

Date of Crash 09/15/2024 Time of Crash 1608 24HR City/Town **Wilmington** **Motor Vehicle Crash** Number Vehicles 2 Number Injured 0 Speed Limit 45 Latitude _____ Longitude _____ State Police
Local Police
MBTA Police
Campus Police
Other _____

Motor Vehicle Crash Police Report

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

<p>ROUTE 62 HWY</p> <p>Route# _____ Direction _____ Name of Roadway/Street _____</p> <p style="text-align: center;">At</p> <p>I93NBR34 RAMP</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 N S E W of _____ or _____</p> <p style="text-align: center;">Mile Marker _____ Exit Number _____</p> <p>_____ Feet N S E W of _____</p> <p style="text-align: center;">Route# _____ Intersecting Roadway/Street _____</p> <p>_____ Feet N S E W 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 Crash Report ID# **24-267-AC**

<p>License # _____ St _____ DOB/Age _____</p> <p>Sex F Lic. Class D Lic. Restrictions 1 CDL Endorsement _____</p> <p>Operator CURRERI, JENNIFER CHRISTINE</p> <p>Address 29 MCLAREN RD</p> <p>City TEWKSBURY State MA Zip 01876-3316</p> <p>Insurance Company LIBERTY 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 # 918FN6 Reg Type PC Reg State MA</p> <p>Veh Year 2015 Veh Make TOYOTA Veh Config. 1</p> <p>Owner CURRERI, ANTHONY PAUL</p> <p>Address 29 MCLAREN RD</p> <p>City TEWKSBURY State MA Zip 01876-3316</p> <p>Vehicle Action Prior to Crash 4</p> <p>Event Sequence 1 23 23 23 23</p> <p>Most Harmful Event 1 24</p> <p>Driver Contributing Code 99 25 25</p> <p>Driver Distracted by 0 26 26</p> <p>Damaged Area Code: 1 27 27 27</p> <p>Test Status: 1 28</p> <p>Type of Test: 0 29</p> <p>BAC Test Result: 1 30</p> <p>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		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.

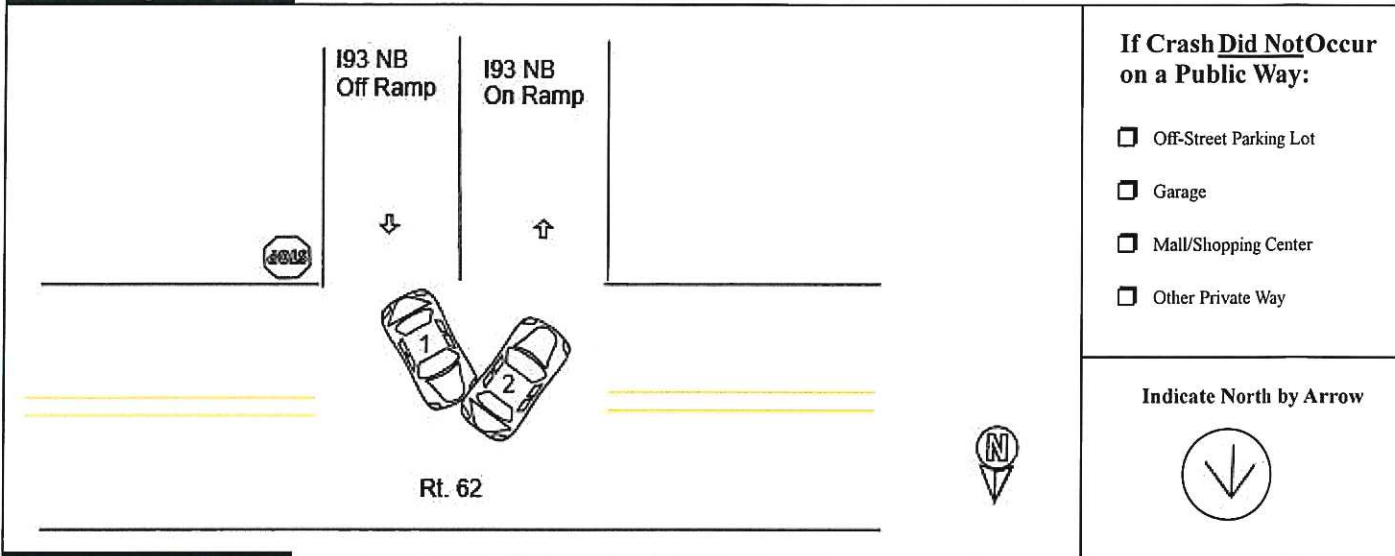
<p>License # _____ St _____ DOB/Age _____</p> <p>Sex M Lic. Class D Lic. Restrictions B CDL Endorsement _____</p> <p>Operator DUBIEL, EDWARD JOSEPH</p> <p>Address 3 BROOKSIDE CT</p> <p>City METHUEN State MA Zip 01844-1244</p> <p>Insurance Company THE STANDARD FIRE INSURAN</p> <p>Vehicle Travel Direction: <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 # 4CWB40 Reg Type PC Reg State MA</p> <p>Veh Year 2010 Veh Make TOYOTA Veh Config. 1</p> <p>Owner DUBIEL, EDWARD JOSEPH</p> <p>Address 3 BROOKSIDE CT</p> <p>City METHUEN State MA Zip 01844-1244</p> <p>Vehicle Action Prior to Crash 4</p> <p>Event Sequence 1 23 23 23 23</p> <p>Most Harmful Event 1 24</p> <p>Driver Contributing Code 99 25 25</p> <p>Driver Distracted by 0 26 26</p> <p>Damaged Area Code: 7 27 27 27</p> <p>Test Status: 1 28</p> <p>Type of Test: 0 29</p> <p>BAC Test Result: 1 30</p> <p>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		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	
SUSAN DUBIEL	3 BROOKSIDE CT METHUEN, MA 01844		F	3	1	4	0	0	10	1	

