

Date of Crash: 07/21/2024 Time of Crash: 0940 24HR City/Town: **Wilmington** **Motor Vehicle Crash Police Report** Number Vehicles: 2 Number Injured: 1 Speed Limit: 35 State Police  Local Police  MBTA Police  Campus Police  Other:

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

<p>1 1 Route# Direction Name of Roadway/Street</p> <p>Route# Direction Name of Intersecting Roadway/Street</p> <p>2 1 Route# Direction Name of Intersecting Roadway/Street</p>	<p>2 10 Route# Direction Address # Name of Roadway/Street</p> <p>2 11 Route# Direction Name of Intersecting Roadway/Street</p> <p>Landmark</p>
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Please Select One of the Following:  Vehicle 1 #Occupants  Hit/Run  Moped Crash Report ID# **24-209-AC**

<p>License: St. DOB/Age</p> <p>Sex <b>M</b> Lic. Class <b>D</b> Lic. Restrictions <b>B</b> CDL Endorsement</p> <p>Operator <b>FERRY, DAVID H</b></p> <p>Address <b>3 CAPTAIN GOOKIN AVE</b></p> <p>City <b>BILLERICA</b> State <b>MA</b> Zip <b>01821-2159</b></p> <p>Insurance Company <b>VERMONT MUTUAL INSURANCE</b></p> <p>Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <b>2</b></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 # <b>3BCP73</b> Reg Type <b>PC</b> Reg State <b>MA</b></p> <p>Veh Year <b>2018</b> Veh Make <b>NISSAN</b> Veh Config. <b>1</b></p> <p>Owner <b>FERRY, DAVID H</b></p> <p>Address <b>3 CAPTAIN GOOKIN AVE</b></p> <p>City <b>BILLERICA</b> State <b>MA</b> Zip <b>01821-2159</b></p> <p>Vehicle Action Prior to Crash <b>2</b></p> <p>Event Sequence <b>1</b> <b>23</b> <b>23</b> <b>23</b> <b>23</b></p> <p>Most Harmful Event <b>1</b> <b>24</b></p> <p>Driver Contributing Code <b>1</b> <b>25</b> <b>25</b></p> <p>Driver Distracted by <b>0</b> <b>26</b> <b>26</b></p> <p>Damaged Area Code: <b>5</b> <b>27</b> <b>27</b> <b>27</b></p> <p>Test Status: <b>1</b> <b>28</b></p> <p>Type of Test: <b>0</b> <b>29</b></p> <p>BAC Test Result: <b>1</b> <b>30</b></p> <p>Susp. Alcohol: <b>2</b> <b>31</b> Susp. Drug: <b>2</b> <b>32</b></p> <p>Towed from scene? <b>1</b> <b>33</b></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
<b>Operator</b>		See Above	<input checked="" type="checkbox"/>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>8</b>	<b>2</b>	Lahay Clinic

