

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 _____ Exit Number

Feet N S E W of _____ Mile Marker _____

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

Landmark _____

Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped Crash Report ID# **24-93-AC**

License: _____ DOB/Age _____ Reg # **2YTW41** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL _____ Veh Year **2017** Veh Make **Jeep** Veh Config. **1** 21

Operator **LANGASCO INOA, ALCIBIADES AGUSTIN** Owner **LANGASCO INOA, ALCIBIADES AGUSTIN**

Address **46 FARNHAM ST APT A** Address **46 FARNHAM ST APT A**

City **LAWRENCE** State **MA** Zip **01843-1521** City **LAWRENCE** State **MA** Zip **01843-1521**

Insurance Company **PROGRESSIVE DIRECT INSURA** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **1** 27 **8** 27 **2** 27

Vehicle Travel Direction: N S 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: **0** 29

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **19** 25 **25** BAC Test Result: **30**

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

Towed from scene? **1** 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	XXXXXX	XXXX	1	1	4	0	0	10	1	

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

License _____ St _____ DOB/Age _____ Reg # **2JWP95** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL _____ Veh Year **2010** Veh Make **FORD** Veh Config. **1** 21

Operator **GONZALEZ, JEAN CARLOS** Owner **GONZALEZ, JEAN CARLOS**

Address **163 FOSTER ST** Address **163 FOSTER ST**

City **LAWRENCE** State **MA** Zip **01843-2208** City **LAWRENCE** State **MA** Zip **01843-2208**

Insurance Company **THE STANDARD FIRE INSURAN** Vehicle Action Prior to Crash **2** 22 Damaged Area Code: **4** 27 **6** 27 **5** 27

Vehicle Travel Direction: N S 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: **0** 29

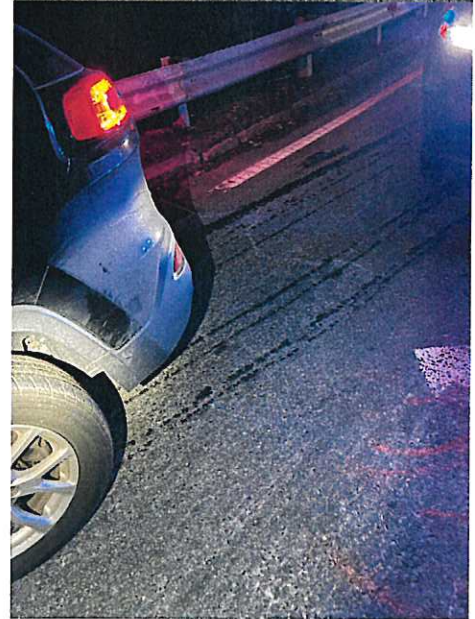
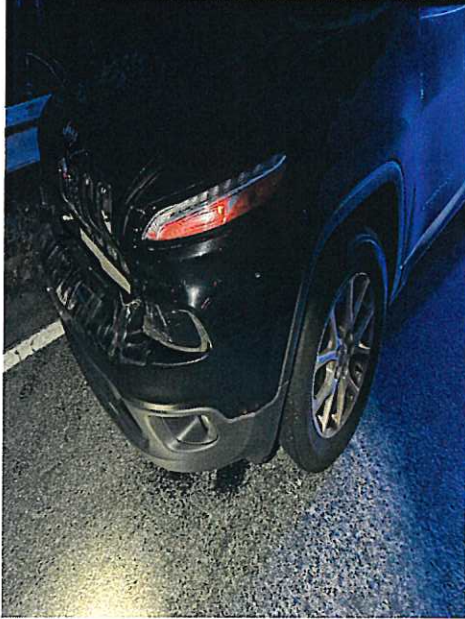
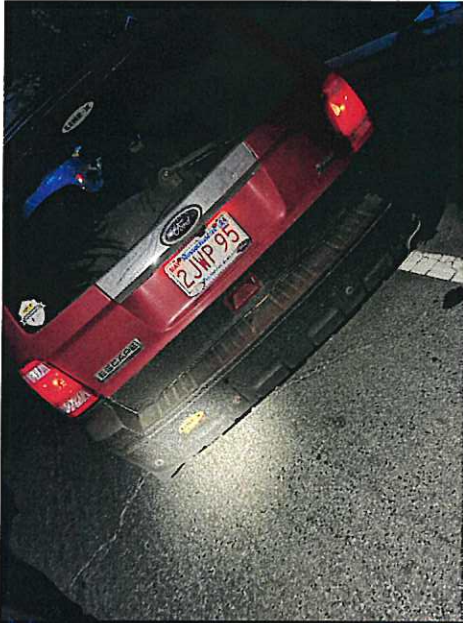
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **1** 25 **25** BAC Test Result: **30**

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0** 26 **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/Occupants	See Above	XXXXXX	XXXX	1	1	4	0	0	10	1	

Wilmington Police Department
Images Associated with 24-93-AC



Date of Crash: 03/26/2024 | Time of Crash: 1059 24HR | City/Town: **Wilmington** | **Motor Vehicle Crash Police Report** | Number Vehicles: 2 | Number Injured: 0 | Speed Limit: 40 | State Police | Local Police | MBTA Police | Campus Police | Other

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

<p>Route# _____ Direction _____ Name of Roadway/Street _____</p> <p style="text-align: center;">At</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p> <p style="text-align: center;">Also at Intersection with</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p>	<p>Route# _____ Direction _____ Address # 299 Name of Roadway/Street BALLARDVALE ST</p> <p>_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____</p> <p style="text-align: right;">Mile Marker _____ Exit Number _____</p> <p>_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____</p> <p style="text-align: right;">Route# _____ Intersecting Roadway/Street _____</p> <p>_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____</p> <p style="text-align: right;">Landmark _____</p>
---	---

Please Select One of the Following: Vehicle **11** #Occupants Hit/Run Moped Crash Report ID# **24-94-AC**

