

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

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 **12** #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section.

Crash Report ID# **24-263-AC**

License # _____ DOB/Ag _____ Reg # **4FFX56** Reg Type **PC** Reg State **MA**

Sex _____ Class **D** Lic. Restrictions **1** CDL _____ Veh Year **2005** Veh Make **TOYOTA** Veh Config. **1**

Operator _____ Owner **HOLDEN, TRACY ANNE**

Address _____ Address **681 SHAW SHEEN ST**

City _____ State **MA** Zip **01876-2336**

Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **1** Damaged Area Code: **1 27 8 27 3 27**

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

Citation # (If Issued) **T3379448** Most Harmful Event **1 24** Type of Test: **1 29**

Viol. 1: Ch/Sec/Sub **90 17** Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **2 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

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	M	1	1	4	0	0	10	1	
				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 # _____ S DOB/Ag _____ Reg # **1TYA37** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** Lic. Restrictions **1** CDL _____ Veh Year **2018** Veh Make **MERCEDES-BENZ** Veh Config. **1**

Operator **COPPINS, KENNETH MICHAEL** Owner **COPPINS, KENNETH MICHAEL**

Address **38 MILL RD** Address **38 MILL RD**

City **WILMINGTON** State **MA** Zip **01887-3316** City **WILMINGTON** State **MA** Zip **01887-3316**

Insurance Company **SAFETY INSURANCE COMPANY** Vehicle Action Prior to Crash **4** Damaged Area Code: **1 27 2 27 8 27**

Vehicle Travel Direction: **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: **1 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

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	M	1	1	4	0	0	10	1	

Police Use Only			Commonwealth of Massachusetts				RMV Document Number								
Date of Crash 09/09/2024	Time of Crash 1337 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit <u>30</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:		
Route# <u> </u> Direction <u> </u> Name of Roadway/Street <u> </u> At Route# <u> </u> Direction <u> </u> Name of Intersecting Roadway/Street <u> </u> Also at Intersection with Route# <u> </u> Direction <u> </u> Name of Intersecting Roadway/Street <u> </u>			Route# <u> </u> Direction <u> </u> Address # <u> </u> Name of Roadway/Street <u> </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# <u> </u> Intersecting Roadway/Street <u> </u> 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:		<input checked="" type="checkbox"/> Vehicle <u>1</u> #Occupants	<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped	Crash Report ID# 24-264-AC
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License # _____ S DOB/Age _____		Reg # <u>1YKZ19</u> Reg Type <u>PC</u> Reg State <u>MA</u>	
Sex <u>M</u> Lic. Class <u>D</u> Lic. Restrictions <u>B</u> CDL _____	Veh Year <u>2016</u> Veh Make <u>MAZDA</u> Veh Config. <u>1</u> <u>21</u>		
Operator <u>WETZEL, MATTHEW J</u>	Owner <u>WETZEL, MATTHEW J</u>		
Address <u>2131 HORSESHOE LN</u>	Address <u>2131 HORSESHOE LN</u>		
City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887</u>	City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887</u>		
Insurance Company <u>THE COMMERCE INSURANCE CO</u>	Vehicle Action Prior to Crash <u>4</u> <u>22</u>	Damaged Area Code: <u>8</u> <u>27</u> <u>7</u> <u>27</u> <u>27</u>	
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input 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>1</u> <u>33</u>	

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	 	 	<u>1</u>	<u>99</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	

