	Police Use Only	Com	monwealth	of Massac	huset	ts	1.	RM	V Doc	ument Number	
	Date of Crash Time of Crash 07/21/2024 0940 1	City/Town Vilmington	Motor Vel	icle Crasl	Numi Vehic		, 192	ed Limi	35	State Police Local Police MBTA Police	
	24HR	*IIMIIIIG COII	Police	Report	2	1	Lat	ntude ngitude_		Campus Police C	
	AT INTERS	ECTION:	< LOCA	TION >		NO.	ΓΑΤ Ι	NTER	SEC	TION:	
		N. CD. 1		D	613		AIN S			vay/Street	2 10
¹ 1	Route# Direction	Name of Roadway/S	orreer	Route# Direction	Address	S #		Name of	Koadv	vay/Street	-
	Route# Direction	Name of Intersecting Road	lway/Street	Feet N		Mi	le Marker	• —	or _	Exit Number	- 2 ¹¹
		Also at Intersection	with	Feet N	S E W of	FRoute		Inters	ecting l	Roadway/Street	
² 1	Route# Direction	Name of Intersecting Road	lway/Street	Feet N	S E W of	F	·····		andmar		_
	Please Select One Vehicle	1 #Occupants Hi	t/Run Moped	Crash Repo	ort ID# 2	4-2	<u>ng.</u>	<u>- Δ</u> (٧		7
3	of the Following:										4
	i	St. DOB/Age _		# <u>3BCP73</u>						7:1	12
	Sex <u>M</u> Lic. Class D 19 19	Lic, Restrictions B	CDLVeh	Year 2018	_ Veh Make	NISS	AN		Vel:	Config. 1	
	Operator FERRY , DAV			er FERRY, I	DAVID	H	rst			liddle	.
⁴ 1	Address 3 CAPTAIN G			ess 3 CAPTA	IN GO				м	ndie	_
	City BILLERICA	State MA Zip 0182	1-2159 City	BILLERICA			_ State 1	MA_	Zip 0	1821-2159	_
	Insurance Company VERMON			cle Action Prior to Cra	Г	22		ged Area			
				100	23 23	3 23	Test S			1 28	
5	Vehicle Travel Direction: N		•	· <u> </u>	24	- Pri 45	Туре	of Test:		0 29	
	Citation # (If Issued)			Hannful Event	0.0	1		Test Res	ult;	1 30	_ 13
	Viol. 1; Ch/Sec/Sub ————	Viol. 2: Ch/Sec/Sub -	Drive	er Contributing Code	1 25	<u> </u>	Susp.	Alcohol	2 31	Susp. Drug: 2 32	1
6	Viol, 3; Ch/Sec/Sub —	Viol. 4: Ch/Sec/Sub —	Drive	er Distracted by	26	26	Towe	d from so	ene?	1 33	
⁶ 1	E .	r operator and all occupants i			Scat St	35 36 nfety Airbag	37 3: Eject Tr Code Co	8 39 ap Injury	40 Transp		7
	Name (Last First Middle)	<u> </u>	Address See Above	DOB/Age Se	Pos. Sy	stem Status	O O	de Status B	Code 2	Medical Facility Lahey Clinic	-
	Operator	'	Jee Above		\ <u> </u>		٦	-	<u> </u>		_
									T		7
	Please Select One							_1			4
⁷ 1	Please Select One of the Following:	22 #Occupants Hi	t/Run	Vulnerable	User Con	plete the	Vulnerable	e User se	ection.		
	License:	Si JOB/Age	Reg	#FF425G		Reg	; Туре <u>Р</u>	C	R	eg State MA	.]
	Sex M Lic. Class D M	Lic. Restrictions 1 20	CDL Veh	Year <u>2006</u>	_ Veh Make	GMC			Veh	Config. 1	1
		ر لــــــــــــــــــــــــــــــــــــ	Endorsement	er SALAMONE			PHE	R D		<u> </u>	
⁸ 1	Last	First RD	Middle	ess 43 POMF		Fi	rst		М	iddle	`
		State MA Zip 0187		TEWKSBURY			Sect. N	// Th	-:. Ω'	1876-2425	14
	City TEWKSBURY	-				22		ged Area	-		·
	Insurance Company GEICO			cle Action Prior to Cra			Test S	-	Couc.	28	
	Vehicle Travel Direction:	E W Responding to Eme	rgency? 2 Even	t Sequence 1 23		23		of Test:		29	
92	Citation # (If Issued)	11-20-11-11-11-11-11-11-11-11-11-11-11-11-11	Most	Harmful Event 1	24			Test Res	ult:	1 30	
4	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Drive	er Contributing Code	19 ²⁵	20 ²⁵	Susp.	Alcohol:	2 31	Susp. Drug: 2 32	
	Viol. 3; Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub —	Drive	er Distracted by	26	26	Tower	d from so	ene?	2 33	1
		r operator and all occupants is			Seat Sa	35 36 Ifety Airbag	37 38 Eject Tra Code Co	8 39 ap Injury	40 Transp.		7
	Name (Last First Middle)	4	Address	DOB/Age Se	r Pos. Sy	stern Status			Code	Medical Facility	_
	Operator/Occupant	<i>S</i>	See Above		1 1	4	0 0	10	1		4
				1	6 1	4	0 0	10	1		
											7
					++	1		+	 		-
								- [1	