<p>7 1 Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped <input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.</p> <p>License: St. DOB/Age</p> <p>Sex <b>M</b> Lic. Class <b>D</b> Lic. Restrictions <b>1</b> CDL Endorsement</p> <p>Operator <b>SALAMONE, CHRISTOPHER D</b></p> <p>Address <b>43 POMFRET RD</b></p> <p>City <b>TEWKSBURY</b> State <b>MA</b> Zip <b>01876-2425</b></p> <p>Insurance Company <b>GEICO GENERAL INSURANCE C</b></p> <p>Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <b>2</b></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 # <b>FF425G</b> Reg Type <b>PC</b> Reg State <b>MA</b></p> <p>Veh Year <b>2006</b> Veh Make <b>GMC</b> Veh Config. <b>1</b></p> <p>Owner <b>SALAMONE, CHRISTOPHER D</b></p> <p>Address <b>43 POMFRET RD</b></p> <p>City <b>TEWKSBURY</b> State <b>MA</b> Zip <b>01876-2425</b></p> <p>Vehicle Action Prior to Crash <b>1</b></p> <p>Event Sequence <b>1</b> <b>23</b> <b>23</b> <b>23</b> <b>23</b></p> <p>Most Harmful Event <b>1</b> <b>24</b></p> <p>Driver Contributing Code <b>19</b> <b>25</b> <b>20</b> <b>25</b></p> <p>Driver Distracted by <b>7</b> <b>26</b> <b>26</b></p> <p>Damaged Area Code: <b>1</b> <b>27</b> <b>27</b> <b>27</b></p> <p>Test Status: <b>1</b> <b>28</b></p> <p>Type of Test: <b>0</b> <b>29</b></p> <p>BAC Test Result: <b>1</b> <b>30</b></p> <p>Susp. Alcohol: <b>2</b> <b>31</b> Susp. Drug: <b>2</b> <b>32</b></p> <p>Towed from scene? <b>2</b> <b>33</b></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
<b>Operator/Occupants</b>		See Above	<input checked="" type="checkbox"/>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	
				<b>6</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	



Wilmington Police Department  
Images Associated with 24-209-AC



Date of Crash: 07/23/2024 Time of Crash: 1719 City/Town: **Wilmington** Motor Vehicle Crash Police Report  
 Number Vehicles: 2 Number Injured: 0 Speed Limit: 40  
 Latitude: Longitude: State Police  Local Police  MBTA Police  Campus Police  Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

<p>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>Route# Direction Name of Intersecting Roadway/Street</p>	<p>Route# Direction Address # Name of Roadway/Street</p> <p>40 CONCORD ST</p> <p>Feet N S E W of _____ or _____</p> <p>Mile Marker Exit Number</p> <p>Feet N S E W of _____</p> <p>Route# Intersecting Roadway/Street</p> <p>Feet N S E W of _____</p> <p>Landmark</p>
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Please Select One of the Following:  Vehicle 1 #Occupants  Hit/Run  Moped Crash Report ID# 24-210-AC

<p>License # _____ St _____ DOB/Age _____</p> <p>Sex <b>M</b> Lic. Class <b>D</b> Lic. Restrictions _____ CDL _____</p> <p>Operator <b>HURLEY, RILEY THOMAS</b></p> <p>Address <b>134 SQUIRE RD</b></p> <p>City <b>ROXBURY</b> State <b>CT</b> Zip <b>06783</b></p> <p>Insurance Company <b>PREFERRED MUTUAL INSURANC</b></p> <p>Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <b>2</b></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 # <b>3WAY95</b> Reg Type <b>PC</b> Reg State <b>MA</b></p> <p>Veh Year <b>2010</b> Veh Make <b>SUBARU</b> Veh Config. <b>1</b></p> <p>Owner <b>HURLEY, RILEY THOMAS</b></p> <p>Address <b>134 SQUIRE RD</b></p> <p>City <b>ROXBURY</b> State <b>CT</b> Zip <b>06783</b></p> <p>Vehicle Action Prior to Crash <b>2</b></p> <p>Event Sequence <b>1</b> <b>23</b> <b>23</b> <b>23</b> <b>23</b></p> <p>Most Harmful Event <b>1</b> <b>24</b></p> <p>Driver Contributing Code <b>1</b> <b>25</b> <b>25</b></p> <p>Driver Distracted by <b>0</b> <b>26</b> <b>26</b></p> <p>Damaged Area Code: <b>5</b> <b>27</b> <b>27</b> <b>27</b></p> <p>Test Status: <b>1</b> <b>28</b></p> <p>Type of Test: <b>29</b></p> <p>BAC Test Result: <b>1</b> <b>30</b></p> <p>Susp. Alcohol: <b>2</b> <b>31</b> Susp. Drug: <b>2</b> <b>32</b></p> <p>Towed from scene? <b>2</b> <b>33</b></p>
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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
<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>	

