

**Police Use Only**

Date of Crash: 06/24/2024  
 Time of Crash: 1622  
 City/Town: **Wilmington**  
 24HR

Number Vehicles: **1**  
 Number Injured: **0**

Speed Limit: **35**  
 Latitude: \_\_\_\_\_  
 Longitude: \_\_\_\_\_

State Police   
 Local Police   
 MBTA Police   
 Campus Police   
 Other:

**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 # **87** Name of Roadway/Street **NICHOLS ST**

\_\_\_\_\_ 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# **24-184-AC**

License # \_\_\_\_\_ St \_\_\_\_\_ DOB/Age \_\_\_\_\_  
 Sex **M** Lic. Class **D** Lic. Restrictions **20** CDL \_\_\_\_\_  
 Operator **ARIAS, RICHARD S**  
 Address **225 ANDOVER ST**  
 City **LAWRENCE** State **MA** Zip **01843-2212**  
 Insurance Company **OLD REPUBLIC INSURANCE CO**  
 Vehicle Travel Direction: **N 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 # **V92344** Reg Type **CO** Reg State **MA**  
 Veh Year **2020** Veh Make **Other-not listed** Veh Config. **8 21**  
 Owner **AMAZON LOGISTICS INC**  
 Address **410 TERRY N AVE**  
 City **SEATTLE** State **WA** Zip **98109-5210**  
 Vehicle Action Prior to Crash **10 22** Damaged Area Code: **0 27 27 27**  
 Event Sequence **31 23 23 23 23** Test Status: **1 28**  
 Most Harmful Event **31 24** Type of Test: **0 29**  
 Driver Contributing Code **6 25 25** BAC Test Result: **1 30**  
 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			<b>1</b>	<b>0</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 # \_\_\_\_\_ St \_\_\_\_\_ DOB/Age \_\_\_\_\_  
 Sex \_\_\_\_\_ Lic. Class \_\_\_\_\_ Lic. Restrictions **20** CDL \_\_\_\_\_  
 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 \_\_\_\_\_

Please fill out for operator and all occupants involved											
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator/Occupants</b>	See Above			<b>1</b>							



Wilmington Police Department  
Images Associated with 24-184-AC



**Commonwealth of Massachusetts**

**Motor Vehicle Crash Police Report**

RMV Document Number 0800

Police Use Only

Date of Crash: 06/25/2024 Time of Crash: 1305 City/Town: **Wilmington**

Number Vehicles: 2 Number Injured: 0 Speed Limit: 30 State Police:  Local Police:  MBTA Police:  Campus Police:  Other:

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

Route# Direction Name of Roadway/Street: **62 E 187 MIDDLESEX AVE**

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 \_\_\_\_\_

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

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

Route# Intersecting Roadway/Street: **NICHOLS FUNERAL HOME**

Landmark \_\_\_\_\_

Please Select One of the Following:  Vehicle 12 #Occupants  Hit/Run  Moped

Crash Report ID# **24-185-AC**

License # \_\_\_\_\_ St. \_\_\_\_\_ DOB/Age \_\_\_\_\_ Reg # **3WPX97** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** Lic. Restrictions **1** CDL Endorsement \_\_\_\_\_ Veh Year **2019** Veh Make **Jeep** Veh Config. **1**

Operator **VICTOR, DANIELLE K** Owner **VICTOR, GABRIELLE A**

Address **4 LORING RD** Address **4 LORING RD**

City **METHUEN** State **MA** Zip **01844-7710** City **METHUEN** State **MA** Zip **01844-7710**

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

Vehicle Travel Direction:  N  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: **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			<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	
<b>ELIZABETH VICTOR</b>	4 LORING RD METHUEN, MA 01844-7710		<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 # \_\_\_\_\_ St. \_\_\_\_\_ DOB/Age \_\_\_\_\_ Reg # **P25332** Reg Type **CO** Reg State **MA**

Sex **M** Lic. Class **D** Lic. Restrictions **1** CDL Endorsement \_\_\_\_\_ Veh Year **2020** Veh Make **GMC** Veh Config. **2**

Operator **OUELLETTE, PETER RAYMOND** Owner **MAROIS BROTHERS INC**

Address **221 PHILLIPSTON RD** Address **115 BLACKSTONE RIVER RD**

City **BARRE** State **MA** Zip **01005-9434** City **WORCESTER** State **MA** Zip **01607-1491**

Insurance Company **THE CONTINENTAL INSURANCE** Vehicle Action Prior to Crash **1** Damaged Area Code: **1 27 27 27**

Vehicle Travel Direction:  N  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 **19 25 5 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

