

Police Use Only			Commonwealth of Massachusetts				RMV Document Number								
Date of Crash 09/01/2024	Time of Crash 1431 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			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:
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Route# _____ Direction _____ Name of Roadway/Street _____ At _____ Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____ Route# _____ Direction _____ Name of Intersecting Roadway/Street _____	Route# <u>38</u> Direction <u>S</u> Address # <u>581</u> Name of Roadway/Street <u>MAIN ST</u> _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____ Mile Marker _____ Exit Number _____ _____ 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 <u>TRITON CAR WASH</u> Landmark
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Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle <u>1</u> #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped	Crash Report ID# 24-252-AC
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License # _____ S _____ DOB/Age _____ Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____ Operator <u>MORENO, HELENO LOPES</u> Address <u>287 PINE GROVE DR</u> City <u>BROCKTON</u> State <u>MA</u> Zip <u>02301-1122</u> Insurance Company <u>SAFECO INSURANCE COMPANY</u> Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u> Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # <u>8FEL20</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2020</u> Veh Make <u>TOYOTA</u> Veh Config. <u>1</u> <u>21</u> Owner <u>MORENO, HELENO LOPES</u> Address <u>287 PINE GROVE DR</u> City <u>BROCKTON</u> State <u>MA</u> Zip <u>02301-1122</u> Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>8</u> <u>27</u> <u>27</u> <u>27</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> Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u> Driver Contributing Code <u>1</u> <u>25</u> <u>25</u> BAC Test Result: <u>30</u> 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>
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Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above	XXXX	XX	1	1	4	0	0	10	1	

Please Select One of the Following: <input type="checkbox"/> Vehicle <u>2</u> #Occupants <input checked="" 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 _____ Sex _____ Lic. Class <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____ Operator <u>unknown</u> Address _____ City _____ State _____ Zip _____ Insurance Company _____ Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____ Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # <u>unknown</u> Reg Type _____ Reg State _____ Veh Year _____ Veh Make <u>TOYOTA</u> Veh Config. <u>2</u> <u>21</u> Owner _____ Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash <u>9</u> <u>22</u> Damaged Area Code: <u>4</u> <u>27</u> <u>27</u> <u>27</u> Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>28</u> Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u> Driver Contributing Code _____ <u>25</u> <u>25</u> BAC Test Result: <u>30</u> Driver Distracted by _____ <u>26</u> <u>26</u> Susp. Alcohol: <u>31</u> Susp. Drug: <u>32</u> Towed from scene? <u>33</u>
--	---

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

Date of Crash 09/02/2024 Time of Crash 1737 City/Town 24HR WILMINGTON

Motor Vehicle Crash Police Report

Number Vehicles 2 Number Injured 0 Speed Limit 35 State Police Local Police MBTA Police Campus Police Other

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1

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

Route# Direction Address # 337 MAIN ST Name of Roadway/Street Feet N S E W of Mile Marker Exit Number

10

11

2

Please Select One of the Following: [X] Vehicle 1 Occupants [] Hit/Run [] Moped

Crash Report ID# 24-253-AC

3

License # Sex M Lic. Class D 19 19 Lic. Restrictions I 20 CDL Endorsement

Reg # 4YYJ65 Reg Type PC Reg State MA Veh Year 2015 Veh Make GMC Veh Config 2 21

12

4

Operator WICKSON, JOSEPH MICHAEL Address 14 KNEELAND RD

Owner WICKSON, JOSEPH MICHAEL Address 14 KNEELAND RD

City TEWKSBURY State MA Zip 01876-3315

City TEWKSBURY State MA Zip 01876-3315

Insurance Company PROGRESSIVE DIRECT INSURANCE Vehicle Travel Direction: N X E W Responding to Emergency? 2

Vehicle Action Prior to Crash 1 22 Damaged Area Code: 3 27 27 27

5

Citation # (If Issued) Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub

Event Sequence 1 23 23 23 23 Most Harmful Event 1 24

13

6

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

Driver Contributing Code 1 25 25 Driver Distracted by 0 26 26

Table with columns: 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 row is filled with data.

7

Please Select One of the Following: [X] Vehicle 2 Occupants [] Hit/Run [] Moped [] Vulnerable User

Complete the Vulnerable User section.

8

License # Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement

Reg # 4FAM16 Reg Type PC Reg State MA Veh Year 2010 Veh Make HONDA Veh Config 1 21

14

Operator KEMPSTER, ALEXANDRA LIANA Address 132 HOLT RD

Owner KEMPSTER, ALEXANDRA LIANA Address 132 HOLT RD

City ANDOVER State MA Zip 01810-5006

City ANDOVER State MA Zip 01810-5006

Insurance Company ARBELLA MUTUAL INSURANCE Vehicle Travel Direction: N S X W Responding to Emergency? 2

Vehicle Action Prior to Crash 4 22 Damaged Area Code: 1 27 27 27

9

Citation # (If Issued) Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub

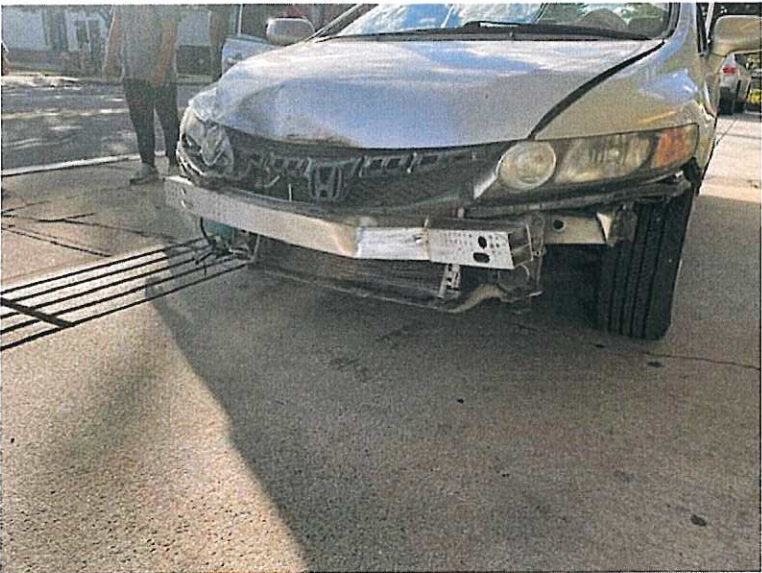
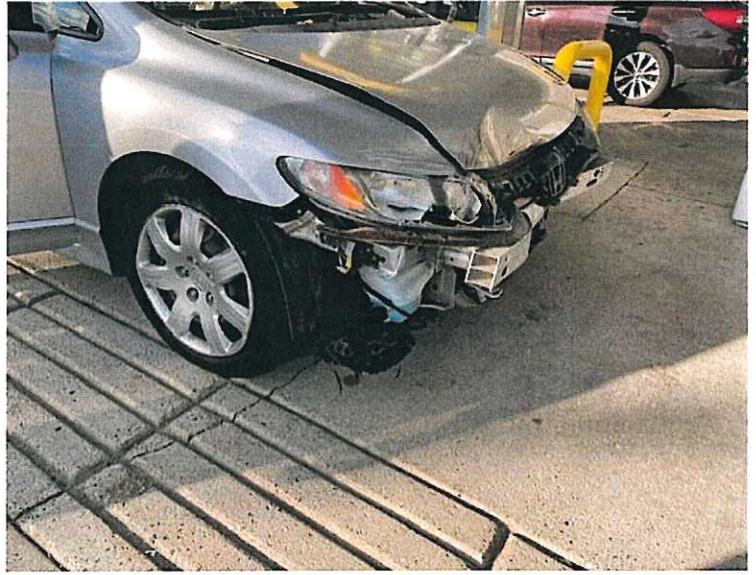
Event Sequence 1 23 23 23 23 Most Harmful Event 1 24

