

Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 05/12/2024	Time of Crash 1212 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit <u>25</u>	Latitude _____	Longitude _____	State Police <input type="checkbox"/>	Local Police <input type="checkbox"/>	MBTA Police <input type="checkbox"/>	Campus Police <input type="checkbox"/>	Other: _____ <input type="checkbox"/>

AT INTERSECTION:	LOCATION	NOT AT INTERSECTION:
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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 # <u>195</u> Name of Roadway/Street <u>SALEM ST</u> _____ 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 _____
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Please Select One of the Following:	<input checked="" type="checkbox"/> Vehicle <u>16</u> #Occupants	<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped	Crash Report ID# 24-143-AC
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License # _____ DOB/Ag: _____ Sex <u>F</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL Endorsement _____ Operator <u>SAHD, CHRISTINA M</u> Address <u>80 STONEHILL RD</u> City <u>EAST LONGMEADOW</u> State <u>MA</u> Zip <u>01028-1367</u> Insurance Company <u>THE HANOVER INSURANCE COM</u> Vehicle Travel Direction: N S E 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 # <u>3896SA</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2020</u> Veh Make <u>TOYOTA</u> Veh Config. <u>2</u> <u>21</u> Owner <u>SAHD, CHRISTINA M</u> Address <u>80 STONEHILL RD</u> City <u>EAST LONGMEADOW</u> State <u>MA</u> Zip <u>01028-1367</u> Vehicle Action Prior to Crash <u>10</u> <u>22</u> Damaged Area Code: <u>5</u> <u>27</u> <u>27</u> <u>27</u> Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>28</u> Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u> Driver Contributing Code <u>14</u> <u>25</u> <u>25</u> BAC Test Result: <u>30</u> Driver Distracted by <u>5</u> <u>26</u> <u>26</u> Susp. Alcohol: <u>31</u> Susp. Drug: <u>2</u> <u>32</u> Towed from scene? <u>2</u> <u>33</u>
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Please fill out for operator and all occupants involved											
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above	XXXXXX	XXXX	<u>1</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>99</u>	<u>2</u>	Winchester Hospital
ERIC HEIDELMARK	80 STONEHILL RD EAST LONGMEADOW, MA 01028			<u>3</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	
				<u>7</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	
		05/16/2		<u>6</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	

Please Select One of the Following:	<input checked="" type="checkbox"/> Vehicle <u>1</u> #Occupants	<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped	<input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.
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License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL Endorsement _____ Operator _____ Address _____ City _____ State _____ Zip _____ Insurance Company _____ Vehicle Travel Direction: N S E W Responding to Emergency? _____ Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # <u>3896SA</u> Reg Type _____ Reg State _____ Veh Year _____ Veh Make _____ Veh Config. <u>21</u> Owner _____ Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash <u>22</u> Damaged Area Code: <u>27</u> <u>27</u> <u>27</u> Event Sequence <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>28</u> Most Harmful Event <u>24</u> Type of Test: <u>29</u> Driver Contributing Code <u>25</u> <u>25</u> BAC Test Result: <u>30</u> Driver Distracted by <u>26</u> <u>26</u> Susp. Alcohol: <u>31</u> Susp. Drug: <u>32</u> Towed from scene? <u>2</u> <u>33</u>
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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	XXXX	<u>1</u>							
				<u>4</u>	<u>3</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	
				<u>9</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	

AT INTERSECTION:	LOCATION	NOT AT INTERSECTION:
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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# <u>195</u> Direction _____ Address # <u>SALEM ST</u> Name of Roadway/Street _____ _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____ Mile Marker _____ Exit Number _____ _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____ _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____
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Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle <u>2</u> #Occupants <u>1</u> <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped	Crash Report ID# 24-143-AC
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License # _____ St _____ DOB/Age _____ Sex <u>F</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL _____ Operator <u>GILMARTIN, NANCY J</u> Address <u>19 MCDONALD RD</u> City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-3836</u> Insurance Company <u>LIBERTY MUTUAL INSURANCE</u> Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input type="checkbox"/> S <input 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 # <u>2HGR38</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2021</u> Veh Make <u>HONDA</u> Veh Config. <u>1</u> <u>21</u> Owner <u>GILMARTIN, NANCY J</u> Address <u>19 MCDONALD RD</u> City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-3836</u> Vehicle Action Prior to Crash <u>2</u> <u>22</u> Damaged Area Code: <u>1</u> <u>27</u> <u>27</u> <u>27</u> Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <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>30</u> Driver Distracted by <u>0</u> <u>26</u> <u>26</u> Susp. Alcohol: <u>31</u> Susp. Drug: <u>2</u> <u>32</u> Towed from scene? <u>2</u> <u>33</u>
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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	XX	1	1	4	0	0	10	1	

Please Select One of the Following: <input type="checkbox"/> Vehicle <u>4</u> #Occupants _____ <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped <input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.