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator/Occupants</b>	See Above			<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	



<b>Police Use Only</b>			<b>Commonwealth of Massachusetts</b>				<b>RMV Document Number</b>								
Date of Crash 06/27/2024	Time of Crash 1251 24HR	City/Town <b>Wilmington</b>	<b>Motor Vehicle Crash Police Report</b>			Number Vehicles 1	Number Injured 0	Speed Limit <u>20</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"/>

<b>AT INTERSECTION:</b>			<b>&lt; LOCATION &gt;</b>	<b>NOT AT INTERSECTION:</b>			
Route# _____	Direction _____	Name of Roadway/Street _____		Route# _____	Direction _____	Address # <u>194</u>	Name of Roadway/Street <u>CHESTNUT ST</u>
At _____				_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____			
Route# _____	Direction _____	Name of Intersecting Roadway/Street _____		Mile Marker _____ Exit Number _____			
Also at Intersection with _____				_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____			
Route# _____	Direction _____	Name of Intersecting Roadway/Street _____		Route# _____ Intersecting Roadway/Street _____			
				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# <b>24-187-AC</b>
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License # _____ St. _____ DOB/Age _____	Reg # <u>5304569</u>	Reg Type <u>PC</u>	Reg State <u>NH</u>
Sex <u>F</u> Lic. Class <u>D</u> Lic. Restrictions <u>1</u> <u>20</u> CDL _____	Veh Year <u>2020</u>	Veh Make <u>FORD</u>	Veh Config. <u>1</u> <u>21</u>
Operator <u>COOKE, DOROTHY A</u>	Owner <u>COOKE, DOROTHY A</u>		
Address <u>30 HAMPSHIRE DR</u>	Address <u>30 HAMPSHIRE DR</u>		
City <u>DERRY</u> State <u>NH</u> Zip <u>03038</u>	City <u>DERRY</u> State <u>NH</u> Zip <u>03038</u>		
Insurance Company _____	Vehicle Action Prior to Crash <u>1</u> <u>22</u>	Damaged Area Code: <u>2</u> <u>27</u> <u>3</u> <u>27</u> <u>27</u>	
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u>	Event Sequence <u>35</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u>	Test Status: <u>2</u> <u>28</u>	
Citation # (If Issued) <u>737207AC</u>	Most Harmful Event <u>35</u> <u>24</u>	Type of Test: <u>2</u> <u>29</u>	
Viol. 1: Ch/Sec/Sub <u>90</u> <u>24</u> Viol. 2: Ch/Sec/Sub <u>90</u> <u>24</u>	Driver Contributing Code <u>97</u> <u>25</u> <u>25</u>	BAC Test Result: <u>1</u> <u>30</u>	
Viol. 3: Ch/Sec/Sub <u>89</u> <u>4A</u> Viol. 4: Ch/Sec/Sub _____	Driver Distracted by <u>0</u> <u>26</u> <u>26</u>	Susp. Alcohol: <u>1</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u>	
		Towed from scene? <u>1</u> <u>33</u>	

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			<u>1</u>	<u>99</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	

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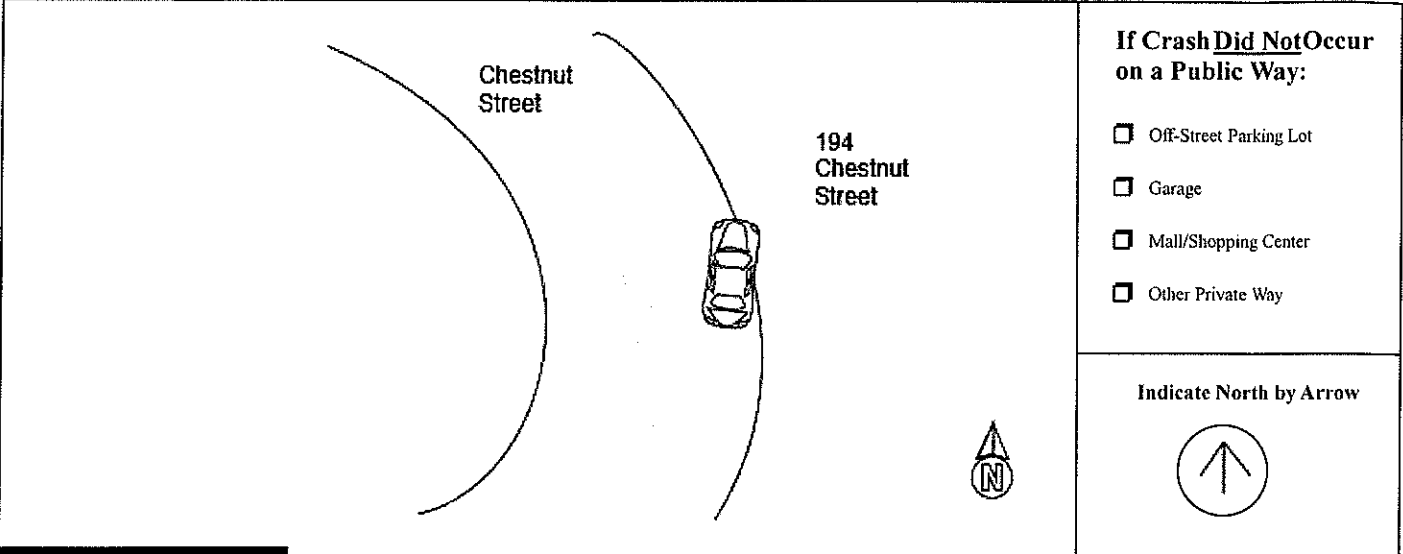
License # _____ St. _____ DOB/Age _____	Reg # _____	Reg Type _____	Reg State _____
Sex _____ Lic. Class _____ Lic. Restrictions <u>20</u> CDL _____	Veh Year _____	Veh Make _____	Veh Config. <u>21</u>
Operator _____	Owner _____		
Address _____	Address _____		
City _____ State _____ Zip _____	City _____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