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

Driver Contributing Code 4 25 25 Driver Distracted by 0 26 26

Table with columns: 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 row is filled with data.

Wilmington Police Department
Images Associated with 24-253-AC



Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash 09/03/2024 Time of Crash 0942 24HR City/Town WILMINGTON

Motor Vehicle Crash Police Report

Number Vehicles 1 Number Injured 0 Speed Limit 35 Latitude +042.5342 Longitude -071.137

State Police Local Police MBTA Police Campus Police Other

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1

Route# WEST ST Direction Name of Roadway/Street At INDUSTRIAL WAY Name of Intersecting Roadway/Street

Route# Direction Address # Name of Roadway/Street Feet N S E W of Mile Marker Exit Number

2

Please Select One of the Following: [X] Vehicle 1 #Occupants [] Hit/Run [] Moped

Crash Report ID# 24-254-AC

4

License # Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Operator BRUCE, CHRISTOPHER LEE Address 6 ARDELL ST City LOWELL State MA Zip 01854

Reg # R54122 Reg Type CO Reg State MA Veh Year 2008 Veh Make Other-not listed Veh Config 6 21 Owner MJR DELIVERY INC Address 23 UNSWORTH ST City LOWELL State MA Zip 01850-1911

5

Table with columns: Name, 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 row is filled with data.

7

Please Select One of the Following: [] Vehicle 2 #Occupants [] Hit/Run [] Moped [] Vulnerable User

Complete the Vulnerable User section.

8

License # Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Operator Address City State Zip Insurance Company Vehicle Travel Direction: N S E W Responding to Emergency? Citation # (If Issued)

Reg # Reg Type Reg State Veh Year Veh Make Veh Config 21 Owner Address City State Zip Vehicle Action Prior to Crash 22 Damaged Area Code: 27 27 27 Test Status: 28 Type of Test: 29 BAC Test Result: 30 Susp. Alcohol: 31 Susp. Drug: 32 Towed from scene? 33

9

Table with columns: Name, 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 row is filled with data.

Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash 09/03/2024 Time of Crash 1208 24HR City/Town WILMINGTON

Motor Vehicle Crash Police Report

Number Vehicles 1 Number Injured 1 Speed Limit 25 State Police Local Police MBTA Police Campus Police Other

AT INTERSECTION:

LOCATION

NOT AT INTERSECTION:

1

Route# Direction Name of Roadway/Street At

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

Route# Direction Name of Intersecting Roadway/Street

Route# Direction Address # 20 HILLSIDE WAY Name of Roadway/Street

Feet N S E W of Mile Marker Exit Number

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

Feet N S E W of Landmark

2 10

1 11

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

Crash Report ID# 24-255-AC

License S DOB/Age Sex F Lic. Class 19 19 Lic. Restrictions B 20 CDL Endorsement

Reg # 1VWM93 Reg Type PC Reg State MA

Veh Year 2021 Veh Make TOYOTA Veh Config. 1 21

Operator ISLAM, SHAHIDA

Owner PV HOLDING CORP

Address 1835 MIDDLESEX ST APT C

Address 375 MCCLELLAN HWY

City LOWELL State MA Zip 01851-1126

City E BOSTON State MA Zip 02128-1177

Insurance Company HARTFORD FIRE INSURANCE C

Vehicle Action Prior to Crash 1 22 Damaged Area Code: 2 27 3 27 27

Vehicle Travel Direction: N S E 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: 0 29

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

Driver Contributing Code 9 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

3 12

22 13

Table with columns: 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, 1, 1, 4, 0, 0, 8, 2, Lahey HOSPITAL

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

License # St DOB/Age Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement

Reg # Reg Type Reg State 21

Veh Year Veh Make Veh Config.

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: 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

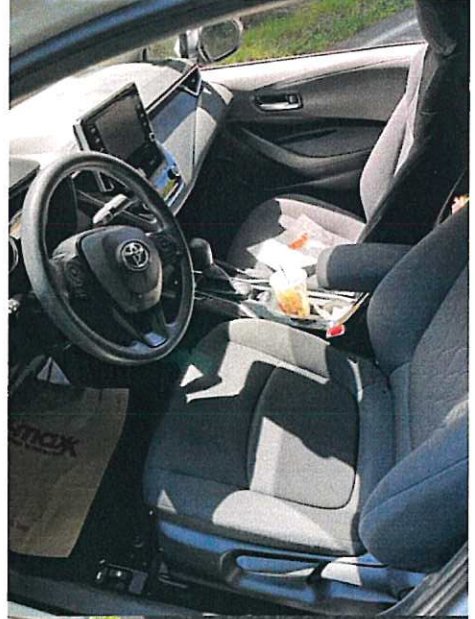
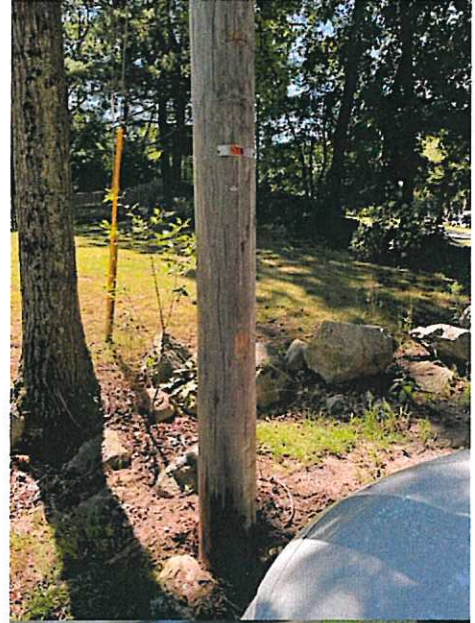
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub