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

Police Use Only			Commonwealth of Massachusetts				RMV Document Number								
Date of Crash 05/15/2024	Time of Crash 0744 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 1	Speed Limit <u>35</u>	Latitude _____	Longitude _____	State Police <input checked="" type="checkbox"/>	Local Police <input type="checkbox"/>	MBTA Police <input type="checkbox"/>	Campus Police <input type="checkbox"/>	Other: _____

AT INTERSECTION:	< LOCATION >	NOT AT INTERSECTION:
Route# _____ Direction _____ Name of Roadway/Street <u>MAIN ST</u> At _____ Route# _____ Direction _____ Name of Intersecting Roadway/Street <u>LAKE ST</u> Also at Intersection with _____ Route# _____ Direction _____ Name of Intersecting Roadway/Street	_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____ Mile Marker _____ Exit Number _____ _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____ _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____	

Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle <u>1</u> #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped	Crash Report ID# 24-144-AC
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License # _____ OB/Ag _____ Se: Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>B</u> <u>20</u> CDL Endorsement _____ Operator: _____ Last _____ Address: _____ City: _____ State _____ Zip _____ Insurance Company <u>THE COMMERCE INSURANCE CO</u> Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> E <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 # <u>4END77</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2015</u> Veh Make <u>GMC</u> Veh Config. <u>1</u> <u>21</u> Owner <u>THOMPSON, BRIAN KENNETH</u> Last First Middle Address <u>70 SQUIRE LN</u> City <u>TEWKSBURY</u> State <u>MA</u> Zip <u>01876-2646</u> Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>1</u> <u>27</u> <u>27</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>0</u> <u>29</u> Driver Contributing Code <u>5</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> <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 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										

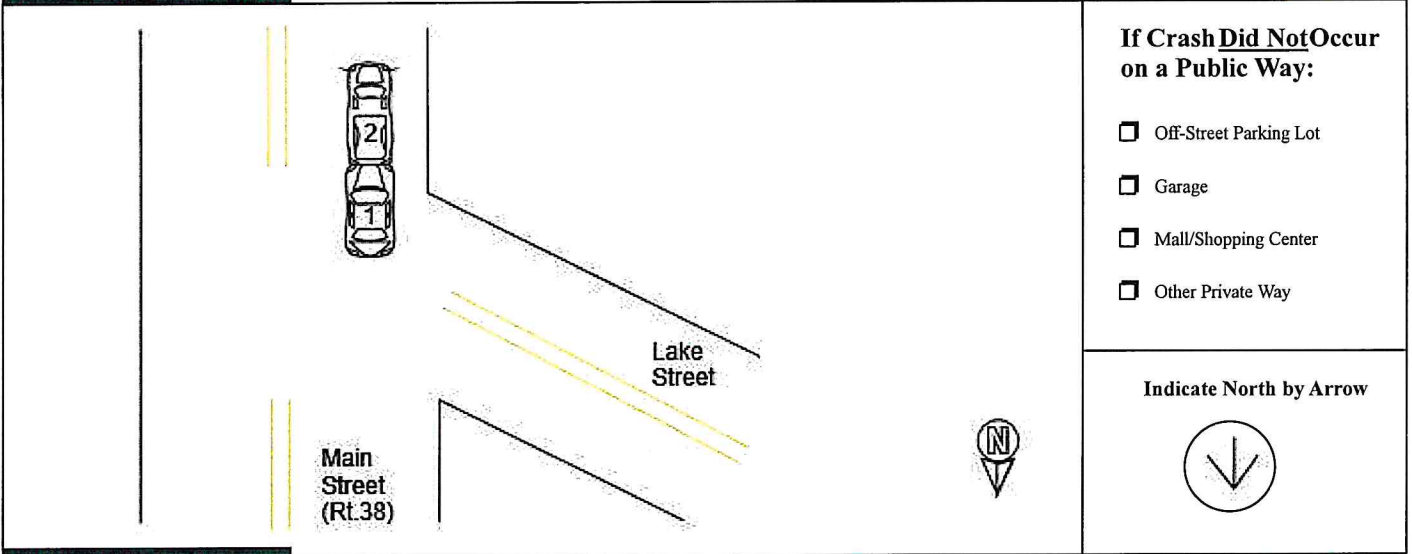
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle <u>2</u> #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped <input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.	
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License # _____ S _____ DOB/Age _____ Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL Endorsement _____ Operator <u>SALDARRIAGA, JUAN CAMILO</u> Last First Middle Address <u>166 PUTMAN ST APT 3</u> City <u>EAST BOSTON</u> State <u>MA</u> Zip <u>02128-1907</u> Insurance Company <u>TRAVELERS CASUALTY INSURA</u> Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> E <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 # <u>X80592</u> Reg Type <u>CO</u> Reg State <u>MA</u> Veh Year <u>2020</u> Veh Make <u>NISSAN</u> Veh Config. <u>2</u> <u>21</u> Owner <u>AMERICAN GUTTER CLEANING AND INSTALLATIONS IN</u> Last First Middle Address <u>1023 EAST ST</u> City <u>TEWKSBURY</u> State <u>MA</u> Zip <u>01876-1458</u> Vehicle Action Prior to Crash <u>2</u> <u>22</u> Damaged Area Code: <u>5</u> <u>27</u> <u>27</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>0</u> <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>0</u> <u>26</u> <u>26</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u> Towed from scene? <u>2</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
Operator/Occupants	See Above										
KEVIN CONTRERAS	11 WAVERLY ST EVERETT, MA 02149-2170		M	3	1	4	0	0	10	1	

