

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

Route# Direction Name of Roadway/Street At Route# Direction Address # **280 LOWELL ST** Name of Roadway/Street

Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Feet **N S E W** of Mile Marker Exit Number

Route# Direction Name of Intersecting Roadway/Street Feet **N S E W** of Route# Intersecting Roadway/Street

Route# Direction Name of Intersecting Roadway/Street Feet **N S E W** of Landmark

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section. Crash Report ID# **24-219-AC**

License _____ DOB/Age _____ Reg # **PH7105** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** Lic. Restrictions **20** CDL _____ Veh Year **2018** Veh Make **FORD** Veh Config. **2**

Operator **MEDUR, MICHAEL SISSON** Owner **MEDUR, MICHAEL SISSON**

Address **13 CUMBERLAND CIR** Address **13 CUMBERLAND CIR**

City **EAST LYNN** State **MA** Zip **01904-1113** City **EAST LYNN** State **MA** Zip **01904-1113**

Insurance Company **USAA GENERAL INDEMNITY CO** Vehicle Action Prior to Crash **4** Damaged Area Code: **3 27 27 27**

Vehicle Travel Direction: **N X E 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/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator		See Above	X	1	1	4	0	0	10	1	

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

License #. _____ St. _____ DOB/Age _____ Reg # **4HHX28** Reg Type **PC** Reg State **MA**

Sex _____ Lic. Class **D** Lic. Restrictions **20** CDL _____ Veh Year **2012** Veh Make **TOYOTA** Veh Config. **1**

Operator _____ Owner **BURKE, KERRI SULLIVAN**

Address _____ Address **15 DELL DR**

City _____ State _____ Zip _____ City **WILMINGTON** State **MA** Zip **01887-3122**

Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **1** Damaged Area Code: **1 27 2 27 8 27**

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

Citation # (If Issued) **816755AC** Most Harmful Event **1 24** Type of Test: **29**

Viol. 1: Ch/Sec/Sub **90 24** Viol. 2: Ch/Sec/Sub **90 24** Driver Contributing Code **10 25 2 25** BAC Test Result: **30**

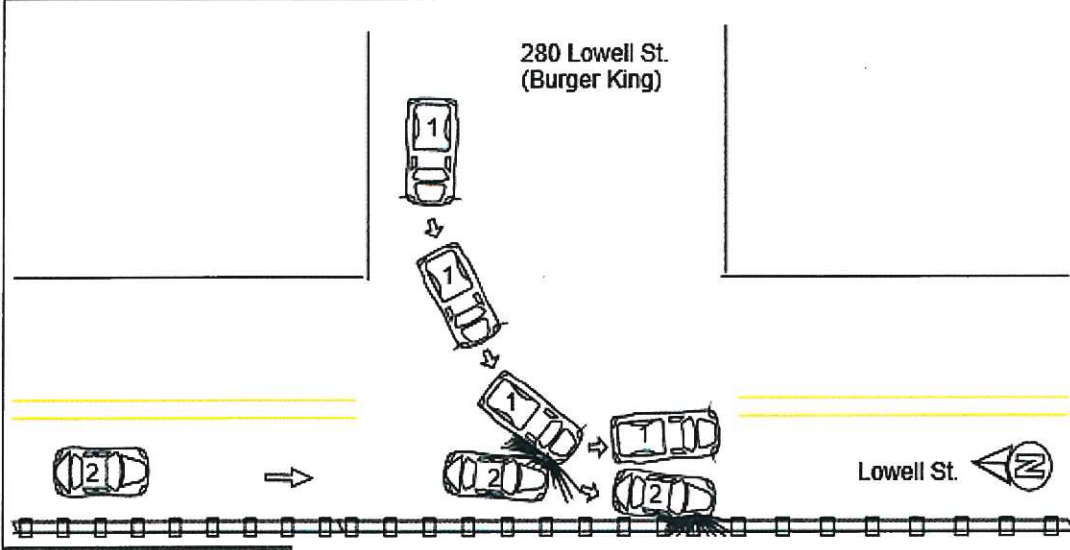
Viol. 3: Ch/Sec/Sub **90 23** Viol. 4: Ch/Sec/Sub **90 17** Driver Distracted by **0 26 26** Susp. Alcohol: **31** Susp. Drug: **32**

Towed from scene? **1 33**

Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Occupants		See Above	X	1	0	4	0	0	10	1	

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ♂ = Pedestrian ☺ = Bicycle
 ie: → 1 → 2 → ♂ → ☺

Crash Diagram:



If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow

⬅

Crash Narrative:

On 08/05/24 car 2 while travelling at an excessive rate of speed crashed into car 1. Car 1 stopped at Lowell St. then cautiously and with care entered onto the roadway (Lowell St.) taking a left hand turn from 280 Lowell St. (Burger King). The crash was observed by officer's (Ofc. Skinner, Sgt. Stavro and Ofc. Halliday) behind car 2. The first crash with car 1 made car 2 crash into the roadside guard rail. The operator of Car 2 then immediately fled the scene and was arrested soon after ref. . All parties refused medical treatment and car 2 was towed to A&S towing. MA Uniform citation # issued to operator of car 2.

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

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

Hazmat Information:

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

Patrol Officer Dillon Halliday **205** **Wilmington Police Department** **08/05/2024**
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 08/05/2024	Time of Crash 1634 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit <u>25</u>	State Police <input type="checkbox"/>	Local Police <input type="checkbox"/>	MBTA Police <input type="checkbox"/>	Campus Police <input type="checkbox"/>	Other: <input type="checkbox"/>

AT INTERSECTION:				< LOCATION >				NOT AT INTERSECTION:			
Route# _____ Direction _____ Name of Roadway/Street _____				Route# _____ Direction _____ Address # <u>49</u> Name of Roadway/Street <u>GLEN RD</u>							
At _____				Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____				Mile Marker _____ Exit Number _____			
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____				Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____				Route# _____ Intersecting Roadway/Street _____			
Also at Intersection with _____				Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____				Landmark _____			
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____											