<p>License # _____ St _____ DOB/Ag _____</p> <p>Sex M Lic. Class D Lic. Restrictions 20 CDL Endorsement _____</p> <p>Operator MANCIA, FRANCISCO R</p> <p>Address 3 MARSHALL CIR LOWR</p> <p>City PEABODY State MA Zip 01960-4548</p> <p>Insurance Company GEICO GENERAL INSURANCE C</p> <p>Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> 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 # 1FEL91 Reg Type PC Reg State MA</p> <p>Veh Year 2023 Veh Make TOYOTA Veh Config. 1</p> <p>Owner MANCIA, FRANCISCO R</p> <p>Address 3 MARSHALL CIR LOWR</p> <p>City PEABODY State MA Zip 01960-4548</p> <p>Vehicle Action Prior to Crash 1</p> <p>Event Sequence 1 23 23 23 23</p> <p>Most Harmful Event 1 24</p> <p>Driver Contributing Code 1 25 25</p> <p>Driver Distracted by 0 26 26</p>
---	--

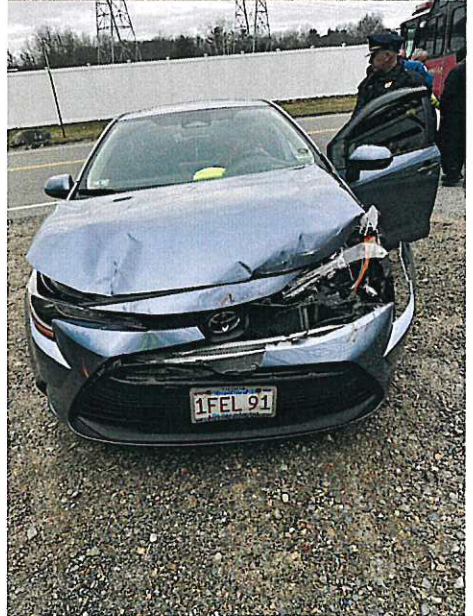
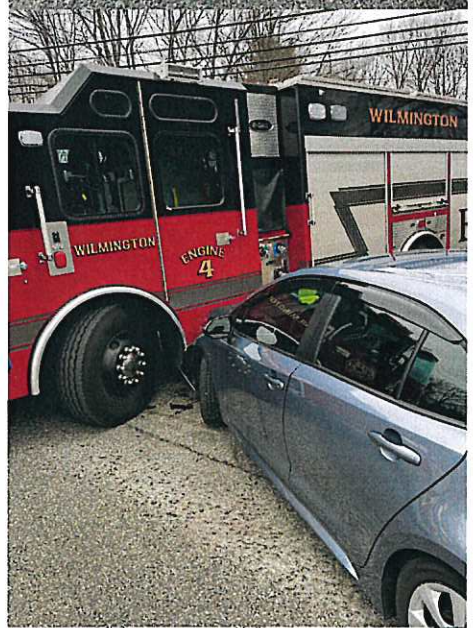
Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above	1	M	1	99	4	0	0	10	1	

Please Select One of the Following: Vehicle **23** #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section.

<p>License # _____ St _____ OB/Ag _____</p> <p>Sex M Lic. Class A Lic. Restrictions 20 CDL Endorsement _____</p> <p>Operator ROBINSON, GEORGE MATHEW</p> <p>Address 1 ADELAIDE ST</p> <p>City WILMINGTON State MA Zip 01887</p> <p>Insurance Company MIIA</p> <p>Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> 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 # MF86M Reg Type DC Reg State MA</p> <p>Veh Year 2017 Veh Make _____ Veh Config. 97</p> <p>Owner WILMINGTON TOWN OF FIRE DEPT</p> <p>Address 121 GLEN RD</p> <p>City WILMINGTON State MA Zip 01887-3500</p> <p>Vehicle Action Prior to Crash 4</p> <p>Event Sequence 1 23 23 23 23</p> <p>Most Harmful Event 1 24</p> <p>Driver Contributing Code 4 25 25</p> <p>Driver Distracted by 99 26 26</p>
---	---

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/Occupants	See Above	1	M	1	99	4	0	0	10	1	
ERIC GRONEMEYER	1 ADELAIDE ST WILMINGTON, MA 01887		M	99	99	4	0	0	10	1	
ERIC ROBBINS	1 ADELAIDE ST WILMINGTON, MA 01887		M	99	99	4	0	0	10	1	

Wilmington Police Department
Images Associated with 24-94-AC



Wilmington Police Department
Images Associated with 24-94-AC



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 _____ 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 Vulnerable User

Crash Report ID# **24-95-AC**

License # **24** St. **ON** Job/Age _____ Reg # **PA80109** Reg Type **AP** Reg State **ON**

Sex **M** Lic. Class **A 19 19 M** Lic. Restrictions **1 20** CDL _____ Veh Year **2024** Veh Make **Other-not listed** Veh Config. **8 21**

Operator **BOROS, CIPRIAN CONSTANTIN** Owner **TRANSPRO FREIGHT SYSTEMS FLEET 1**

Address **417 TONELLI LN** Address **8600 ESCARPMENT WAY**

City **MILTON** State **ON** Zip **L9T0N4** City **MILTON** State **ON** Zip **L9T 0M1**

Insurance Company **ZURICH INSURANCE COMPANY** Vehicle Action Prior to Crash **4 22** Damaged Area Code: **7 27 27 27**

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

Citation # (If Issued) _____ Most Harmful Event **2 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 **0 26 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	M	1	1	4	0	0	10	1	

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

License # _____ St. _____ DOB/Age _____ Reg # **7XF141** Reg Type **PC** Reg State **MA**

Sex _____ Lic. Class **19 19** Lic. Restrictions **20** CDL _____ Veh Year **2018** Veh Make **HONDA** Veh Config. **1 21**

Operator **Driverless M.V.** Owner **WANDELL, KALEIGH N**

Address _____ Address **60 SALEM RD**

City _____ State _____ Zip _____ City **DRACUT** State **MA** Zip **01826-2820**

Insurance Company **PROGRESSIVE CASUALTY INSU** Vehicle Action Prior to Crash **11 22** Damaged Area Code: **2 27 3 27 9 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 26** Susp. Alcohol: **31** Susp. Drug: **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/Occupants	See Above	XXXXXX	M	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

Route# Direction Name of Intersecting Roadway/Street

Please Select One of the Following: Vehicle 30 #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section.