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

Crash Diagram:



Crash Narrative:

Vehicle 2 was traveling south on Main Street. Traffic in front of vehicle 2 began to slow down, as did vehicle 2. Vehicle 1 rear ended vehicle 2. Operator of vehicle 1 said he observed vehicle 2 slowing last minute and attempted to stop but couldnt stop in time. No airbags were deployed. Vehicle 1 was towed by Cains Towing due to damage and leaking fluid. Vehcile 2 sustained heavy rear end damage but was drive away from the scene. All parites signed a medical refusal with the Wilmington Fire Department.

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

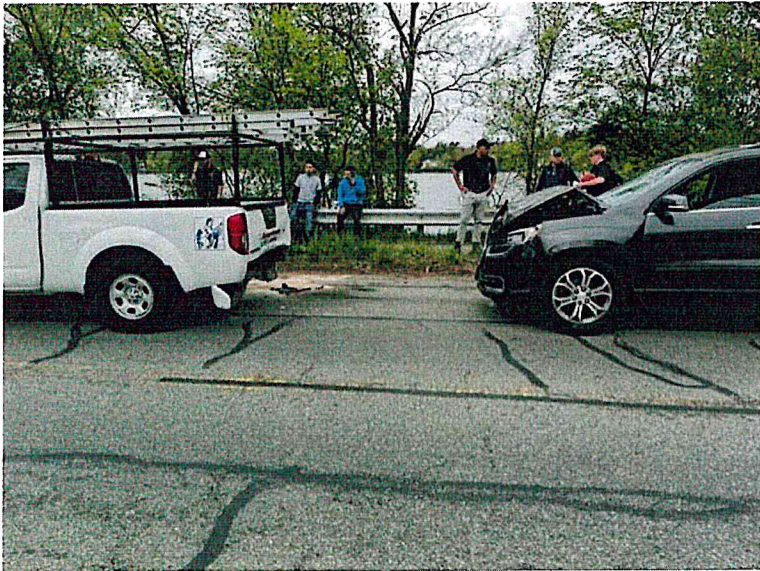
Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 46

Hazmat Information:

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

Patrol Officer Michael R DiLorenzo 217 Wilmington Police Department 05/15/2024
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Images Associated with 24-144-AC



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

<p>Route# _____ Direction _____ Name of Roadway/Street _____ At _____</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p>	<p>Route# _____ Direction _____ Address # 760 Name of Roadway/Street MAIN ST</p> <p>_____ Feet N S E W of _____ • _____ or _____ Mile Marker _____ Exit Number _____</p> <p>_____ Feet N S E W of _____ Route# _____ Intersecting Roadway/Street _____</p> <p>_____ Feet N S E W of _____ Landmark _____</p>
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Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped **Crash Report ID# 24-145-AC**