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

Crash Report ID# **24-220-AC**

License # _____ St _____ OB/Age _____	Reg # <u>3WEZ86</u> Reg Type <u>PC</u> Reg State <u>MA</u>
Sex <u>F</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL _____	Veh Year <u>2000</u> Veh Make <u>TOYOTA</u> Veh Config. <u>1</u> <u>21</u>
Operator <u>NOEL, AIYANA MICHA</u>	Owner <u>NOEL, KAYLENE JASMINE</u>
Address <u>8 VERANDA AVE</u>	Address <u>8 VERANDA AVE</u>
City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-2003</u>	City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-2003</u>
Insurance Company <u>SAFETY INSURANCE COMPANY</u>	Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>3</u> <u>27</u> <u>27</u> <u>27</u>
Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u>	Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u>
Citation # (If Issued) _____	Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>0</u> <u>29</u>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code <u>1</u> <u>25</u> <u>25</u> BAC Test Result: <u>1</u> <u>30</u>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by <u>0</u> <u>26</u> <u>26</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>3</u> <u>32</u>
	Towed from scene? <u>1</u> <u>33</u>

Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above			<u>1</u>	<u>0</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	

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

License # _____ St _____ DOB/Age _____	Reg # <u>8JJ777</u> Reg Type <u>PC</u> Reg State <u>MA</u>
Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL _____	Veh Year <u>2004</u> Veh Make <u>HONDA</u> Veh Config. <u>1</u> <u>21</u>
Operator <u>CUSHING, JOHN PATRICK</u>	Owner <u>CUSHING, JOHN PATRICK</u>
Address <u>7 GORHAM ST</u>	Address <u>7 GORHAM ST</u>
City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-1836</u>	City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-1836</u>
Insurance Company <u>GEICO GENERAL INSURANCE C</u>	Vehicle Action Prior to Crash <u>4</u> <u>22</u> Damaged Area Code: <u>1</u> <u>27</u> <u>27</u> <u>27</u>
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u>	Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u>
Citation # (If Issued) _____	Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>0</u> <u>29</u>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code <u>4</u> <u>25</u> <u>25</u> BAC Test Result: <u>1</u> <u>30</u>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by <u>0</u> <u>26</u> <u>26</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u>
	Towed from scene? <u>2</u> <u>33</u>

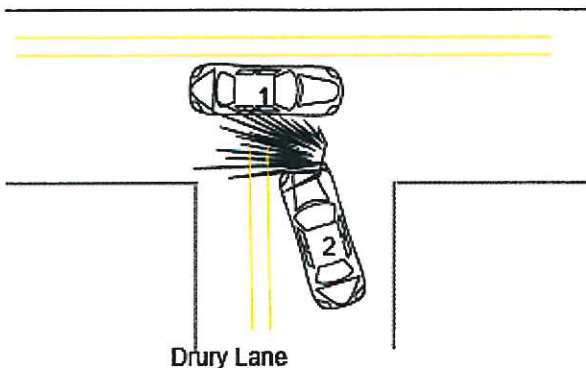
Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Occupants	See Above			<u>1</u>	<u>0</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	

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

Crash Diagram:

ie: → 1 → 2 → O → ☺

17 Glen Road



If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow



Crash Narrative:

Motor Vehicle 1 was traveling South on Glen Road (public way), when motor vehicle 2 took a left onto Glen Road from Drury Lane and side swiped motor vehicle 1 (see images). There was significant damage to the right side of motor vehicle 1 and was towed off the scene by A&S. Motor vehicle 2 had minimal damage to the front right side of the vehicle and was in driveable condition. No injuries or air bag deployment.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
FOX PAUL FRANCIS	118 APACHE WAY TEWKSEURY MA 01876-4618		

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

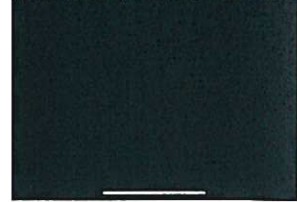
Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 46

Hazmat Information:

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

Patrol Officer Zachary A Leighton 227 Wilmington Police Department 08/05/2024
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Images Associated with 24-220-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number								
Date of Crash 08/06/2024	Time of Crash 0807 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 1	Speed Limit 20	Latitude _____	Longitude _____	State Police <input type="checkbox"/>	Local Police <input type="checkbox"/>	MBTA Police <input type="checkbox"/>	Campus Police <input type="checkbox"/>	Other: _____ <input type="checkbox"/>

AT INTERSECTION:			< LOCATION >	NOT AT INTERSECTION:		
Route# _____ Direction _____ Name of Roadway/Street _____			Route# _____ Direction _____ Address # 226 Name of Roadway/Street LOWELL ST			2 10
At _____			Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____			2 11
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			Mile Marker _____ Exit Number _____			2 11
Also at Intersection with _____			Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____			2 11
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			Route# _____ Intersecting Roadway/Street _____			2 11
			Landmark _____			2 11

Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 1 #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped			Crash Report ID# 24-221-AC		
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License # _____ St _____ DOB/Age _____			Reg # SAMPSN Reg Type PC Reg State MA			1 12	
Sex M Lic. Class D 19 19 Lic. Restrictions I 20 CDL _____	Veh Year 2013 Veh Make CHRYSLER Veh Config. 1 21						1 12
Operator _____			Owner SAMPSON, SUSAN A			1 12	
Address _____			Address 2 PATCHES POND LN			1 12	
City _____ State _____			City WILMINGTON State MA Zip 01887-3919			1 12	
Insurance Company SAFETY INSURANCE COMPANY			Vehicle Action Prior to Crash 2 22 Damaged Area Code: 1 27 27 27			1 12	
Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? 2			Event Sequence 1 23 23 23 23 Test Status: 1 28			1 12	
Citation # (If Issued) _____			Most Harmful Event 1 24 Type of Test: 29			1 12	
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____			Driver Contributing Code 19 25 25 BAC Test Result: 1 30			1 12	
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____			Driver Distracted by 0 26 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32			1 13	
			Towed from scene? 2 33			1 13	

Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator		See Above	<input checked="" type="checkbox"/>	1	99	4	0	0	10	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.		
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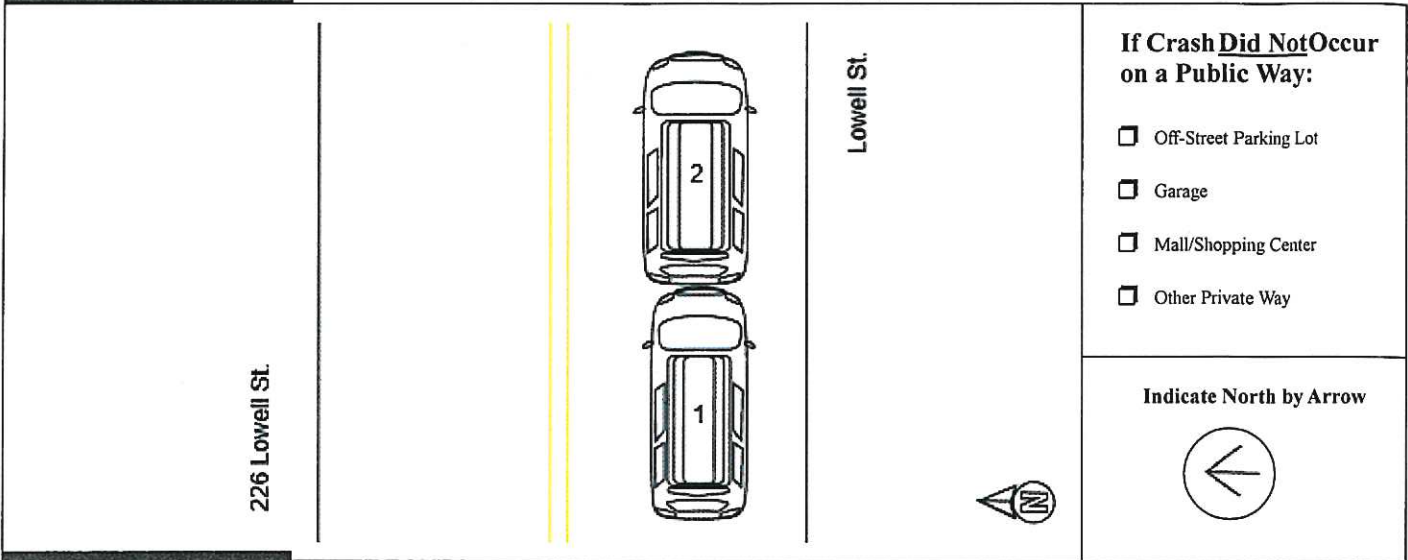
License # _____ St _____ DOB/Age _____			Reg # 3ANN44 Reg Type PC Reg State MA			4 14	
Sex F Lic. Class D 19 19 Lic. Restrictions _____ CDL _____	Veh Year 2018 Veh Make CHEVROLET Veh Config. 1 21						4 14
Operator PAYNE, SUSAN MARIE			Owner PAYNE, SUSAN MARIE			4 14	
Address 176 ALLEN RD			Address 176 ALLEN RD			4 14	
City BILLERICA State MA Zip 01821-5239			City BILLERICA State MA Zip 01821-5239			4 14	
Insurance Company ARBELLA MUTUAL INSURANCE			Vehicle Action Prior to Crash 2 22 Damaged Area Code: 5 27 27 27			4 14	
Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? 2			Event Sequence 1 23 23 23 23 Test Status: 1 28			4 14	
Citation # (If Issued) _____			Most Harmful Event 1 24 Type of Test: 29			4 14	
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____			Driver Contributing Code 1 25 25 BAC Test Result: 1 30			4 14	
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____			Driver Distracted by 0 26 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32			4 14	
			Towed from scene? 2 33			4 14	

Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Occupants		See Above	<input checked="" type="checkbox"/>	1	99	4	0	0	9	2	Lahey Clinic

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○



Crash Narrative:

MV2 was stopped in traffic, facing eastbound on Lowell St., in front of 226 Lowell St. MV1 was traveling eastbound on Lowell St. and slowing down due to traffic. The operator of MV1 stated she looked down briefly, and when she looked up, she attempted to stop. Due to the rain, the roadway was slick, and when MV1 braked, it slid on the roadway. MV1 collided with MV2 at a slow speed, less than 10 MPH, judging by the damage to the rear of MV2 and the front of MV1.

There was minor damage, and the operator of MV2 was transported to the hospital for minor neck and back pain.

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

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

Hazmat Information:

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

Patrol Officer Brian Tavares

Police Officer Name (Please Print)

Signature

206

ID/Badge #

Wilmington Police Department

Department

Precinct/Barracks

08/06/2024

Date

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

<p>Route# _____ Direction _____ Name of Roadway/Street _____</p> <p style="text-align: center;">At _____</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p> <p style="text-align: center;">Also at Intersection with _____</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p>	<p>Route# _____ Direction _____ Address # 355 Name of Roadway/Street MIDDLESEX AVE</p> <p>_____ Feet NSEW of _____ or _____</p> <p style="text-align: center;">Mile Marker _____ Exit Number _____</p> <p>_____ Feet NSEW of _____</p> <p style="text-align: center;">Route# _____ Intersecting Roadway/Street _____</p> <p>_____ Feet NSEW of _____</p> <p style="text-align: center;">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# **24-222-AC**

<p>License # _____ St _____ DOB/Age _____</p> <p>Sex M Lic. Class 99 19 19 Lic. Restrictions 20 CDL _____ Endorsement _____</p> <p>Operator NJUAKOM, DENZEL</p> <p style="text-align: center;">Last First Middle</p> <p>Address 290 MISHAWUM RD</p> <p>City WOBURN State MA Zip 01801</p> <p>Insurance Company PROGRESSIVE DIRECT INSURA</p> <p>Vehicle Travel Direction: NSE Responding to Emergency? 2</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 # 5SRT27 Reg Type PC Reg State MA</p> <p>Veh Year 2005 Veh Make NISSAN Veh Config. 2</p> <p>Owner NJUAKOM, DENZEL</p> <p style="text-align: center;">Last First Middle</p> <p>Address 290 MISHAWUM RD</p> <p>City WOBURN State MA Zip 01801</p> <p>Vehicle Action Prior to Crash 3 22 Damaged Area Code: 2 27 27 27</p> <p>Event Sequence 1 23 23 23 23 Test Status: 1 28</p> <p>Most Harmful Event 1 24 Type of Test: 29</p> <p>Driver Contributing Code 12 25 25 BAC Test Result: 30</p> <p>Driver Distracted by 0 26 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32</p> <p>Towed from scene? 2 33</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
Operator	See Above	XXXXXX	XXXX	1	99	4	0	0	10	1	