Crash Diagram: ie: 586 Main Street Shell Gas Station lot	If Crash Did N on a Public W Off-Street Parkin Garage Mall/Shopping C	ay:
	on a Public Warding Off-Street Parking Garage Mall/Shopping C	ay:
	Garage Mall/Shopping Co	g Lot
	☐ Mall/Shopping Co	
	Other Private Wa	enter
		y
MV2	Indicate North	by Arrow
613 Main Street		
Crash Narrative:		
perator of Motor vehicle number 1, David Ferry, stated that he was driv		
Street. Mr. Ferry stated that he had slowed down to come to a stop, tur		
lirectional light on to inidcate that he was going to turn left into the		n
ot, and was rear ended by MV2. Mr. Ferry requested an ambulance and was		
ahey Hospital by the Wilmington Fire Department. Op. of MV2, Christoph		-
onfrimed that he was also driving south on Main Street. Mr. Salamone s		
ooked to the right at the local busniesses, then looked back onto the rollided with MV1 (See images). Mr. Salamone stated no injuries with him		
Rear seat passenger) and they refused medical attention. MV1 was towed		
ttachments).	I Dy TOTTESE (Bee	
accommonder.		
Witnesses:		
	Phone #	Statement
Property Damage:	C CD ID	
Owner (Last,First,Middle) Address Phone # 41-Type Descri	ption of Damaged Property	
Truck and Bus Information: Registration #		42
Truck and Bus Information: Registration # (From Vehicle Section) Carrier Name	Bus Use	
(From Venice Section)		
Carrier Name	St Zip	
Carrier Name City	St Zip	
Carrier Name	St Zip	
Carrier Name	St Zip	49

