	Pol	ice Use Only		Con	ımonv	vealth	of Massa	ıch	use	tts				RM	V Docu	ıment Number	
	Date of Crash	Time of Crash	tor Veh	icle Cra	sh		mber hicles	Nun Inju	• 1	Speed		35	State Police Local Police MBTA Police Campus Police	1			
	08/05/2024	1459 T	MITWI	ngton		Police	Report		2		0	ľ	Latitud Longit			Campus Police C	i
		AT INTERS	ECTIO	N:	<	LOCA	TION :	>			NO	ΓΑΤ	`INT	rer:	SEC	TION:	
																	2 10
	Route# Dire	ction	<u> </u>	Name of Roadway	/Street		Route# Direct	ion .	280 Addre		LC	WE	LL Na	ST me of	Roadw	ray/Street	_
1	100.00			At													_
							Feet	NS	EW	of	— - Мі	ie Mai	- • rker	_	or _	Exit Number	
	Route# Dire	ction		of Intersecting Roa			Fcet	N S	E W	of .							3 11
							Feet				Route	#		Interse	cting F	Roadway/Street	
² 1	Route# Dire	ction	Name (of Intersecting Roa	adway/Street									Lai	ndmark	ζ	-
	Please Select	One Vehicle	11 #0	Occupants H	fit/Run	Moped	Crash R	eport	ID#	24	2	1 (3 –	AC			7
3	of the Followi	ng:					L										4
	License	19 19)	_ DOB/Age_ 20		•	# PH7105									21	1 12
	Sex.M Lic.		Lic. Resi		CDL Endorsemen	nt	Year 2018								Velu	Config. 2	
⁴ 1	1 -	DUR, MIC	Fit	rst term	Middle			Last			Fi	rst	ON		Mi	iddle	-
1		CUMBERLA					ress 13 CUM		RLA	ND	CI						-
	· ·	LYNN					EAST LY	NN_			22					1904-1113	
	Insurance Comp	Dany USAA G	ENERA	L INDEM	NITY C	CO Vehi	cle Action Prior to			4	Щ.		ımaged st Stat		Code:	3 27 27 27 28	
⁵ 2	Vehicle Travel I	Direction: N	EW	Responding to En	nergency? 2	Ever	nt Sequence 1	23	23	23	23		pe of I			29	
2	Citation # (If Iss	sued)				Mos	t Harmful Event	1	24	- 11		BA	•	st Resu	ılt:	30	121
	Viol. 1: Ch/Sec/	Sub ———	Vio	ol. 2: Ch/Sec/Sub		Driv	er Contributing Co	de	<u> </u>	25	25	Şu	sp. Ale	cohol:	31	Susp. Drug: 32	1 13
⁶ 1	Viol. 3: Ch/Sec/	Sub	Vio	ol. 4: Ch/Sec/Sub -		Driv	er Distracted by	0	26	2	6	То		om sc		2 33	
1	Name (Last First N		or operator	and all occupants	involved Address		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbog Suitus	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility	
	Operate				See Above			X	1	1	4	0	0	10	1		7
																	7
														ļ			_
																	_
				1			<u> </u>								<u></u>		_
⁷ 9	Please Select O of the Followi		2 1 #0	Occupants H	lit/Run	Moped	☐ Vulnera	ble Us	er C	omple	te the '	Vulner	able U	lser se	ction.		
	License #.		_ St.	DOB/Age		_ Reg	# 4HHX28				Re	з Туре	PC		R	eg State MA	
	Sex , Lic.	Class D 19	Lic, Rest	trictions 20	CDL		Year 2012	\	Veh Ma	ake <u>T</u>	OYO	TA			Veh	Config. 21	
	Operator 🕽	-	1		Endorseme	nt Owr	er BURKE,	KE	CRR	I S	ULI	IV	AN				_
81	Address_	Last	Fir	rst	Middle	Add	ress 15 DEI	Lasi L	DR		Fi	rsl			Mi	ddle	
	City.		State	Ziţ		City	WILMING'	TON	Ī			_ Stat	e M	_ z	ip 0]	L887-3122	1 14
	Insurance Comp	any THE CO	MMERC	E INSUR	ANCE C	O Vehi	cle Action Prior to	Crash		1	22	Da	imageo	l Area	Code:	27 2 27 8 27	
	Vehicle Travel I	Direction: NX	E W	Responding to En	nergency? 2	Ever	nt Sequence 1	23	23	23	23		st Stat			28	
9	Citation # (If Iss	sued) 816755	AC_			Mos	t Harmful Event	1	24			_	pe of I	l'est: it Resu	, <u>5</u> +-	30	
⁹ 2	Viol. 1: Ch/Sec/	_{Sub} 90 2	24Vio	ol. 2: Ch/Sec/Sub	90	24 Driv	er Contributing Co	de	10	²⁵ 2	25		sp. Ale	r	31		
	Viol. 3: Ch/Sec/		23_ _{Vio}	il. 4: Ch/Sec/Sub	90	17 Driv	er Distracted by	0	26	2	6		-	om sc	ene?	1 33	
		Please fill out for	or operator	and all occupants					34 Scat	35 Safety	36 Airbag	37 Eject	38 Trap	39 Injury	40 Transp.		7
	Operate	or/Occupan	ts		Address See Above		DOB/Age	Sex	Pos.	System	Status 4	Code	Code 0	Status 10	Code 1	Medical Facility	-
	- Poi wii	conpun							-								-
									-					<u> </u>		 -	-
							<u> </u>								ļ		

	= Direction I	= Vehicle 1 2	= Vehicle 2	Q = Pedestri		Bicycle	
Crash Diagram:	ie: 👈 🔟	2	. =	≥ ¥	→ %		
	1	280 Lowell St. (Burger King)		43		If Crash <u>Did No</u> on a Public Way	
						Off-Street Parking L	ot
						☐ Garage	
	\$					☐ Mall/Shopping Cent	er
		8	<u>. </u>			Other Private Way	
	_	•				Indicate North by	Arrow
(A) CORTON)		10		
₩ =>	(0.20)	My (UZID		Lowell St. *	43)		
	0.0-0-0-0-0		<u> </u>				
Crash Narrative:					عدة لاحطم	1 Co	
On 08/05/24 car 2 while 1 stopped at Lowell St							
St.) taking a left har						Western September 1	
officer's (Ofc. Skinne							
with car 1 made car 2							<u></u>
immediately fled the s		50 000				parties	
refused medical treatm							
	erator of car 2						
the second second and the second seco		× 					
Witnesses:							
Name (Last,First,Middle)		Address			Phone #		Statement
SCHOOLSENGER CONTRACTOR TO WARRANT OF THE CONTRACTOR TO					1		
Property Damage:	Lagane	l p	L #	41 Tours	Description of	Damaged Property	
Owner (Last,First,Middle)	Address	r	hone #	41-Type	Description of	Damaged Property	
Truck and Bus Information	Registration #		— (From Ve	hicle Section)			
Carrier Name						Bus Use	42
Address		Ci	ty		St	Zip	
US DOT #:	State Number		Issuing State	MC/MX/	ICC #:		
Interstate 43 Cargo Body	y Type Code	GVWR/GCWR	45				
Trailer Reg #:			Reg Year	——— Trail	er Length	46	
Hazmat Information:							
Placard Material 1 digit	# Material Nar	ne		Material 4 dig	it #	Release code	49
Patrol Officer Diller	77= 1 1 ± d===	0.0			Dalias D	enartment 00	/OF /0004