Driver Distracted by 26 26 Susp. Alcohol: 31 Susp. Drug: 32

97 14

Table with columns: 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, 1

Wilmington Police Department
Images Associated with 24-255-AC



Wilmington Police Department
Images Associated with 24-255-AC



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

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

Route# Direction Address # Name of Roadway/Street
136 SHAWSHOEN AVE
 Feet **N S E W** of _____ or _____ Exit Number
 Mile Marker
 Feet **N S E W** of _____ Intersecting Roadway/Street
 Feet **N S E W** of _____
 Landmark

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped **Crash Report ID# 24-256-AC**

License _____ B/Age _____ Reg # **473SY9** Reg Type **PC** Reg State **MA**
 Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL _____
 Operator **NORDOULST, CYNTHIA ANN** Owner **NORDOULST, CYNTHIA ANN**
 Address **15 ALTON ST APT 3** Address **15 ALTON ST APT 3**
 City **LOWELL** State **MA** Zip **01852-3668** City **LOWELL** State **MA** Zip **01852-3668**
 Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **3** 22 Damaged Area Code: **5** 27 27 27
 Vehicle Travel Direction: **N S E** 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: **0** 29
 Viol. 1: Ch/Sec/Sub _____ Driver Contributing Code **10** 25 25 BAC Test Result: **1** 30
 Viol. 2: Ch/Sec/Sub _____ Driver Distracted by **0** 26 26 Susp. Alcohol: **2** 31 Susp. Drug: **2** 32
 Viol. 3: Ch/Sec/Sub _____ Driver Distracted by **0** 26 26 Towed from scene? **2** 33
 Viol. 4: Ch/Sec/Sub _____

Please fill out for operator and all occupants involved

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

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

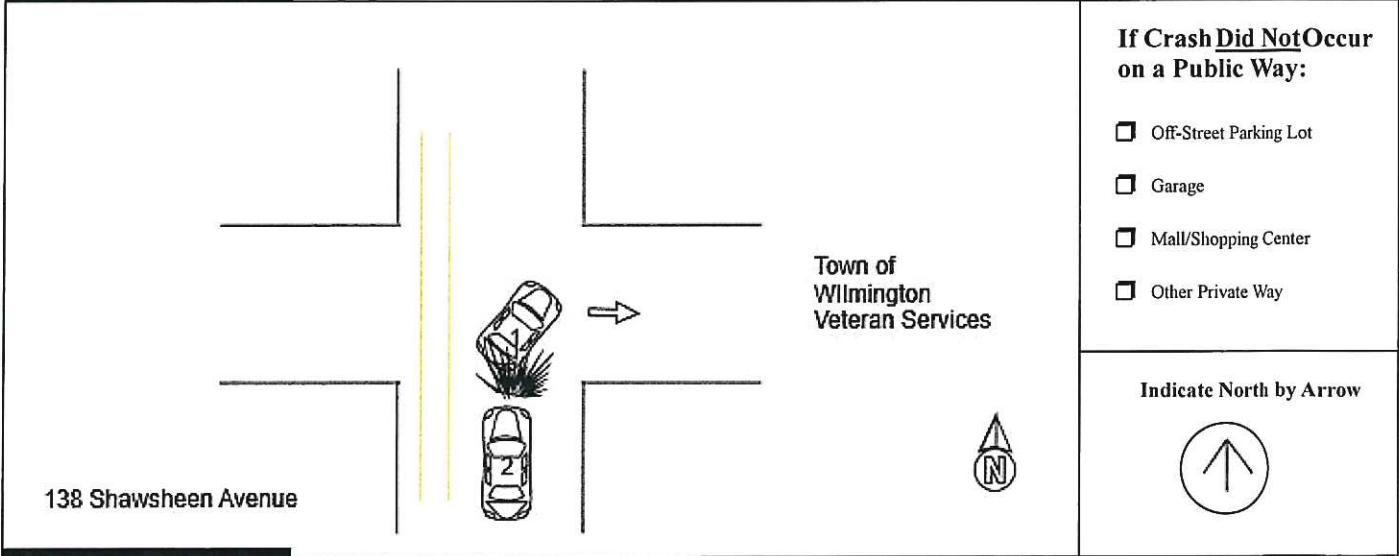
License # _____ B/Age _____ Reg # **X39660** Reg Type **CO** Reg State **MA**
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL _____
 Operator **SCALESE, TIMOTHY JOHN** Owner **P J DIONNE COMPANY INC**
 Address **16 RADCLIFFE RD** Address **64 INDUSTRIAL PKWY**
 City **BILLERICA** State **MA** Zip **01821-3243** City **WOBURN** State **MA** Zip **01801-1969**
 Insurance Company **THE TRAVELERS INDEMNITY C** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **5** 27 27 27
 Vehicle Travel Direction: **N S E** 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: **0** 29
 Viol. 1: Ch/Sec/Sub _____ Driver Contributing Code **1** 25 25 BAC Test Result: **1** 30
 Viol. 2: Ch/Sec/Sub _____ Driver Distracted by **0** 26 26 Susp. Alcohol: **2** 31 Susp. Drug: **2** 32
 Viol. 3: Ch/Sec/Sub _____ Driver Distracted by **0** 26 26 Towed from scene? **1** 33
 Viol. 4: Ch/Sec/Sub _____

Please fill out for operator and all occupants involved

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

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:

While traveling West on Shawsheen Avenue (public way in Wilmington) the register owner of motro vehicle 1 turned on her blinker to pull right into the Town of Wilmington Veteran services building. As the register owner of motor vehicle 1 was pulling into the parking lot, motor vehicle 2 rear ended motor vehicle 1. There was signifcant damage to motor vehicle 2 (center front see images) and was towed by A&S. Motor vehicle 1 had minor damage to the rear bumper (scratches see images) and was in driveable condition. No air-bag deployment nor injuries were sustained.