Wilmington Police Department Images Associated with 24-209-AC

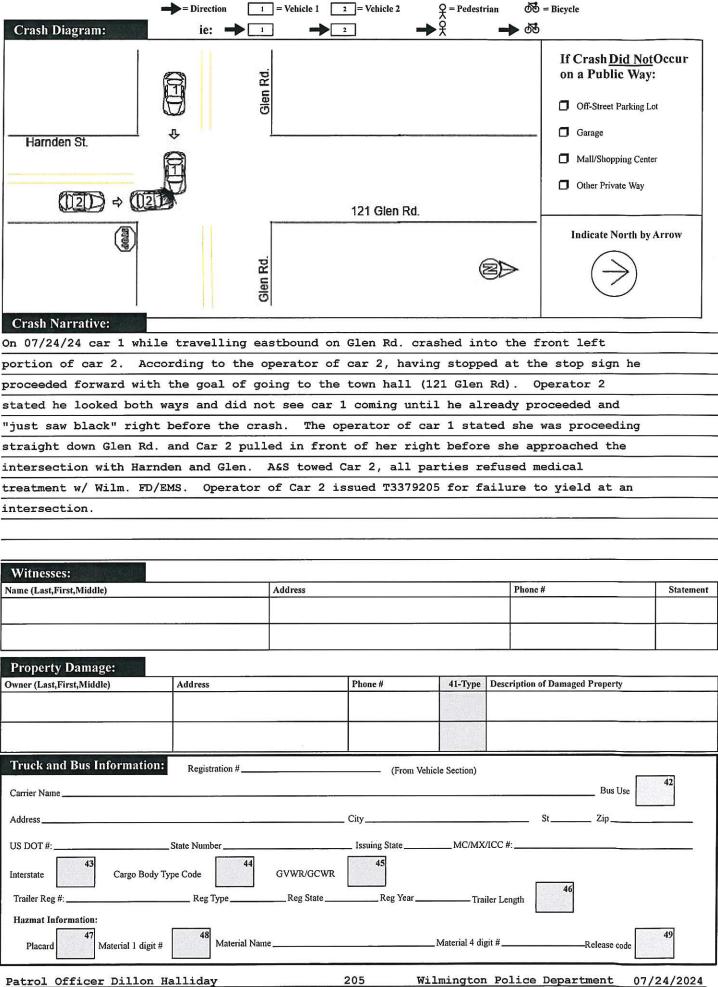




	Polic	e Use Only		Co	mmony	wealth	of Mass	ach	use	etts				RM	V Doc	ument N		
	1 1	Time of Crash		City/Town	Mo	tor Veh	icle Cra	sh		mber hicles	Nun Inju	المما	•	Limit	40	Loca	Police D I Police S TA Police D	
	07/23/2024	1719 24HR	MT TIE	ington		Police :	Report		2		0	ľ	Latitu Longi	de tude			pus Police 🔲	
		AT INTERS	SECTIO	ON:	<	LOCA	TION	>			NO'	ΓΑΤ	IN.	rer	SEC	TION		
															_			2 10
	Route# Direct	ion		Name of Roadw	/ay/Street		Route# Direc	ction	40 Addre	ess#	CC	ONC		D S me of		/ay/Stree	et	-
1				At														1
	Route# Directi	· · · · · · · · · · · · · · · · · · ·	Marro	of Intersecting I) and way /Ctrant		Feet	N S	E W	of	Mi	le Mai	∙ ker		or _	Exit	Number	
	Kutte# Direct	1011		Also at Intersec	······································		Feet	N S	E W	of] 2 ''
							Feet	N S	E W	of	Route	:#		Interse	ecting I	Roadway	/Street	
² 2	Route# Directi	ion	Name	of Intersecting I	Roadway/Street									La	ndmarl	ς		-
3	Please Select Or	ne 🔀 Vehicle	. <u>. 1</u>	Occupants	Hit/Run	Moped Moped	Crash I	Report	ID#	24	-2	1 () —	AC	4			
3	of the Following	g:													-			4
	License #.	19 1	_ Si 9]	OB/Age,	20		3WAY95										21	1 12
	Sex M Lic. C	lass D	Lic. Res	strictions	CDL Endorsemen	nt	Year <u>2010</u>								Veh	Config.	L	
⁴ 1	Operator HUR	[,ast	F	THOMAS	Middle			Last			THC	DMA ISI	స		Мі	iddle		
т_	Address 134			~m ^ -	700		ess <u>134 S(</u>		KĽ						. ^	CB ^ ^		
	City ROXBU						ROXBURY		٦	24.5	22				Zip <u>O (</u> Code:	6783 - 27	27 27	
	Insurance Compar						cle Action Prior to			23	23		mage		Code.	5 1 28		
5	Vehicle Travel Dir			Responding to	Emergency? 2		1 Bequeite 1	1 3 3 3	24			Туј	pe of	Test:		29		
	Citation # (If Issue						Harmful Event	1	in and	25	75			st Resu		1 30		_ 13
	Viol, 1: Ch/Sec/Su	.ib dı	Vi	ol. 2: Ch/Sec/Su	b		er Contributing Co		26	25	25 6			,	2 31		Drug: 2 32	1