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

<p>License # _____ OB/Age _____</p> <p>Sex <b>F</b> Lic. Class <b>D</b> Lic. Restrictions _____ CDL _____</p> <p>Operator <b>LEA LEROY, HANNAH GRACE</b></p> <p>Address <b>205 REVERE BEACH PKWY APT 340</b></p> <p>City <b>REVERE</b> State <b>MA</b> Zip <b>02151-5441</b></p> <p>Insurance Company <b>FARMERS PROP &amp; CAS INS CO</b></p> <p>Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <b>2</b></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 # <b>KKR9617</b> Reg Type <b>PC</b> Reg State <b>NY</b></p> <p>Veh Year <b>2018</b> Veh Make <b>HONDA</b> Veh Config. <b>1</b></p> <p>Owner <b>LEA LEROY, HANNAH GRACE</b></p> <p>Address <b>205 REVERE BEACH PKWY APT 340</b></p> <p>City <b>REVERE</b> State <b>MA</b> Zip <b>02151-5441</b></p> <p>Vehicle Action Prior to Crash <b>1</b></p> <p>Event Sequence <b>1</b> <b>23</b> <b>23</b> <b>23</b> <b>23</b></p> <p>Most Harmful Event <b>1</b> <b>24</b></p> <p>Driver Contributing Code <b>19</b> <b>25</b> <b>25</b></p> <p>Driver Distracted by <b>7</b> <b>26</b> <b>26</b></p> <p>Damaged Area Code: <b>1</b> <b>27</b> <b>27</b> <b>27</b></p> <p>Test Status: <b>1</b> <b>28</b></p> <p>Type of Test: <b>29</b></p> <p>BAC Test Result: <b>1</b> <b>30</b></p> <p>Susp. Alcohol: <b>2</b> <b>31</b> Susp. Drug: <b>2</b> <b>32</b></p> <p>Towed from scene? <b>2</b> <b>33</b></p>
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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
<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>	



Date of Crash **07/24/2024** Time of Crash **0915** City/Town **Wilmington** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **0** Speed Limit **25** State Police  Local Police  MBTA Police  Campus Police  Other

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

1	Route# <b>GLEN RD</b> Direction _____ Name of Roadway/Street _____	Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____	2	10
	At _____			
2	Route# _____ Direction _____ Name of Intersecting Roadway/Street _____	_____ Feet <b>N S E W</b> of _____ Route# _____ Intersecting Roadway/Street _____	3	11
	Also at Intersection with _____			
3	Route# _____ Direction _____ Name of Intersecting Roadway/Street _____		12	13

Please Select One of the Following:  Vehicle **1** #Occupants  Hit/Run  Moped  Vulnerable User Complete the Vulnerable User section. Crash Report ID# **24-211-AC**

License # \_\_\_\_\_ S DOB/Agc **7** Reg # **9CJ449** Reg Type **PC** Reg State **MA**  
 Sex **F** Lic. Class **D** **19** **19** Lic. Restrictions **20** CDL \_\_\_\_\_ Veh Year **2016** Veh Make **KIA** Veh Config. **1** **21**  
 Operator **CIBOROWSKI, KENDRA L** Owner **CIBOROWSKI, KENDRA L**  
 Address **40 MARJORIE RD** Address **40 MARJORIE RD**  
 City **WILMINGTON** State **MA** Zip **01887-1314** City **WILMINGTON** State **MA** Zip **01887-1314**  
 Insurance Company **SAFETY INSURANCE COMPANY** Vehicle Action Prior to Crash **1** **22** Damaged Area Code: **2** **27** **1** **27** **27**  
 Vehicle Travel Direction: **N S X W** Responding to Emergency? **2** Event Sequence **1** **23** **23** **23** **23** Test Status: **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: **31** Susp. Drug: **32**  
 Towed from scene? **2** **33**