License _____ OB/Agt _____ Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement _____ Operator PEREIRA DOS REIS, JULIO CESAR Address 100 WINN ST City BURLINGTON State MA Zip 01803-3101 Insurance Company THE COMMERCE INSURANCE CO Vehicle Travel Direction: <input checked="" type="checkbox"/> S E W Responding to Emergency? 2 Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # 6CZC79 Reg Type PC Reg State MA Veh Year 2002 Veh Make TOYOTA Veh Config. 1 21 Owner PEREIRA DOS REIS, JULIO CESAR Address 100 WINN ST City BURLINGTON State MA Zip 01803-3101 Vehicle Action Prior to Crash 1 22 Damaged Area Code: 1 27 27 27 Event Sequence 1 23 23 23 23 Test Status: 1 28 Most Harmful Event 1 24 Type of Test: 29 Driver Contributing Code 19 25 25 BAC Test Result: 30 Driver Distracted by 0 26 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Towed from scene? 1 33
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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
Operator	See Above	XXXX	X	1	99	4	0	0	10	1	

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

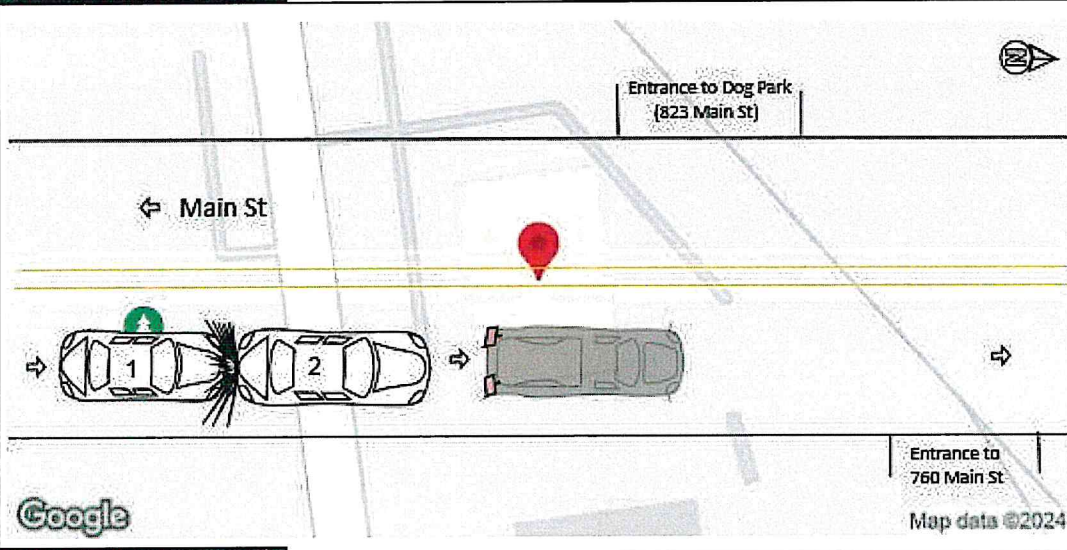
License _____ JOB/Agt _____ Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement _____ Operator MCNAMARA, ROBERT K Address 103 FOLLEN RD City LEXINGTON State MA Zip 02421-5918 Insurance Company THE COMMERCE INSURANCE CO Vehicle Travel Direction: <input checked="" type="checkbox"/> S E W Responding to Emergency? 2 Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # 21572 Reg Type PC Reg State MA Veh Year 2021 Veh Make MERCEDES-BENZ Veh Config. 1 21 Owner MCNAMARA, ROBERT K Address 103 FOLLEN RD City LEXINGTON State MA Zip 02421-5918 Vehicle Action Prior to Crash 1 22 Damaged Area Code: 5 27 27 27 Event Sequence 1 23 23 23 23 Test Status: 1 28 Most Harmful Event 1 24 Type of Test: 29 Driver Contributing Code 1 25 25 BAC Test Result: 30 Driver Distracted by 0 26 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Towed from scene? 2 33
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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
Operator/Occupants	See Above	XXXX	X	1	99	4	0	0	10	1	

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

ie: → [1] → [2] → ○ → 🚲

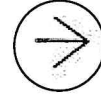
Crash Diagram:



If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow



Crash Narrative:

VEHICLES WERE TRAVELING NORTH ON MAIN ST/RT 38 IN WILMINGTON. IN THE AREA OF 760 MAIN STREET, A WHITE PICK-UP TRUCK TRAVELING IN FRONT OF MV2 CAME TO A STOP TO TAKE A TURN. MV2 CAME TO A STOP. MV1 DID NOT STOP, AND COLLIDED WITH THE REAR OF MV2. MV1 SUSTAINED DAMAGE TO ITS WHOLE FRONT END, MV2 SUSTAINED DAMAGE TO ITS REAR. MV1 WAS TOWED FROM THE SCENE. NO AIRBAGS DEPLOYED, NO INJURIES REPORTED.