Wilming Department

08/05/2024 Date

	Police Use Only	Com	monwealth	of Massacl	ıusett	s	RM	V Docun	nent Number	
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Crash	Numbe Vehicle		Speed Limit	25	State Police Local Police MBTA Police Campus Police	
	08/05/2024 1634 24HR	Wilmington	Police	Report	2	0	Lannide		Campus Police Other:	<u>.</u>
	AT INTERS	SECTION:	< LOCA	TION >		NOT A	T INTER	SECT	ION:	4
					49	GLE	מפז			2 ¹⁰
1	Route# Direction	Name of Roadway/	Street	Route# Direction	Address #		Name of	Roadway	y/Street	_
¹ 1		At		Feet N S	E W of		_ • _	ог		_
	Route# Direction	Name of Intersecting Roa	dway/Street			Mile M			Exit Number	5 11
		Also at Intersection	with	Feet N S		Route#	Inters	ecting Ro	padway/Street	
² 1	Route# Direction	Name of Intersecting Roa	dway/Street	Feet N S	EW of					_
-	Please Select One Navele	1 "0	<u> </u>	<u> </u>		- 22		ndmark		
3	of the Following:	HOccupants H	it/Run Moped	Crash Repo	t ID# 2 4	-22	U-AC	<u>, </u>		_
	License #_	St OB/Age_	Reg	# 3WEZ86		Reg Typ	e <u>PC</u>	Reg	State MA 21	- 12
	Sex F Lic. Class D	Lic. Restrictions 20	Endorsement	Year <u>2000</u>				Veh C	Config. 1	<u> </u>
4	Operator NOEL, AIYA	NA MICHA	Owr	ier <u>NOEL, KA</u>		First	INE	Midd	lic	-
⁴ 1	Address 8 VERANDA			ress 8 VERANI	A AVE					-
	City WILMINGTON	State MA Zip 0188	37-2003 City	WILMINGTO	N			_	887-2003	
	Insurance Company SAFETY	INSURANCE C	OMPANY Vehi	cle Action Prior to Cras		<u> </u>	Damaged Area 'est Status:	Code: 3	27 27 27 28	
⁵ 2	Vehicle Travel Direction:	E W Responding to Em	ergency? 2 Ever	nt Sequence 1 23	23 23	23	ype of Test:	11		
2	Citation # (If Issued)		Mos	t Harmful Event	24	E	AC Test Res	ult: 1	30	13
	Viol. 1: Ch/Sec/Sub ———	Viol. 2: Ch/Sec/Sub -	Driv	er Contributing Code	1 25		usp. Alcohoi:	2 31	Susp. Drug: 32	1 13
⁶ 1.	Viol. 3: Ch/Sec/Sub ————	Viol. 4: Ch/Sec/Sub -	Driv	er Distracted by	26		owed from so	ᆖ	. 33	
1.	Please fill out Name (Last First Middle)	for operator and all occupants	involved Address	DOB/Age Sex	34 35 Scat Safe Pos. Syste	y Airtag Ejec	38 39 Trap Injury Code Status	40 Transp. Code	Medical Facility	
	Operator		See Above	$\rightarrow \rightarrow \rightarrow$	1 0	4 0	0 10	1		
										1
										_
	Please Select One	21 #Occupants H				_L	11 17			1
⁷ 1	of the Following:	H	it/Run Moped	Vulnerable U						
	License #	St DOB/Age		# 8JJ777				Reg	State MA 21	-
	Sex M Lic. Class	Lic. Restrictions 1	Endorsement	Year 2004				Veh C	Config. 1	
⁸ 1	Operator CUSHING, 3		Middle	er CUSHING,		PATR.	ICK	Midd	lle	-
	Address 7 GORHAM ST			ress 7 GORHAN			3/73	A1	007 1026	14
	City WILMINGTON Insurance Company GEICO			WILMINGTO			ate MA Damaged Area		887-1836 27 27 27	· *
				cle Action Prior to Cras	sh 4.		est Status:	1	28	
		E W Responding to Em			24		ype of Test:	0	29	
⁹ 2	Citation # (If Issued)			t Hammful Event 1	4 25	25	AC Test Res		30	1
	Viol. 1: Ch/Sec/Sub		. .	er Contributing Code er Distracted by	26	S	usp. Alcohol: owed from so		Susp. Drug 2 32	
		Viol. 4: Ch/Sec/Sub – for operator and all occupants			34 35	36 37	38 39	40		-
	Name (Last First Middle)		Address	DOB/Age Sex		m Status Code	Code Status	Code	Medical Facility	-
	Operator/Occupan	its	See Above	/X/X	1 0	4 0	0 10	1		_
									-	

Crash Diagram:		= Vehicle 1 2 = Vehicle 2	g = Pedestrian	oo = Bicycle	
The second secon	ie: →	2	→ }	→ ∞	
	17 Glen	Road		If Crash <u>Did</u> on a Public	
				☐ Off-Street Par	king Lot
ν-				☐ Garage	
	man			☐ Mall/Shopping	g Center
				Other Private	Way
	Drury Lane			Indicate Nor	th by Arrow
Crash Narrative:					
Motor Vehicle 1 v	was traveling South	on Glen Road (public v	vay), when m	otor vehicle 2 too	k a
left onto Glen Ro	oad from Drury Lane	and side swiped motor	vehicle 1 (see images). There	
was significant o	damage to the right	side of motor vehicle	1 and was t	owed off the scene	by
A&S. Motor vehicl	e 2 had minimal dama	age to the front right	side of th	e vehicle and was	in
driveable conditi	on. No injuries or	air bag deployment.			
W					

India restriction of a part of the co					
Witnesses:		Address		Phone #	
Name (Last,First,Middle) FOX PAUL FRANCIS		Address 118 APACHE WAY TEWKSBUR			Statement
FOX PAUL FRANCIS		TIO MINI WILL IDWINDOW	V MA 018/6-46	XI	Statement
			Y MA 01876-461	18	Statement
			Y MA 01876-461	.8	Statement
Property Damage:			Y MA 01876-461	.8	Statement
Property Damage: Owner (Last, First, Middle)	Address	Phone #		escription of Damaged Property	Statement
	Address	Phone #			Statement
	Address	Phone #			Statement
Owner (Last,First,Middle)			41-Type D		Statement
Owner (Last,First,Middle) Truck and Bus Infor	mation: Registration#	Phone #	41-Type D	escription of Damaged Property	42
Owner (Last,First,Middle) Truck and Bus Infor	mation: Registration#	(From	41-Type Delication Del	escription of Damaged Property Bus Us	e 42
Owner (Last,First,Middle) Truck and Bus Infor Carrier Name Address	mation: Registration#	(From	41-Type Delivery Deli	escription of Damaged Property Bus Use	e 42
Owner (Last, First, Middle) Truck and Bus Infor Carrier Name Address US DOT #:	Registration # State Number	(From City Issuing State	41-Type Delivery Deli	escription of Damaged Property Bus Use	e 42
Owner (Last, First, Middle) Truck and Bus Information Carrier Name Address US DOT #: Interstate 43	Registration #State Numberargo Body Type Code	City	Vehicle Section)	Bus Use St Zip	e 42
Owner (Last, First, Middle) Truck and Bus Infor Carrier Name Address US DOT #: Interstate Trailer Reg #:	Registration #State Numberargo Body Type Code	(From City Issuing State 45	Vehicle Section)	Bus Use St Zip	e 42
Owner (Last, First, Middle) Truck and Bus Information: Address US DOT #: Trailer Reg #: Hazmat Information: 47	State Number argo Body Type Code Reg Type	City	Vehicle Section) MC/MX/IC Trailer	Bus Use St Zip C#:	e 42

