

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

1 **Route#**                      **Direction**                      **Name of Roadway/Street**                      **Route#**                      **Direction**                      **Address #**                      **Name of Roadway/Street**                     

**Route#**                      **Direction**                      **Name of Intersecting Roadway/Street**                      **Feet**            **N S E W**            **of**                      **Mile Marker**                      **or**                      **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#** **24-117-AC**

License                      S                      DOB/Ag                      Reg # **31133** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D**                       Lic. Restrictions **1**                       CDL                      Veh Year **2021** Veh Make **MAZDA** Veh Config. **1**                                 

Operator **CAIN, ALLISON NICOLE** Owner **CAIN, ALLISON NICOLE**

Address **3 KIERNAN AVE** Address **3 KIERNAN AVE**

City **WILMINGTON** State **MA** Zip **01887-3206** City **WILMINGTON** State **MA** Zip **01887-3206**

Insurance Company **PREFERRED MUTUAL INSURANC** Vehicle Action Prior to Crash **2**                                  Damaged Area Code: **5**                                 

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

Citation # (If Issued)                      Most Harmful Event **1**                                  Type of Test:                                 

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

Viol. 3: Ch/Sec/Sub                      Viol. 4: Ch/Sec/Sub                      Driver Distracted by **0**                                  Susp. Alcohol: **2**                                  Susp. Drug: **2**                                 

Towed from scene? **2**                                 

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	<del>          </del>	<del>          </del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	
<b>BRITNEY CAIN</b>	3 KIERNAN AVE WILMINGTON, MA 01887-3206		<b>F</b>	<b>3</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

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

License #                      t                      DOB/Ag                      Reg # **9208782** Reg Type **PO** Reg State **MA**

Sex **M** Lic. Class **D**                       Lic. Restrictions **B**                       CDL                      Veh Year **1989** Veh Make **grumman** Veh Config. **97**                                 

Operator **GENNARI, ANTHONY TRIDIO** Owner **UNITED STATES POSTAL SERVICE**

Address **6 SUNRISE AVE** Address                     

City **STONEHAM** State **MA** Zip **02180** City                      State                      Zip                     

Insurance Company **SELF INSURED** Vehicle Action Prior to Crash **2**                                  Damaged Area Code: **2**                                 

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

Citation # (If Issued)                      Most Harmful Event **1**                                  Type of Test:                                 

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

Viol. 3: Ch/Sec/Sub                      Viol. 4: Ch/Sec/Sub                      Driver Distracted by **0**                                  Susp. Alcohol: **2**                                  Susp. Drug: **2**                                 

Towed from scene? **2**                                 

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/Occupants</b>	See Above	<del>          </del>	<del>          </del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	





AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1 1 MIDDLESEX AVE  
Route# Direction Name of Roadway/Street

At

1 1 CLARK ST  
Route# Direction Name of Intersecting Roadway/Street

Also at Intersection with

2 1  
Route# Direction Name of Intersecting Roadway/Street

2 10  
Route# Direction Address # Name of Roadway/Street

Feet N S E W of \_\_\_\_\_ or \_\_\_\_\_

Mile Marker \_\_\_\_\_ Exit Number \_\_\_\_\_

6 11  
Feet N S E W of \_\_\_\_\_

Route# Intersecting Roadway/Street

Feet N S E W of \_\_\_\_\_

Landmark \_\_\_\_\_

Please Select One of the Following:  Vehicle 11 #Occupants  Hit/Run  Moped

Crash Report ID# 24-118-AC

License # \_\_\_\_\_ St \_\_\_\_\_ DOB/Age \_\_\_\_\_ Reg # 62DM36 Reg Type PC Reg State MA

Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL \_\_\_\_\_ Veh Year 2009 Veh Make NISSAN Veh Config. 1 21

Operator DEVITTO, JASON RONALD Owner DEVITTO, PAUL THOMAS

Address 83 BOWDOIN ST Address 82 WELLESLEY ST

City MEDFORD State MA Zip 02155-5925 City MEDFORD State MA Zip 02155-5939

Insurance Company QUINCY MUTUAL FIRE INSURA Vehicle Action Prior to Crash 2 22 Damaged Area Code: 2 27 3 27 27