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use [42]

Address _____ City _____ St _____ Zip _____

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

Interstate [43] Cargo Body Type Code [44] GVWR/GCWR [45]

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

Hazmat Information:

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

Patrol Officer Kayla M Hanson 230 Wilmington Police Department 05/15/2024
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Images Associated with 24-145-AC



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# <u>36</u> Direction _____ Address # <u>EVERETT AVE</u> Name of Roadway/Street _____</p> <p>_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Mile Marker _____ or _____ Exit Number _____</p> <p>_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____</p> <p>_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____</p>
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Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped | Crash Report ID# **24-146-AC**

<p>License # _____ S: _____ DOB/Ag: _____</p> <p>Sex <u>M</u> Lic. Class <u>A</u> <u>19</u> <u>19</u> Lic. Restrictions <u>B</u> <u>20</u> CDL <u>T</u> Endorsement _____</p> <p>Operator <u>CONNOR, MICHAEL E</u></p> <p>Address <u>161 BLAKE RD</u></p> <p>City <u>EPPING</u> State <u>NH</u> Zip <u>03042</u></p> <p>Insurance Company <u>SELF - ABF FREIGHT SYSTEM</u></p> <p>Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u></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 # <u>3CE520</u> Reg Type <u>AP</u> Reg State <u>OK</u></p> <p>Veh Year <u>2018</u> Veh Make _____ Veh Config. <u>8</u> <u>21</u></p> <p>Owner <u>ABF FREIGHT SYSTEM INC</u></p> <p>Address <u>PO BOX 10048</u></p> <p>City <u>FORT SMITH</u> State <u>AR</u> Zip <u>72917-0048</u></p> <p>Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>0</u> <u>27</u> <u>27</u> <u>27</u></p> <p>Event Sequence <u>97</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u></p> <p>Most Harmful Event <u>97</u> <u>24</u> Type of Test: <u>29</u></p> <p>Driver Contributing Code <u>19</u> <u>25</u> <u>25</u> BAC Test Result: <u>30</u></p> <p>Driver Distracted by <u>0</u> <u>26</u> <u>26</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u></p> <p>Towed from scene? <u>2</u> <u>33</u></p>
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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
Operator	See Above	XXXX	XX	1	99	4	0	0	10	1	

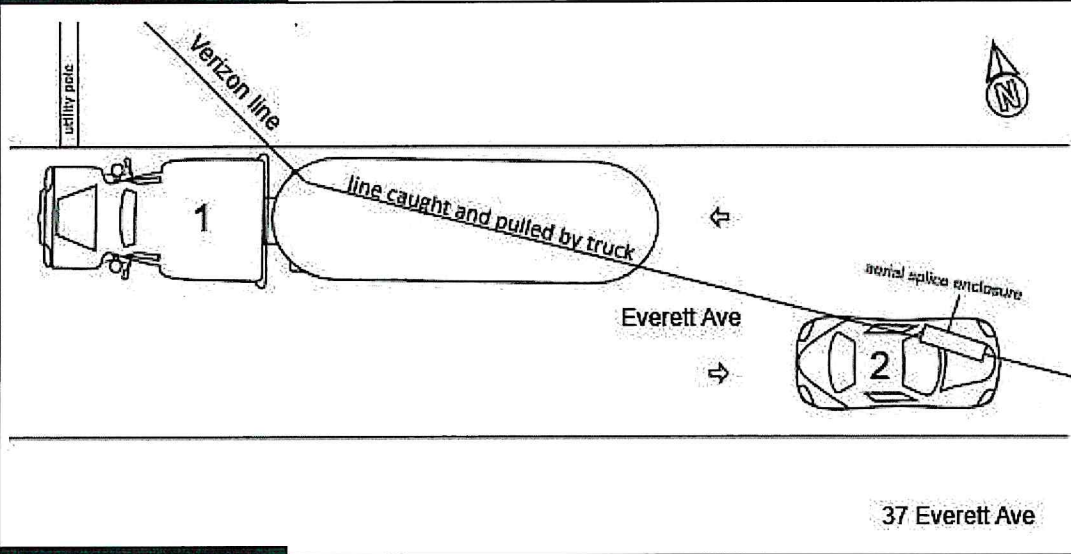
Please Select One of the Following: Vehicle 2 #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section.