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			<u>1</u>							

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

**Crash Diagram:**

ie: → 1 → 2 → ○ → 🚲



**Crash Narrative:**

Vehicle was traveling north on Chestnut Street when it left the roadway to the right side striking the rocks in the front yard of 194 Chestnut Street. No airbags were deployed. Operator reported no injuries. Vehicle had both passenger side tires flat. The front right axel was snapped and the tire was bent backwards. Vehicle was towed by Forrest Towing.

**Witnesses:**

Name (Last,First,Middle)	Address	Phone #	Statement
ROONEY RANEE M	419 CHESTNUT ST WILMINGTON MA 01887-3317		

**Property Damage:**

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
BERNARDO HENRY P	194 CHESTNUT ST WILMINGTON MA 0188		97	MULCH BED/ROCK WALL

**Truck and Bus Information:**

Registration # \_\_\_\_\_ (From Vehicle Section)

Carrier Name \_\_\_\_\_ Bus Use  42

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

US DOT #: \_\_\_\_\_ State Number \_\_\_\_\_ Issuing State \_\_\_\_\_ MC/MX/ICC #: \_\_\_\_\_

Interstate  43    Cargo Body Type Code  44    GVWR/GCWR  45

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

**Hazmat Information:**

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

<b>Police Use Only</b>		<b>Commonwealth of Massachusetts</b>				<b>RMV Document Number</b>		
Date of Crash 06/27/2024	Time of Crash 1912 24HR	City/Town <b>Wilmington</b>	<b>Motor Vehicle Crash Police Report</b>		Number Vehicles 2	Number Injured 0	Speed Limit <u>30</u> Latitude _____ Longitude _____	State Police Local Police MBTA Police Campus Police Other _____

<b>AT INTERSECTION:</b>		<b>&lt; LOCATION &gt;</b>	<b>NOT AT INTERSECTION:</b>	
Route# _____ Direction _____	Name of Roadway/Street _____		Route# <u>46</u> Direction _____	Name of Roadway/Street <u>CUNNINGHAM ST</u>
At _____			_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____	_____ Mile Marker _____ Exit Number _____
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 _____	Route# _____ Intersecting Roadway/Street _____
Also at Intersection with _____			_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____	_____ Landmark _____
Route# _____ Direction _____	Name of Intersecting Roadway/Street _____			

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

Crash Report ID# **24-188-AC**

License # _____ St. _____ DOB/Ag _____	Reg # <u>6TK812</u> Reg Type <u>PC</u> Reg State <u>MA</u>
Sex <u>M</u> Lic. Class <u>D</u> Lic. Restrictions <u>20</u> CDL Endorsement _____	Veh Year <u>2020</u> Veh Make <u>CHEVROLET</u> Veh Config. <u>1</u> <u>21</u>
Operator <u>MITCHELL, BRIAN J</u> Last First Middle	Owner <u>MITCHELL, BRIAN J</u> Last First Middle
Address <u>3 PILCHER DR</u>	Address <u>3 PILCHER DR</u>
City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-4008</u>	City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-4008</u>
Insurance Company <u>PROGRESSIVE CASUALTY INSU</u>	Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>2</u> <u>27</u> <u>27</u> <u>27</u>
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u>	Event Sequence <u>2</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u>
Citation # (If Issued) _____	Most Harmful Event <u>2</u> <u>24</u> Type of Test: <u>1</u> <u>29</u>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	BAC Test Result: <u>1</u> <u>30</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Contributing Code <u>19</u> <u>25</u> <u>25</u> Driver Distracted by <u>7</u> <u>26</u> <u>26</u> Towed from scene? <u>2</u> <u>33</u>

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			<u>1</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:**  Vehicle 20 #Occupants  Hit/Run  Moped  Vulnerable User Complete the Vulnerable User section.