Crash Report ID# **24-95-AC**

License # _____ St _____ DOB/Age _____ Reg # **JF829V** Reg Type **PC** Reg State **MA**

Sex _____ Lic. Class **19 19** Lic. Restrictions **20** CDL _____ Veh Year **2018** Veh Make **Infinity** Veh Config. **1 21**

Operator **Driverless M.V.** Owner **ABREU, COLLEEN P**

Address _____ Address **8 FOREST PARK RD**

City _____ State _____ Zip _____ City **WOBURN** State **MA** Zip **01801-2566**

Insurance Company **GEICO GENERAL INSURANCE C** Vehicle Action Prior to Crash **11 22** Damaged Area Code: **1 27 7 27 3 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 26** Susp. Alcohol: **31** Susp. Drug: **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			1							

Please Select One of the Following: Vehicle 40 #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section.

License # _____ St _____ DOB/Age _____ Reg # **1ZFC46** Reg Type **PC** Reg State **MA**

Sex _____ Lic. Class **19 19** Lic. Restrictions **20** CDL _____ Veh Year **2020** Veh Make **VOLKSWAGEN** Veh Config. **1 21**

Operator **Driverless M.V.** Owner **SHAHID, AMINA BANU**

Address _____ Address **2 HANCOCK ST APT 5**

City _____ State _____ Zip _____ City **MALDEN** State **MA** Zip _____

Insurance Company **FARMERS PROPERTY & CASUAL** 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 **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 26** Susp. Alcohol: **31** Susp. Drug: **32**

Towed from scene? **2 33**

Please fill out for operator and all occupants involved

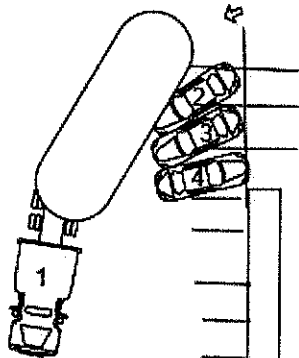
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Occupants	See Above			1							

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

Crash Diagram:

ie: → 1 → 2 → ○ → ⚡

50
Concord
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:

Vehicle 1 was attempting to make a left turn around the parked vehicles to exit the parking lot. Vehicle 1 is a full size 53FT trailer and tractor. Vehicle 1 took the turn to sharp and contacted vehicle 2 with the rear left side of the trailer. This then pushed vehicle 2 into vehicle 3 and then vehicle 3 into vehicle 4. Vehicles 2,3,and 4 were all unoccupied at the time of the crash. No airbags deployed. Vehicle 1 sustained damage to the rear left side of the trailer. Vehicle 2 sustained damage to the windshield, right side, hood, and left side. Vehicle 3 sustained damage to both the left and right sides. Vehicle 4 sustained damage to the rear left. Vehicle 2 was towed by A&S Towing. All other vehicles were able to be driven from the scene.

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # **PA80109** (From Vehicle Section)

Carrier Name **TransPro Freight Systems** Bus Use 42

Address **8600 ESCARPMENT WAY** City **MILTON** St **ON** Zip **L9T0M1**

US DOT #: **567829** State Number _____ Issuing State _____ MC/MX/ACC #: **277475**

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 3 45

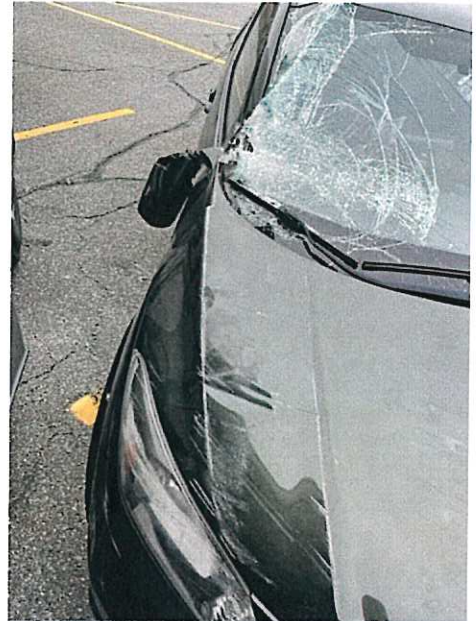
Trailer Reg #: **S9070P** Reg Type **TR** Reg State **ON** Reg Year **2020** Trailer Length 4 46

Hazmat Information:

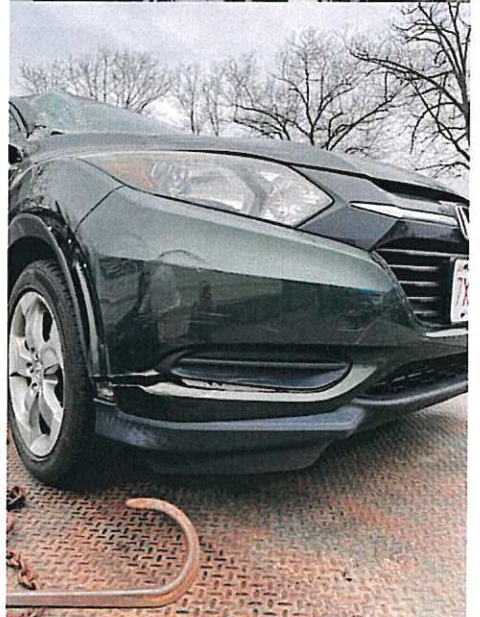
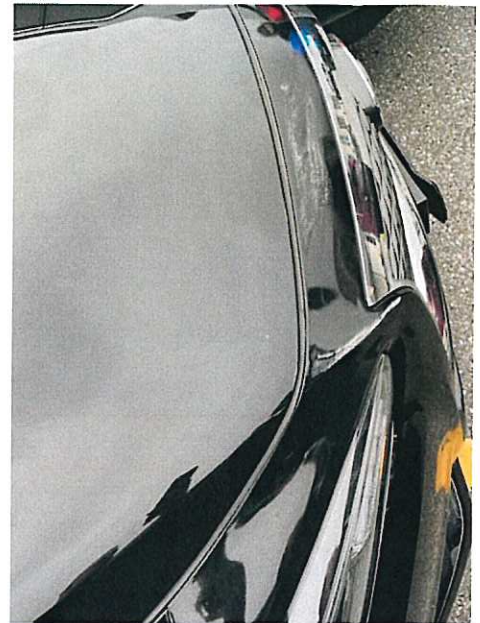
Placard 47 Material 1 digit # 48 Material Name _____ Material 4 digit # _____ Release code 49

Patrol Officer **Michael R DiLorenzo** 217 **Wilmington Police Department** 03/26/2024
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Images Associated with 24-95-AC



Wilmington Police Department
Images Associated with 24-95-AC



Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash 03/29/2024 Time of Crash 0630 24HR City/Town WILMINGTON

Motor Vehicle Crash Police Report

Number Vehicles 2 Number Injured 0 Speed Limit 40 State Police Local Police MBTA Police Campus Police Other

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

Location details including Route#, Direction, Name of Roadway/Street, Address #, Ballardvale St, and various directional options (N, S, E, W).