Wilming Department

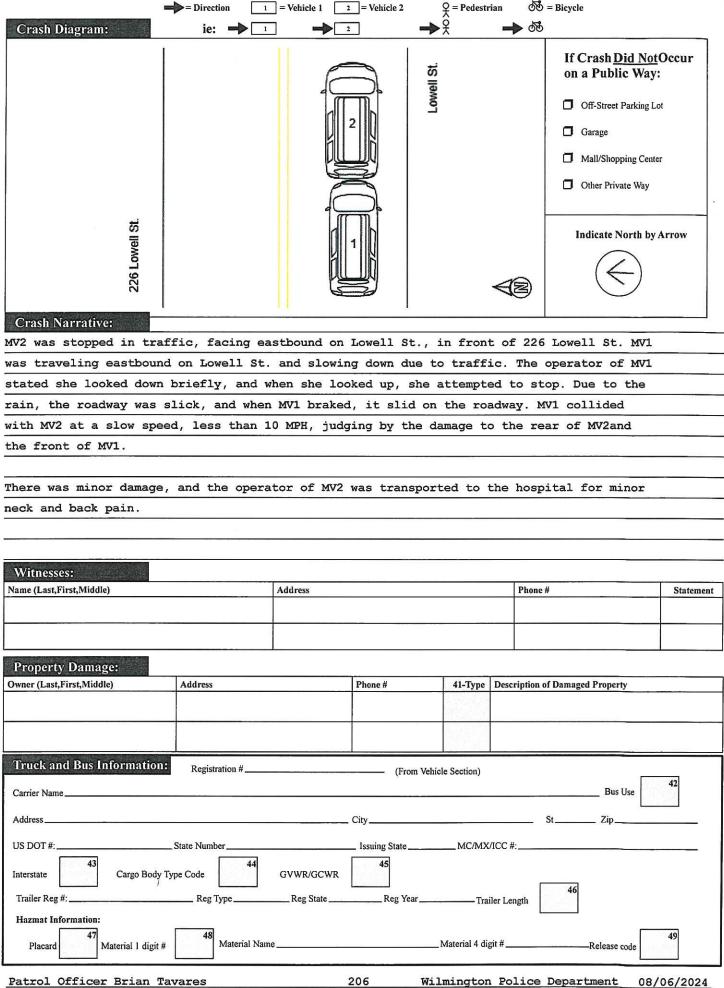
08/05/2024 Date

Wilmington Police Department Images Associated with 24-220-AC





	Pol	lice Use Only	Com	monwealth	of Massa	chus	etts			RM	V Docu	ument Number	
	Date of Crash 08/06/2024	Time of Crash 0807 Wil	City/Town mington	Motor Vel	nicle Cras	$\mathbf{h} \begin{bmatrix} \mathbf{N} \\ \mathbf{V} \end{bmatrix}$	umber ehicles	Numbe Injure		l Limit.	20	State Police Local Police MBTA Police	0000
	00/00/2024	24HR	ming con	<u> </u>	Report	2		1	1	tude		Campus Police Other.	
		AT INTERSECT	ION:	< LOC.	ATION >			NOT.	AT IN	FER	SEC	TION:	- 10
						22	6	LOV	ŒLL	ST			2 10
¹ 1	Route# Dire	ction	Name of Roadway/S	treet	Route# Direction		ress#					/ay/Street	
1			At		Feet N	SEW	of		_ •	. —	or _		_
	Route# Dire	ction Na	me of Intersecting Road		[5	lelelu	7 .	Mile	Marker			Exit Number	2 11
			Also at Intersection	with	_	SEW	_	Route#		Interse	ecting F	Roadway/Street	
² 2	Route# Direct	ction Na	me of Intersecting Road	way/Street	Peer [I	(Jajejii] or			La	ndmark	k	-
	Please Select (_#Occupants	t/Run Moped	Crash Re	nort ID#	24	-22)1 —	············	**************************	· · · · · · · · · · · · · · · · · · ·	
³ 3	of the Followi	ng:										. 10	
	License #	St	OB/Age 20	_	# SAMPSN							eg State MA	1 12
		Class D Lie.	Restrictions I	Endorrament	Year <u>2013</u> ner SAMPSON				LICK		Veh	Contig.	ـــــا ا
⁴ 3	Operator.	Last	First	Middle	La: Tress 2 PATC	si .		First			Mi	iddle	-
	Addres. City	_ Sta			WILMINGT		CML		Stata M	Δ 2	in O	1887-391	_ a
	ĺ	oany SAFETY IN	•	_	icle Action Prior to C		2	22	Damage				7
	Vehicle Travel I	· · · · · · · · · · · · · · · · · · ·	Responding to Eme		nt Sequence 1 23		23	23	Test Sta	tus:		1 28	_
⁵ 1		sued)			t Harmful Event	1 24			Type of			29	
	,	Sub —	- Viol. 2; Ch/Sec/Sub —		er Contributing Code		25	25	BAC Te Susp. Al			1 30 Susp. Drug 2 3	2 1 13
J.	Viol. 3; Ch/Sec/		Viol. 4: Ch/Sec/Sub —		er Distracted by	0 26	2	6	Towed f	ı	_	2 33	┛ ├ ─┛
⁶ 2		•	ator and all occupants in			34 Seat	35 Safety	Airbag E	7 38 cci Trap	39 Injury	40 Transp.		
	Name (Last First M Operate			Address See Above	DOB/Age	Sex Pos.	System 99	Status C	ode Code	Status 10	Code 1	Medical Facility	
	opera.								+	-			_
									_				
										<u> </u>			_
⁷ 1	Please Select C of the Followin		_#Occupants Hit	/Run Moped	Vulnerabl	e User	Complet	e the Vui	nerable (Jser se	ction.		
	License #	St	DOB/Age	Reg	# 3ANN44			Reg T	уре РС		R		<u>, </u>
	Sex F Lic. (Class D 19 Lic.		CDLVeh	Year 2018	Veh M	lake C	HEVE	OLE:	<u> </u>	_ Veh	Config. 21	
8 1	Operator PA	YNE, SUSAN			ner PAYNE ,	SUSA	N M	ARIE First	:		Mi	iddle	-
1		ALLEN RD	····		ress 176 AL I	LEN E	ND.						
		ERICA Stat			BILLERIC	A		_				1821-523	9 4
	Insurance Comp	any ARBELLA M			icle Action Prior to C	,	<u> </u>	22	Damage Test Sta		Code:	5 27 27 2 28 28	<u> </u>
	Vehicle Travel D		Responding to Eme		nt Sequence 1	23	23	23	Type of			29	
2	Citation # (If Iss				Ľ	<u> </u>	25	25	BAC Te			1 30	_
		Sub ————			er Contributing Code	24	20		Susp. Al			Susp. Drug: 2 3:	2]
	Viol. 3: Ch/Sec/S	Please fill out for oper	Viol. 4: Ch/Sec/Sub — ator and all occupants in		er Distracted by	34	35	36 3	Towed f	39	40	2_55	_
	Name (Lost First M	iddle)	and an occupants it	Address	DOB/Age	Sex Pos.	Safety System	Airbag Ej Status Co	ect Trap sde Code	Injury Status	Transp. Code	Medical Facility Lahey Clinic	_
	Operate	or/Occupants		See Above		X 1	99	4 0	0	9	2		



Signature

ID/Badge#

Department Precinct/Barracks

Date

	Pol	ice Use Only		Com	monwea	lth (of Massa	ich	use	etts		·		RMV	V Docu	ıment Nı]
	Date of Crash 08/06/2024	Time of Crash	1	City/Town ington	Motor	Veh	icle Cra	sh		mber hicles	Num Inju	1	Speed Latitud	Limit.	15	Local	Police D Police S A Police D Police D	1
	08/08/2024	24HR		ing con	Pol	lice]	Report		2		0		ongiti				us Police 🗖	
		AT INTER	SECTIO	ON:	<	LOCA	TION :	>			NOT	AT	INT	ER	SEC'	TION	:	<u> </u>
									35!	5	МТ	ימם: ימם:	LES	EX	ΑV	TE.		2 10
1	Route# Direc	ction		Name of Roadway/S	Street		Route# Direct	tion	Addre							ay/Street	!	
¹ 1				At			Feet [N S	E W	of ·			- •	_	or _			
	Route# Direc	ction	Name	of Intersecting Road			1				Mil	e Mar	ker			Exit	Number	3 11
				Also at Intersection	with		Feet [Route	#	1	interse	cting F	Roadway	/Street	
² 2	Route# Direc	ction	Name	of Intersecting Road	lway/Street		Feet	NS	E[W	of .				1 00	ndmark			.
	Please Select (One Vehic	1	Occupants H	t/Run 🔲 N	Moped	Crash R		1134	2 /		22) '					1
3	of the Followi	ng:		Посоприяль	ZKun 🗀 "												+	4
	License #	[tol	Si 19	DOB/Age.	•	_	5SRT27					-					21	7 12
	Sex M Lic.	Class 99	Lic. Re	strictions	CDL Endorsement		Year <u>2005</u>					AN			Veh	Config.	2	
⁴ 1	1	UAKOM,	E	irst	Middle		er <u>NJUAKO</u>	Last			Fir	sl			Mi	ddle		
т.	İ	MISHAW		MA Zip 018(\1		ess 290 MI WOBURN	.on	n.WU	ivi b			. M2	~~	Λ 1	1801		
	· ·			E DIRECT		•	ele Action Prior to	Crach	[3	22				Code:		27 27	
	Vehicle Travel I		EX	Responding to Eme			t Sequence		23	23	23		st Stati			1 28		
5		sued)		Responding to Line	orgeney :		· <u>-</u>	1	24			• •	pe of T			29		
	i			iol, 2: Ch/Sec/Sub			er Contributing Co		12	25	25			t Resu	ılt: 2 31	30 Sucn [Orug 2 32	1 13
,	Viol. 3: Ch/Sec/			iol. 4: Ch/Sec/Sub			-	0	26		6			om sc		2 33	лиц <u>2</u>	
⁶ 1	7,03, 3, 0,3,30			r and all occupants i					34 Sent	35 Safety	36 Airbag	37 Eject	38 Trap	39 Injury	40 Transp.			<u> </u>
	Name (Last First M				Address See Above		DOB/Age	Ŝ	Pos.	System 99	Status	Code	Code O	Status 10	Code 1	Med	lical Facility	-
	Орегии								-	-					-			-
									ļ									-
																		-
							<u> </u>											_
⁷ 1	Please Select C of the Followi		e 2 0	Occupants Hi	t/Run 🔲 N	loped	Uulneral	ble Us	er C	omplet	e the \	/ulnera	able U	ser se	ction.			1
_	License #		St	DOB/Age	<u> </u>	Reg 8	3TFP26				Reg	Туре	PC		R	eg State	MA	1
	SexLic.		Lic. Re		CDL Endorsement	Veh Y	/ear <u>2020</u>	v	Veh Ma	ake V	OLK	SW	AGE	N_	_ Veh	Config.	2 21	
Q.	Operator Dr	iverles:	s M.V		Middle	Own	er GRASSO	, F	CAT	ELY	N F	OS	E		Mi	ddle		
81	Address				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Addr	ess 112 W	EM	ERS	ON	ST		PT	4				14
	City		State_	Zip		City	MELROSE										-3162	1 "
	Insurance Comp	any AMICA	MUTU	AL INSURA	NCE CO	Vehic	le Action Prior to			11	22		maged st Stati		Code:	6 ²⁷	27 27	
	Vehicle Travel D	Direction: N S	EW	Responding to Eme	ergency? 2	Even	Sequence 1	23	23	23	23		pe of T			29		
⁹ 2	,	nued)						1_	24	25	16	ВА	C Tes	t Resu	alt:	30		
				ol. 2; Ch/Sec/Sub -			r Contributing Co		26	25	25 6]			ohol:		32)	orug: 2 32	
	Viol. 3: Ch/Sec/			ol. 4; Ch/Sec/Sub —		Drive	r Distracted by	0	34	35	36	To:	wed fr	om sc	ene?	2 33		ļ
	Name (Last First M		tor operato	r and all occupants i	Address		DOB/Age	Sex	Seat Pos	Safety System	Airbag	Eject Code	Trap Code		Transp. Code	Medi	ical Facility	
	Operate	or/Occupa	nts		See Above			X	1		4	0	0	10	1			
																7-11111		

Form No. 10364 CRA-65 08/23

	= Direction 1	= Vehicle 1 2 = V	$ \begin{array}{ccc} $	strian 🚳	= Bicycle	
Crash Diagram:	ie: → 1	2	→ 🕅	→ №		<u></u>
	355	Middlesex Ave		43	If Crash <u>Did Not</u> on a Public Way:	
					Off-Street Parking Lo	t
ATTEMPTED TO THE PROPERTY OF T					☐ Garage	
			<u> </u>		☐ Mall/Shopping Center	r
					Other Private Way	
		2			Indicate North by A	Arrow
	← Middles	sex Ave 🖒				THE STREET
Crash Narrative:						
	RONT END IN, UNOCCUPI					
	K IN A PARKING SPOT					
	ONT PASSENGER SIDE (F					
DEPLOYED, NO TOWS		CHES (SEE FROI	OS). NO INCOLLE	o relication	, 110 IIII	
	** ·					
	,					
Witnesses:]				г
Name (Last, First, Middle)		Address	**************************************	Phone	į .	Statement
PORTER JOHN A		5A BEACON ST V	OBURN MA 01801			
Property Damage:	1 - 12 ₀					
Owner (Last,First,Middle)	Address	Pho	ne# 41-Ty _i	Description o	f Damaged Property	
Truck and Bus Infor	mation: Registration #	<u> </u>	— (From Vehicle Section)		42
Carrier Name					Bus Use	
Address		City.			StZip	
US DOT #:	State Number	Iss	uing StateMC/I	AX/ICC #:		
Interstate 43	argo Body Type Code	GVWR/GCWR	45			
Trailer Reg #:	Reg Type	Reg State	 Reg Year	Frailer Length	46	
Hazmat Information:				L		
Placard 47 Mater	ial 1 digit # 48 Material Nan	e	Material 4	digit#	Release code	49
Patrol Officer K	errla M Hancon	230	Wilmingt	on Police	Department 08/	06/2024