License # _____ St. _____ DOB/Ag _____	Reg # <u>183XX8</u> Reg Type <u>PC</u> Reg State <u>MA</u>
Sex _____ Lic. Class _____ Lic. Restrictions <u>20</u> CDL Endorsement _____	Veh Year <u>2022</u> Veh Make <u>SUBARU</u> Veh Config. <u>1</u> <u>21</u>
Operator <u>Driverless M.V.</u> Last First Middle	Owner <u>MATHER, MELISSA JEAN</u> Last First Middle
Address _____	Address <u>6 LINCOLN ST</u>
City _____ State _____ Zip _____	City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-2548</u>
Insurance Company <u>LIBERTY MUTUAL INSURANCE</u>	Vehicle Action Prior to Crash <u>11</u> <u>22</u> Damaged Area Code: <u>6</u> <u>27</u> <u>27</u> <u>27</u>
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</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>
Citation # (If Issued) _____	Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>1</u> <u>29</u>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	BAC Test Result: <u>1</u> <u>30</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Contributing Code <u>1</u> <u>25</u> <u>25</u> Driver Distracted by <u>0</u> <u>26</u> <u>26</u> Towed from scene? <u>2</u> <u>33</u>

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			<u>1</u>	<u>0</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	





<b>Police Use Only</b>			<b>Commonwealth of Massachusetts</b>				<b>RMV Document Number</b>								
Date of Crash 06/28/2024	Time of Crash 0038 24HR	City/Town <b>Wilmington</b>	<b>Motor Vehicle Crash Police Report</b>			Number Vehicles 1	Number Injured 1	Speed Limit <u>20</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"/>

<b>AT INTERSECTION:</b>			<b>&lt; LOCATION &gt;</b>	<b>NOT AT INTERSECTION:</b>		
Route# _____ Direction _____ Name of Roadway/Street _____			Route# _____ Direction _____ Address # <u>375</u> Name of Roadway/Street <u>BALLARDVALE ST</u>			
At _____			_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____			
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			Mile Marker _____ Exit Number _____			
Also at Intersection with _____			_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____			
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			Route# _____ Intersecting Roadway/Street _____			
			Landmark _____			

Please Select One of the Following:  Vehicle 1 Occupants  Hit/Run  Moped  Vulnerable User

Crash Report ID# **24-189-AC**

License # _____ St _____ DOB/Ag _____	Reg # <u>5HDF54</u> Reg Type <u>PC</u> Reg State <u>MA</u>
Sex <u>M</u> Lic. Class <u>D</u> Lic. Restrictions <u>1</u> CDL _____	Veh Year <u>2015</u> Veh Make <u>VOLKSWAGEN</u> Veh Config. <u>1</u>
Operator <u>POLISKY, AUSTIN JAMES</u>	Owner <u>POLISKY, AUSTIN JAMES</u>
Address <u>3303 TECH VALLEY DR</u>	Address <u>3303 TECH VALLEY DR</u>
City <u>WESTFORD</u> State <u>MA</u> Zip <u>01886-2954</u>	City <u>WESTFORD</u> State <u>MA</u> Zip <u>01886-2954</u>
Insurance Company <u>USAA GENERAL INDEMNITY CO</u>	Vehicle Action Prior to Crash <u>1</u>
Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u>	Damaged Area Code: <u>11</u> <u>27</u> <u>27</u> <u>27</u>
Citation # (If Issued) _____	Event Sequence <u>21</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Most Harmful Event <u>21</u> <u>24</u>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Contributing Code <u>17</u> <u>25</u> <u>99</u> <u>25</u>
	Driver Distracted by <u>99</u> <u>26</u> <u>26</u>

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>		<del>XXXXXX</del>	<del>XXXX</del>	1	1	3	0	0	8	2	Lahey Clinic