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

Citation # (If Issued) \_\_\_\_\_ Most Harmful Event 1 24 Type of Test: 0 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 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			1	0	4	0	0	10	1	

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

License \_\_\_\_\_ S \_\_\_\_\_ DOB/Age \_\_\_\_\_ Reg # 2PXX23 Reg Type PC Reg State MA

Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL \_\_\_\_\_ Veh Year 2023 Veh Make VOLKSWAGEN Veh Config. 1 21

Operator RAIS, MARY TERESA Owner RAIS, MARY TERESA

Address 42 CHRISTINA AVE Address 42 CHRISTINA AVE

City BILLERICA State MA Zip 01821-5521 City BILLERICA State MA Zip 01821-5521

Insurance Company FARMERS PROPERTY & CASUAL Vehicle Action Prior to Crash 4 22 Damaged Area Code: 1 27 27 27

Vehicle Travel Direction: X 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: 0 29

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

Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by 99 26 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/Occupants	See Above			1	1	4	0	0	10	1	



Wilmington Police Department  
Images Associated with 24-118-AC



AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1 1 **CONCORD ST**  
Route# Direction Name of Roadway/Street

At

1 1 **I93NBR33 RAMP**  
Route# Direction Name of Intersecting Roadway/Street

Also at Intersection with

2 1  
Route# Direction Name of Intersecting Roadway/Street

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# **24-119-AC**

License: \_\_\_\_\_ DOB/Age \_\_\_\_\_ Reg # **1TWL68** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL \_\_\_\_\_ Veh Year **2023** Veh Make **HYUNDAI** Veh Config. **1** 21

Operator **KODGULE, NIKHIL SUNIL** Owner **KODGULE, NIKHIL SUNIL**

Address **2 CHRISTINE DR** Address **2 CHRISTINE DR**

City **WILMINGTON** State **MA** Zip **01887-1803** City **WILMINGTON** State **MA** Zip **01887-1803**

Insurance Company **SAFECO INSURANCE COMPANY** Vehicle Action Prior to Crash **2** 22 Damaged Area Code: **4** 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 **1** 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
<b>Operator</b>	See Above	<del>XXXXXX</del>	<del>X</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

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

License # \_\_\_\_\_ S DOB/Age \_\_\_\_\_ Reg # **852XB5** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL \_\_\_\_\_ Veh Year **2020** Veh Make **Jeep** Veh Config. **1** 21

Operator **ALAKEL, MEGAN CLARE** Owner **ALAKEL, JOHN GEORGE**

Address **25 CHELSEY WAY** Address **25 CHELSEY WAY**

City **WEYMOUTH** State **MA** Zip **02190-1275** City **WEYMOUTH** State **MA** Zip **02190-1275**

Insurance Company **ARBELLA MUTUAL INSURANCE** Vehicle Action Prior to Crash **2** 22 Damaged Area Code: **8** 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 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
<b>Operator/Occupants</b>	See Above	<del>XXXXXX</del>	<del>X</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	





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

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

Route# \_\_\_\_\_ Direction \_\_\_\_\_ Address # **433** **MAIN ST** 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 **11** #Occupants  Hit/Run  Moped  
 Crash Report ID# **24-121-AC**

License # \_\_\_\_\_ S \_\_\_\_\_ DOB/Ag. \_\_\_\_\_ Reg # **4WMP71** Reg Type **PC** Reg State **MA**  
 Sex **F** Lic. Class  19  19 Lic. Restrictions  20 CDL \_\_\_\_\_ Veh Year **2013** Veh Make **HONDA** Veh Config.  1  21  
 Operator **SHAH, ASHA RAJIVKUMAR** Owner **SHAH, RAHUL RAJIVKUMAR**  
 Address **26 MICHAEL DR** Address **26 MICHAEL DR**  
 City **BURLINGTON** State **MA** Zip **01803-1142** City **BURLINGTON** State **MA** Zip **01803-1142**  
 Insurance Company **GREEN MOUNTAIN INSURANCE** Vehicle Action Prior to Crash  4  22 Damaged Area Code:  1  27  27  27  
 Vehicle Travel Direction:  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  4  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?  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
<b>Operator</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>	