Please Select One of the Following: [X] Vehicle 1 #Occupants [] Hit/Run [] Moped Crash Report ID# 24-96-AC

Operator and Owner information for Vehicle 1: License #, Sex, Lic. Class, DOB/Age, Reg # 17B760, Reg Type PC, Reg State MA, Veh Year 2015, Veh Make TOYOTA, Veh Config 1 21, Operator ESTEVEZ, MARTHA I, Address 13 GRANITE ST APT 24, City METHUEN, State MA, Zip 01844-3782.

Table with 11 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/Operator/occupants: See Above.

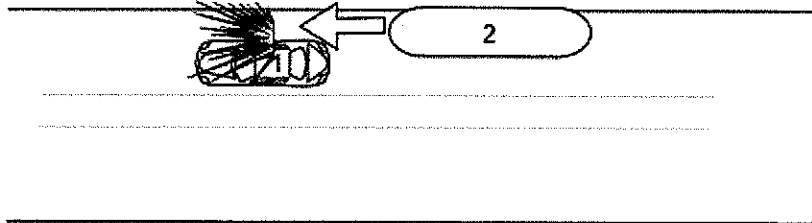
Please Select One of the Following: [X] Vehicle 2 #Occupants [] Hit/Run [] Moped [] Vulnerable User Complete the Vulnerable User section.

Operator and Owner information for Vehicle 2: License #, Sex, Lic. Class, DOB/Age, Reg # TF8063, Reg Type ZZ, Reg State MB, Veh Year 2022, Veh Make Other-not listed, Veh Config 1 21, Operator MASIH, VINAY, Address 17 BOAT ST, City BRAMPTON, State ON, Zip L7A5C9.

Table with 11 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/Operator/occupants: See Above.

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

Crash Diagram:



210 Ballardvale 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:

While traveling Northbound on Ballardvale Street, a public way in Wilmington, motor vehicle 2 side swiped motor vehicle number 1. While motor vehicle 2 was attempting to cut in front of motor vehicle 1 on 210 Ballardvale Street, motor vehicle 2 caused damage to the left side of the vehicle, including taking out the passenger's side window (see images). Motor vehicle 1 followed motor vehicle 2 into the parking lot of the Market Basket warehouse located on 340 Ballardvale Street for the exchange of paperwork. No injuries or air bag deployment.

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

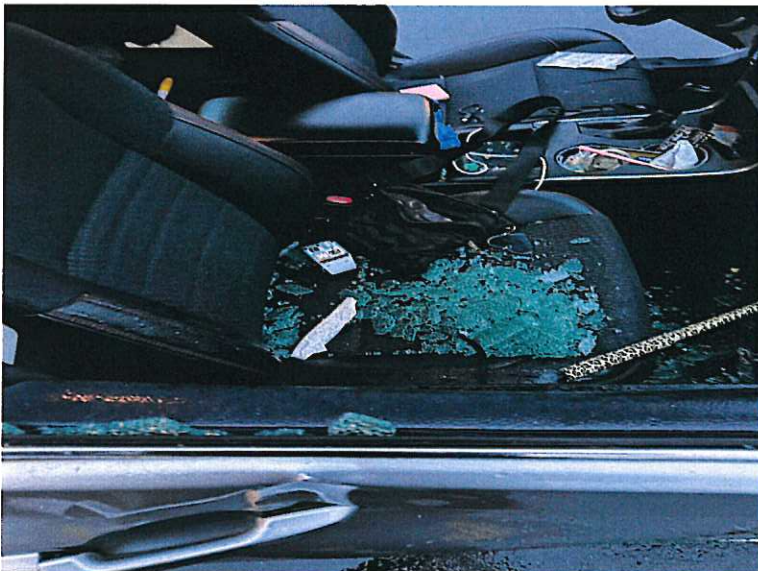
Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 46

Hazmat Information:

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

Patrol Officer Zachary A Leighton 227 Wilmington Police Department 03/29/2024
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Images Associated with 24-96-AC



Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash 03/29/2024 Time of Crash 1246 City/Town 24HR WILMINGTON

Motor Vehicle Crash Police Report

Number Vehicles 1 Number Injured 0 Speed Limit 5 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 Address # 262 MAIN ST Name of Roadway/Street

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

Feet N S E W of Mile Marker or Exit Number

2

Route# Direction Name of Intersecting Roadway/Street

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

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

Crash Report ID# 24-97-AC

3

License Sex F Lic. Class 19 19 Lic. Restrictions 1 20 CDL Endorsement

Reg # 6DG490 Reg Type PC Reg State MA Veh Year 2013 Veh Make HYUNDAI Veh Config. 1 21

4

Operator REDGATE, KATHERINE RUTH Address 36 GLEN RD

Owner REDGATE, KATHERINE RUTH Address 36 GLEN RD

City WILMINGTON State MA Zip 01887-1915

City WILMINGTON State MA Zip 01887-1915

5

Vehicle Travel Direction: [X] S E W Responding to Emergency? 2

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

6

Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub

Event Sequence 3 23 23 23 23 Test Status: 1 28

Most Harmful Event 3 24 Type of Test: 2 29

Driver Contributing Code 1 25 25 BAC Test Result: 1 30

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

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. Row 1: Operator, See Above, X, X, 1, 1, 4, 0, 0, 10, 1.

7

Please Select One of the Following: [] Vehicle 2 #Occupants [] Hit/Run [] Moped [X] Vulnerable User Complete the Vulnerable User section.