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

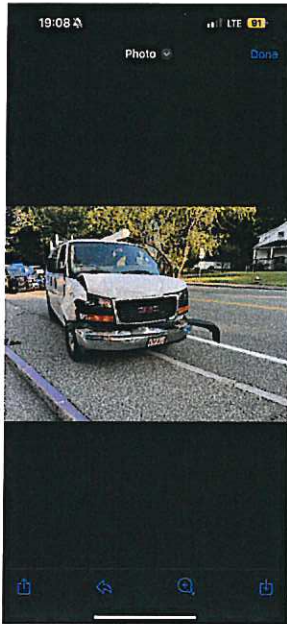
Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 46

Hazmat Information:

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

Patrol Officer Zachary A Leighton 227 Wilmington Police Department 09/03/2024
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department Images Associated with 24-256-AC



Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash 09/03/2024 Time of Crash 1802 24HR City/Town WILMINGTON

Motor Vehicle Crash Police Report

Number Vehicles 1 Number Injured 0 Speed Limit 25 State Police Local Police MBTA Police Campus Police Other

AT INTERSECTION:

LOCATION

NOT AT INTERSECTION:

PILLING RD

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

Route# Direction Address # Name of Roadway/Street Feet N S E W of Mile Marker Exit Number

Please Select One of the Following: [X] Vehicle 1 #Occupants [] Hit/Run [] Moped

Crash Report ID# 24-257-AC

License # S. 3/Age Reg # W19620 Reg Type CO Reg State MA Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement Operator ROLANDO, ELIE Address 159 PELHAM ST APT APT 1 City METHUEN State MA Zip 01844

Reg # W19620 Reg Type CO Reg State MA Veh Year 2021 Veh Make FORD Veh Config. 6 21 Owner AMAZON LOGISTICS INC Address 410 TERRY N AVE City SEATTLE State WA Zip 98109-5210 Vehicle Action Prior to Crash 4 22 Damaged Area Code: 4 27 27 27

Table with columns: 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 row is filled with data.

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

License # St DOB/Age Reg # Reg Type Reg State Sex Lic. Class Lic. Restrictions CDL Endorsement Operator Address City State Zip Insurance Company Vehicle Travel Direction: N S E W Responding to Emergency? Citation # (If Issued) Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub

Reg # Reg Type Reg State Veh Year Veh Make Veh Config. 21 Owner Address City State Zip Vehicle Action Prior to Crash 22 Damaged Area Code: 27 27 27 Event Sequence 23 23 23 23 Most Harmful Event 24 Driver Contributing Code 25 25 Driver Distracted by 26 26 Towed from scene? 33

Table with columns: 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 row is filled with data.

→ = 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:

reporting parties, Frank and Wendy Dinsmore, state Amazon truck attempted to make a U-turn in their driveway. Amazon truck took too sharp of a turn and struck the mailbox of 4 Pilling Rd.

Reporting parties made contact with the driver, but he couldn't speak english well enough to communicate with them, after helping them prop up the mailbox, and attempting to contact the manager he left the area.

I followed up with Amazon manager, Jarlyn Garcia, who was able to identify the driver as Elie Rolando. I spoke with amazon manager Marysol Rivera who stated she would call the dinsmore residence tomorrow 09/05/24 to assist them with filing a claim and getting reimbursed for the damage. Update: on 4-12 shift 09/05/24 I was contacted by amazon and they stated they called the dinsmore residence to initiate claim.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
DINSMORE WENDY	4 PILLING RD WILMINGTON MA 01887-1416		
DINSMORE FRANK BEAN	4 PILLING RD WILMINGTON MA 01887-1416		

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
DINSMORE FRANK BEAN	4 PILLING RD WILMINGTON MA 01887-1		99	MAILBOX

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use

Address _____ City _____ St _____ Zip _____

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

Interstate Cargo Body Type Code GVWR/GCWR

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

Hazmat Information:

Placard Material 1 digit # Material Name _____ Material 4 digit # _____ Release code

Patrol Officer Seth A Mucha-Kangas 235 Wilmington Police Department 09/03/2024
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Images Associated with 24-257-AC



Wilmington Police Department
Images Associated with 24-257-AC



Date of Crash 09/04/2024 Time of Crash 0943 City/Town 24HR Wilmington

Motor Vehicle Crash Police Report

Number Vehicles 2 Number Injured 2 Speed Limit 40 State Police Local Police MBTA Police Campus Police Other

AT INTERSECTION:

LOCATION

NOT AT INTERSECTION:

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

Route# Direction Address # INDUSTRIAL WAY Name of Roadway/Street Feet N S E W of Mile Marker Exit Number

Please Select One of the Following: Vehicle 2 Occupants Hit/Run Moped

Crash Report ID# 24-258-AC

License: St DOB/Age Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement Operator LOUISSAINT, DIONA Address 240 MISHAWUM RD APT 241 City WOBURN State MA Zip 01801-2018 Insurance Company ARBELLA MUTUAL INSURANCE Vehicle Travel Direction: N S E W Responding to Emergency? 2 Citation # (If Issued) 877621AC Viol. 1: Ch/Sec/Sub 89 4A Viol. 2: Ch/Sec/Sub Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub

Reg # 5CVT44 Reg Type PC Reg State MA Veh Year 2013 Veh Make HONDA Veh Config. 1 21 Owner LAND, JEAN LORT Address 240 MISHAWUM RD APT 241 City WOBURN State MA Zip 01801-2018 Vehicle Action Prior to Crash 1 22 Damaged Area Code: 1 27 9 27 27 Event Sequence 1 23 23 23 23 Test Status: 1 28 Type of Test: 0 29 Most Harmful Event 1 24 BAC Test Result: 1 30 Driver Contributing Code 9 25 25 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Driver Distracted by 99 26 26 Towed from scene? 1 33

Table with columns: 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 Blandine Seraphin, 40 South Ave Burlington, MA 01803-4904, F, 3, 1, 4, 0, 2, 8, 2, Lahey Hospital.

Please Select One of the Following: Vehicle 21 Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section.

Vulnerable User Complete the Vulnerable User section.

License: St DOB/Age Sex M Lic. Class A 19 19 Lic. Restrictions 1 CDL Endorsement Operator WARE, RASAAN EUGENE Address 1141 9TH ST City MC KEES ROCKS State PA Zip 15136 Insurance Company Vehicle Travel Direction: N X 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