Please fill out for operator and all occupants involved		DOB/Agc	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>XX</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 \_\_\_\_\_ St \_\_\_\_\_ OB/Ag \_\_\_\_\_ Reg # **435VHA** Reg Type **PC** Reg State **MA**  
 Sex **M** Lic. Class **D** **19** **19** Lic. Restrictions **20** CDL \_\_\_\_\_ Veh Year **2015** Veh Make **KIA** Veh Config. **1** **21**  
 Operator **WEED, DONALD EDWARD** Owner **WEED, DONALD EDWARD**  
 Address **11 PRESIDENTIAL DR** Address **11 PRESIDENTIAL DR**  
 City **WILMINGTON** State **MA** Zip **01887-2813** City **WILMINGTON** State **MA** Zip **01887-2813**  
 Insurance Company **AMICA MUTUAL INSURANCE CO** Vehicle Action Prior to Crash **1** **22** Damaged Area Code: **8** **27** **27** **27**  
 Vehicle Travel Direction: **X S E W** Responding to Emergency? **2** Event Sequence **1** **23** **23** **23** **23** Test Status: **28**  
 Citation # (If Issued) **T3379205** Most Harmful Event **1** **24** Type of Test: **29**  
 Viol. 1: Ch/Sec/Sub **89** **9** Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **4** **25** **25** BAC Test Result: **30**  
 Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **0** **26** **26** Susp. Alcohol: **31** Susp. Drug: **32**  
 Towed from scene? **1** **33**

Please fill out for operator and all occupants involved		DOB/Agc	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>XX</del>	<b>1</b>	<b>1</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	



Date of Crash **07/24/2024** Time of Crash **1721** City/Town **Wilmington** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **1** Speed Limit **25** State Police  Local Police  MBTA Police  Campus Police  Other

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

<p>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>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p>	<p>Route# _____ Direction <b>40</b> Address # <b>CONCORD ST</b> Name of Roadway/Street _____</p> <p>_____ Feet <b>NSEW</b> of _____ or _____</p> <p>_____ Feet <b>NSEW</b> of _____ Mile Marker _____ Exit Number _____</p> <p>_____ Feet <b>NSEW</b> of _____ Route# _____ Intersecting Roadway/Street _____</p> <p>_____ Feet <b>NSEW</b> of _____ Landmark _____</p>
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Please Select One of the Following:  Vehicle **1** #Occupants  Hit/Run  Moped  Vulnerable User  Complete the Vulnerable User section. Crash Report ID# **24-212-AC**

<p>License # _____ : DOB/Age _____</p> <p>Sex <b>M</b> Lic. Class <b>D</b> <b>19</b> <b>19</b> Lic. Restrictions <b>1</b> <b>20</b> CDL _____ Endorsement _____</p> <p>Operator <b>CHIU, PEI-CHIH</b></p> <p>Address <b>80 BRIDGE ST</b></p> <p>City <b>TEWKSBURY</b> State <b>MA</b> Zip <b>01876-2304</b></p> <p>Insurance Company <b>FARMERS PROPERTY &amp; CASUAL</b></p> <p>Vehicle Travel Direction: <b>NSE</b> <input checked="" type="checkbox"/> Responding to Emergency? <b>2</b></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 # <b>2D1899</b> Reg Type <b>PC</b> Reg State <b>MA</b></p> <p>Veh Year <b>2008</b> Veh Make <b>HARLEY-DAVIDSON</b> Veh Config. <b>3</b> <b>21</b></p> <p>Owner <b>CHIU, PEI-CHIH</b></p> <p>Address <b>80 BRIDGE ST</b></p> <p>City <b>TEWKSBURY</b> State <b>MA</b> Zip <b>01876-2304</b></p> <p>Vehicle Action Prior to Crash <b>1</b> <b>22</b> Damaged Area Code: <b>3</b> <b>27</b> <b>27</b> <b>27</b></p> <p>Event Sequence <b>1</b> <b>23</b> <b>23</b> <b>23</b> <b>23</b> Test Status: <b>1</b> <b>28</b></p> <p>Most Harmful Event <b>1</b> <b>24</b> Type of Test: <b>29</b></p> <p>Driver Contributing Code <b>1</b> <b>25</b> <b>25</b> BAC Test Result: <b>30</b></p> <p>Driver Distracted by <b>0</b> <b>26</b> <b>26</b> Susp. Alcohol: <b>2</b> <b>31</b> Susp. Drug: <b>2</b> <b>32</b></p> <p>Towed from scene? <b>1</b> <b>33</b></p>
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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
<b>Operator</b>	See Above	<del>XXXXXX</del>	<del>XXXX</del>	<b>1</b>	<b>5</b>	<b>5</b>	<b>0</b>	<b>0</b>	<b>8</b>	<b>2</b>	Labey Clinic