<p>License # _____ S: _____ DOB/Ag: _____</p> <p>Sex <u>F</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions _____ CDL _____ Endorsement _____</p> <p>Operator <u>MEREDITH, LINDSAY E</u></p> <p>Address <u>47 ARGILLA RD</u></p> <p>City <u>ANDOVER</u> State <u>MA</u> Zip <u>01810-4750</u></p> <p>Insurance Company <u>NORFOLK & DEDHAM MUTUAL F</u></p> <p>Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input checked="" type="checkbox"/> W Responding to Emergency? <u>2</u></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 # <u>8DR815</u> Reg Type <u>PC</u> Reg State <u>MA</u></p> <p>Veh Year <u>2013</u> Veh Make <u>TOYOTA</u> Veh Config. <u>1</u> <u>21</u></p> <p>Owner <u>MEREDITH, LINDSAY E</u></p> <p>Address <u>47 ARGILLA RD</u></p> <p>City <u>ANDOVER</u> State <u>MA</u> Zip <u>01810-4750</u></p> <p>Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>97</u> <u>27</u> <u>27</u> <u>27</u></p> <p>Event Sequence <u>97</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u></p> <p>Most Harmful Event <u>97</u> <u>24</u> Type of Test: <u>29</u></p> <p>Driver Contributing Code <u>1</u> <u>25</u> <u>25</u> BAC Test Result: <u>30</u></p> <p>Driver Distracted by <u>0</u> <u>26</u> <u>26</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u></p> <p>Towed from scene? <u>2</u> <u>33</u></p>
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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
Operator/Occupants	See Above	XXXX	XX	1	99	4	0	0	10	1	

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:

MV1 WAS TRAVELING WEST ON EVERETT AVE. MV2 WAS TRAVELING EAST ON EVERETT AVE. MV1 IS A TT UNIT, TOO TALL TO CLEAR THE UTILITY LINES. A VERIZON LINE WAS CAUGHT BY THE CORNER OF THE TRAILER AND PULLED, PULLING THE LINE DOWN. THE LINE HAD AN AERIAL SPLICE ENCLOSURE, WHICH FELL ONTO MV2 WHILE IT WAS IN TRAVEL. NO INJURIES REPORTED. NO AIRBAGS DEPLOYED. NO TOWS. RMLD AND VERIZON NOTIFIED. FIBER CABLE TO #37 EVERETT NEEDS REPAIR.

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 # 3CE520 (From Vehicle Section)

Carrier Name _____ Bus Use 42
 Address 1117 E GRAND BLVD City OKLAHOMA CITY St OK Zip 73129
 US DOT #: 082866 State Number _____ Issuing State OK MC/MX/ICC #: _____
 Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45
 Trailer Reg #: 8891LV Reg Type TL Reg State OK Reg Year 2017 Trailer Length 46

Hazmat Information:

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

Patrol Officer Kayla M Hanson 230 Wilmington Police Department 05/15/2024
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 05/17/2024	Time of Crash 0600 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 1	Number Injured 0	Speed Limit 30	State Police <input type="checkbox"/>	Local Police <input type="checkbox"/>	MBTA Police <input type="checkbox"/>	Campus Police <input type="checkbox"/>	Other: <input type="checkbox"/>

AT INTERSECTION:	< LOCATION >	NOT AT INTERSECTION:
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<p>1 <u>WOBURN ST</u></p> <p>Route# _____ Direction _____ Name of Roadway/Street _____</p> <p style="text-align: center;">At</p> <p>1 <u>EAMES ST</u></p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p> <p style="text-align: center;">Also at Intersection with</p> <p>2 <u>_____</u></p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p>	<p>2 <u>_____</u></p> <p>Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____</p> <p>_____ Feet N S E W of _____ • _____ or _____</p> <p style="text-align: center;">Mile Marker _____ Exit Number _____</p> <p>1 <u>_____</u></p> <p>_____ Feet N S E W of _____</p> <p>_____ Feet N S E W of _____</p> <p style="text-align: center;">Route# _____ Intersecting Roadway/Street _____</p> <p style="text-align: center;">Landmark _____</p>
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Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 1 #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped	Crash Report ID# 24-147-AC
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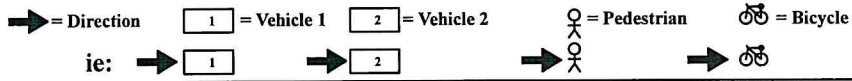
License # _____ St _____ DOB/Age _____ Sex M Lic. Class 99 19 19 Lic. Restrictions 99 20 CDL _____ Operator GILLES, JUNIOR Address 4 REGENT PL APT 1 City LYNN State MA Zip 01905-2315 Insurance Company ARBELLA MUTUAL INSURANCE Vehicle Travel Direction: <input checked="" type="checkbox"/> S E W Responding to Emergency? 2 Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # 4VKH48 Reg Type PC Reg State MA Veh Year 2002 Veh Make TOYOTA Veh Config. 1 21 Owner GILLES, JUNIOR Address 4 REGENT PL APT 1 City LYNN State MA Zip 01905-2315 Vehicle Action Prior to Crash 1 22 Damaged Area Code: 1 27 8 27 10 27 Event Sequence 35 23 23 23 23 Test Status: 1 28 Most Harmful Event 35 24 Type of Test: 0 29 Driver Contributing Code 12 25 25 BAC Test Result: 1 30 Driver Distracted by 99 26 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Towed from scene? 1 33
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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
Operator	See Above			1	99	4	0	0	10	1	
ENOCK GILLES	4 REGENT PL LYNN, MA 01901		M	3	99	4	0	0	10	1	