⁶ 1	Viol. 3: Ch/Sec/Si					Drive	er Distracted by	0			6	To		rom sc		2 33		_
_	Name (Last First Mid		for operato	r and all occupa	nts involved Address		DOB/Age	Sex	34 Seat Post.	35 Safety System	36 Airbag Status	Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Ме	dical Facility	
	Operator	r			See Above		><	X	1	1	4	0	0	10	1			
																		1
																		1
	D. C. L.			<u> </u>			<u> </u>	<u> </u>										-
⁷ 1	Please Select On of the Following		21 #	Occupants	Hit/Run	Moped	VuInera	ble Us	er C	omple	te the '	/uinera	ble U	lser se	ction.			
	License #		- '	OB/AŁ		Reg :	KKR961	7			Reg	Туре	PC		R	eg State	,	
	Sex F Lic. Cl	ass D 19 19	Lic. Res		CDL Endorsemen	Veh	/ear 2018	\	∕eh Ma	ke H	ONE	A			Velı	Config.	1 21	
0	Operator LEA	LEROY,	HAN	NAH GRA			er LEA LE	ROY	. I	IAN		I G	RAC	Œ	B.6	ddle		
⁸ 2	Address 205	REVERE	BEACI	H PKWY	APT 34	O Addr	ess 205 RE	EVE	RE :	BE <i>F</i>			WY			340		L
	City REVER	<u> </u>	State <u>1</u>	1A Zip 02	151-544	1 City	REVERE		<u> </u>			_ Stat	e M 7	A z	ip 0 2	2151	-5441	1 14
	Insurance Compan	y FARMER	S PRO	OP & CA	S INS C	O Vehic	le Action Prior to	Crash		1	22		-		Code:		27 27	
	Vehicle Travel Dir	ection: NS	EX	Responding to	Emergency? 2	Even	t Sequence 1	23	23	23	23		t Stat			1 28 29		
⁹ 2	Citation # (If Issue	ed)				Most	Harmful Event	1	24				oe of T .C Tes	iesi. it Resii	ılt:	30		
2	Viol, 1: Ch/Sec/Su	ıb		ol, 2; Cli/Sec/Su	b	Drive	er Contributing Co	ode	19	25	25				2 31	Susp. I	Onig: 2 32	
	Viol. 3: Ch/Sec/Su	b	Vic	ol. 4: Cli/Sec/Sul	b	Drive	r Distracted by	7	26	2	6	Tov	ved fr	om sc	ene?	2 33	اــــــت	
	Moure of a service and a		or operator	r and all occupar			DOB/Age	Sex	3-l Sent Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	L# -	lical Facility	7
	Operator	r/Occupan	ts		Address See Above		IX/IX/Age	Ż		1			0		1	Med	can e senity	1
	Sperator	. C scripun							-									1
							[\vdash			-
								_										4