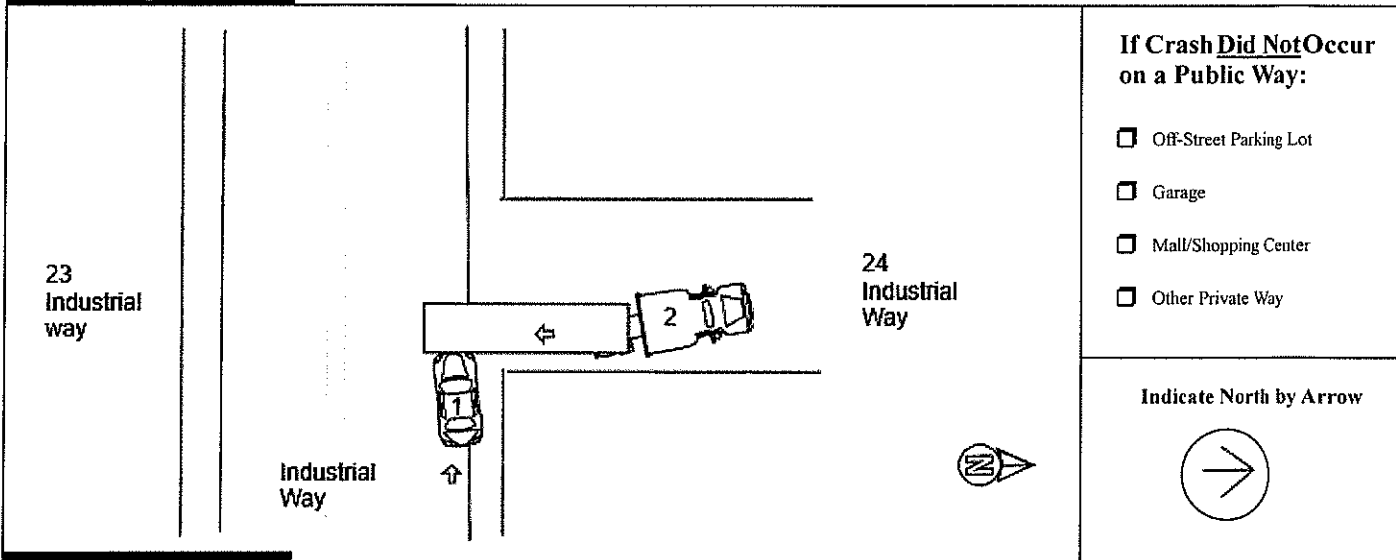
Reg # 3315361 Reg Type AP Reg State IN Veh Year 2023 Veh Make International Veh Config. 10 21 Owner J B HUNT TRANSPORT INC Address 9200 E 146TH ST City NOBLESVILLE State IN Zip 46060 Vehicle Action Prior to Crash 10 22 Damaged Area Code: 4 27 27 27 Event Sequence 1 23 23 23 23 Test Status: 1 28 Type of Test: 0 29 Most Harmful Event 1 24 BAC Test Result: 1 30 Driver Contributing Code 99 25 25 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Driver Distracted by 0 26 26 Towed from scene? 2 33

Table with columns: 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, I, 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:

See attached narrative.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
RICHFIELD DAWN W	273 N SHORE RD REVERE MA 02151-1658		

Property Damage:

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

Truck and Bus Information:

Registration # **3315361** (From Vehicle Section)

Carrier Name **J.B Hunt Transport Inc** Bus Use **0** ⁴²

Address **9200 E 146TH ST** City **NOBLESVILLE** St **IN** Zip **46060**

US DOT #: **0080806** State Number _____ Issuing State _____ MC/MX/ICC #: _____

Interstate **43** Cargo Body Type Code **97** ⁴⁴ GVWR/GCWR **45** ⁴⁵

Trailer Reg #: **P988627** Reg Type **AP** Reg State **IN** Reg Year **2022** Trailer Length **4** ⁴⁶

Hazmat Information:

Placard **2** ⁴⁷ Material 1 digit # **48** ⁴⁸ Material Name _____ Material 4 digit # _____ Release code **49** ⁴⁹

Patrol Officer **Michael R DiLorenzo** Signature **217** ID/Badge # **Wilmington Police Department** Department **09/04/2024** Date

NARRATIVE FOR PATROL OFFICER MICHAEL R DILORENZO

Ref: 24-258-AC

Entered: 09/05/2024 @ 0950 Entry ID: 217
Modified: 09/05/2024 @ 1022 Modified ID: 217
Approved: 09/05/2024 @ 1518 Approval ID: 180

Vehicle 1(V1, Passenger Car) was traveling west on Industrial way in the area of number 24. Vehicle 2 (V2, Tractor/Trailer Unit) was pulled into the driveway of 24 Industrial way. V2 began to reverse out of the driveway and into the westbound travel lane of Industrial Way. He was attempting to cross Industrial Way and back into the loading dock of 23 Industrial Way, which is directly across the street from number 24. The driver of V2 stated that he does this every time he makes a delivery at this location. V2's operator stated that he activated the trucks emergency flashers, and began to reverse at a slow pace with an audible reverse tone (witness confirmed).He also stated that he checked multiple times for oncoming vehicles and didnt see any. Video (attached)shows V2 reversing at a safe speed and almost halfway across the street just prior to the crash. Video also shows V1 operating almost completely to the right of the westbound travel lanes white fog line. V1 appears to observe the truck at last moment, attempting to swerve to the left and break, however V1 strikes the rear of V2's trailer. V1 became wedged under V2's 53ft trailer, behind the trailers rear axel.

V1's operator and passenger both didnt speak english and I was unable to get a clear timeline of events from the operator of V1 prior to transport to the hospital. Witness reports that both the operator and passenger had to exit the vehicle through the rear as the front doors would not open. No airbags were deployed on either vehicle. V1's operator appeared to have a bloody nose, and passenger who didnt have any visible injuries were transported to Lahey Hospital by the Wilmington Fire Department and Action Ambulance. V2's operator declined medical attention. V1 was towed by A&S Towing. V2's trailer sustained damage from the impact as well as Firefighter tools used to remove V1 from underneath it. V2 was able to be driven from the scene.

Video of the crash was not obtained until 09/05, once the video was reviewed a citation was issued to Ms. Louissaint for marked lanes violation. This citation was mailed to her address.

Respectfully Submitted,
Officer Michael Dilorenzo, Badge #217
Wilmington Police Department

Table with 2 columns: Description, Type. Row 1: VIDEO, MOV. Row 2: Attachment#: 28A141280CC640779B3071E5BB08661B

Wilmington Police Department
Images Associated with 24-258-AC



Date of Crash 09/04/2024 Time of Crash 1330 24HR City/Town **Wilmington** **Motor Vehicle Crash Police Report** Number Vehicles 2 Number Injured 0 Speed Limit 35 State Police Local Police MBTA Police Campus Police Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

<p>CHURCH ST</p> <p>Route# _____ Direction _____ Name of Roadway/Street _____</p> <p style="text-align: center;">At</p> <p>ADAMS ST</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 # _____ Name of Roadway/Street _____</p> <p>_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____</p> <p style="text-align: center;">Mile Marker _____ Exit Number _____</p> <p>_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____</p> <p style="text-align: center;">Route# _____ Intersecting Roadway/Street _____</p> <p>_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____</p> <p style="text-align: center;">Landmark _____</p>
--	---

Please Select One of the Following: Vehicle 1 Occupants Hit/Run Moped Crash Report ID# **24-259-AC**