Signature

ID/Badge#

Department Precinct/Barracks

Date

Wilmington Police Department Images Associated with 24-222-AC





	Pol	lice Use Only		C	ommon	ıwealth	of Mass	ach	us	etts	i			RM	V Doc	ument N	ımber	1
	Date of Crash 08/06/2024	Time of Crash		ity/Town	M	otor Ve	hicle Cra	ash		umber		1	•	Limit	10	Local i	Police Police A Police	1
	08/06/2024	24HR	MTTI	.ng con		Police	Report		2		0	- 1	Latitu Longit				us Police 🔲	
		AT INTERS	SECTIO	N:	<	LOC	ATION	>			NO	ΓΑΊ	'IN'	TER	SEC	TION:]
									21	^	127	\T.T.	7 DT	177%	LE	em.		2 10
1	Route# Dire	ction	N	Vame of Road			Route# Dire	ction		ess#	<u> </u>					way/Street		-
¹ 1				А	.t		Feet	N S	EW	of			•	_	or .			
	Route# Dire	ction	Name o	of Intersectin	g Roadway/Stre	et	-				Mi	le Ma	rker			Exit l	Number	9911
			A	Also at Inters	ection with			NS			Route	#		Inters	ecting	Roadway/	Street	<u> </u>
² 1	Route# Dire	ction	Name o	of Intersectin	g Roadway/Stre	et	Feet	NS	E W	of								
	Please Select	One 57	.1 #			le.		_		~ 4	_	· · ·			ndmar	<u>k</u>		4
3	of the Followi		11#\	Occupants	Hit/Run	Moped	Crash	Report	1D#	24	-2	Ζ.	<u>3 —</u>	AC	;]
	Liceuse #	19 1	s	JOB/Age		. Re	g# 3RNF28				Reį	з Туре	PC		R	leg State	MA 21	99 ¹²
	Sex F Lic.	Class D	Lic. Rest	rictions 1	CDL Endorser	nent	1 Year <u>2023</u>								Vel	ı Config.	1 "	99
4	1	ALY, MON	Fir	st	Middle		mer HEALY	Last			Fi	ION	Y		м	fiddle		
⁴ 1	J	FOX HI					dress 231 F			L I								
	1	INGTON		•			y BURLING	TON							•		-1515	
	·	nany GEICO		AL IN	SURANCE		nicle Action Prior t				22		amage st Stat		Code	7 27	27 27	
5	Vehicle Travel I	Direction: NX	EW	Responding	to Emergency?	2 Ev	ent Sequence 2	23	23	23	23		pe of			0 29		1
	1	sued)					st Harmful Event	2	24	25	25		AC Tes	st Resi	ult:	1 30		13
	Viol. 1: Ch/Sec/	Sub ———					ver Contributing C		26		6	Su		cohol:			rug 2 32	2
⁶ 1	Viol. 3: Ch/Sec/	Sub — Please fill out t			Sub ————	Dri	ver Distracted by	0	34	35	36	To 37	wed fi	rom so	епе?	2 33		_
	Name (Last First M		tor operator	and an occu	Address		DOB/Age	Sex	Seat Pos.	Safety System	Airbag	Eject Code	Trap Code	Injury Status	Transp. Code	Medi	cal Facility	_
	Operate	or			See Abov	/e	\rightarrow	X	1	0	5	3	0	10	1			
]
																		1
7	Please Select (21 #0	Occupants D	Hit/Run	Moped	Vulner	able Us	er C	Comple	te the V	Vulner	able U	Jser se	ction.	·		1
1	of the Followi	ng:		L	_													-
	License #	19 19	9	_ DOB/Age_	20		# unknow				_						21	
	Sex Lic.		Lic. Resti	rictions	CDL Endorsem	ient	Year		ven M	ake					Vel:	i Config.		
99	Operator Un		Firs	st	Middle		nerdress_	Last			Fi	rst			М	liddle		1
			State	Zip			/					Stat	le.	2	'in			1 14
	Insurance Comp			4.F			sicle Action Prior t				22				Code:	27	27 27	F
	Vehicle Travel D		E W I	Responding t	o Emergency?_		ent Sequence	23	23	23	23	Te	st Stat	us:		28		
.	Citation # (If Iss	ued)		,			st Hamnful Event		24	!		-	pe of T			30		
2	Viol, 1; Ch/Sec/S	Sub	Viol	l. 2; Ch/Sec/S	Sub	Dri	ver Contributing C	ode		25	25		AC Tes sp. Ale	st Resu coho!		<u> </u>	32	
	Viol. 3; Ch/Sec/S	Sub	Viol	l. 4: Ch/Sec/S	Sub	Dri	ver Distracted by		26	2	6		-	om se		33	"5 <u>"</u>	
		Please fill out f			oants involved			İ	34 Seat	35 Safety	36 Airbag	37 Eject	38 Trap	39 Injury	40 Transp.			1
	Name (Last First M	or/Occupan	ıte		Address See Abov	P	DOB/Age	Sex	Pos.	System	Status	Code	Code	Status	Code	Medic	al Facility	4
	- Operate		. 6.3	***************************************	Jee Abov	<u> </u>			-									-
									-							ļ		-
								-		ļ								

	= Direction 1	= Vehicle 1	= Vehicle 2	र्ट्र = Pedestria	ın Ö Ö = Bi	cycle	
Crash Diagram:	ie: → 🗔	-		▶ ⋛	→ ∞		
	ÆHICLE 2			(If Crash Did Not on a Public Way: Off-Street Parking Lot Garage Mall/Shopping Cente Other Private Way Indicate North by	r
Crash Narrative:							
SEE ATTACHED NARRATIVE	E. ALSO SEE 24-9	954-OF.					
					,		
			·			W W-	
			•				
		<u></u>					
Witnesses:							
Name (Last, First, Middle)		Address			Phone #		Statement
					<u> </u>		I
Property Damage: Owner (Last,First,Middle)	Address		Phone #	41 Tyma	Description of Da	magad Property	
Owner (Last, First, Windute)	Audiess		1 Hone #	41-1урс	Description of Di	maged 1 Toperty	
Truck and Bus Information	Registration #		(From Ve	ehicle Section)			42
Carrier Name						Bus Use	
Address			City		St	Zip	
US DOT #:	State Number		Issuing State	MC/MX/	ICC #:		
43	y Type Code	GVWR/GCWR	45				
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trail	er Length	46	
Hazmat Information:					L		
Placard 47 Material I digit	# 48 Material Nar	me		Material 4 dig	it #	Release code	49
		·-:				****	

Patrol Officer Seth A Mucha-Kangas Police Officer Name (Please Print)

Wilmington Pol Department ice Department
Precinct/Barracks 08/06/2024 Date

Wilmington Police Department Images Associated with 24-223-AC









Wilmington Police Department

Page: 1

NARRATIVE FOR PATROL OFFICER SETH A MUCHA-KANGAS

Ref: 24-223-AC

On Tuesday, August 6, 2024, I, Officer Kangas was assigned to uniformed patrol, sector 2, in marked cruiser 32, on the 4:00 PM-12:00 AM shift. Below is a brief summary of facts involving the hit and run motor vehicle crash reported at 210 Ballardvale St.

At approximately 4:51 PM, I was dispatched to 210 Ballardvale St. for the report of a past hit and run in the Target parking lot. Upon my arrival, I spoke with the reporting party Mrs. Monica Healy, who stated she went into target at approximately 4:26 PM and returned to her vehicle, (MA REG 3RNF28-vehicle-1) at approximately 4:45 PM. At this time Monica noticed damage to her passenger side rear door which hadn't been there prior, (images attached to report).

Monica made note that her vehicle was parked evenly in between the lines, which I confirmed. It appeared that vehicle 2 must have taken too sharp of a turn when backing out of thier parking spot, making contact with vehicle 1 and causing minimal damage to the lower left passenger side door. I attempted to get camera footage of the incident from a Target employee, but they were unavailable. I will attempt to contact a Target Loss Prevention member at a later time in order to gain camera footage of the incident.