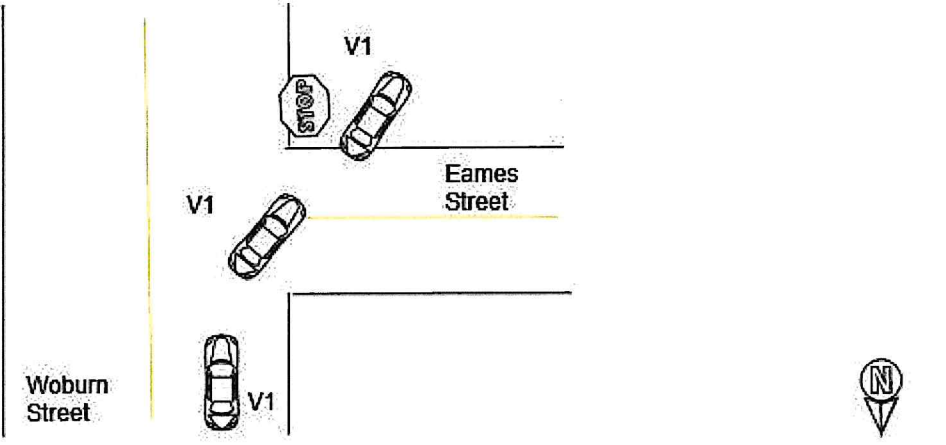
Please Select One of the Following: <input type="checkbox"/> Vehicle 2 #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped <input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.

License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class 19 19 Lic. Restrictions 20 CDL _____ Operator _____ Address _____ City _____ State _____ Zip _____ Insurance Company _____ Vehicle Travel Direction: <input type="checkbox"/> N S E W Responding to Emergency? _____ Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # _____ Reg Type _____ Reg State _____ Veh Year _____ Veh Make _____ Veh Config. 21 Owner _____ Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 22 Damaged Area Code: 27 27 27 Event Sequence 23 23 23 23 Test Status: 28 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 Towed from scene? 33
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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
Operator/Occupants	See Above			1							



Crash Diagram:



If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow



Crash Narrative:

On Firday May 17, 2024 at approximately 6:00am I, Officer Fortes was dispatched to a single car motor vehicle crash on the corner of Eames Street and Woburn Street. Upon arrival I observed V1 crashed off the roadway on a small rock wall. I was able to identify Op1 from his Haitian drivers license. Op1 stated he was turning onto Eames Street from Woburn Street and while on Eames Street a black sedan was driving towards him in his lane of travel so he had to swearve across the opposite lane of travel to avoid it and crashed off the roadway. A witness was on scene and he stated he saw V1 traveling down Woburn Street and make the turn on to Eames, stating he lost control and crashed off the roadway. This witness stated there was no other vehicle involved in this crash. Op1 and his passenger both declined medical attention and refused to sign the refusal form in my presence. V1 was towed by Forest Towing and brought back to their yard.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
MCLOD BYRON	80 DOWNES AVE PAWTUCKET RI 02861		

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 John A Fortes 228 Wilmington Police Department 05/17/2024
Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Images Associated with 24-147-AC



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

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

96 **MAIN ST**
 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 Vulnerable User Complete the Vulnerable User section.
 Crash Report ID# **24-148-AC**