	= Direction 1	= Vehicle 1	2 = Vehicle	e 2	ın 6 50 = I	Bicycle	
Crash Diagram:	ie: 👈 🛚 1	→	2	→ ₹	→ ₩		
				77.00		If Crash <u>Did No</u> on a Public Wa	
						☐ Off-Street Parking	Lot
							Lot
						Garage	
				to the proof to be a second or the second of		Mall/Shopping Cer	nter
			d other tra	affic		Other Private Way	
			4	<u> </u>	-		
(021)D ⇒	(1)202					Indicate North b	y Arrow
				40 Concord Stree	t 🚵	\bigcirc	
Crash Narrative:						-	
Vehicle 1 was traveling	g west on Conco	rd Street	in the	left lane when	it began	to slow down	
into a stop due to tra	ffic up ahead o	f them. V	Wehicle 2	was traveling	in the s	ame direction	í
behind vehicle 1. Accor	rding to the op	erator of	Vehicle	2, they did a	t first n	otice vehicle	
1 began to slow down by	at they became	distracte	ed when t	hey thought the	e vehicle	traveling	
next to them was going	to merge lanes	. Vehicle	2 state	d that because	of this	they did not	
slowed down completley	and ended up c	olliding	with the	rear of vehic	le 1. No	one was	
injured from the crash	and neither ve	hicle nee	eded to b	e towed.			
				499			
Witnesses:				1975			
Name (Last, First, Middle)		Address			Phone #		Statement
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
Property Damage:							
Owner (Last,First,Middle)	Address		Phone #	41-Type I	Description of D	amaged Property	
	+						
Truck and Bus Information:	Registration #			(From Vehicle Section)			
Carrier Name		0				Bus Use	42
Address			City		St	Zin	320 (200)
(Victory 4-50-00/VI)	State Number			ateMC/MX/I	CC #:		
Interstate 43 Cargo Body	Type Code 44	GVWR/GCWI	R 45				
Trailer Reg #:	Reg Type	Reg State	Re	g YearTraile	r Length	46	
Hazmat Information:	None and American	are source (SS)				0,46	
Placard 47 Material I digit #	48 Material Name	e		Material 4 digit	#	Release code	49
Datus Officer Manager	numon con		222	Wilminster	Police D	nantment en	/02/0001
Patrol Officer Thomas I Police Officer Name (Please Print)	awrenson Signature		ID/Badge #	Wilmington Department	Police De		/23/2024