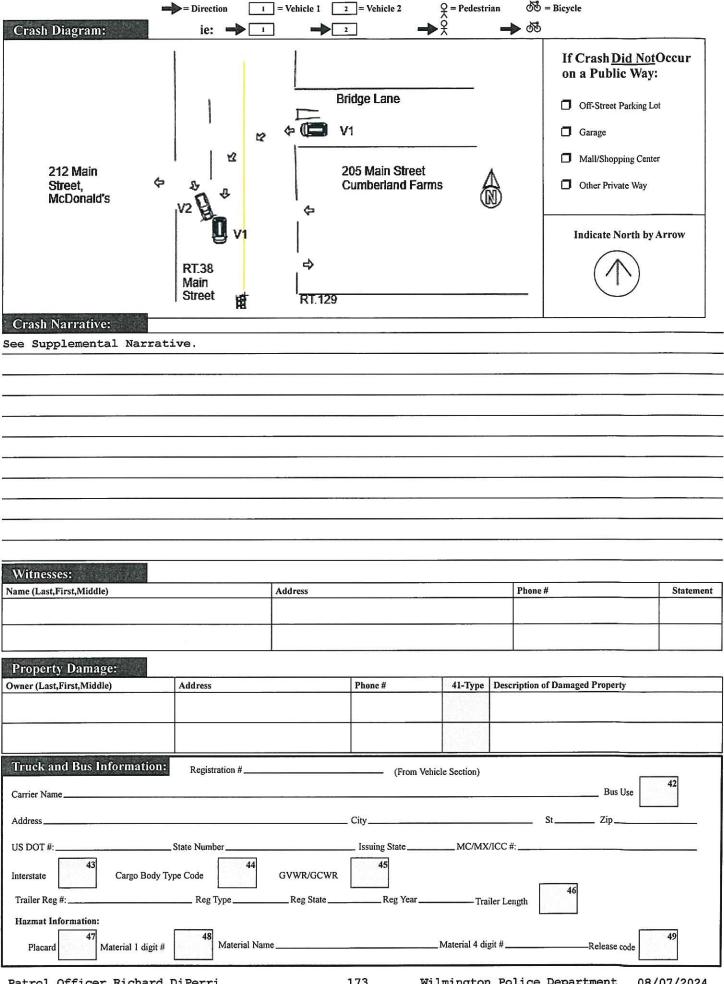
Respectfully Submitted,

Officer Kangas #235

Patrolman

Wilmington Police Department

	Pol	ice Use Only		Con	ımonwea	alth d	of Massa	ich	use	etts				RMV	V Docu	ament Number		
	Date of Crash 08/07/2024	Time of Crash		ity/Town .ngton	Motor	Veh	icle Cra	sh		mber hicles			Speed Latitud		35	State Police Local Police MBTA Police	080	
	08/01/2024	24HR	MITTI	ing con	Po	lice l	Report		2		1	- 1	Lamue Longit			Campus Police Other:	<u> </u>	
		AT INTERS	ECTIO	N:	<	LOCA	TION	>			NO'	ГАТ	INT	ER	SEC	TION:		10
							38 N		21:	>	MZ	ATN	SI	7				2 ¹⁰
1	Route# Direc	ction	N	lame of Roadway	Street		Route# Direct	ion	Addr						Roadw	/ay/Street		
¹ 1				At		İ	Feet	N S	EW	of				_	or _			
	Route# Direc	ction	Name o	of Intersecting Roa	idway/Street						M	le Ma	rker	·····		Exit Number		2 11
			A	Also at Intersection	ı with		Feet				Route	e#	1	Interse	cting I	Roadway/Street	_	
² 2	Route# Direc	ction	Name o	of Intersecting Roa	idway/Street		Feet	NS	EW	of	MC	DON	ALI					İ
	Please Select (One SZ	2 "	··········			T				-	12	a .		ndınarl	<u> </u>		
3	of the Followi		12#(Jecupants H	lit/Run	Moped	Crash R	eport	ID#	<u> </u>			4 –.	AC	•			
	License			OOB/Age.	-MC-10-07-1	Reg#	7NW386				Re	g Type	PC		R		21	1 12
	Sex M Lic.		Lic. Rest	CDL Endorsement		ear <u>2016</u>								_ Veh	Config. 2			
4	1 '	OMAS, RO	Pic	EUGENE	Middle		THOMAS	Last			RAI	NCE	S		Mi	iddle		
⁴ 1	}	ENDALL F					ess 1 KENI			D						1000		
	i ·	SBURY				-	TEWKSBU		ſ		22				ip O : Code:	1876-191	L5 27	
		safety					le Action Prior to		23	1 23	23		amaged st Stati		Code:	28		
5	Vehicle Travel I	حات		Responding to En	nergency? 2		. Sequence 1	\perp	24			Ту	pe of T	Test:		29		
	ì	sued)					Harmful Event	1		25	25	3	AC Tes		-	30	-	_ 13
	1	Sub ———					r Contributing Co		26		6	Su	sp. Ale			23	32	1
⁶ 1	Viol. 3: Ch/Sec/			I. 4: Ch/Sec/Sub - and all occupants	impolyed	_ Drive	r Distracted by	1	34	35	36	37	38	39	40	2 33		
	Name (Last First M		or operator	T	Address		DOB/Age	Sex	Scat Pos.	Safety System	Airbag Status	Eject Code	Trap Code	injury Status	Transp. Code	Medical Facility	·	
	Operate	or			See Above		\geq	X	1	1	4	0	0	10	1			
	JOAN THOMAS	S		1 KENDALL RD TEWKSBURY, MA	01876-1915		_1	F	3	1	4	o	0	10	1			
													Ì					
		,																
7	Please Select C		21 #0	Decupants H	fit/Run	Moped	Vulnera	t hie Us	er C	omple	te the	Vulnes	able U	lser se	ction.			
⁷ 1	of the Followi	ig: A venice																
	License >	19 19	Ø	DOB/Age,	-		3NVM28 ear 2019					•				eg State <u>MA</u> 1 Config. 2	21	
	Sex F Lic.		Lic. Rest		CDL Endorsement		ear ZULS er KOCZER								ven	Config. 2	_	
⁸ 1		CZERGA, Last MAPLE RI		si	Middle		es 54 MAI	last			F	irst	<u> </u>		М	iddle		
	City TEWKS			A Zip 018'	76-4020		TEWKSBU				•	Sta	te MZ	A 2	in O :	1876-402	20	1 14
	l '	oany THE CO		•		_	le Action Prior to			5	22				Code:		27	
	Vehicle Travel D	, 8		Responding to En			Sequence 1	23	23	23	23	Те	st Stat	us:		1 28		
^	Citation # (If Iss			, 5	5 ,		Harmful Event	1	24			-	pe of 7		•	30		
⁹ 2		Sub	Vio	I. 2: Ch/Sec/Sub -		_ Drive	r Contributing Co	de	5	²⁵ 1	9 25	:	AC Tes isp. Ale				32	
		Sub					r Distracted by	99	- di		6	1 20	wed fr			1 33		
	<u></u>	Please fill out f		and all occupants	involved				34 Sent	35 Safety	36 Airbag	37 Eject	38 Trap	39 Injury	40 Transp.			•
	Name (Last First M	or/Occupan			Address See Above		DOB/Age	Š	Pos.	System 1	Status 1	Code 0	Code 0	Status 8	Code 2	Medical Facility Lahey Clinic	<i>.</i>	
	Operation		:13		GEG AUUVE			high angle	1		ļ <u>-</u>	-			_			
								ļ	-									
									1									
									1									



Patrol Officer Richard DiPerri

173

Wilmington Police Department

08/07/2024

Department

Wilmington Police Department

Page: 1

NARRATIVE FOR PATROL OFFICER RICHARD DIPERRI

Ref: 24-224-AC

V1 (Thomas) turned left from Bridge Lane on to Main Street RT.38N into left portion of northbound lane on Main Street. V1 was in the lane and moving into right portion of split lane returning to Tewksbury, when it collided with V2 (Koczerga). V2 OPR (Koczerga) vehicle was stopped in between travel lanes in front of Mcdonald's at 212 Main Street pointed inward towards the left travel lane. She complained of possible lower body injury and was subsequently transported to hospital by WFD. V1 had pulled into parking lot at 212 Main Street. No injuries to OPR/PASS V1 (Thomas). V1 had substantial damage to right rear bumper (pushed in) and crumpled right quarter. V2 had damage to right front end and hood.

Prior to transport, OPR Koczerga claimed V1 suddenly turned in front of her. She also stated she was heading towards left turn at nearby intersection of RT.38/129 (requiring left lane). The collison location was 40+ feet north from Bridge Lane and indicative that V1 was (at minimum) already in left lane as opposed to direct collison from left hand turn attempt from Bridge Lane. V1 OPR Thomas stated he was heading home to Tewksbury via RT.38 and was heading straight (requiring right lane merge). V1 Towed by AAA.

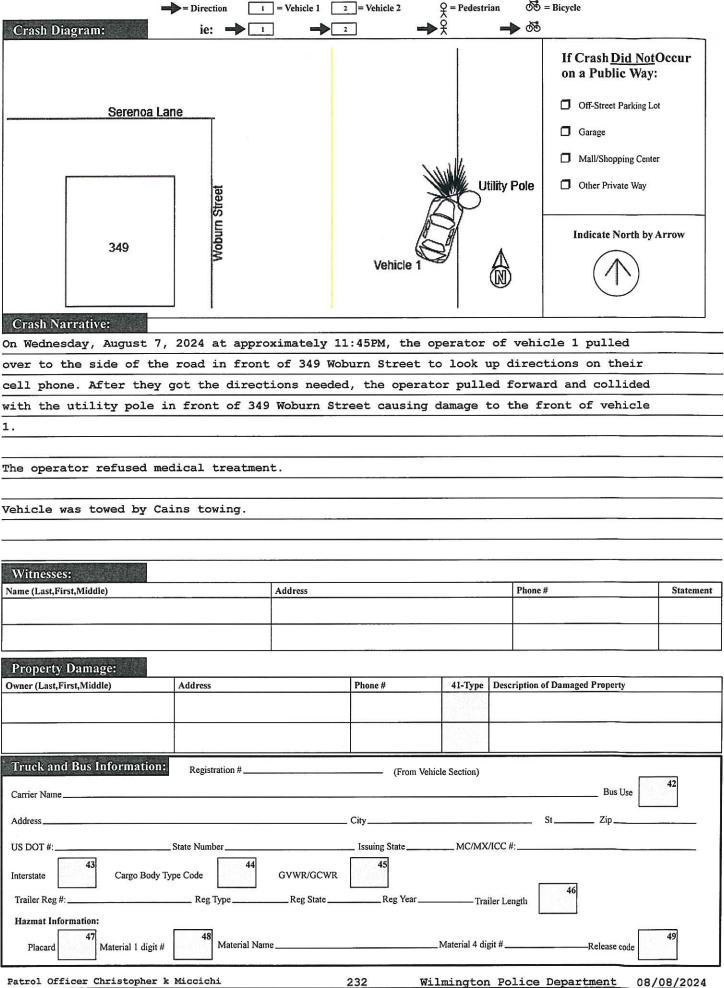
On 08/08/2024, arrived at station for paperwork. She advised she was traveling in left hand lane already and not merging from right. This did not agree with V2 collison location as being between lanes and pointing left suggesting merge. Damage also appeared to be pushing left into V1 and opposed to to the left on V2.