Please Select One of the Following:		<input checked="" type="checkbox"/> Vehicle <u>2</u> #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 # _____ t OB/Age _____		Reg # <u>3GWL83</u> Reg Type <u>PC</u> Reg State <u>MA</u>	
Sex <u>M</u> Lic. Class <u>D</u> Lic. Restrictions <u>B</u> CDL _____	Veh Year <u>2022</u> Veh Make <u>GMC</u> Veh Config. <u>2</u> <u>21</u>		
Operator <u>NENTIS, FOTIOS D</u>	Owner <u>NEOHORI INC</u>		
Address <u>26 ELEANOR DR</u>	Address <u>438 BROADWAY</u>		
City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-3199</u>	City <u>EVERETT</u> State <u>MA</u> Zip <u>02149-3601</u>		
Insurance Company <u>SAFETY INSURANCE COMPANY</u>	Vehicle Action Prior to Crash <u>1</u> <u>22</u>	Damaged Area Code: <u>1</u> <u>27</u> <u>2</u> <u>27</u> <u>27</u>	
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" 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>2</u> <u>32</u>	
		Towed from scene? <u>2</u> <u>33</u>	

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	 	 	<u>1</u>	<u>99</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	

Wilmington Police Department
Images Associated with 24-264-AC



Attachments for 24-264-AC

Description

Type

VIDEO OF CRASH FROM 114 WEST STREET

MP4

Attachment#: 7377F679E7FA4EA685AD1D7D99BCBAD3

Police Use Only			Commonwealth of Massachusetts				RMV Document Number								
Date of Crash 09/11/2024	Time of Crash 1120 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit <u>30</u>	Latitude _____	Longitude _____	State Police <input type="checkbox"/>	Local Police <input type="checkbox"/>	MBTA Police <input type="checkbox"/>	Campus Police <input type="checkbox"/>	Other: _____

AT INTERSECTION:			< LOCATION >	NOT AT INTERSECTION:		
SALEM 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 _____			
ARLENE AVE 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 _____			
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 _____ Landmark _____			

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

Crash Report ID# **24-265-AC**

License _____ St. _____ DOB/Age _____	Reg # 8GW778	Reg Type PC	Reg State MA
Sex M Lic. Class D 19 19 Lic. Restrictions B 20 CDL _____	Veh Year 2014	Veh Make SUBARU	Veh Config. 1 21
Operator PEARSON, DONALD JOHN Last First Middle	Owner PEARSON, DONALD JOHN Last First Middle		
Address 8 FRANKLIN AVE	Address 8 FRANKLIN AVE		
City WILMINGTON State MA Zip 01887-1117	City WILMINGTON State MA Zip 01887-1117		
Insurance Company AMICA MUTUAL INSURANCE CO	Vehicle Action Prior to Crash 4 22	Damaged Area Code: 7 27 27 27	
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 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 4 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	X	X	1	99	4	0	0	10	1
LYNNE CHAMPION	8 FRANKLIN AVE WILMINGTON, MA 01887-1117		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 # _____ OB/Agc _____	Reg # 4ZXT48	Reg Type PC	Reg State MA
Sex F Lic. Class D 19 19 Lic. Restrictions _____ CDL _____	Veh Year 2012	Veh Make HONDA	Veh Config. 2 21
Operator DYER, CLAUDINE MG Last First Middle	Owner DYER, CLAUDINE MG Last First Middle		
Address 4 KIMBALL CT APT 512	Address 4 KIMBALL CT APT 512		
City WOBURN State MA Zip 01801-6959	City WOBURN State MA Zip 01801-6959		
Insurance Company GOVERNMENT EMPLOYEES INSU	Vehicle Action Prior to Crash 1 22	Damaged Area Code: 1 27 27 27	
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input checked="" 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/Occupants		See Above	X	X	1	99	4	0	0	10	1

Wilmington Police Department
Images Associated with 24-265-AC



Police Use Only	Date of Crash 09/14/2024	Time of Crash 1306 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report	Number Vehicles 2	Number Injured 0	Speed Limit <u>10</u> Latitude _____ Longitude _____	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 # <u>280</u> Name of Roadway/Street <u>LOWELL ST</u>					2 10
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 _____ or _____ Mile Marker _____ Exit Number _____					3 11
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 _____ Landmark _____					3 11