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

License # _____ St _____ DOB/Ag _____	Reg # _____ Reg Type _____ Reg State _____
Sex _____ Lic. Class _____ Lic. Restrictions <u>20</u> CDL _____	Veh Year _____ Veh Make _____ Veh Config. <u>21</u>
Operator _____	Owner _____
Address _____	Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Insurance Company _____	Vehicle Action Prior to Crash <u>22</u>
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____	Damaged Area Code: <u>27</u> <u>27</u> <u>27</u>
Citation # (If Issued) _____	Event Sequence <u>23</u> <u>23</u> <u>23</u> <u>23</u>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Most Harmful Event <u>24</u>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Contributing Code <u>25</u> <u>25</u>
	Driver Distracted by <u>26</u> <u>26</u>

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>		<del>XXXXXX</del>	<del>XXXX</del>	1							





Wilmington Police Department  
Images Associated with 24-189-AC





Wilmington Police Department  
Images Associated with 24-189-AC



<b>Police Use Only</b>	Date of Crash 06/28/2024	Time of Crash 1629 24HR	City/Town <b>Wilmington</b>	<b>Motor Vehicle Crash Police Report</b>	Number Vehicles 1	Number Injured 0	Speed Limit <u>20</u>	Latitude _____	Longitude _____	<input type="checkbox"/> State Police <input checked="" type="checkbox"/> Local Police <input type="checkbox"/> MBTA Police <input type="checkbox"/> Campus Police <input type="checkbox"/> Other: _____
<b>AT INTERSECTION:</b>			<b>&lt; LOCATION &gt;</b>		<b>NOT AT INTERSECTION:</b>					
Route# _____ Direction _____ Name of Roadway/Street _____			Route# _____ Direction _____ Address # <u>67</u> Name of Roadway/Street <u>CHESTNUT ST</u>							
At _____			Feet <u>N S E W</u> of _____ or _____							
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			Mile Marker _____ Exit Number _____							
Also at Intersection with _____			Feet <u>N S E W</u> of _____		Route# _____ Intersecting Roadway/Street _____					
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			Feet <u>N S E W</u> of _____		Landmark _____					

Please Select One of the Following:  Vehicle 1 #Occupants  Hit/Run  Moped  Vulnerable User

Crash Report ID# **24-190-AC**

License # _____ S _____ DOB/Age _____ Sex _____ Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL _____ Endorsement _____ Operator _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Insurance Company <u>QUINCY MUTUAL FIRE INSURA</u>	Reg # <u>3ZLT75</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2016</u> Veh Make <u>NISSAN</u> Veh Config. <u>1</u> <u>21</u> Owner <u>TAYLOR, COLE RICHARD</u> Last _____ First _____ Middle _____ Address <u>3 KNOWLES DR</u> City <u>BILLERICA</u> State <u>MA</u> Zip <u>01821-4411</u>
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u> Citation # (If Issued) <u>739802AC</u> Viol. 1: Ch/Sec/Sub <u>89</u> <u>4A</u> Viol. 2: Ch/Sec/Sub <u>90</u> <u>18</u> Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>1</u> <u>27</u> <u>2</u> <u>27</u> <u>8</u> <u>27</u> Event Sequence <u>22</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>22</u> <u>24</u> Type of Test: <u>29</u> Driver Contributing Code <u>19</u> <u>25</u> <u>25</u> BAC Test Result: <u>30</u> Driver Distracted by <u>4</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>

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>1</del>	<del>M</del>	1	1	1	0	0	10	1	

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

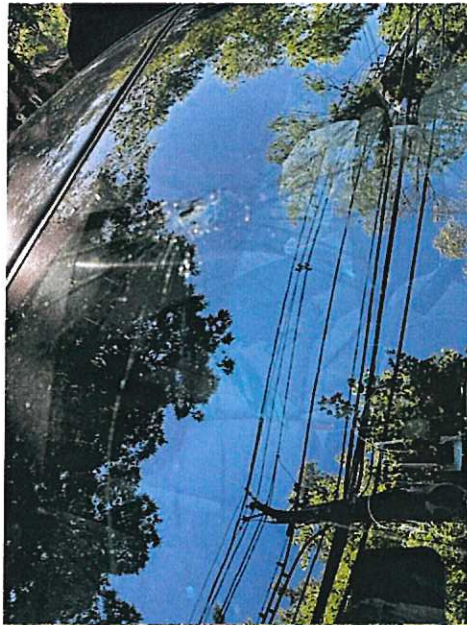
License # _____ S _____ DOB/Age _____ Sex _____ Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____ Endorsement _____ Operator _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Insurance Company _____	Reg # _____ Reg Type _____ Reg State _____ Veh Year _____ Veh Make _____ Veh Config. <u>21</u> Owner _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____
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 _____	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>

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>1</del>	<del>M</del>	1							





Wilmington Police Department  
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