	Police Use Only Con	nmonwealth	of Massacl	husetts	\$	R	MV Doc	ument Number	7.
	Date of Crash	Motor Veh	icle Crash	Number Vehicles		Speed Lin	it 2!	State Police Local Police MBTA Police	Ī
	24HR 24HR	Police	Report	2	0	Lamide _ Longitude		Campus Police D	1
	AT INTERSECTION:	< LOCA	TION >		NOT A	T INTE	RSEC	TION:	
	GLEN RD								2 10
1	Route# Direction Name of Roadway	/Street	Route# Direction	Address #		Name	of Roady	vay/Street	
¹ 1	At		Feet N S	E W of			— or		
	Route# Direction Name of Intersecting Ro	adway/Street			Mile M	arker		Exit Number	3 11
	Also at Intersectio	n with	Feet N S		Route#	Inter	rsecting l	Roadway/Street	
² 1	Route# Direction Name of Intersecting Ro	adway/Street	Feet NS	E W of				•	_
<u> </u>		<u></u>					andmar	<u>k</u>	4
3	Please Select One of the Following: Vehicle 11 #Occupants	lit/Run Moped	Crash Repor	t ID# 24	-21	1-A	<u> </u>		
	License # . S DOB/Age	<u>7</u> Reg	# <u>9CJ449</u>		Reg Typ	e <u>PC</u>	R		12
	Sex F Lie Class D 19 Lie Restrictions 20	CDL Veh	Year 2016	Veh Make <u>K</u>	IA		Vel	Config. 21	
4	Operator CIBOROWSKI, KENDRA L		er <u>CIBOROWS</u>	KI, KE	ENDRA First	L	М	liddle	.
⁴ 2	Address 40 MARJORIE RD	Adda	ess 40 MARJO	RIE R					
	City WILMINGTON State MA Zip 018	87-1314 City.	WILMINGTO	N				1887-1314	
	Insurance Company SAFETY INSURANCE C	COMPANY Vehic	cle Action Prior to Cras			Damaged Ar	ea Code:	28 27 27 27	İ
⁵ 1	Vehicle Travel Direction: NSW Responding to En	nergency? 2 Even	t Sequence 23	23 23		est Status: ype of Test:		29	
1	Citation # (If Issued)	Most	Harmful Event	24	E	AC Test Re		30	
	Viol. 1: Ch/Sec/Sub —————————Viol. 2: Ch/Sec/Sub	Drive	er Contributing Code	1 25		usp. Alcoho	d: 31	Susp. Drug: 32	1 13
⁶ 1	Viol. 3: Ch/Sec/Sub — Viol. 4: Ch/Sec/Sub -	Drive	er Distracted by 0			owed from		2 33	
Т	Please fill out for operator and all occupants Name (Last First Middle)	involved Address	DOB/Age Sex	34 35 Seat Safety Pos. System	36 37 Airbag Eject Statur Code	38 39 Trap Inju Code Stat	ry Transp.	Medical Facility	
	Operator	See Above	\times	1 1	4 0	0 10	1		7
									1
									1
							+		-
	Please Select One Vivinia 21 #Occupants		<u> </u>	1			!		1
⁷ 2	Please Select One of the Following: Vehicle 21 #Occupants H	fit/Run	Vuinerable U	Jser Comple	te the Vulne	rable User	section.		
	License St OB/Ag	Reg	# <u>435VHA</u>		Reg Typ	e <u>PC</u>	R	eg State MA 21	
	Sex M Lic. Class D 19 19 Lic. Restrictions 20	CDL Veh '	Year <u>2015</u>	Velı Make K	IA		Veh	Config. 1	
⁸ 1	Operator WEED, DONALD EDWARD	Middle	er WEED , DO		First)	М	iddle	
1	Address 11 PRESIDENTIAL DR		ess 11 PRESI						14
	City WILMINGTON State MA Zip 0186	-	WILMINGTO		_		-	1887-2813	1
	Insurance Company AMICA MUTUAL INSURA		cle Action Prior to Cras			Damaged Ard	ea Code:	28	
	Vehicle Travel Direction: SEW Responding to En	• •	t Sequence 1 23	<u> </u>	- 23	ype of Test:		29	
⁹ 2	Citation # (If Issued) T3379205		Hannful Event 1	24		AC Test Re	sult:	30	
	Viol. 1: Ch/Sec/Sub 9 Viol. 2: Ch/Sec/Sub -		er Contributing Code	26 2	-	usp. Alcoho	Ь		
	Viol. 3: Ch/Sec/Sub - Viol. 4: Ch/Sec/Sub -		er Distracted by 0	34 35	36 37	owed from :		1 33	_
	Please fill out for operator and all occupants Name (Last First Middle)	Address	DOB/Age Sex	Seat Safety	Airbag Fiect	Trap Inju	ry Transp.	Medical Facility	_
	Operator/Occupants	See Above	\rightarrow	1 1	3 0	0 10	1		
]
									1