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

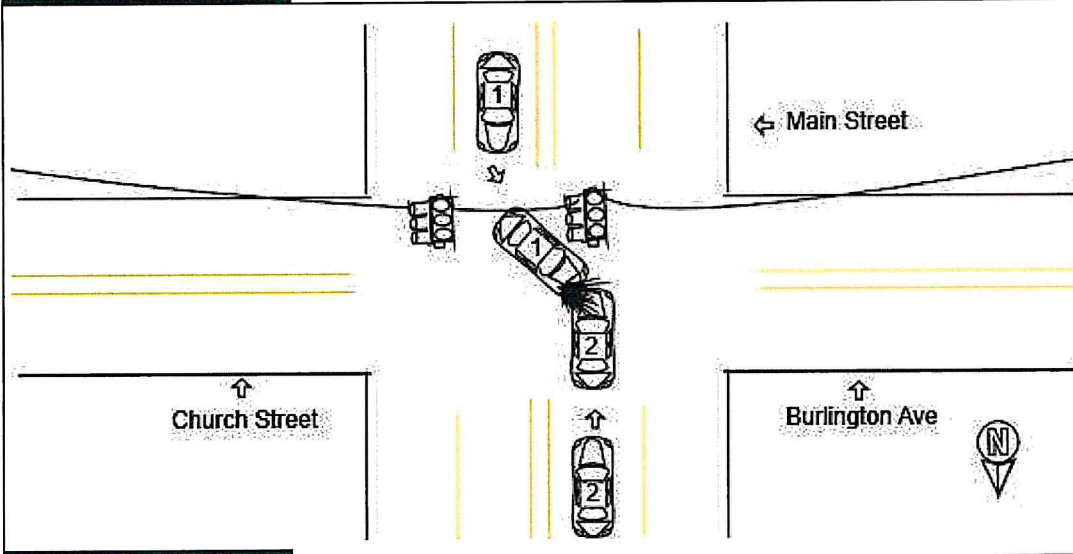
License # \_\_\_\_\_ S \_\_\_\_\_ DOB/Ag. \_\_\_\_\_ Reg # **3RGC25** Reg Type **PC** Reg State **MA**  
 Sex **M** Lic. Class  19  19 Lic. Restrictions  20 CDL \_\_\_\_\_ Veh Year **2014** Veh Make **HONDA** Veh Config.  1  21  
 Operator **ECA, ABWE** Owner **ECA, ABWE**  
 Address **450 LAWRENCE ST BLDG APT 1** Address **450 LAWRENCE ST BLDG APT 1**  
 City **LOWELL** State **MA** Zip **01852-3513** City **LOWELL** State **MA** Zip **01852-3513**  
 Insurance Company **ARBELLA MUTUAL INSURANCE** Vehicle Action Prior to Crash  1  22 Damaged Area Code:  1  27  27  27  
 Vehicle Travel Direction:  N  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:  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?  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
<b>Operator/Occupants</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>8</b>	<b>2</b>	Winchester Hospital

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

**Crash Diagram:**

ie: → 1    → 2    → O    → B



**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 traveling north On Main Street when it approached the intersection of Main and route 62 in the left turn lane and prepared to turn left onto Burlington Ave. According to the operator of vehicle 1, The light in front of her was a flashing yellow left turn arrow. The operator of vehicle 1 stated she did not see any vehicle in the opposite lane approaching and began to turn left. While vehicle 1 was turning, vehicle 2 was approaching the intersection heading south on Main street and was continuing straight. According to the operator of vehicle 2 his light was green and as he passed through the intersection, vehicle 2 suddenly turned in front of him and both cars collided with eachother. Both cars had front airbag deployment from the crash and the operator of vehicle 2 was transported to the hospital for a suspected minor injury. Both vehicles were disabled and were towed from the scene by A&S 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 Thomas Lawrenson**    **222**    **Wilmington Police Department**    **04/18/2024**  
 Police Officer Name (Please Print)    Signature    ID/Badge #    Department    Precinct/Barracks    Date