License # St DOB/Age Reg # Reg Type Reg State Veh Year Veh Make Veh Config. 21

8

Operator Address City State Zip Insurance Company

Owner Address City State Zip

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

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

9

Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub

Event Sequence 23 23 23 23 Test Status: 28

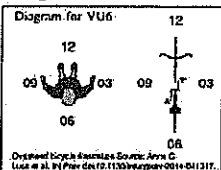
Most Harmful Event 24 Type of Test: 29

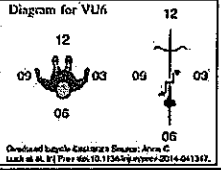
Driver Contributing Code 25 25 BAC Test Result: 30

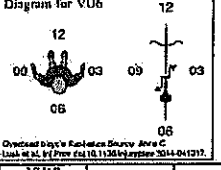
Driver Distracted by 26 26 Susp. Alcohol: 31 Susp. Drug: 32

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. Row 1: Operator/Occupants, See Above, X, X, 1.

Please complete a section for each vulnerable user involved in the crash.

Vulnerable User		Type 1 VU1	Action 2 VU2	Location 97 VU3			
VU: <u>DOODY, MARK J</u> <small style="display: flex; justify-content: space-between; font-size: small;">Last First Middle</small>		Primary Injury Area: 4 VU7					
Address 4 ASHLAND ST City MEDFORD State MA Zip 02155-3215		Test Status: 1 VU11					
License # _____ St _____ DOB/Ag: _____	Traffic Control Device 0 VU4 Origin/Destination 97 VU5 Contact Point: 09 VU6	Diagram for VU6: 	Event Sequence 13 VU8 10 VU8 19 VU8 VU8 Contributing Code 11 VU9 12 VU9 Distracted by 6 VU10 VU10	Type of Test: VU12 BAC Test Result: 1 VU13 Susp. Alcohol: 2 VU14 Susp. Drug: 2 VU15			
Sex	VU16 Seat Pos.	VU17 Safety Equipment	VU18 Eject Code	VU19 Trap Code	VU20 Injury Status	VU21 Transp. Code	Medical Facility
Vulnerable User	M	97	8	0	0	10	0

Vulnerable User		Type VU1	Action VU2	Location VU3			
VU: _____ <small style="display: flex; justify-content: space-between; font-size: small;">Last First Middle</small>		Primary Injury Area: VU7					
Address _____ City _____ State _____ Zip _____		Test Status: VU11					
License # _____ St _____ DOB/Ag: _____	Traffic Control Device VU4 Origin/Destination VU5 Contact Point: VU6	Diagram for VU6: 	Event Sequence VU8 VU8 VU8 VU8 Contributing Code VU9 VU9 Distracted by VU10 VU10	Type of Test: VU12 BAC Test Result: VU13 Susp. Alcohol: VU14 Susp. Drug: VU15			
Sex	VU16 Seat Pos.	VU17 Safety Equipment	VU18 Eject Code	VU19 Trap Code	VU20 Injury Status	VU21 Transp. Code	Medical Facility
Vulnerable User							

Vulnerable User		Type VU1	Action VU2	Location VU3			
VU: _____ <small style="display: flex; justify-content: space-between; font-size: small;">Last First Middle</small>		Primary Injury Area: VU7					
Address _____ City _____ State _____ Zip _____		Test Status: VU11					
License # _____ St _____ DOB/Ag: _____	Traffic Control Device VU4 Origin/Destination VU5 Contact Point: VU6	Diagram for VU6: 	Event Sequence VU8 VU8 VU8 VU8 Contributing Code VU9 VU9 Distracted by VU10 VU10	Type of Test: VU12 BAC Test Result: VU13 Susp. Alcohol: VU14 Susp. Drug: VU15			
Sex	VU16 Seat Pos.	VU17 Safety Equipment	VU18 Eject Code	VU19 Trap Code	VU20 Injury Status	VU21 Transp. Code	Medical Facility
Vulnerable User							

Wilmington Police Department
Images Associated with 24-97-AC



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

<p>1 1 Route# _____ Direction _____ Name of Roadway/Street _____</p> <p>At _____</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p> <p>Also at Intersection with _____</p> <p>2 1 Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p>	<p>2 10 Route# _____ Direction _____ Address # 260 Name of Roadway/Street MAIN ST</p> <p>_____ Feet N S E W of _____ or _____</p> <p>4 11 _____ Feet N S E W of _____ Mile Marker _____ Exit Number _____</p> <p>_____ Feet N S E W of _____ Route# _____ Intersecting Roadway/Street _____</p> <p>_____ Feet N S E W of _____</p> <p>Landmark _____</p>
---	--

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped Vulnerable User **Crash Report ID# 24-98-AC**

<p>License _____ St _____ DOB/Age _____</p> <p>Sex M Lic. Class D 19 19 Lic. Restrictions B 20 CDL _____ Endorsement _____</p> <p>Operator DUDLEY, STEPHEN M</p> <p>Address 6 BIRCH RD</p> <p>City WILMINGTON State MA Zip 01887-2676</p> <p>Insurance Company ARBELLA MUTUAL INSURANCE</p> <p>Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> 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 # 4LVV17 Reg Type PC Reg State MA</p> <p>Veh Year 2020 Veh Make SUBARU Veh Config. 1 21</p> <p>Owner DUDLEY, STEPHEN M</p> <p>Address 6 BIRCH RD</p> <p>City WILMINGTON State MA Zip 01887-2676</p> <p>Vehicle Action Prior to Crash 11 22 Damaged Area Code: 0 27 27 27</p> <p>Event Sequence 2 23 23 23 23 Test Status: 1 28</p> <p>Most Harmful Event 2 24 Type of Test: 2 29</p> <p>Driver Contributing Code 97 25 25 BAC Test Result: 30</p> <p>Driver Distracted by 0 26 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32</p> <p>Towed from scene? 2 33</p>
--	--