Department

	Police Use Only	Common	wealth	of Massa	ichus	setts			RM	V Doc	ument Number	
	1 1	City/Town Mo	otor Veh	icle Cra	sh 🏻	Number Vehicles		A P	d Limit	2	State Police Local Police MBTA Police	
	24HR	ing con	Police :	Report	2	?	1		ude gitude _		Campus Police Other:	5
	AT INTERSECTION	ON: <	LOCA	TION :	>		NOT	AT IN	TER	SEC	TION:	
					4(1	CO.	NCOR	n s	err		2 10
1	Route# Direction	Name of Roadway/Street		Route# Direct		dress #					vay/Street	_
11		At		Feet [N S E	v of				or _		_
	Route# Direction Name	of Intersecting Roadway/Stree	et				Mile	Marker			Exit Number	3 11
		Also at Intersection with			NSEV	_	Route#		Inters	ecting l	Roadway/Street	
² 2	Route# Direction Name	e of Intersecting Roadway/Stree	et .	Feet [N S E V	Y] of						_
	Please Select One Valuate 1	#Occupants Hit/Run	Tn., .	6 15	eport ID#	24		1 2 -		ndmari	K	-
3	of the Following:	Hit/Run	Moped									_
	License :	DOB/Age		2D1899			•				eg State MA	12
		estrictions	ent	/ear <u>2008</u>				-DAV	IDSO	Vel	Config. 3	
⁴ 1	Operator CHIU, PEI-CHIH	First Middle		er CHIU,	.nst		First			М	iddle	-
1	Address 80 BRIDGE ST	01076 026		ess 80 BRI		ST					1076 0004	-
	City TEWKSBURY State	-	•	TEWKSBUI			22	State M Damag			1876-2304	, I
	Insurance Company FARMERS PR			le Action Prior to	Crash 23 23	23	23	Test St		Couc.	28]
5	Vehicle Travel Direction: N S E	Responding to Emergency? 2		1	1 24			Туре о	f Test:		29	
	Citation # (If Issued)			Harmful Event or Contributing Co	<u> </u>	25	25		est Res		30	1 13
	Viol, 1: Ch/Sec/SubVi			_	0 26	ال	.6	Susp. A			Susp. Drug. 2 32	
⁶ 1	<u></u>	iol. 4: Ch/Sec/Sub or and all occupants involved		. Districted by	34 Sea		36	37 38	39	40 Transp.		-
	Name (Last First Middle)	Address		DOB/Age	Sex Pos	. System	Status	Code Cod	Status	Code	Medical Facility Lahey Clinic	_
	Operator	See Above	2		X^1	5	5 0	0	8	2		_
						_			<u> </u>	ļ		_
⁷ 1	Please Select One of the Following: Vehicle 2 1	#Occupants Hit/Run	Moped	Uulneral	ble User	Comple	te the Vi	ılnerable	User se	ction.		
<u>.</u>	License #	OB/Age_	Reg #	5309899)		Reg '	Ivne PO	7	R	eg State NH	┪
	19 19	strictions 1 CDL	_	ear 2012			_				21	-
	Operator ALAVALA, NAGAM			r ALAVAL	A, N/	AGAM	ALL	ESWA	RA	RAC)	_
1	Address 139 PALM ST A	First Middle PT 202	Addr	ss 139 PA	.ast LM S	T 2	APT	202		М	iddle	
	City NASHUA State	NH Zip 03060	City	NASHUA			····	State N	H 2	zip O	3060	1 14
	Insurance Company		Veluic	le Action Prior to	Crash	4	22	Damag		Code:		
	Vehicle Travel Direction: SEW	Responding to Emergency? 2	Event	Sequence 1	23 23	23	23	Test Sta Type of			28	
⁹ 2	Citation # (If Issued)	-	Most	Harmful Event	1 24			BAC T		ult:	30	
	Viol. 1: Ch/Sec/Sub ————Vi	iol. 2: Ch/Sec/Sub	Drive	r Contributing Cod		25	25	Susp. A	lcohol:	2 31	Susp. Drug 2 32	
	Viol. 3: Cls/Sec/Sub ——Vi	iol. 4: Ch/Sec/Sub	Drive	r Distracted by	0 26		6	Towed			1 33	
	Please fill out for operato Name (Last First Middle)	or and all occupants involved Address		DOB/Age	34 Sea Sex Pos	L Safety	Airtag 1	37 38 Sjeet Trup Code Code	Injury	40 Transp. Code	Medical Facility	
	Operator/Occupants	See Above	÷	><	$\sum 1$	1	4 0	0	10	1		
												7
						 						