License # _____ St _____ DOB/Age _____ Reg # **J84255** Reg Type **CO** Reg State **MA**
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL _____ Veh Year **2017** Veh Make **DODGE** Veh Config. **2** 21
 Operator **PIPER, ETHAN JOSEPH** Owner **TECH MECHANICAL SYSTEMS INC**
 Last First Middle Last First Middle
 Address **21 2ND AVE APT 1** Address **420 WEST ST**
 City **LEOMINSTER** State **MA** Zip **01453-4786** City **WEST BRIDGEWATER** State **MA** Zip **02379-1015**
 Insurance Company **ARBELLA PROTECTION INSURA** Vehicle Action Prior to Crash **4** 22 Damaged Area Code: 2 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 **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
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 # _____ S _____ DOB/Age _____ Reg # **4FAV65** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL _____ Veh Year **2020** Veh Make **CHEVROLET** Veh Config. **1** 21
 Operator **MORRISON, CHARLES A** Owner **MORRISON, CHARLES A**
 Last First Middle Last First Middle
 Address **5 CHAMPION ST** Address **5 CHAMPION ST**
 City **TEWKSBURY** State **MA** Zip **01876-3901** City **TEWKSBURY** State **MA** Zip **01876-3901**
 Insurance Company **USAA GENERAL INDEMNITY CO** Vehicle Action Prior to Crash **9** 22 Damaged Area Code: 8 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 **3** 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

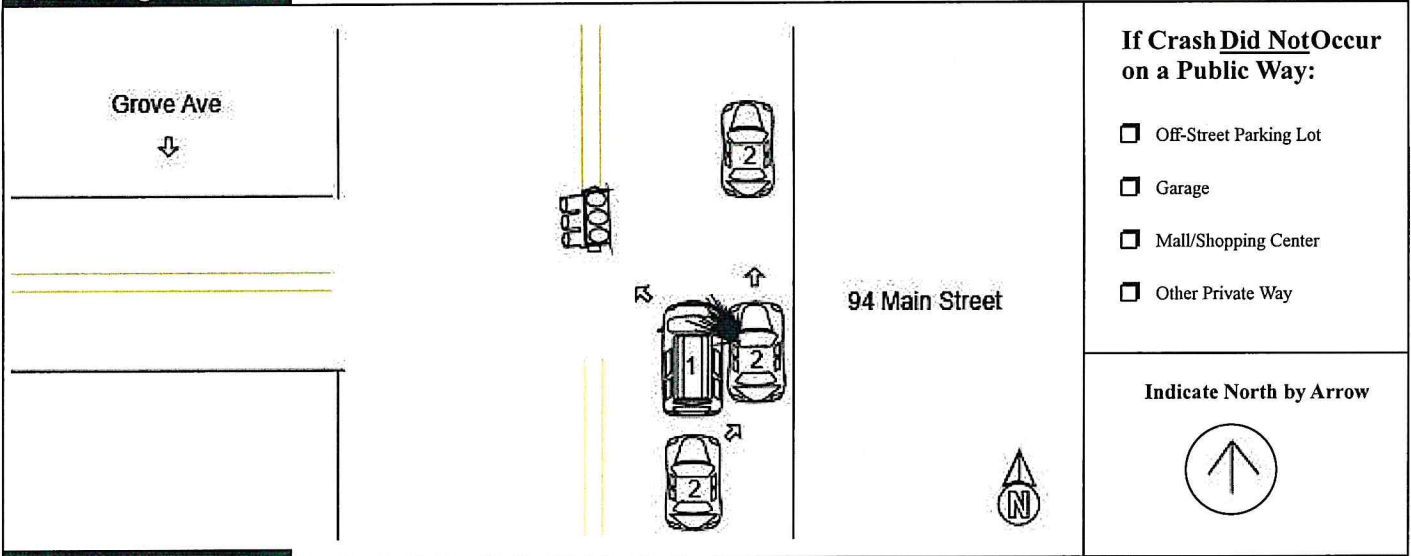
Please fill out for operator and all occupants involved

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/Occupants	See Above	XXXXXX	XXXX	1	1	4	0	0	10	1	

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

Crash Diagram:

ie: → 1 → 2 → →



Crash Narrative:

Vehicle 1 was traveling north on Main street when it came to a stop at the intersection of Main Street and Grove Ave preparing to turn left. Vehicle 2 was traveling in the same direction when it pulled up behind vehicle 1. When the light at the intersection had turned green vehicle 1 had not yet turned onto Grove Ave as the operator saw oncoming traffic coming further up the road and decided to wait. Vehicle 2 attempted to pass vehicle 1 on the right side but due to there close proximity there side mirrors had collided damaging the glass as well pieces from the car that had fell off as a result. Neither party was injured and both vehicles were still in drivable condition after the 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/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 I digit # 48 Material Name _____ Material 4 digit # _____ Release code 49

Patrol Officer Thomas Lawrenson 222 **Wilmington Police Department** 05/17/2024
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date