Most probable explanation for crash is V2 (Koczerga) rear ending V1 (Thomas) while merging into left lane, or both vehicle attempting lane change at same time in which case V2 (Koczerga) still rear ended V1. Refer images.

V2 towed by Cain's Towing.

Respectfully Submitted, Rich DiPerri-173

	Po	lice Use Only		Con	nmonw	vealth (of Massa	ach	use	etts		Ĩ		RM	V Doce	ement N	lumber		
	Date of Crash 08/07/2024	Time of Crash		City/Town	☐ Mot	or Veh	icle Cra	sh		unber hicles	Nun	a l'	Speed Latitud	Limit.	30	Loca	Police Il Police FA Police	0800	
	08/07/2024	2348 24HR	AA T TIIIT	ing con	J	Police 3	Report		1		0		Lautud Longit				pus Police	ă	
		AT INTER	SECTIO	N:	< '	LOCA	TION	>			NO.	ГАТ	'IN	ΓER	SEC	TION	!:		
									34	Q.	w)BU	ΡN	ST					2 10
1	Route# Dire	ection	1	Name of Roadway	//Street		Route# Direct	tion	Addr						Roadw	/ay/Stree	et		
4	1			At			Feet	N S	E W	of			- •	_	or _				
	Route# Dire	ection		of Intersecting Ro					r=	!	Mi	le Mar	ker			Exit	Number		1 11
			,	Also at Intersectio	n with		Feet {				Route			Interse	ecting I	Roadway	y/Street		
² 1	Route# Dire	ection	Name	of Intersecting Ro	adway/Street		Feet	N S	EW	01				1.0	ndmarl	<u>-</u>			
	Please Sciect		1. 1 #	Occupants	U;+/P)	Moped	Crash R	anart	ın# '	21		2 5	-			<u> </u>			
3	of the Follow	ing: Veine	re Late		THO KUII														
·····	License	19	_ St .	OB/Age	ו		OJN101										2	1	1 12
	Sex F Lic.	<u> </u>		trictions 1	CDL Endorsement	t	/ear 2015				ISS	AN			_ Veh	Config.	<u>L</u>	لـ	
⁴ 1	1	LKINS, Last NEWHALL	Fi	75l	Middle		er MESKE , ess 34 NEV	Last			Fi	īSI			Mi	iddle			
	1	LL			52-4133							Stat	. MZ	1 7	·.~				
	Insurance Com		State &	21p			ele Action Prior to				22				Code:	1 27	27	27	
	Vehicle Travel		S E W	Responding to Er	mergency? 2		Sequence 22		23	23	23	Tes	st Stat	us:		1 28	<u>-</u>		
5		sued)						22	24				pe of 1			29			
	1	/Sub		ol. 2: Ch/Sec/Sub			er Contributing Co			25	25	1		t Resu cohol:		1	Drug:2	32	22 ¹³
	i i	/Sub					r Distracted by	1	26	2	6			rom sc		1 33	2 <u>2</u>		
⁶ 1			t for operator	and all occupants					34 Seat	35 Safety	36 Airbag	37 Eject	38 Trap	39 Injary	40 Transp.				
	Operat				Address See Above	· · · · · · · · · · · · · · · · · · ·	DOB/Age	Sex	Pos.	System 1	Status 1	Code O	Code	Status 10	Code	Me	odical Facility		
	Operai								1					-					
								-											ĺ
																			ĺ
				1	-				<u> </u>										<u> </u>
⁷ 1	Please Select of the Follow	One Vehicl	le 2#	Occupants 🔲 p	Hit/Run	Moped	Vulnera	ble Us	ser C	Comple	te the	Vulner	able U	lser se	ction.				
	License #			_ DOB/Age	1	Reg #	1				Reg	д Туре			R	eg State.		<u> </u>	
	Sex Lic.	Class 19	Lic. Res	trictions 20	CDL Endorsement		/ear		Veh M	ake					_ Veh	Config.			
⁸ 1	Operator	Last	Fig	rst	Middle	Own	er	Last			Fi	irst			Mi	iddle			
	Address		***************************************	····			ess												14
	İ		State	Zip		_			1		22	Stat			Code:	27	27	27	
	Insurance Comp		TEINI	D			le Action Prior to	Crash 23	23	23	23		st Stat		ÇOUC.	28	L		
	Vehicle Travel I	<u> </u>		Responding to Er	mergency?		a acqueince		24			Tyj	pe of	Test:		29			
2	1	sued)		-1 2. Ch/C/C-h			Harmful Event or Contributing Co	ule ule		25	25	1		t Resu	-	30		20]	
	į.	/Sub					r Distracted by		26	 2	6	•	•	cohoi: com sc		Susp. I	Drug!	32	
	V101. 3: CII/Sec/			and all occupants			- Distracted by	<u> </u>	34 Sent	35 Safety	36 Airbag	37 Ejeci	38 Trap	39 Injury	40 Transp.				
	Name (Last First M			1	Address		DOB/Age	Sex	Pos.	System	Status	Code	Code	Status	Code	Мо	dical Facility		
	Operat	or/Occupa	nis		See Above	······································		A	1	<u> </u>				<u> </u>					
						····		<u></u>											i
																			



Signature

ID/Badge #

Department Precinct/Barracks

08/08/2024 Date

Wilmington Police Department Images Associated with 24-225-AC





	Pol	ice Use Only		Com	monweal	lth c	of Massa	ıch	use	etts				RMV	/ Docu	ıment Num		
	Date of Crash	Time of Crash	1	City/Town ington	Motor	Vehi	icle Cra	sh		mber hicles	Num Injur	. 1~1	eed I	Limit _	35	State Poli Local Pol MBTA Po	ice 🔀	
	08/08/2024	24HR	MTTIII	ing con			Report		2		0	- 1	ongitu			Campus I	Police 🗖	
		AT INTER	SECTIO	N:	1 >	OCA	ΓION :	>			TON	AT	INT	ERS	SEC	TION:		1 70
		CON	CORD S	ST														2 10
¹ 1	Route# Dire			Name of Roadway/S	Street		Route# Direct	ion	Addr	ess#			Nair	ne of I	Roadw	ay/Street		
1		FORI	OHAM I	At RD			Feet [N S	EW	of			•		or _	F. A.M.		
	Route# Dire		Name	of Intersecting Road	-		Feet	NG	E W	-6	Mil	e Mark	er			Exit Nu	moer	3 11
			•	Also at Intersection	WIII		Feet [Route	- -	It	nterse	cting 8	Roadway/St	reet	
² 2	Route# Dire	ction	Name	of Intersecting Road	lway/Street			** *		OI .				Lar	ıdmark	ζ	-	
2	Please Select	One X Vehic	e <u>1 #</u>	Occupants Hi	t/Run M	loped	Crash R	eport	ID#	24	-2	26	-2	AC	:	********		1
3	of the Followi	ing.					 6GD576									C M		
	License Sex F Lic.	19	S 19 Rec	DOB/Age	CDL	-	ear 2016										21	1 12
	1	GARWAL,			Endorsement		r AGGARW								7011	Coming.		
⁴ 3	} -	TONEHIL	Fi	irst	Middle		ss 3 STON	ast			Fir	st .			Mi	ddle		
				47A Zip 0180	3-1419		BURLING!					_ State	MA	Z	ip 0]	1803-	1419	
	Insurance Comp	oany ARBEL	LA MU	TUAL INS	URANCE	Vehicl	ie Action Prior to	Crash		1	22	Dan	aged	Агеа	Code:	1 27 2	27 27	
5	Vehicle Travel I	Direction: N S	EX	Responding to Eme	ergency? 2	Event	Sequence 1	23	23	23	23		Statu			28		
⁵ 1	Citation # (If Iss	sued)				Most 1	Hannful Event	1	24			-,	of Te C Test	est: Resu	lt:	30		
	Viol. 1: Ch/Sec/	Sub	Vic	ol, 2; Ch/Sec/Sub		Drive	Contributing Co	de	<u> </u>	25	25	Susp	. Alco	ohol:	2 31	Susp. Dru	ıg: ₂ 32	1 13
⁶ 1	Viol. 3: Ch/Sec/	Sub	———Vio	ol. 4: Ch/Sec/Sub —		Drive	Distracted by	0	26	2	6		ed fro	m sce	,	2 33		
<u> </u>	Name (Last First N		for operator	r and all occupants is	nvolved Address		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code		39 Injury Status	40 Transp. Code	Medical	Facility	j
	Operate	or		;	See Above		><	X	1	99	4	0 0	,	10	1			
																		