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

<p>License # _____ S DOB/Age _____</p> <p>Sex <b>M</b> Lic. Class <b>D</b> <b>19</b> <b>19</b> Lic. Restrictions <b>1</b> <b>20</b> CDL _____ Endorsement _____</p> <p>Operator <b>ALAVALA, NAGAMALLESWARA RAO</b></p> <p>Address <b>139 PALM ST APT 202</b></p> <p>City <b>NASHUA</b> State <b>NH</b> Zip <b>03060</b></p> <p>Insurance Company _____</p> <p>Vehicle Travel Direction: <input checked="" type="checkbox"/> <b>SEW</b> Responding to Emergency? <b>2</b></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 # <b>5309899</b> Reg Type <b>PC</b> Reg State <b>NH</b></p> <p>Veh Year <b>2012</b> Veh Make <b>NISSAN</b> Veh Config. <b>1</b> <b>21</b></p> <p>Owner <b>ALAVALA, NAGAMALLESWARA RAO</b></p> <p>Address <b>139 PALM ST APT 202</b></p> <p>City <b>NASHUA</b> State <b>NH</b> Zip <b>03060</b></p> <p>Vehicle Action Prior to Crash <b>4</b> <b>22</b> Damaged Area Code: <b>3</b> <b>27</b> <b>27</b> <b>27</b></p> <p>Event Sequence <b>1</b> <b>23</b> <b>23</b> <b>23</b> <b>23</b> Test Status: <b>1</b> <b>28</b></p> <p>Most Harmful Event <b>1</b> <b>24</b> Type of Test: <b>29</b></p> <p>Driver Contributing Code <b>4</b> <b>25</b> <b>25</b> BAC Test Result: <b>30</b></p> <p>Driver Distracted by <b>0</b> <b>26</b> <b>26</b> Susp. Alcohol: <b>2</b> <b>31</b> Susp. Drug: <b>2</b> <b>32</b></p> <p>Towed from scene? <b>1</b> <b>33</b></p>
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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
<b>Operator/Occupants</b>	See Above	<del>XXXXXX</del>	<del>XXXX</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	





Wilmington Police Department  
Images Associated with 24-212-AC



## NARRATIVE FOR PATROL OFFICER DALE H PARSONS

Ref: 24-212-AC

Entered: 07/24/2024 @ 2004      Entry ID: 236  
Modified: 07/24/2024 @ 2006      Modified ID: 236  
Approved: 07/29/2024 @ 1603      Approval ID: 181

The following is a summary of facts regarding a motor vehicle accident which occurred in front of 40 Concord St.

On Wednesday July 24, 2024 I, Officer Parsons #236, at approximately 5:45pm, while assigned to the 4:00pm-12:00am shift sector 3, car 38, responded to the area of 40 Concord St. for a motor vehicle crash involving a car and motorcycle. Upon my arrival, Wilmington Fire was evaluating the owner/operator of the motorcycle, MR. PEI-CHIH CHIU. MR. CHIU was driving his motorcycle (MA registration 2D1899) westbound on Concord St. As he approached the traffic light, car #2 (NH registration 5309899) began to cross his lane of traffic from the eastbound lane of Concord St. MR. CHIU attempted to stop, but could not, thus he dumped his bike and slid into car #2. MR. CHIU had road rash on his arm and back. MR. CHIU was transported to Lahey by Action Ambulance.