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

<p>License # _____ St _____ DOB/Age _____</p> <p>Sex _____ Lic. Class 19 19 Lic. Restrictions 20 CDL _____ Endorsement _____</p> <p>Operator Driverless M.V.</p> <p style="text-align: center;">Last First Middle</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Insurance Company AMICA MUTUAL INSURANCE CO</p> <p>Vehicle Travel Direction: NSEW Responding to Emergency? 2</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 # 3TFP26 Reg Type PC Reg State MA</p> <p>Veh Year 2020 Veh Make VOLKSWAGEN Veh Config. 2</p> <p>Owner GRASSO, KATELYN ROSE</p> <p style="text-align: center;">Last First Middle</p> <p>Address 112 W EMERSON ST APT 4</p> <p>City MELROSE State MA Zip 02176-3162</p> <p>Vehicle Action Prior to Crash 11 22 Damaged Area Code: 6 27 27 27</p> <p>Event Sequence 1 23 23 23 23 Test Status: 1 28</p> <p>Most Harmful Event 1 24 Type of Test: 29</p> <p>Driver Contributing Code 1 25 25 BAC Test Result: 30</p> <p>Driver Distracted by 0 26 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32</p> <p>Towed from scene? 2 33</p>
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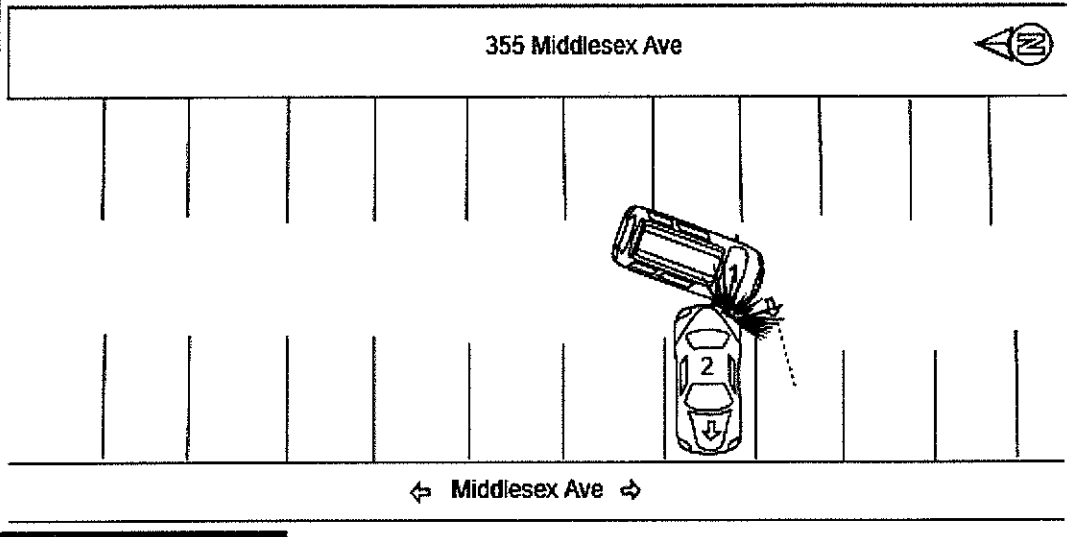
Please fill out for operator and all occupants involved

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

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

Crash Diagram:

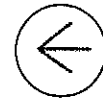
ie: → 1 → 2 → ○ → ⚙️



If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow



Crash Narrative:

MV1 WAS PARKED, FRONT END IN, UNOCCUPIED, IN A PARKING SPOT AT 355 MIDDLESEX AVE. MV2 WAS ATTEMPTING TO PARK IN A PARKING SPOT NEXT TO MV1, BUT WAS UNABLE TO MAKE THE TURN PROPERLY. THE FRONT PASSENGER SIDE (RIGHT) FENDER OF MV1 STRUCK THE REAR LEFT OF MV2. THERE WAS SCRATCH DAMAGE ON BOTH VEHICLES (SEE PHOTOS). NO INJURIES REPORTED, NO AIRBAGS DEPLOYED, NO TOWS NECESSARY.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
PORTER JOHN A	5A BEACON ST WOBURN MA 01801		

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

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

Hazmat Information:

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

Patrol Officer Kayla M Hanson 230 **Wilmington Police Department** 08/06/2024
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Images Associated with 24-222-AC



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

Route# _____ Direction _____ Name of Roadway/Street _____

Route# _____ Direction _____ Name of Roadway/Street _____

Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

Feet N S E W of _____ or _____

Feet N S E W of _____

Feet N S E W of _____

Mile Marker _____ Exit Number _____

Route# _____ 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# **24-223-AC**

License # _____ S _____ JOB/Age _____ Reg # **3RNF28** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** Lic. Restrictions **1** CDL Endorsement _____ Veh Year **2023** Veh Make **HONDA** Veh Config. **1**

Operator **HEALY, MONICA** Owner **HEALY, JAMES ANTHONY**

Address **231 FOX HILL RD** Address **231 FOX HILL RD**

City **BURLINGTON** State **MA** Zip **01803-1515** City **BURLINGTON** State **MA** Zip **01803-1515**

Insurance Company **GEICO GENERAL INSURANCE C** Vehicle Action Prior to Crash **11** Damaged Area Code: **7 27 27 27**

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

Citation # (If Issued) _____ Most Harmful Event **2 24** Type of Test: **0 29**

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **1 25 25** BAC Test Result: **1 30**

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0 26 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**

Towed from scene? **2 33**

Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above			1	0	5	3	0	10	1	

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

License # _____ St _____ DOB/Age _____ Reg # **unknown** Reg Type _____ Reg State _____