									 									
7	Please Select (1 #	Occupants Hi	t/Run M	loned	Vulneral	bla I la	ar ('ample	te the \	/ulneral	de l'Is	192 192	rtion			1
⁷ 2	of the Followi	ng:	· 2.31		o Kun													
	License #	19	St.	DOB/Ag		_	4JYM53 ear 2005					••				eg State M	21	
	Sex M_ Lic.				CDL Endorsement #AFT.		r CROTEA				_				_ ven	Contig.	<u>. </u>	
⁸ 3	-	Last FERRY L	Fi	ısı	Middle		s 38 FEF	Lost			Fir	st			Mi	ddle		
				7A Zip 0185	0-1936		LOWELL					State	MA	Z	ip 0 1	1850-	1936	1 14
				R INSURAN		Vehicl	e Action Prior to	Crash		4	22	Dan	aged	Агеа	Code:	3 27 2	27 27	
	Vehicle Travel I	Direction: S	EW	Responding to Eme	ergency? 2	Event	Sequence 1	23	23	23	23		Statu			28		
⁹ 2	Citation # (If Iss	med)				Most 1	Harmful Event	1	24	-			of To C Test	est: Resu	dt:	30		
2	Viol. 1: Ch/Sec/	Sub ———	Vic	ol, 2: Ch/Sec/Sub		Driver	Contributing Co	de		²⁵ 8	25	Susp	. Alco	ohol:	2 31	Susp. Dru	g 2 32	
	Viol. 3: Ch/Sec/	Sub —	Vio	ol. 4: Ch/Sec/Sub —		Driver	Distracted by	99	26	2	6			m sce		2 33		
	Name (Last First M		for operator	r and all occupants in	nvolved Address		DOB/Age	Sex	34 Scat Pos.	35 Safety System	36 Airbag Status	37 Eject Code		39 Injury Status	40 Transp. Code	Medical	Facility	
	Operate	or/Occupa	nts		See Above		><	X	1	99	4	0 0	·]:	10	1			
																		1
		11.30.00.00.00.00																1

=	Direction 1	= Vehicle 1	2 = Vehicle 2	♀ = Pedestrian	0 20 = 1	icycle	
Crash Diagram:	ie: 👈 🗆	¬ → [2	≥ ĝ =	→ №		
vehicle 2 going wrong way		vehicle 1				If Crash Did Note on a Public Way: Off-Street Parking Lo Garage Mall/Shopping Center Other Private Way Indicate North by A	t 7
						\bigcirc	
Crash Narrative:							
see attached narrative							
see attached video of inci	.dent						
						**	
	200						
Witnesses:							
Name (Last, First, Middle)		Address			Phone #		Statement
The second secon							
		1					
Property Damage: Owner (Last,First,Middle) Add	ldress		Phone #	41-Type De	scription of F	amaged Property	
Owner (Last, Prist, Middle)	iurcos		T Hone #	41-1ypc De	scription of E	amaged a roperty	
Truck and Bus Information:	Registration #		(From Ve	hicle Section)			
Carrier Name	**		(From 10	mere seemon,		Bus Use	42
9			*				
Address			City		St_	Zip	
US DOT #:State	e Number		Issuing State	MC/MX/ICC	C #:		
Interstate 43 Cargo Body Type C	ode 44	GVWR/GCWR	45				
Trailer Reg #:	10.05.00.00		200	Trailer I	ength	46	
Hazmat Information:	- ·-o -Jr=			Hanel I		<u></u>	
47	48 Material Na	ne		Material 4 digit #		Polesso	49
Placard Material 1 digit #	Iviateliai Ival			High #		Release code	
Patrol Officer Seth A Mucha-K Police Officer Name (Please Print)				ilmington P			08/2024

Wilmington Police Department

NARRATIVE FOR PATROL OFFICER SETH A MUCHA-KANGAS

Ref: 24-226-AC

Entered: 08/10/2024 @ 1806 E Modified: 08/10/2024 @ 1838 Modi

Entry ID: 235 Modified ID: 235 Page: 1

Below is a brief summary of events of the motor vehicle crash that occurred on August 8, 2024.

On August 8, 2024, I was assigned to uniformed patrol, in the marked 32 cruiser, sector 2, on the 8:00 AM-4:00 PM shift. At approximately 11:24 PM, I was dispatched to Concord St at Fordham Rd, for the report of a 2-car motor vehicle crash.

Upon my arrival, I spoke with the operators of both vehicles on scene, Mrs. Nishi B. Aggarwal (vehicle-1 MA-REG-6GD576), and Mr. Christian Michael Croteau (vehicle-2 MA-REG-4JYM53).

Nishi stated she was traveling West on Concord St. when Christian took a left turn in front of her to head north onto Fordham Rd. Christian turned into the opposite lane of travel. It should be noted Fordham Rd. is divided by a concrete barrier.

Christian stated he was heading East on Concord St, turning left (northbound) onto Fordham Rd. Christian Stated he did not realize he was going into the opposite lane of travel until his vehicle was struck. Christian was able to provide me with a video taken by an unidentified passer by which clearly shows Christian's vehicle turning into the opposite lane of travel onto Fordham Rd. at which time his vehicle was struck by Nishi's vehicle.

Neither Christian or Nishi claimed to have any injuries and both vehicles were still operable after the crash. Both parties were advised to submit Motor vehicle crash reports to the Massachusetts R.M.V. and to submit claims with their motor vehicle insurance companies. I further advised both parties that I would be writing this report and that they would be able to request a copy in approximately 10 days.

Respectfully Submitted,

Officer Kangas #235

Patrolman

Wilmington Police Department

Attachments for 24-226-AC	
Description	'ype
INCIDENT VIDEO	MOV
Attachment#: 1A7C2D1212A84CAA9EB0FF65E26FBAAF	

Wilmington Police Department Images Associated with 24-226-AC













Wilmington Police Department Images Associated with 24-226-AC





	Police Use Only Com		nmonwo	monwealth of Massachusetts				RMV Document Number							
	Date of Crash	Time of Crash 1457 Wi	City/Town lmington	Moto	r Vehi	icle Cra	sh		nber icles	Numbe	, Jopan	d Limit	30	State Police Local Police MBTA Police Campus Police	
	08/09/2024	24HR WI	TRITING CON	P	olice I	Report		2		1	Launi	itude		Campus Police Other:	
		AT INTERSEC	TION:	<	LOCA	TION :	>]	NOT	AT IN	TER	SEC	TION:	
								15		SAI	,EM	ST			2 10
1.	Route# Dire	ction	Name of Roadwa	y/Street		Route# Direct	ion .	Addres	ss#		N	ame of	Roadw	vay/Street	
11			At			Feet [N S F	E W c	of -	Mile	—— Marker		or _	Exit Number	-
	Route# Dire	ction 1	Name of Intersecting Re Also at Intersection			Feet	N S I	E W	of						2 11
				···	į		N S I			Route#		Inters	ecting l	Roadway/Street	
² 2	Route# Dire	ction 1	Name of Intersecting Re	oadway/Street			- 1 - 1 -		_			La	ındmarl	k	_
3	Please Select of the Followi	One Nehicle 1.1	#Occupants	Hit/Run	Moped	Crash R									
L	License		OOB/Ag.	a	Reg#	3KRN24				_ Reg T	ype PC	;	R	eg State MA	12
	Sex M Lic.	Class D 19 19 Li	c. Restrictions	CDL Endorsement	_ Veh Y	ear <u>2009</u>	Ve	eh Mak	ke H C	OND	.		Veh	Config. 1	1
	Operator NO	LLI, CHRIS	TOPHER R	Middle	_ Owne	r NOLLI,	RE	NO	RI	CHAI	SD			iddle	-
⁴ 1	Address 17	WESTWOOD F		, vildale	Addre	ss 17 WES		OD	RD						-
L	City SHRE	VSBURY s	tate MA Zip 015	45-1827	. City .	SHREWSBI	URY				State M	A _ 2	Zip O	1545-1827	_
	Insurance Come	Dany LIBERTY	MUTUAL IN	SURANCE	Vehicl	e Action Prior to	Crash	[1	L 2	22	Damage	ed Area	Code:	1 27 27 27	
	Vehicle Travel I	-		mergency?_2		Sequence 1	23 2			23	Test Sta	itus:		28	
5		sued)	_			· (=	1	24			Type of	Test:		29	
						Contributing Co	<u></u>	 19 ²	.5	25	BAC To			30	13
		Sub				•		26	26		Susp. A		<u> </u>	Susp. Drug: 32	
⁶ 1	Viol. 3: Ch/Sec/		— Viol. 4: Ch/Sec/Sub	~~~	Drivei	Distracted by	4	34	35		Towed	rom so	40	1 3	_
	Name (Last First M	•	perator and all occupan	Address		DOB/Age	Sex	Seat	Safety .	Airbog E	ect Trap sie Code	Injury		Medical Facility	_
	Operate	or		See Above		><	X	1	1 :	1 0	0	10	1		
								1							-
		***************************************					 					<u> </u>			-
						<u> </u>									_
⁷ 1	Please Select (of the Followi		#Occupants	Hit/Run	Moped	Vulneral	ble Use	r Co	mplete	the Vu	nerable	User se	ection.		
	License #.	. S.	DOB/#	ล	Reg#	4XBP41				_ Reg T	уре <u>РС</u>	<u>:</u>	R	eg State MA	-
	Sex F Lic.	Class D Lie	c. Restrictions	CDL Endorsement	_ Veh Y	ear <u>2013</u>	Ve	eh Mak	ke K]	[A			Veh	Config. 1	
⁸ 1	Operator MA	RCELLIN, M	ARIE JONI	E. Middle	_ Owne	r MARCEL	LIN	, M	IAR:	First	ONI	E	M	iddle	-
1	Address 14	BEACONSFIE	ELD ST	· · · · · · · · · · · · · · · · · · ·	_ Addre	ss 14 BEA	CON	(SF)	IEL	D S	ľ				- 141
	City LAWR	ENCE S	tate MA Zip 018	43-2410	City _	LAWRENCE	2				State M	A 2	Zip O	1843-2410	2 14
	Insurance Comp	any GEICO GE	NERAL INSU	RANCE C	_ Vehicl	e Action Prior to	Crash	2	2 2	22	Damage		Code:		
	Vehicle Travel D	Direction: NXEV	V Responding to E	mergency? 2	_ Event	Sequence 1	23 2	23 2	23	23	Test Sta			28	
9	Citation # (If Iss	sued)			Most l	Harmful Event	1	24			Type of BAC To		olt:	30	
⁹ 2	Viol, 1: Ch/Sec/	Sub	Viol. 2: Ch/Sec/Sub		Driver	Contributing Co	de [1 2	25	25	Susp. A				
	Viol. 3; Ch/Sec/	Sub ———	— Viol. 4: Ch/Sec/Sub		Driver	Distracted by	0	26	26		Towed:		Ь	1 33	
			erator and all occupant					34 Scat	35 Safety		7 38	39 Injury	40 Transp.		7
	Name (Last First M			Address		DOB/Age	Sex	Pos. S	System	Status C	sde Code	Status	Code	Medical Facility Lahey Clinic	-
	Operate	or/Occupants		See Above				1 1	<u> </u>	4 0	0	8	2		_
															1