<p>License # _____ St _____ OB/Age _____</p> <p>Sex F Lic. Class D Lic. Restrictions B CDL _____</p> <p>Operator DIEHL, GLORIA L</p> <p>Address 12 HAMLIN LN</p> <p>City WILMINGTON State MA Zip 01887-1961</p> <p>Insurance Company ARBELLA MUTUAL INSURANCE</p> <p>Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W 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 # 931YLK Reg Type PC Reg State MA</p> <p>Veh Year 2013 Veh Make KIA Veh Config. 1</p> <p>Owner DIEHL, GLORIA L</p> <p>Address 12 HAMLIN LN</p> <p>City WILMINGTON State MA Zip 01887-1961</p> <p>Vehicle Action Prior to Crash 1</p> <p>Event Sequence 1 23 23 23 23</p> <p>Most Harmful Event 1 24</p> <p>Driver Contributing Code 4 25 25</p> <p>Driver Distracted by 0 26 26</p>
---	---

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	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 F Lic. Class D Lic. Restrictions 1 CDL _____</p> <p>Operator COLLINS, GABRIELLE MARIE</p> <p>Address 48 GLEN RD</p> <p>City WILMINGTON State MA Zip 01887-1941</p> <p>Insurance Company THE HANOVER INSURANCE COM</p> <p>Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W 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 # 1YE488 Reg Type PC Reg State MA</p> <p>Veh Year 2022 Veh Make SUBARU Veh Config. 1</p> <p>Owner COLLINS, GABRIELLE MARIE</p> <p>Address 48 GLEN RD</p> <p>City WILMINGTON State MA Zip 01887-1941</p> <p>Vehicle Action Prior to Crash 1</p> <p>Event Sequence 1 23 23 23 23</p> <p>Most Harmful Event 1 24</p> <p>Driver Contributing Code 1 25 25</p> <p>Driver Distracted by 0 26 26</p>
---	---

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	1	4	0	0	10	1	

Wilmington Police Department
Images Associated with 24-259-AC



Date of Crash 09/05/2024 Time of Crash 1224 24HR City/Town **Wilmington** **Motor Vehicle Crash Police Report** Number Vehicles 2 Number Injured 0 Speed Limit 35 State Police Local Police MBTA Police Campus Police Other

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

Route# Direction Name of Roadway/Street At Route# Direction Address # Name of Roadway/Street
 38 N 220 MAIN ST
 Route# Direction Name of Intersecting Roadway/Street Also at Intersection with
 Route# Direction Name of Intersecting Roadway/Street
 1 2 3
 Feet N S E W of Mile Marker Exit Number
 Feet N S E W of Route# Intersecting Roadway/Street
 Feet N S E W of GOLDEN NOZZLE CAR WASH
 Landmark

Please Select One of the Following: Vehicle 1 Occupants Hit/Run Moped Crash Report ID# 24-260-AC

License _____ YOB/Ag _____ Reg # 414MB4 Reg Type PC Reg State MA
 Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement
 Operator SAID, NABIL K Owner SAID, NABIL K
 Address 141 SALEM ST Address 141 SALEM ST
 City WILMINGTON State MA Zip 01887-4004 City WILMINGTON State MA Zip 01887-4004
 Insurance Company THE COMMERCE INSURANCE CO Vehicle Action Prior to Crash 1 22 Damaged Area Code: 6 27 27 27
 Vehicle Travel Direction: X S E W Responding to Emergency? 2 Event Sequence 1 23 23 23 23 Test Status: 1 28
 Citation # (If Issued) _____ Most Harmful Event 1 24 Type of Test: 29
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code 1 25 25 BAC Test Result: 30
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by 0 26 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32
 Towed from scene? 2 33

Please fill out for operator and all occupants involved		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 # T98759 Reg Type CO Reg State MA
 Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement
 Operator GENTILE, RICHARD JAMES Owner J BIMBO INC
 Address 16 PINEGROVE AVE Address 35 BEECHING AVE
 City BILLERICA State MA Zip 01821-5852 City WILMINGTON State MA Zip 01887-1371
 Insurance Company ARBELLA PROTECTION INSURA Vehicle Action Prior to Crash 6 22 Damaged Area Code: 2 27 27 27
 Vehicle Travel Direction: X S E W Responding to Emergency? 2 Event Sequence 1 23 23 23 23 Test Status: 1 28
 Citation # (If Issued) _____ Most Harmful Event 1 24 Type of Test: 29
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code 5 25 25 BAC Test Result: 30
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by 0 26 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32
 Towed from scene? 2 33

Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Occupants		See Above	X	1	1	4	0	0	10	1	
PAUL HUBBY		3 ARNOLD RD WILMINGTON, MA 01887-3701	M	3	1	4	0	0	10	1	

Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash **09/05/2024** Time of Crash **1619** 24HR City/Town **Wilmington**

Motor Vehicle Crash Police Report

Number Vehicles **3** Number Injured **1** Speed Limit **30** State Police Local Police MBTA Police Campus Police Other

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

1

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

Route# _____ Direction _____ Address # **58** Name of Roadway/Street **MIDDLESEX AVE**
_____ Feet **N S E W** of _____ or _____
_____ Feet **N S E W** of _____ Mile Marker _____ Exit Number _____
_____ Feet **N S E W** of _____ Route# _____ Intersecting Roadway/Street _____
_____ Feet **N S E W** of _____ Landmark _____

2 10

2 11

2

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

Crash Report ID# **24-261-AC**

3

License # _____ St _____ DOB/Age _____
Sex **M** Lic. Class **D** **19** **19** Lic. Restrictions **99** **20** CDL Endorsement _____

Reg # **625EA4** Reg Type **PC** Reg State **MA**
Veh Year **2016** Veh Make **SUBARU** Veh Config. **1** **21**

1 12

4

Operator **O BRIEN, F R E D E R I C K E L I Z A B E T H**
Last First Middle

Owner **O BRIEN, M A R T H A E L I Z A B E T H**
Last First Middle

Address **10 DOUGLAS AVE**

Address **10 DOUGLAS AVE**

City **WILMINGTON** State **MA** Zip **01887-1975**

City **WILMINGTON** State **MA** Zip **01887-1975**

Insurance Company **THE COMMERCE INSURANCE CO**

Vehicle Action Prior to Crash **1** **22** Damaged Area Code: **1** **27** **27** **27**

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

Event Sequence **1** **23** **23** **23** **23** Test Status: **1** **28**

Citation # (If Issued) _____

Most Harmful Event **1** **24** Type of Test: **29**

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

Driver Contributing Code **19** **25** **25** BAC Test Result: **30**

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

Driver Distracted by **4** **26** **26** Susp. Alcohol: **2** **31** Susp. Drug: **2** **32**

1 13

6

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	XXXXXX	XXXX	1	1	1	0	0	10	1	

7

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

8

License # _____ St _____ DOB/Age _____
Sex **F** Lic. Class **D** **19** **19** Lic. Restrictions **99** **20** CDL Endorsement _____

Reg # **5361953** Reg Type **PC** Reg State **NH**
Veh Year **2023** Veh Make **Jeep** Veh Config. **1** **21**