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	99	4	0	0	10	1	

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

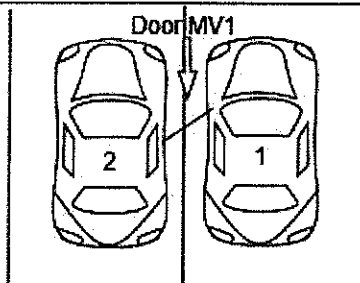
<p>7 1 License # _____ S: _____ DOB/Age _____</p> <p>Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL _____ Endorsement _____</p> <p>Operator PATEL, NEIL NILESH</p> <p>Address 26 WHIPPLE RD</p> <p>City LEXINGTON State MA Zip 02420-2726</p> <p>Insurance Company SAFETY INSURANCE COMPANY</p> <p>Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> 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 # 8307ML Reg Type PC Reg State MA</p> <p>Veh Year 2012 Veh Make LEXUS Veh Config. 1 21</p> <p>Owner RADHE INC</p> <p>Address 2 PARK AVE</p> <p>City ARLINGTON State MA Zip 02174-0000</p> <p>Vehicle Action Prior to Crash 11 22 Damaged Area Code: 7 27 27 27</p> <p>Event Sequence 2 23 23 23 23 Test Status: 1 28</p> <p>Most Harmful Event 2 24 Type of Test: 2 29</p> <p>Driver Contributing Code 1 25 25 BAC Test Result: 30</p> <p>Driver Distracted by 0 26 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32</p> <p>Towed from scene? 2 33</p>
---	---

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/Occupants		See Above	<input checked="" type="checkbox"/>	1	0	4	0	0	10	1	

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

Crash Diagram:

Parking Lot 280 Main St



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:

OP2 walk-in found note on MV2 stating saw MV1 hit MV2 with door then drive off. MV2 was unoccupied at time. Entered OP1 to link with MV. OP1 showed damage to pass door. Orange pain scrape. (see images) WIT1 provided plate MA:4LVV17. OP1 is RO of MV1. Called OP1. Admitted at MB and opened door. It was windy and door got away from him and struck MV2.

Called WIT1, stated appx 3:10pm, MV1 pulled next to MV2. OP2 opened driver door, stated it was windy and saw door strike MV1. Stated appeared hard enough to cause damage. Left note.

There is a long paint scrape the lenght of pass front and rear door. After speaking to OP1 and WIT1, do not think from this MVC

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
SCHUNDLER HANNAH K	98 CHARLES ST Apt. #16 BOSTON MA 02114-4629		

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

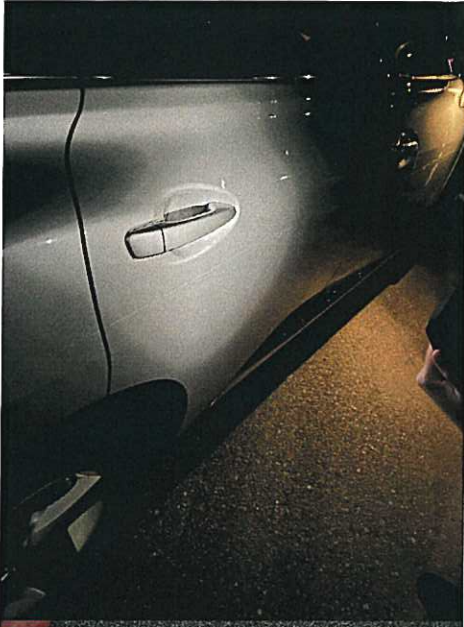
Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 46

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 03/29/2024
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Images Associated with 24-98-AC



Hello,
I was in the parking lot +
saw a car park next to you.
The wind blew its door open
+ hit your car - orange car.
The driver immediately drove
away.
MA plate
License plate was 4LUV17.
orange subaru. wanted to let
you know.
My number (not the driver)
is 908.285.2757 in
case you want more info.



Hello,
I was in the parking lot +
saw a car park next to you.
The wind blew its door open
+ hit your car - orange car.
The driver immediately drove
away.
MA plate
License plate was 4LUV17.
orange subaru. wanted to let
you know.
My number (not the driver)
is 908.285.2757 in
case you want more info.



Wilmington Police Department
Images Associated with 24-98-AC



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

<p>Route# <u> </u> Direction <u> </u> Name of Roadway/Street <u> </u></p> <p style="text-align: center;">At</p> <p>Route# <u> </u> Direction <u> </u> Name of Intersecting Roadway/Street <u> </u></p> <p style="text-align: center;">Also at Intersection with</p> <p>Route# <u> </u> Direction <u> </u> Name of Intersecting Roadway/Street <u> </u></p>	<p>129 E 1 RICHMOND ST</p> <p>Route# <u> </u> Direction <u> </u> Address # <u> </u> Name of Roadway/Street <u> </u></p> <p>Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of <u> </u> • <u> </u> or <u> </u></p> <p style="text-align: center;">Mile Marker <u> </u> Exit Number <u> </u></p> <p>Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of <u> </u></p> <p>Route# <u> </u> Intersecting Roadway/Street <u> </u></p> <p>Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of <u> </u></p> <p style="text-align: center;">205 MAIN STREET</p> <p style="text-align: center;">Landmark <u> </u></p>
---	---

Please Select One of the Following: Vehicle **13** #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section.

Crash Report ID# **24-99-AC**

<p>License # <u> </u> St <u> </u> DOB/Age <u> </u></p> <p>Sex F Lic. Class D <input type="checkbox"/> 19 <input type="checkbox"/> 19 Lic. Restrictions 1 <input type="checkbox"/> 20 CDL <u> </u> Endorsement <u> </u></p> <p>Operator RADONCIC, MAUREEN KILROY</p> <p style="text-align: center;">Last First Middle</p> <p>Address 32 ALLENDALE AVE</p> <p>City BILLERICA State MA Zip 01821-6237</p> <p>Insurance Company PROGRESSIVE DIRECT INSURA</p> <p>Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> S <input type="checkbox"/> W Responding to Emergency? 2</p> <p>Citation # (If Issued) <u> </u></p> <p>Viol. 1: Ch/Sec/Sub <u> </u> Viol. 2: Ch/Sec/Sub <u> </u></p> <p>Viol. 3: Ch/Sec/Sub <u> </u> Viol. 4: Ch/Sec/Sub <u> </u></p>	<p>Reg # 8XW463 Reg Type PC Reg State MA</p> <p>Veh Year 2015 Veh Make MERCEDES-BENZ Veh Config. 1 <input type="checkbox"/> 21</p> <p>Owner RADONCIC, MAUREEN KILROY</p> <p style="text-align: center;">Last First Middle</p> <p>Address 32 ALLENDALE AVE</p> <p>City BILLERICA State MA Zip 01821-6237</p> <p>Vehicle Action Prior to Crash 2 <input type="checkbox"/> 22 Damaged Area Code: 5 <input type="checkbox"/> 27 <input type="checkbox"/> 27 <input type="checkbox"/> 27</p> <p>Event Sequence 1 <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/></p> <p>Most Harmful Event 1 <input type="checkbox"/> 24 Test Status: 1 <input type="checkbox"/> 28 <input type="checkbox"/> 29 <input type="checkbox"/> 30 <input type="checkbox"/></p> <p>Driver Contributing Code 1 <input type="checkbox"/> 25 <input type="checkbox"/> 25 BAC Test Result: 2 <input type="checkbox"/> 31 <input type="checkbox"/> 32 <input type="checkbox"/> 32 <input type="checkbox"/></p> <p>Driver Distracted by 0 <input type="checkbox"/> 26 <input type="checkbox"/> 26 Susp. Alcohol: 2 <input type="checkbox"/> 31 <input type="checkbox"/> 32 <input type="checkbox"/> 32 <input type="checkbox"/></p> <p>Towed from scene? 2 <input type="checkbox"/> 33 <input type="checkbox"/></p>
---	--