G I D:		1 = Vehicle 1 2 = Vehicle 2	Q = Pedestri		
Crash Diagram:				on a Publi Off-Street Garage Mall/Shop Other Prive	Parking Lot ping Center
	1				
Crash Narrative:		45		1000	
		:45pm, MR. CHIU (opera AVALA (operating NH 53			ıg
		oncord St. MR. CHIU wa			
		A'S vehicle. MR. CHIU			
		report any injuries. E			
more detailed report	see attached na	rrative.			
· · · · · · · · · · · · · · · · · · ·					
					-
Witnesses:		T			
Name (Last, First, Middle)		Address		Phone #	Statement
ok over					
Property Damage:					
Owner (Last, First, Middle)	Address	Phone #	41-Type	Description of Damaged Proper	ty
Truck and Bus Informati			Front to February		=
Truck and bus informati	Registration #	(From	Vehicle Section)		42
Carrier Name				Bus	Use
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Patrol Officer Dale H Parsons
Police Officer Name (Please Print)

Wilmington Police Department 07/24/2024
Department Precinct/Barracks Date

Department

Wilmington Police Department Images Associated with 24-212-AC





Wilmington Police Department

Page: 1

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.

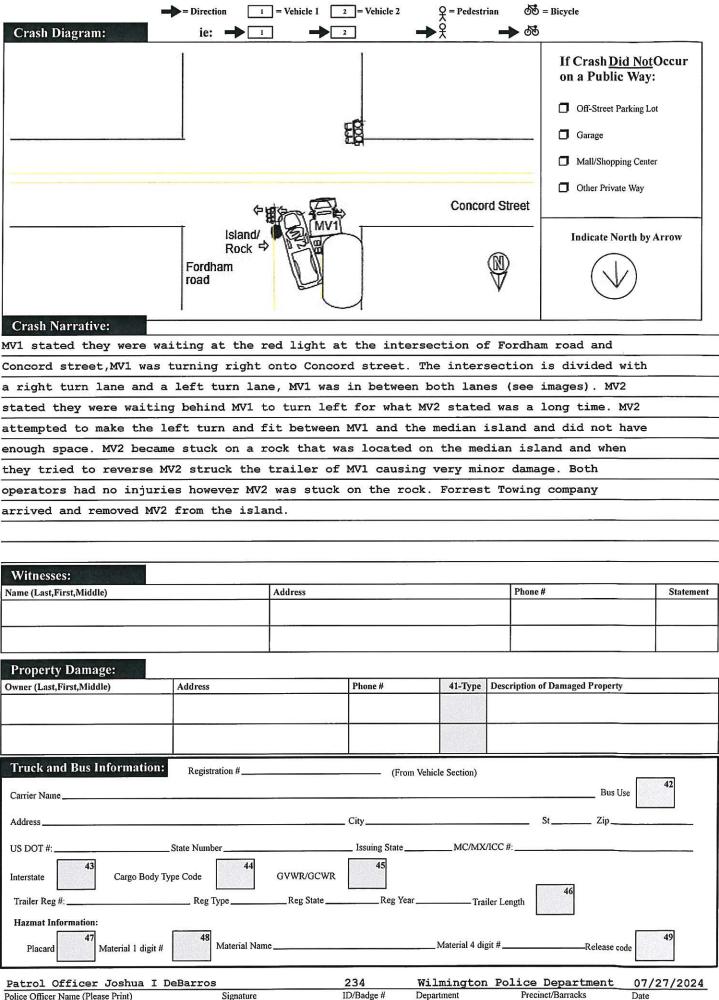
On Wednesday July 24, 2024 I, Officer Parsons #236, at approximately 5:45pm, while assigned to the 4:00pm-12:00am shift sector 3, car 38, responded to the area of 40 Concord St. for a motor vehicle crash involving a car and motorcycle. Upon my arrival, Wilmington Fire was evaluating the owner/operator 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.

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