Sex _____ Lic. Class **99** Lic. Restrictions **20** CDL Endorsement _____ Veh Year _____ Veh Make _____ Veh Config. **21**

Operator **unknown** Owner _____

Address _____ Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Insurance Company _____ Vehicle Action Prior to Crash **22** Damaged Area Code: **27 27 27**

Vehicle Travel Direction: N S E W Responding to Emergency? _____ Event Sequence **23 23 23 23** Test Status: **28**

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

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **25 25** BAC Test Result: **30**

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **26 26** Susp. Alcohol: **31** Susp. Drug: **32**

Towed from scene? **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
Operator/Occupants	See Above			1							

Wilmington Police Department
Images Associated with 24-223-AC



NARRATIVE FOR PATROL OFFICER SETH A MUCHA-KANGAS

Ref: 24-223-AC

Entered: 08/06/2024 @ 1910 Entry ID: 235
Modified: 08/06/2024 @ 1928 Modified ID: 235
Approved: 08/08/2024 @ 1217 Approval ID: 181

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

Police Use Only

Date of Crash **08/07/2024** Time of Crash **1403** City/Town **Wilmington**

24HR

Number Vehicles **2** Number Injured **1**

Speed Limit **35** State Police
Latitude _____ MBTA Police
Longitude _____ Campus Police
Other _____

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

Route# _____ Direction _____ Name of Roadway/Street _____

At

Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

Also at Intersection with

Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

38 N 212 MAIN ST

Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____

_____ Feet **N S E W** of _____ or _____

Mile Marker _____ Exit Number _____

_____ Feet **N S E W** of _____

_____ Feet **N S E W** of _____

MCDONALD'S

Landmark

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

Crash Report ID# **24-224-AC**

License _____ JOB/Age _____

Sex **M** Lic. Class **D** Lic. Restrictions **20** CDL _____

Operator **THOMAS, RONALD EUGENE**

Address **1 KENDALL RD**

City **TEWKSBURY** State **MA** Zip **01876**

Insurance Company **SAFETY INSURANCE COMPANY**

Vehicle Travel Direction: **S E W** Responding to Emergency? **2**

Citation # (if Issued) _____

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____

Reg # **7NW386** Reg Type **PC** Reg State **MA**

Veh Year **2016** Veh Make **TOYOTA** Veh Config. **2**

Owner **THOMAS, JOAN FRANCES**

Address **1 KENDALL RD**

City **TEWKSBURY** State **MA** Zip **01876-1915**

Vehicle Action Prior to Crash **1 22**

Event Sequence **1 23 23 23 23**

Most Harmful Event **1 24**

Driver Contributing Code **1 25 25**

Driver Distracted by **1 26 26**

Damaged Area Code: **4 27 27 27**

Test Status: **1 28**

Type of Test: **29**

BAC Test Result: **30**

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
Operator											
JOAN THOMAS	1 KENDALL RD TEWKSBURY, MA 01876-1915		F	3	1	4	0	0	10	1	

Please Select One of the Following: Vehicle **21** #Occupants Hit/Run Moped Vulnerable User

Complete the Vulnerable User section.

License _____ DOB/Age _____

Sex **F** Lic. Class **D** Lic. Restrictions **20** CDL _____

Operator **KOCZERGA, JAYME M**

Address **54 MAPLE RD**

City **TEWKSBURY** State **MA** Zip **01876-4020**

Insurance Company **THE COMMERCE INSURANCE CO**

Vehicle Travel Direction: **S E W** Responding to Emergency? **2**

Citation # (if Issued) _____

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____

Reg # **3NVM28** Reg Type **PC** Reg State **MA**

Veh Year **2019** Veh Make **FORD** Veh Config. **2**

Owner **KOCZERGA, JOHN MICHAEL**

Address **54 MAPLE RD**

City **TEWKSBURY** State **MA** Zip **01876-4020**

Vehicle Action Prior to Crash **5 22**

Event Sequence **1 23 23 23 23**

Most Harmful Event **1 24**

Driver Contributing Code **5 25 19 25**

Driver Distracted by **99 26 26**

Damaged Area Code: **2 27 27 27**

Test Status: **1 28**

Type of Test: **29**

BAC Test Result: **30**

Susp. Alcohol: **2 31** Susp. Drug: **2 32**

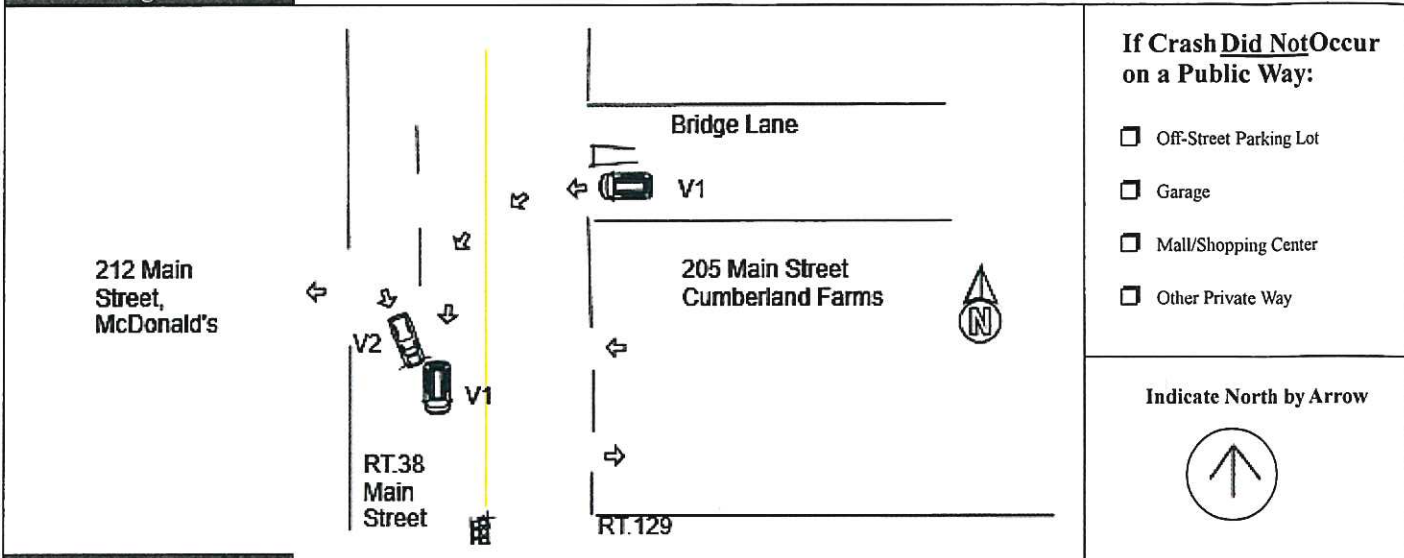
Towed from scene? **1 33**

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
Operator/Occupants											
	See Above										Lahey Clinic

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

Crash Diagram:

ie: → 1 → 2 → ○ → ⚙



If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow



Crash Narrative:

See Supplemental Narrative.