		= Vehicle 1	= Vehicle 2	Q = Pedestri		= Bicycle	
Crash Diagram:	ie: 👈 🗓		2	> X	→ №		
	Salem St.				1	If Crash Did Not on a Public Way Off-Street Parking L Garage	:
						222	-
						☐ Mall/Shopping Center	er
→ (DID) → (D		() (Q2())				Other Private Way	
2000						Indicate North by	Arrow
				4	3	(\leftarrow)	
Crash Narrative:							
On 08/09/24 car two wh							
traffic. Car 1 also tairbag deployed. The	ravelling south						
at it for too long cau							
by Wilmington FD/EMS a							
Both MVs were towed by	Forest Towing	to their ya	ard.				
							7
Witnesses:							
Name (Last,First,Middle)		Address			Phone #	¥	Statement
			11				
Property Damage:							
Owner (Last,First,Middle)	Address		Phone #	41-Type	Description o	f Damaged Property	
						<u></u>	
Truck and Bus Information	Registration #		(From Vel	hicle Section)		NS	42
Carrier Name						Bus Use	
Address			. City			StZip	
US DOT #:	State Number			MC/MX/	ICC #:		 -
Interstate Cargo Body		GVWR/GCWR	45		ā	46	
Trailer Reg #:	Reg Type	Keg State	Reg Year	———Trail	er Length		
Placard Material 1 digit #	48 Material Nam	e		Material 4 dig	it #	Release code	49
Patrol Officer Dillon	Halliday		205 W:	ilmington	Police	Department 08	/09/2024

Signature

ID/Badge #

Department Precinct/Barracks

Date

	Police Use Only Commonwealth of Massachu			usetts		RMV Document Number					
	Date of Crash 08/09/2024	Time of Crash 2131 Wi	City/Town .lmington	Motor Vel	nicle Crash	Number Vehicles	Number Injured	Speed Lin	nit <u>30</u>	State Police Local Police MBTA Police Campus Police	
	08/09/2024	24HR	. Inding con	Police	Report	2 (<u> </u>	Lauruue Longitude		Campus Police Other:	<u> </u>
		AT INTERSEC	CTION:	< LOC	ATION >	1	OT A	r inte	RSECT	TION:	<u> </u>
						35	T.OWF	LL S	ъ		2 10
1	Route# Dire	ction	Name of Roadway/	Street	Route# Direction	Address #			of Roadwa	y/Street	
¹ 4			At		Feet NS	EW of -		_ • -	— or <u> </u>		_
	Route# Dire	ction	Name of Intersecting Roa		[1]		Mile Ma	ırker		Exit Number	4 11
			Also at Intersection	with	Feet N S	F	Route#	Inte	rsecting Re	oadway/Street	
² 3	Route# Dire	ction	Name of Intersecting Roa	dway/Street	Feet NS	E W of		,	Landmark		_
	Please Select	One Vivakiala 1	#Occupants H	it/Run Moped	Cough Popout	1D# 24 -	-22				┪
³ 97	of the Followi		- roccupants H								4
	License #	_ S	20	-						21	1 12
	Sex.M Lic.	Class D L	ic. Restrictions 1	Endorsement	Year 2014						
⁴ 1	i e	O, ROBERT	t not	Middle	ner READING		First	ICIPA	AL LI	GHT DEPT	- [
т	Į.	CONANT ST			ress 230 ASH	ST		. 34%	". O1	067_2602	•
	1		State MA Zip 0192 MUTUAL FIRE	_	READING	2 2	_	ate MA amaged Ar		867-3623 5 27 5 27 27	·
		-			ot Sequence 23	1 3		est Status:	1	28	
⁵ 2	Vehicle Travel I	[FV]	W Responding to Em	* -		24		ype of Test	: [29	
	· ·	sued)			et Harmful Event 1	1 25	25	AC Test R		30	13
					er Distracted by	26 26		usp. Alcoho owed from	-	Susp. Drug: 2 32	1
⁵ 2	Viol. 3: Ch/Sec/		— Viol. 4: Ch/Sec/Sub – perator and all occupants		CI Distracted by		36 37	38 39	9 40		-
	Name (Last First M		- <u> </u>	Address	DOB/Age Sex	Pos. System S	irbag Eject tatus Code	Trap Inju	tus Code	Medical Facility	-
	Operate	or		See Above		1 1 4	0	0 10	1		4
								<u> </u>			4
⁷ 1	Please Select (of the Followi		#Occupants H	it/Run	Ulnerable Us	ser Complete	the Vulne	rable User	section.		
1	License #	S	1 DOB/Age	Reo	# 1GWD 64		Reg Type	. PC	Rei	or State MA	┨
	Sex M Lic.	19 19	20	_	Year 2013					21	'
		LLY, JOHN	<u> </u>	Endorsement	ner TULLY, JO						
³ 1	-	AGAMORE T	First	Middle	ress 3 SAGAMO		First		Mide	dle	
			State MA Zip 014 6		LITTLETON		Sta	nte MA	Zip 01	460-1306	1 14
	Insurance Comp	any PROGRESS	SIVE DIRECT	INSURA Veh	icle Action Prior to Crash	1 2	2 D	amaged Ar	ea Code:	27 8 27 2 27	
	Vehicle Travel D	Direction: N E	W Responding to Em	ergency? 2 Eve	nt Sequence 23	23 23 2	-3	est Status:	1	28	
· 2	Citation # (If Iss	sued)	***************************************	Mos	t Harmful Event 1	24		ype of Test AC Test Re	-	29 30	
2	Víol. 1: Ch/Sec/	Sub	Viol. 2: Ch/Sec/Sub	Driv	er Contributing Code	19 25	25	asp. Alcoho		Susp. Drug: 2 32	
	Viol. 3: Ch/Sec/	Sub	— Viol. 4; Ch/Sec/Sub –	Driv	er Distracted by 99	26 26		owed from	-	33	
	Name (Last First M		perator and all occupants	involved Address	DOB/Age Sex	Scat Safety A	36 37 irbag Eject tatus Code	38 39 Trap Inje Code Stat	ary Transp.	Medical Facility	
		or/Occupants		See Above		1 1 3		0 10			1
		<u>-</u>									1
							+	 	+-+		1
								 	+		-
	Form No. 10364 CRA-	65 (18/2)								' , , , , , , , , , , , , , , , , , , ,	_

	= Direction 1	= Vehicle 1	2 = Vehicle 2	♀ = Pedestri	an ੴi	= Bicycle	
Crash Diagram:	ie: 🗪 📑	_ →_	2	≥Š	→ ₩		
Marian School and Association						If Crash <u>Did Not</u> on a Public Way	
						Off-Street Parking L	ot
						☐ Garage	
						☐ Mall/Shopping Center	er
						Other Private Way	
		MV 2	BE MV 1			Indicate North by	Arrow
		MV 1	35 Lowell St	4	€3	(\leftarrow)	
Crash Narrative:							
MV 1 was attempting t							
Lowell St, which is a and because of the ti					76/20		
	or of MV 1 obse		The state of the s				
he thought it would b				20		500 500 00	
	ehicles were tra						
travelling southbound							
1 with enough force t		1105 100001	10505				
resulting in the vehi	cle being towed	. (See Imag	ges)				
	1.000						
Witnesses:							
Name (Last,First,Middle)		Address			Phone #	!	Statement
Property Damage:	~				45		
Owner (Last,First,Middle)	Address		Phone #	41-Type	Description o	f Damaged Property	
				1-10-1			

Truck and Bus Information	n: Registration #		(From Vel	nicle Section)			
Carrier Name		3				Bus Use	42
Address			City			StZip	
US DOT #:	State Number		Issuing State	MC/MX/	ICC #:	-	
Interstate 43 Cargo Boo	dy Type Code	GVWR/GCWR	45		_		Ĭ.
Trailer Reg #:	Reg Type	Reg State	Reg Year_	Trai	ler Length	46	li
Hazmat Information:							
Placard Material 1 dig	it # 48 Material Na	ne		_Material 4 dig	it #	Release code	49
Patrol Officer Shane	A Folev		211 W:	ilmington	Police	Department 08	/09/2024

Department

Wilmington Police Department Images Associated with 24-228-AC