1 14

Operator **M A R S H A L L, M A R A R O D R I G U E S**
Last First Middle

Owner **M A R S H A L L, M A R A R O D R I G U E S**
Last First Middle

Address **84 RENIHAN MDWS**

Address **84 RENIHAN MDWS**

City **LEBANON** State **NH** Zip **03766**

City **LEBANON** State **NH** Zip **03766**

Insurance Company **LIBERTY MUTUAL**

Vehicle Action Prior to Crash **2** **22** Damaged Area Code: **5** **27** **27** **27**

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

Event Sequence **1** **23** **23** **23** **23** Test Status: **1** **28**

Citation # (If Issued) _____

Most Harmful Event **1** **24** Type of Test: **29**

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

Driver Contributing Code **1** **25** **25** BAC Test Result: **30**

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

Driver Distracted by **0** **26** **26** Susp. Alcohol: **2** **31** Susp. Drug: **2** **32**

2 14

9

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	XXXXXX	XXXX	1	1	4	0	0	8	1	

Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash **09/05/2024** Time of Crash **1619** City/Town **Wilmington**
 24HR

Motor Vehicle Crash Police Report

Number Vehicles **3** Number Injured **1** Speed Limit **30** 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 _____

Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____
 _____ Feet **N S E W** of _____ or _____
 Mile Marker _____ Exit Number _____
 _____ Feet **N S E W** of _____
 Route# _____ Intersecting Roadway/Street _____
 _____ Feet **N S E W** of _____
 Landmark _____

Please Select One of the Following: Vehicle **3** #Occupants Hit/Run Moped

Crash Report ID# **24-261-AC**

License _____ S OB/Age _____ l
 Sex **F** Lic. Class **D** **19** **19** Lic. Restrictions **99** **20** CDL _____
 Endorsement _____
 Operator **MUNYON, CHRISTINE MARY**
 Last First Middle
 Address **21 DOROTHY AVE**
 City **WILMINGTON** State **MA** Zip **01887-1115**
 Insurance Company **ARBELLA MUTUAL INSURANCE**
 Vehicle Travel Direction: **N S E W** Responding to Emergency? **2**
 Citation # (If Issued) _____
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____

Reg # **4SB675** Reg Type **PC** Reg State **MA**
 Veh Year **2016** Veh Make **SUBARU** Veh Config. **1** **21**
 Owner **MUNYON, CHRISTINE MARY**
 Last First Middle
 Address **21 DOROTHY AVE**
 City **WILMINGTON** State **MA** Zip **01887-1115**
 Vehicle Action Prior to Crash **2** **22** Damaged Area Code: **5** **27** **27** **27**
 Event Sequence **1** **23** **23** **23** **23** Test Status: **1** **28**
 Most Harmful Event **1** **24** Type of Test: **29**
 Driver Contributing Code **1** **25** **25** BAC Test Result: **30**
 Driver Distracted by **0** **26** **26** Susp. Alcohol: **2** **31** Susp. Drug: **2** **32**
 Towed from scene? **2** **33**

Please fill out for operator and all occupants involved		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	1	4	0	0	10	1	

Please Select One of the Following: Vehicle **4** #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section.

License # _____ St _____ DOB/Age _____
 Sex _____ Lic. Class **19** **19** Lic. Restrictions **20** CDL _____
 Endorsement _____
 Operator _____
 Last First Middle
 Address _____
 City _____ State _____ Zip _____
 Insurance Company _____
 Vehicle Travel Direction: **N S E W** Responding to Emergency? _____
 Citation # (If Issued) _____
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____

Reg # _____ Reg Type _____ Reg State _____
 Veh Year _____ Veh Make _____ Veh Config. **21**
 Owner _____
 Last First Middle
 Address _____
 City _____ State _____ Zip _____
 Vehicle Action Prior to Crash **22** Damaged Area Code: **27** **27** **27**
 Event Sequence **23** **23** **23** **23** Test Status: **28**
 Most Harmful Event **24** Type of Test: **29**
 Driver Contributing Code **25** **25** BAC Test Result: **30**
 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	XXXXXX	XXXX	1							

Date of Crash 09/06/2024 Time of Crash 1512 24HR City/Town Wilmington **Motor Vehicle Crash Police Report** Number Vehicles 2 Number Injured 0 Speed Limit 25 State Police Local Police MBTA Police Campus Police Other:

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

<p>SHAWSHEEN AVE</p> <p>Route# _____ Direction _____ Name of Roadway/Street _____</p> <p style="text-align: center;">At</p> <p>HOPKINS ST</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 # _____ Name of Roadway/Street _____</p> <p>Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____</p> <p style="text-align: center;">Mile Marker _____ Exit Number _____</p> <p>Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____</p> <p style="text-align: center;">Route# _____ Intersecting Roadway/Street _____</p> <p>Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____</p> <p style="text-align: center;">Landmark _____</p>
--	---

Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section. Crash Report ID# **24-262-AC**

<p>License # _____ S _____ DOB/Age _____</p> <p>Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL _____</p> <p>Operator <u>FARRELL, THEODORE W</u></p> <p style="text-align: center;">Last First Middle</p> <p>Address <u>87 BEAVER RD</u></p> <p>City <u>READING</u> State <u>MA</u> Zip <u>01867</u></p> <p>Insurance Company <u>FARMERS PROPERTY & CASUAL</u></p> <p>Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u></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 # <u>RW896C</u> Reg Type <u>PC</u> Reg State <u>MA</u></p> <p>Veh Year <u>2015</u> Veh Make <u>LEXUS</u> Veh Config. <u>1</u> <u>21</u></p> <p>Owner <u>FARRELL, LAURA ALLISON</u></p> <p style="text-align: center;">Last First Middle</p> <p>Address <u>87 BEAVER RD</u></p> <p>City <u>READING</u> State <u>MA</u> Zip <u>01867-1313</u></p> <p>Vehicle Action Prior to Crash <u>2</u> <u>22</u> Damaged Area Code: <u>5</u> <u>27</u> <u>27</u> <u>27</u></p> <p>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></p> <p>Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u></p> <p>Driver Contributing Code <u>1</u> <u>25</u> <u>25</u> BAC Test Result: <u>1</u> <u>30</u></p> <p>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></p> <p>Towed from scene? <u>2</u> <u>33</u></p>
--	---

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	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.