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

Crash Report ID# **24-266-AC**

License # _____, DOB/Ag: _____ Sex <u>F</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL Endorsement _____ Operator <u>HOOK, CAITLIN M</u> Address <u>6 KIMBALL CT APT 206</u> City <u>WOBURN</u> State <u>MA</u> Zip <u>01801</u> Insurance Company <u>ARBELLA MUTUAL INSURANCE</u> Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u> Citation # (If Issued) <u>897247AC</u> Viol. 1: Ch/Sec/Sub <u>90</u> <u>24J</u> Viol. 2: Ch/Sec/Sub <u>90</u> <u>24F</u> Viol. 3: Ch/Sec/Sub <u>90</u> <u>24I</u> Viol. 4: Ch/Sec/Sub _____	Reg # <u>3HGX35</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2006</u> Veh Make <u>FORD</u> Veh Config. <u>1</u> <u>21</u> Owner <u>HOOK, CAITLIN M</u> Address <u>6 KIMBALL CT APT 206</u> City <u>WOBURN</u> State <u>MA</u> Zip <u>01801</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>2</u> <u>28</u> Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>2</u> <u>29</u> Driver Contributing Code <u>19</u> <u>25</u> <u>20</u> <u>25</u> BAC Test Result: <u>1</u> <u>30</u> Driver Distracted by <u>1</u> <u>26</u> <u>26</u> Susp. Alcohol: <u>1</u> <u>31</u> Susp. Drug: <u>1</u> <u>32</u> Towed from scene? <u>1</u> <u>33</u>
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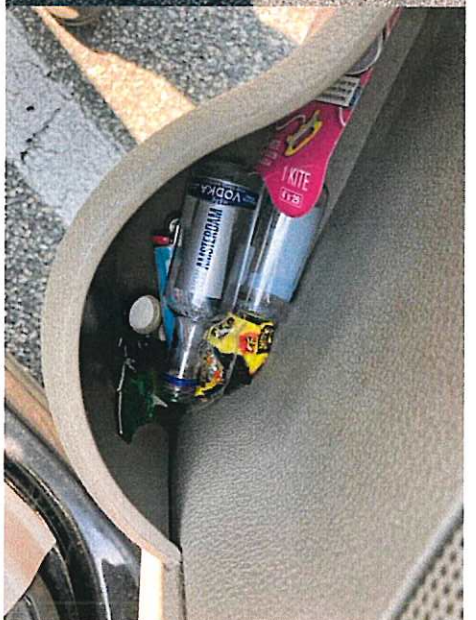
Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above	XXXXXX	XX	1	99	4	0	0	10	1	

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

License # _____, DOB/Ag: _____ Sex <u>F</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL Endorsement _____ Operator <u>WINDSTRONG-ABAZA, MARIA</u> Address <u>199 HILDRETH ST APT 15</u> City <u>DRACUT</u> State <u>MA</u> Zip <u>01826</u> Insurance Company <u>LIBERTY MUTUAL INSURANCE</u> Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> S <input 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>5HYB58</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2024</u> Veh Make <u>HYUNDAI</u> Veh Config. <u>1</u> <u>21</u> Owner <u>WINDSTRONG-ABAZA, MARIA</u> Address <u>199 HILDRETH ST APT 15</u> City <u>DRACUT</u> State <u>MA</u> Zip <u>01826</u> Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>5</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>2</u> <u>29</u> Driver Contributing Code <u>1</u> <u>25</u> <u>25</u> BAC Test Result: <u>3</u> <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>1</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/Occupants	See Above	XXXXXX	XX	1	1	4	0	0	10	1	

Wilmington Police Department
Images Associated with 24-266-AC



Attachments for 24-266-AC

Description	Type
HOOK MV INVENTORY	PDF
Attachment#: D4A71CBCC76645A28E0064AC803BA53A	
WINDSTRONG-ABAZA MV INVENTORY	PDF
Attachment#: DE81297906904AC190CB62BDB4DDF55A	