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

Crash Diagram:

ie: → 1 → 2 → ○ → ⚡



Crash Narrative:

Vehicle 1 (V1) was exiting I93 NB ramps facing northbound. Vehicle 2 (V2) was traveling west on Rt. 62 and taking a left from Rt. 62 onto the on ramp to I93 NB. V1 proceeded onto Rt. 62 in an attempt take a left. V1 collided with V2 in the middle of the roadway on Rt. 62. V1 sustained damage to the center front and V2 sustained damage to the left side. No airbags were deployed and all parties declined injuries. Both vehicles were driven from the scene.

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 Michael R DiLorenzo

217

Wilmington Police Department

09/15/2024

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department
Images Associated with 24-267-AC



Date of Crash 09/16/2024 Time of Crash 1535 City/Town Wilmington **Motor Vehicle Crash Police Report** Number Vehicles 2 Number Injured 0 Speed Limit 20 State Police Local Police MBTA Police Campus Police Other:

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 # <u>108</u> Name of Roadway/Street <u>GLEN RD</u></p> <p>_____ Feet <u>NSEW</u> of _____ or _____</p> <p style="text-align: center;">Mile Marker _____ Exit Number _____</p> <p>_____ Feet <u>NSEW</u> of _____ <u>BRATTLE ST</u></p> <p>Route# _____ Intersecting Roadway/Street _____</p> <p>_____ Feet <u>NSEW</u> 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 Crash Report ID# **24-268-AC**

<p>License # _____ DOB/Ag _____</p> <p>Sex <u>M</u> Lic. Class <u>D</u> Lic. Restrictions <u>1</u> CDL Endorsement _____</p> <p>Operator <u>CRISPIN, ANDREW WALLACE</u></p> <p>Address <u>10 4TH AVE</u></p> <p>City <u>BILLERICA</u> State <u>MA</u> Zip <u>01821-5028</u></p> <p>Insurance Company <u>GOVERNMENT EMPLOYEES INSU</u></p> <p>Vehicle Travel Direction: <u>NSEW</u> Responding to Emergency? <u>2</u></p> <p>Citation # (If Issued) <u>900606AC</u></p> <p>Viol. 1: Ch/Sec/Sub <u>90 9</u> Viol. 2: Ch/Sec/Sub <u>90 13</u></p> <p>Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____</p>	<p>Reg # <u>3NMR47</u> Reg Type <u>PC</u> Reg State <u>MA</u></p> <p>Veh Year <u>2019</u> Veh Make <u>TOYOTA</u> Veh Config. <u>1</u></p> <p>Owner <u>CRISPIN, ANDREW WALLACE</u></p> <p>Address <u>10 4TH AVE</u></p> <p>City <u>BILLERICA</u> State <u>MA</u> Zip <u>01821-5028</u></p> <p>Vehicle Action Prior to Crash <u>1</u></p> <p>Event Sequence <u>1</u></p> <p>Most Harmful Event <u>1</u></p> <p>Driver Contributing Code <u>19</u></p> <p>Driver Distracted by <u>1</u></p>
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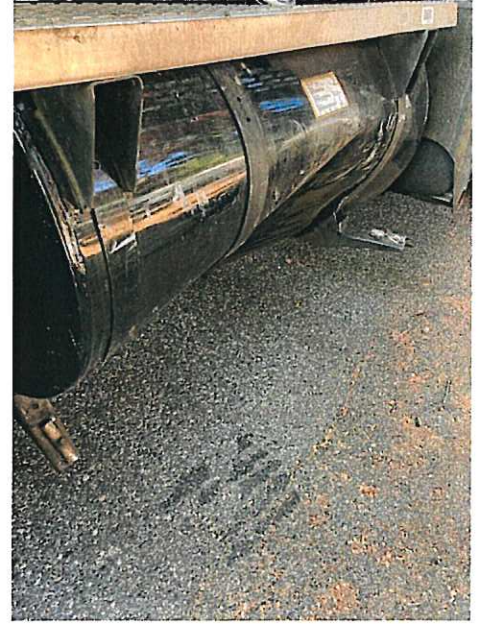
Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above			1	1	4	0	0	10	1	