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

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

Hazmat Information:

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

Patrol Officer Richard DiPerri 173 Wilmington Police Department 08/07/2024
Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Form No. 10364 CRA-65 08/23

NARRATIVE FOR PATROL OFFICER RICHARD DIPERRI

Ref: 24-224-AC

Entered: 08/08/2024 @ 1018 Entry ID: 173
Modified: 08/08/2024 @ 1128 Modified ID: 173

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 collision location was 40+ feet north from Bridge Lane and indicative that V1 was (at minimum) already in left lane as opposed to direct collision 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 collision 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

Police Use Only			Commonwealth of Massachusetts				RMV Document Number								
Date of Crash 08/07/2024	Time of Crash 2348 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 1	Number Injured 0	Speed Limit 30	Latitude _____	Longitude _____	State Police <input type="checkbox"/>	Local Police <input type="checkbox"/>	MBTA Police <input type="checkbox"/>	Campus Police <input type="checkbox"/>	Other: _____ <input type="checkbox"/>

AT INTERSECTION:			< LOCATION >	NOT AT INTERSECTION:		
Route# _____ Direction _____ Name of Roadway/Street _____			Route# _____ Direction _____ Address # 349 Name of Roadway/Street WOBURN ST			
At _____			Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____			
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			Mile Marker _____ Exit Number _____			
Also at Intersection with _____			Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____			
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			Route# _____ Intersecting Roadway/Street _____			
			Landmark _____			

Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 1 #Occupants _____		<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped	Crash Report ID# 24-225-AC
--	--	----------------------------------	--------------------------------	-----------------------------------

License _____ St. _____ OB/Age _____	Reg # QJN101	Reg Type PC	Reg State CO
Sex F Lic. Class D Lic. Restrictions 1 CDL Endorsement _____	Veh Year 2015	Veh Make NISSAN	Veh Config. 1
Operator WILKINS, TIFFANY AMBER	Owner MESKE, LAURA		
Address 34 NEWHALL ST APT 111	Address 34 NEWHALL ST		
City LOWELL State MA Zip 01852-4133	City LOWELL State MA Zip _____		
Insurance Company NONE	Vehicle Action Prior to Crash 1	Damaged Area Code: 1 27 27 27	
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? 2	Event Sequence 22 23 23 23 23	Test Status: 1 28	
Citation # (If Issued) _____	Most Harmful Event 22 24	Type of Test: 1 29	
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code 19 25 25	BAC Test Result: 1 30	
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by 1 26 26	Susp. Alcohol: 2 31 Susp. Drug: 2 32	
		Towed from scene? 1 33	

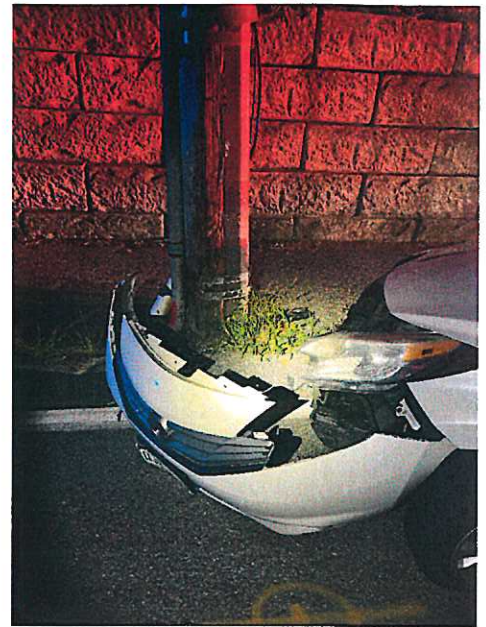
Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator		See Above	<input checked="" type="checkbox"/>	1	1	1	0	0	10	1	

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

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

Wilmington Police Department
Images Associated with 24-225-AC



Commonwealth of Massachusetts

Motor Vehicle Crash Police Report

Police Use Only		RMV Document Number			
Date of Crash 08/08/2024	Time of Crash 1324 24HR	City/Town Wilmington	Number Vehicles 2	Number Injured 0	Speed Limit <u>35</u> Latitude _____ Longitude _____
				State Police <input type="checkbox"/>	Local Police <input type="checkbox"/>
				MBTA Police <input type="checkbox"/>	Campus Police <input type="checkbox"/>
				Other: <input type="checkbox"/>	

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

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

Crash Report ID# **24-226-AC**

License _____ S _____ DOB/Age _____	Reg # 6GD576	Reg Type PC	Reg State MA
Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement _____	Veh Year 2016	Veh Make MERCEDES-BENZ	Veh Config. 1 21
Operator AGGARWAL, NISHI B Last First Middle	Owner AGGARWAL, RAKESH K Last First Middle		
Address 3 STONEHILL CIR	Address 3 STONEHILL CIR		
City BURLINGTON State MA Zip 01803-1419	City BURLINGTON State MA Zip 01803-1419		
Insurance Company ARBELLA MUTUAL INSURANCE	Vehicle Action Prior to Crash 1 22	Damaged Area Code: 1 27 27 27	
Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u>	Event Sequence 1 23 23 23 23	Test Status: 1 28	
Citation # (if Issued) _____	Most Harmful Event 1 24	Type of Test: 0 29	
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code 1 25 25	BAC Test Result: 1 30	
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by 0 26 26	Susp. Alcohol: 2 31 Susp. Drug: 2 32	
		Towed from scene? 2 33	

Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above	XXXX	XX	1	99	4	0	0	10	1	

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

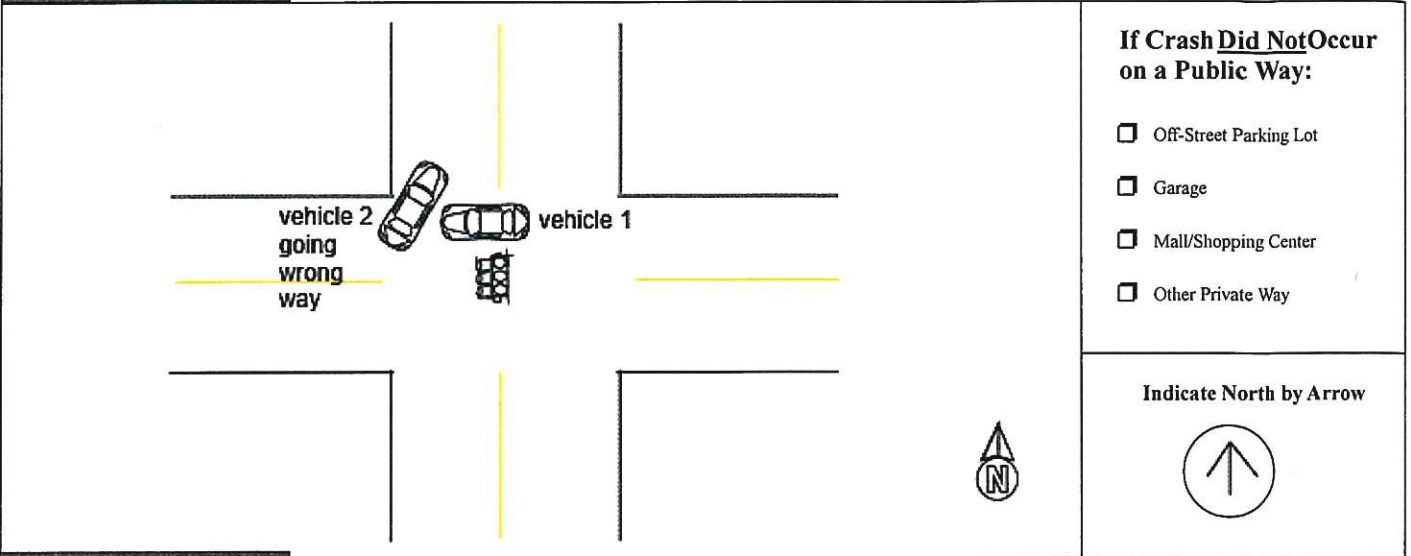
License # _____ St. _____ DOB/Age _____	Reg # 4JYM53	Reg Type PC	Reg State MA
Sex M Lic. Class D 19 19 Lic. Restrictions B 20 CDL Endorsement _____	Veh Year 2005	Veh Make Jeep	Veh Config. 1 21
Operator CROTEAU, CHRISTIAN MICHAEL Last First Middle	Owner CROTEAU, TAMMY JO ANN Last First Middle		
Address 38 FERRY LN	Address 38 FERRY LN		
City LOWELL State MA Zip 01850-1936	City LOWELL State MA Zip 01850-1936		
Insurance Company THE HANOVER INSURANCE COM	Vehicle Action Prior to Crash 4 22	Damaged Area Code: 3 27 27 27	
Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u>	Event Sequence 1 23 23 23 23	Test Status: 1 28	
Citation # (if Issued) _____	Most Harmful Event 1 24	Type of Test: 0 29	
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code 6 25 8 25	BAC Test Result: 1 30	
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by 99 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
Operator/Occupants	See Above	XXXX	XX	1	99	4	0	0	10	1	

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

Crash Diagram:

ie: → 1 → 2 → 人 → 𨇲



Crash Narrative:

see attached narrative
see attached video of incident

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42
 Address _____ City _____ St _____ Zip _____
 US DOT #: _____ State Number _____ Issuing State _____ MC/MX/ICC #: _____
 Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45
 Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 46

Hazmat Information:

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

NARRATIVE FOR PATROL OFFICER SETH A MUCHA-KANGAS

Ref: 24-226-AC

Entered: 08/10/2024 @ 1806 Entry ID: 235
Modified: 08/10/2024 @ 1838 Modified ID: 235

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	Type
INCIDENT VIDEO	MOV
Attachment#: 1A7C2D1212A84CAA9EB0FF65E26FBAAF	

Wilmington Police Department
Images Associated with 24-226-AC



Wilmington Police Department
Images Associated with 24-226-AC



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

Route# Direction Name of Roadway/Street At Route# Direction Address # Name of Roadway/Street

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

Route# Direction Name of Intersecting Roadway/Street

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

Crash Report ID# **24-227-AC**

License # _____ JOB/Ag. _____ Reg # **3KRN24** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** Lic. Restrictions **20** CDL _____ Veh Year **2009** Veh Make **HONDA** Veh Config. **1**

Operator **NOLLI, CHRISTOPHER R** Owner **NOLLI, RENO RICHARD**

Address **17 WESTWOOD RD** Address **17 WESTWOOD RD**

City **SHREWSBURY** State **MA** Zip **01545-1827** City **SHREWSBURY** State **MA** Zip **01545-1827**

Insurance Company **LIBERTY MUTUAL INSURANCE** Vehicle Action Prior to Crash **1** Damaged Area Code: **1 27 27 27**

Vehicle Travel Direction: N E 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 **19 25 25** BAC Test Result: **30**

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **4 26 26** Susp. Alcohol: **31** Susp. Drug: **32**

Towed from scene? **1 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
Operator	See Above			1	1	1	0	0	10	1	

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

License # _____ DOB// _____ Reg # **4XBP41** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** Lic. Restrictions **20** CDL _____ Veh Year **2013** Veh Make **KIA** Veh Config. **1**