I spoke with MR. NAGAMALLESWARA ALAVALA, the owner/operator of car #2. MR. ALAVALA said that he was delivering a pizza to 40 Concord St. and was attempting to turn into the driveway of 40 Concord St. from the eastbound lane. MR. ALAVALA said that the westbound lane closest to him had stopped and was letting him turn. MR. ALAVALA said he crossed the first lane and as he was in the other lane, he saw that MR. CHIU was approaching and was not going to be able to stop. MR. ALAVALA said that he came to a complete stop just before the driveway, and that is when MR. CHIU's motorcycle contacted his car.

MR. ALAVALA's car had damage to the passenger's side and it appear his front tire alignment was off. MR. ALAVALA asked the resident of 40 Concord St. for permission to stay in their driveway until a private tow could pick his car up. The resident agreed to this and MR. ALAVALA called AAA. MR. ALAVALA did not report any injuries.

MR. CHIU'S motorcycle was towed by A&S Towing.

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

Route# Direction Name of Roadway/Street At Route# Direction Address # **FORDHAM RD** Name of Roadway/Street

Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Address # **CONCORD ST** Name of Roadway/Street

Route# Direction Name of Intersecting Roadway/Street Landmark

Please Select One of the Following:  Vehicle 1 Occupants  Hit/Run  Moped  Vulnerable User Complete the Vulnerable User section. Crash Report ID# **24-213-AC**

License # \_\_\_\_\_ St. 1 DOB/Age. \_\_\_\_\_ Reg # **3446415** Reg Type **AP** Reg State **IN**

Sex **F** Lic. Class **A** 19 19 Lic. Restrictions **1** 20 CDL \_\_\_\_\_ Veh Year **2024** Veh Make **VOLVO** Veh Config. **10** 21

Operator **VENTURA DA SILVA, JAIZA E** Owner **AMAZON LOGISTICS**

Address **311 PROVIDENCE RD APT 4** Address **4255 ANSON BLVD**

City **SOUTH GRAFTON** State **MA** Zip **01560-1392** City **WHITESTOWN** State **IN** Zip **46075**

Insurance Company **OLD REPUBLIC INSURANCE** Vehicle Action Prior to Crash **2** 22 Damaged Area Code: 6 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 **3** 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
<b>Operator</b>		See Above	<input checked="" type="checkbox"/>	<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 # \_\_\_\_\_ St. \_\_\_\_\_ DOB/Age. \_\_\_\_\_ Reg # **5HJL24** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL \_\_\_\_\_ Veh Year **2006** Veh Make **CHEVROLET** Veh Config. **2** 21

Operator **HAIRSTON, BRENNAN D JR** Owner **HAIRSTON, ARIANNA FRANCESCA**

Address **46 MAIN ST APT 11** Address **46 MAIN ST APT 11**

City **NORTH READING** State **MA** Zip **01864-2233** City **NORTH READING** State **MA** Zip **01864-2233**

Insurance Company **PROGRESSIVE DIRECT INSURA** Vehicle Action Prior to Crash **4** 22 Damaged Area Code: 10 27 4 27 27

Vehicle Travel Direction: **N E W** Responding to Emergency? **2** Event Sequence 1 23 10 20 23 23 Test Status: 1 28

Citation # (If Issued) \_\_\_\_\_ Most Harmful Event **10** 24 Type of Test: 29

Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **9** 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? **3** 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	<input checked="" type="checkbox"/>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	



Wilmington Police Department  
Images Associated with 24-213-AC