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	 	 	1	1	4	0	0	10	1	
				3	1	4	0	0	10	1	
				6	4	4	0	0	10	1	

Please Select One of the Following: Vehicle **21** #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section.

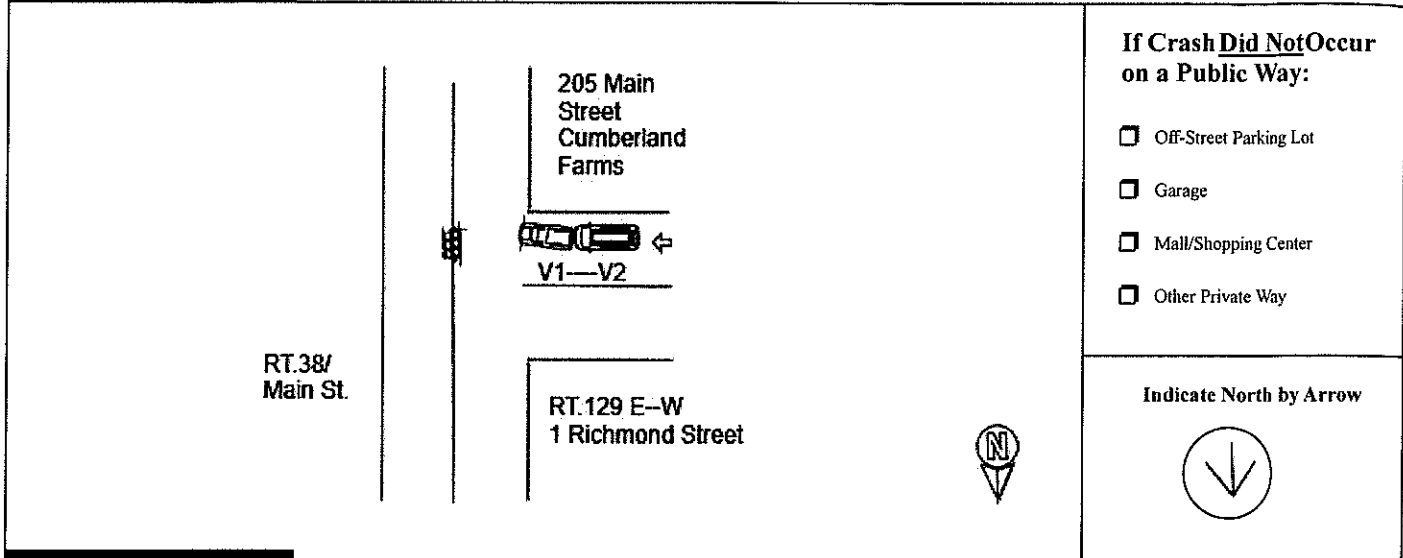
<p>License # <u> </u> S <u> </u> DOB/Age <u> </u></p> <p>Sex M Lic. Class D <input type="checkbox"/> 19 <input type="checkbox"/> 19 Lic. Restrictions 1 <input type="checkbox"/> 20 CDL <u> </u> Endorsement <u> </u></p> <p>Operator NEDOMA, JIRI</p> <p style="text-align: center;">Last First Middle</p> <p>Address 34 HOPKINS ST</p> <p>City WILMINGTON State MA Zip 01887-4527</p> <p>Insurance Company THE HANOVER INSURANCE COM</p> <p>Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> S <input type="checkbox"/> W Responding to Emergency? 2</p> <p>Citation # (If Issued) <u> </u></p> <p>Viol. 1: Ch/Sec/Sub <u> </u> Viol. 2: Ch/Sec/Sub <u> </u></p> <p>Viol. 3: Ch/Sec/Sub <u> </u> Viol. 4: Ch/Sec/Sub <u> </u></p>	<p>Reg # 3MAH78 Reg Type PC Reg State MA</p> <p>Veh Year 2023 Veh Make KIA Veh Config. 1 <input type="checkbox"/> 21</p> <p>Owner NARLA, LALITHYA</p> <p style="text-align: center;">Last First Middle</p> <p>Address 34 HOPKINS ST</p> <p>City WILMINGTON State MA Zip 01887-4527</p> <p>Vehicle Action Prior to Crash 1 <input type="checkbox"/> 22 Damaged Area Code: 5 <input type="checkbox"/> 27 <input type="checkbox"/> 27 <input type="checkbox"/> 27 <input type="checkbox"/></p> <p>Event Sequence 1 <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/></p> <p>Most Harmful Event 1 <input type="checkbox"/> 24 Test Status: 28 <input type="checkbox"/> 29 <input type="checkbox"/> 30 <input type="checkbox"/></p> <p>Driver Contributing Code 5 <input type="checkbox"/> 25 <input type="checkbox"/> 19 <input type="checkbox"/> 25 BAC Test Result: 2 <input type="checkbox"/> 31 <input type="checkbox"/> 32 <input type="checkbox"/> 32 <input type="checkbox"/></p> <p>Driver Distracted by 0 <input type="checkbox"/> 26 <input type="checkbox"/> 26 Susp. Alcohol: 2 <input type="checkbox"/> 31 <input type="checkbox"/> 32 <input type="checkbox"/> 32 <input type="checkbox"/></p> <p>Towed from scene? 2 <input type="checkbox"/> 33 <input type="checkbox"/></p>
--	--

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/Occupants	See Above	 	 	1	1	4	0	0	10	1	

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

Crash Diagram:

ie: → **1** → **2** → →



Crash Narrative:

V1 (Radonic) was stopped at the end of Richmond Street (RT.129) at Main Street (Rt.38).
 V1 started to proceed but needed to stop for traffic on Main Street. V2 opr (Nedoma) saw
 V1 proceed and continued straight. V2 then rear-ended V1 in minor rear-end collision. No
 injuries observed or reported for all occupants. V1 damaged on read bumper. V2 damaged on
 front end. V2 Opr (Nedoma) inattention and following too close is probable factor in
 crash.