Operator **MARCELLIN, MARIE JONIE** Owner **MARCELLIN, MARIE JONIE**

Address **14 BEACONSFIELD ST** Address **14 BEACONSFIELD ST**

City **LAWRENCE** State **MA** Zip **01843-2410** City **LAWRENCE** State **MA** Zip **01843-2410**

Insurance Company **GEICO GENERAL INSURANCE C** Vehicle Action Prior to Crash **2** Damaged Area Code: **5 27 27 27**

Vehicle Travel Direction: N E 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? **1 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
Operator/Occupants	See Above			1	1	4	0	0	8	2	Lahey Clinic

Commonwealth of Massachusetts

Motor Vehicle Crash Police Report

Police Use Only **RMV Document Number**

Date of Crash: 08/09/2024 Time of Crash: 2131 City/Town: **Wilmington** Number Vehicles: 2 Number Injured: 0 Speed Limit: 30 State Police Local Police MBTA Police Campus Police Other:

LOCATION

AT INTERSECTION: **NOT AT INTERSECTION:**

Route# _____ Direction _____ Name of Roadway/Street _____ Route# 35 Direction _____ Address # _____ Name of Roadway/Street LOWELL ST

At _____ Feet N S E W of _____ or _____ Mile Marker _____ Exit Number _____

Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Feet N S E W of _____ Route# _____ Intersecting Roadway/Street _____

Also at Intersection with _____ Feet N S E W of _____ Landmark _____

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

Crash Report ID# **24-228-AC**

License # _____ S. DOB/Age _____ Reg # **M92005** Reg Type **CO** Reg State **MA**

Sex **M** Lic. Class **D** Lic. Restrictions **1** CDL Endorsement _____ Veh Year **2014** Veh Make **International** Veh Config. **97**

Operator **EGO, ROBERT FRANCIS** Owner **READING TOWN OF MUNICIPAL LIGHT DEPT**

Address **17 CONANT ST APT 291** Address **230 ASH ST**

City **DANVERS** State **MA** Zip **01923-7011** City **READING** State **MA** Zip **01867-3623**

Insurance Company **LIBERTY MUTUAL FIRE INSUR** Vehicle Action Prior to Crash **3** Damaged Area Code: **6** **27** **5** **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 **1** **25** **25** BAC Test Result: **1** **30**

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **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
Operator	See Above			1	1	4	0	0	10	1	

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

License # _____ S. DOB/Age _____ Reg # **1GWD64** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** Lic. Restrictions **1** CDL Endorsement _____ Veh Year **2013** Veh Make **CADILLAC** Veh Config. **1**

Operator **TULLY, JOHN SCOTT** Owner **TULLY, JOHN SCOTT**

Address **3 SAGAMORE TRL** Address **3 SAGAMORE TRL**

City **LITTLETON** State **MA** Zip **01460-1306** City **LITTLETON** State **MA** Zip **01460-1306**

Insurance Company **PROGRESSIVE DIRECT INSURA** Vehicle Action Prior to Crash **1** Damaged Area Code: **1** **27** **8** **27** **2** **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 **19** **25** **25** BAC Test Result: **1** **30**

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **99** **26** **26** Susp. Alcohol: **2** **31** Susp. Drug: **2** **32**

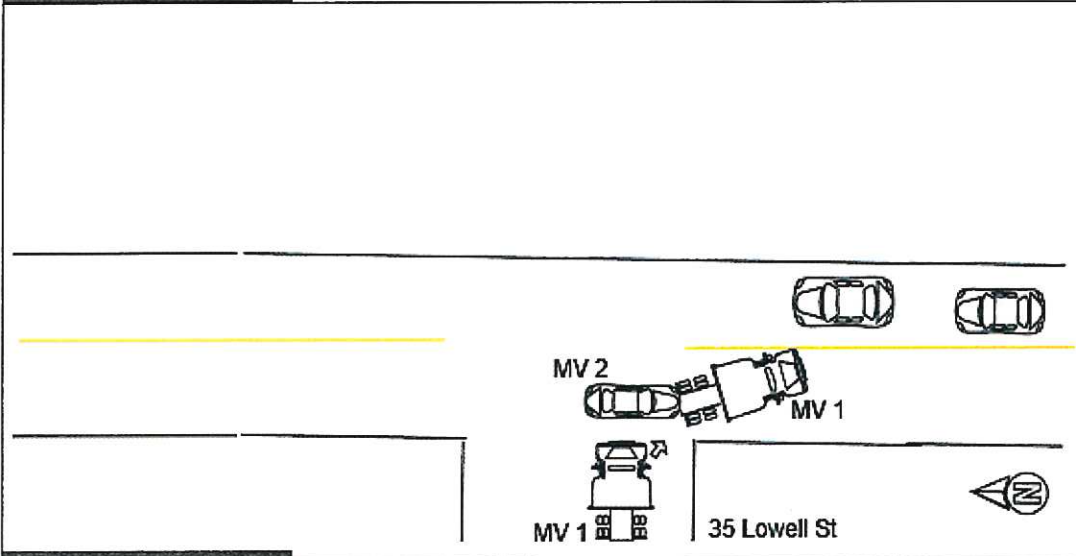
Towed from scene? **1** **33**

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
Operator/Occupants	See Above			1	1	3	0	0	10	1	

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

Crash Diagram:

ie: → 1 → 2 → ○ → ⚓



If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow



Crash Narrative:

MV 1 was attempting to take a right hand turn out of the parking lot of 35 Lowell St onto Lowell St, which is a public way in the town of Wilmington. MV 1 is a large RMLD truck and because of the tight turn, the operator had to take a wide turn in order to complete the turn. The operator of MV 1 observed two cars travelling northbound on Lowell St and he thought it would be safer if he allowed those vehicles to pass before he completed the turn. As those two vehicles were travelling past his stopped vehicle MV 2, who was travelling southbound on Lowell St was not paying close enough attention and rear ended MV 1 with enough force that caused air bag deployment and significant front end damage resulting in the vehicle being towed. (See Images)

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

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

Hazmat Information:

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

Patrol Officer Shane A Foley

Police Officer Name (Please Print)

Signature

211

ID/Badge #

Wilmington Police Department

Department

08/09/2024

Date

Wilmington Police Department
Images Associated with 24-228-AC

