

Most Harmful Event **24** Driver Contributing Code **25 25** Susp. Alcohol: **31** Susp. Drug: **32** Driver Distracted by **26** Towed from scene? **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
<b>Operator</b>		See Above	<input checked="" type="checkbox"/>	<b>1</b>							
<b>TYLER VENDETTI</b>	24 THORNDIKE RD NORTH ANDOVER, MA 01845-1646	01/09/2006	M	2	1	4	0	0	10	1	

7 2

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

8 2

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 Address City State Zip

Owner Address City State Zip

9 2

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

Vehicle Action Prior to Crash **22** Damaged Area Code: **27 27 27** Event Sequence **23 23 23 23** Test Status: **28**

Citation # (If Issued) Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub

Most Harmful Event **24** Driver Contributing Code **25 25** Susp. Alcohol: **31** Susp. Drug: **32** Driver Distracted by **26** Towed from scene? **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
<b>Operator/Non-Motorist</b>		See Above	<input checked="" type="checkbox"/>	<b>1</b>							

NARRATIVE FOR PATROL OFFICER MICHAEL A WILSON

Ref: 24-25-AC

Entered: 01/21/2024 @ 2322	Entry ID: 209
Modified: 04/18/2024 @ 2022	Modified ID: 209
Approved: 01/23/2024 @ 0821	Approval ID: 135

The operator of MV2 later reported that one of the male occupants of MV1 exited their vehicle after the collision, approached her driver's side door and began acting aggressively towards her. She stated that he began pulling on her damaged driver's side door and yelling, "What are you stupid, don't you know how to stop!" However, Ms. Herberchuk stated that she was unable to exit her driver's side door, due to the damage of the crash, but that the other male passenger eventually pulled the aggressive male away from her vehicle and her vehicle. She was unable to identify which of the two males was yelling at her, but confirmed that there was no physical contact or assault.

Respectfully Submitted,

Patrolman Michael A. Wilson #209

Attachments for 24-25-AC	
Description	Type
AM HERBERCHUK OPER CRASH RPT	PDF
Attachment#: B1D7C55E7B6D48BC97B074B8BCB3B1FC	



Wilmington Police Department  
Images Associated with 24-25-AC