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/ACC #: _____

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 03/30/2024
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

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

1 1 | **2** 10

Route# LOWELL ST Direction _____ Name of Roadway/Street _____

At _____

Route# I93SBR31 RAMP Direction _____ Name of Intersecting Roadway/Street _____

Also at Intersection with _____

2 1 | **2** 11

Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

Feet N S E W of _____ of _____ or _____

Mile Marker _____ Exit Number _____

Feet N S E W of _____ of _____

Route# _____ Intersecting Roadway/Street _____

Feet N S E W of _____ of _____

Landmark _____

3 | Please Select One of the Following: Vehicle 13 #Occupants Hit/Run Moped

Crash Report ID# **24-100-AC**

4 5 | License / S DOB/Age _____ Reg # 9MF742 Reg Type PC Reg State MA

Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL _____ Veh Year 2022 Veh Make Jeep Veh Config. 1 21

Operator MOREIRA GARZON, MARTHA LUCIA Owner QUEZADA IMAICELA, CRISTHIAN A

Address 32 NEWHILL RD Address 32 NEWHILL RD

City METHUEN State MA Zip 01844-2223 City METHUEN State MA Zip 01844-2223

Insurance Company LIBERTY MUTUAL PERSONAL I Vehicle Action Prior to Crash 2 22 Damaged Area Code: 6 27 5 27 4 27

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

Citation # (If Issued) _____ Most Harmful Event 1 24 Type of Test: 0 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 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32

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			<u>1</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>8</u>	<u>2</u>	Lahey Clinic
CRISTHIAN QUEZADA IMAICELA	32 NEWHILL RD METHUEN, MA 01844-2223	11/08/1989	M	<u>3</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	
MATEO MOREIRA	32 NEWHILL RD METHUEN, MA 01844	01/04/2008	M	<u>6</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	

7 6 | Please Select One of the Following: Vehicle 22 #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section.

8 4 | License # _____ St _____ DOB/Age _____ Reg # 1RCT73 Reg Type PC Reg State MA

Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL _____ Veh Year 2023 Veh Make TOYOTA Veh Config. 1 21

Operator BRINT, JOEL Owner BRINT, JOEL

Address 50 S COMMON ST APT 311 Address 50 S COMMON ST APT 311

City LYNN State MA Zip 01902-4449 City LYNN State MA Zip 01902-4449

Insurance Company THE STANDARD FIRE INSURAN Vehicle Action Prior to Crash 1 22 Damaged Area Code: 1 27 27 27

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

Citation # (If Issued) _____ Most Harmful Event 1 24 Type of Test: 0 29

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code 5 25 19 25 BAC Test Result: 30

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

Towed from scene? 2 33

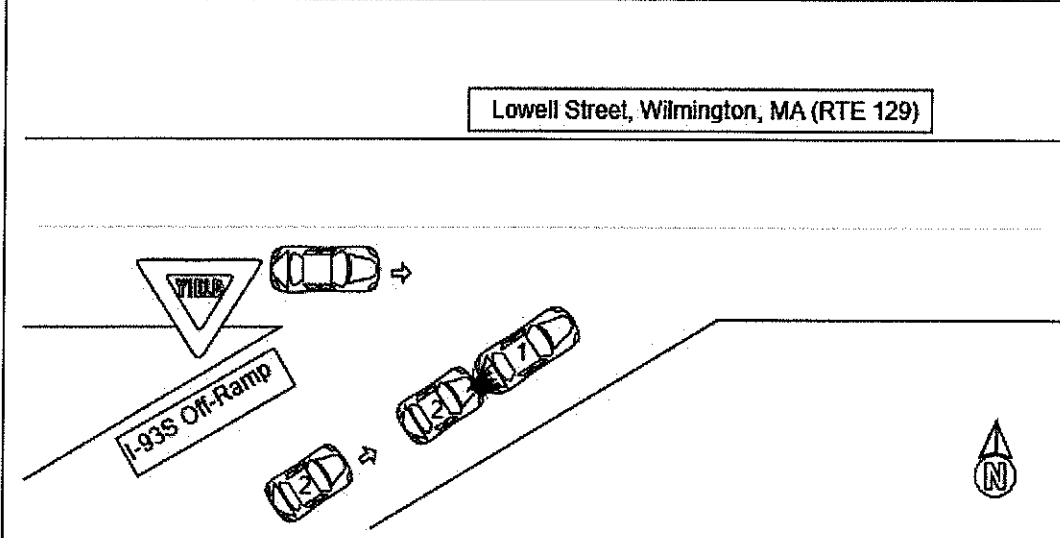
9 2 | Please fill out for operator and all occupants involved

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/Occupants	See Above			<u>1</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	
MARIA BRINT	50 S COMMON ST LYNN, MA 01902-4449		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 → ○ → ○



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 stated they were exiting I-93S yielding right onto Lowell Street and were rear-ended by MV 2. MV 2 stated that MV 1 started to turn right onto Lowell Street and stopped because another car was coming. MV 2 stated they then rear ended MV 1.

MV 1 operator transported to Lahey Hospital by Wilmington FD out of concern for her pregnancy and recent back surgery. All others involved stated no injuries. Both vehicles were in driveable condition. Paperwork exchange form completed and handed to responsible parties.

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 James R Hill Signature 225 Wilmington Police Department 03/30/2024
 Police Officer Name (Please Print) ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Images Associated with 24-100-AC