<p>License # _____ S _____ DOB/Age _____</p> <p>Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL _____</p> <p>Operator <u>TEIXEIRA, TRAE STEVE</u></p> <p style="text-align: center;">Last First Middle</p> <p>Address <u>334 MEDFORD ST APT 4</u></p> <p>City <u>MALDEN</u> State <u>MA</u> Zip <u>02148</u></p> <p>Insurance Company <u>ALLSTATE INSURANCE COMPAN</u></p> <p>Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u></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 # <u>3CZS83</u> Reg Type <u>PC</u> Reg State <u>MA</u></p> <p>Veh Year <u>2017</u> Veh Make <u>HONDA</u> Veh Config. <u>1</u> <u>21</u></p> <p>Owner <u>ROGERS, JOCELYN MELISSA I</u></p> <p style="text-align: center;">Last First Middle</p> <p>Address <u>3 RIVER PL APT B120</u></p> <p>City <u>LOWELL</u> State <u>MA</u> Zip <u>01852-1018</u></p> <p>Vehicle Action Prior to Crash <u>2</u> <u>22</u> Damaged Area Code: <u>0</u> <u>27</u> <u>27</u> <u>27</u></p> <p>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></p> <p>Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u></p> <p>Driver Contributing Code <u>19</u> <u>25</u> <u>25</u> BAC Test Result: <u>1</u> <u>30</u></p> <p>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></p> <p>Towed from scene? <u>2</u> <u>33</u></p>
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Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Occupants	See Above	XXXX	XX	1	1	4	0	0	10	1	

Date of Crash 09/06/2024 Time of Crash 1512 City/Town Wilmington **Motor Vehicle Crash Police Report** Number Vehicles 2 Number Injured 0 Speed Limit 25 State Police Local Police MBTA Police Campus Police Other
 Latitude _____ Longitude _____

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

<p><u>SHAWSHEEN AVE</u> Route# _____ Direction _____ Name of Roadway/Street _____ At _____ <u>HOPKINS ST</u> Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____ Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p>	<p>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 _____ 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 _____</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# **24-262-AC**

<p>License # _____ St. _____ DOB/Age _____ Sex <u>M</u> Lic. Class <u>D</u> Lic. Restrictions <u>1</u> CDL _____ Operator <u>FARRELL, THEODORE W</u> Address <u>87 BEAVER RD</u> City <u>READING</u> State <u>MA</u> Zip <u>01867</u> Insurance Company <u>FARMERS PROPERTY & CASUAL</u> Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u> Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____</p>	<p>Reg # <u>RW896C</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2015</u> Veh Make <u>LEXUS</u> Veh Config. <u>1</u> Owner <u>FARRELL, LAURA ALLISON</u> Address <u>87 BEAVER RD</u> City <u>READING</u> State <u>MA</u> Zip <u>01867-1313</u> Vehicle Action Prior to Crash <u>2</u> Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Most Harmful Event <u>1</u> <u>24</u> Driver Contributing Code <u>1</u> <u>25</u> <u>25</u> Driver Distracted by <u>0</u> <u>26</u> <u>26</u></p>
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Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above			<u>1</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	

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

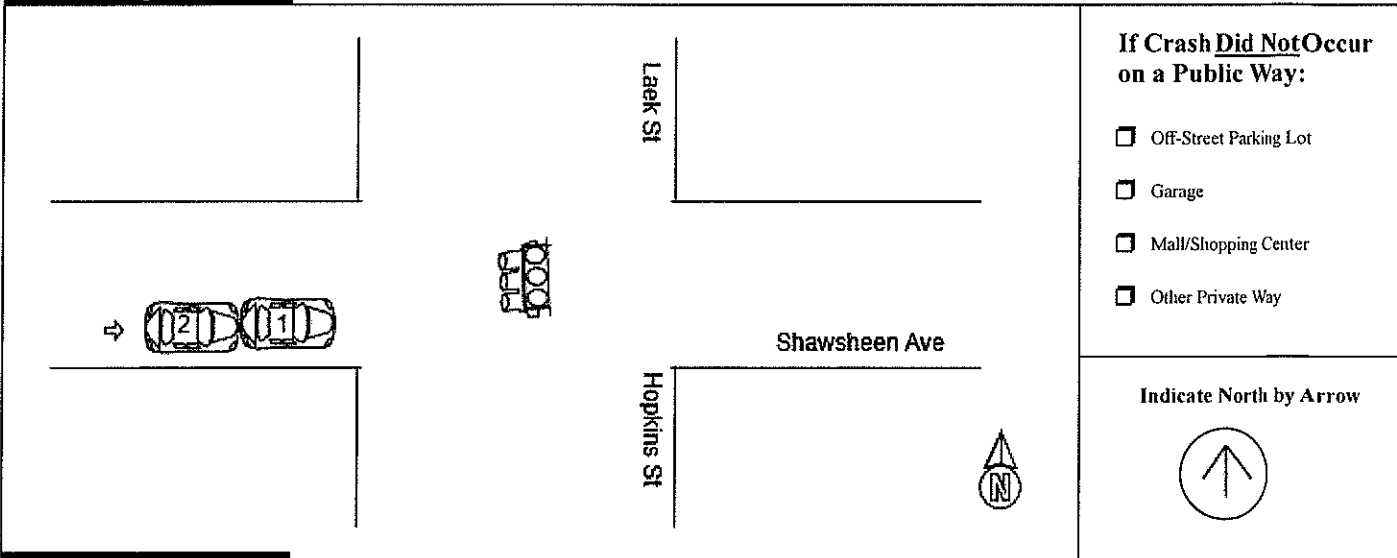
<p>License # _____ St. _____ DOB/Age _____ Sex <u>M</u> Lic. Class <u>D</u> Lic. Restrictions <u>1</u> CDL _____ Operator <u>TEIXEIRA, TRAE STEVE</u> Address <u>334 MEDFORD ST APT 4</u> City <u>MALDEN</u> State <u>MA</u> Zip <u>02148</u> Insurance Company <u>ALLSTATE INSURANCE COMPAN</u> Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u> Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____</p>	<p>Reg # <u>3CZS83</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2017</u> Veh Make <u>HONDA</u> Veh Config. <u>1</u> Owner <u>ROGERS, JOCELYN MELISSA I</u> Address <u>3 RIVER PL APT B120</u> City <u>LOWELL</u> State <u>MA</u> Zip <u>01852-1018</u> Vehicle Action Prior to Crash <u>2</u> Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Most Harmful Event <u>1</u> <u>24</u> Driver Contributing Code <u>19</u> <u>25</u> <u>25</u> Driver Distracted by <u>0</u> <u>26</u> <u>26</u></p>
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Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Occupants	See Above			<u>1</u>	<u>1</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 B = Bicycle

Crash Diagram:

ie: → 1 → 2 → O → B



Crash Narrative:

MV 1 and MV 2 were stopped/slowing in traffic. MV 1 and MV 2 stated MV 2 rear ended MV 1 causing minor damage to the front bumper of MV 2 and rear bumper to MV 1. No injuries. No tow.

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 Kevin J Skinner

200

Wilmington Police Department

09/06/2024

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date