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

<p>License # _____ DOB/Ag _____</p> <p>Sex <u>M</u> Lic. Class <u>A</u> Lic. Restrictions <u>1</u> CDL Endorsement _____</p> <p>Operator <u>AUTENZIO, ALFRED D</u></p> <p>Address <u>9 ARBOR LN</u></p> <p>City <u>WOBURN</u> State <u>MA</u> Zip <u>01801-3439</u></p> <p>Insurance Company <u>ARBELLA PROTECTION INSURA</u></p> <p>Vehicle Travel Direction: <u>SEW</u> 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>87560</u> Reg Type <u>AP</u> Reg State <u>MA</u></p> <p>Veh Year <u>1997</u> Veh Make <u>Mack Truck</u> Veh Config. <u>8</u></p> <p>Owner <u>PAULS LANDSCAPING SERVICE AND SUPPLIES LTD</u></p> <p>Address <u>917 MAIN ST</u></p> <p>City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-3467</u></p> <p>Vehicle Action Prior to Crash <u>3</u></p> <p>Event Sequence <u>1</u></p> <p>Most Harmful Event <u>1</u></p> <p>Driver Contributing Code <u>1</u></p> <p>Driver Distracted by <u>0</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			1	1	4	0	0	10	1	

Wilmington Police Department
Images Associated with 24-268-AC



NARRATIVE FOR PATROL OFFICER DALE H PARSONS

Ref: 24-268-AC

Entered: 09/16/2024 @ 1658 Entry ID: 236
Modified: 09/16/2024 @ 1658 Modified ID: 236
Approved: 09/17/2024 @ 1538 Approval ID: 180

The following is a summary of facts regarding a motor vehicle accident which occurred at the intersection of Glenn Rd at Brattle St.

On Monday September 16, 2024, Officer Parsons #236, at approximately 3:50pm, while assigned to the 8:00am-4:00pm shift, sector 2, car 38, responded to the area of Glenn Rd. at Brattle St. for a motor vehicle crash involving a car and dump truck. Upon my arrival, I ran the first plate (MA reg. 3NMR47) through CJIS, and discovered that it was expired/nonrenewable. I then exited my car, and confirmed that neither driver was reporting any injuries. Both parties said that they were uninjured, and declined medical evaluation.

Car # 1 (MA reg. 3NMR47) had extensive damage to the front end and in addition to the registration status, I determined that it would need to be towed from the scene. I then spoke with car #1's operator, identified as MR. ANDREW CRISPIN. MR. CRISPIN said he was traveling east on Glenn Rd., and looked down at his phone for a moment. He continued by saying that when he looked up, it was too late for him to stop and he crashed into the driver's side of car #2 (MA reg. 87560).

I then spoke with MR. ALFRED AUTENZIO who explained to me that he was attempting to turn right off of Brattle St. MR. AUTENZIO said that while making the turn, a car in the opposite lane on Glenn Rd. forced him to stop, and he began backing his truck up to make the turn in a way that would prevent him from crossing into the westbound lane of Glenn Rd. MR. AUTENZIO said that while he was backing up, he was crashed into by Car #1.

I collected all pertinent information and filled out an accident information form for both drivers. Car #1 was towed by A&S Towing. Car #2 had damage to the driver's side, and fuel tank, but was otherwise drivable.

I issued MR. CRISPIN Massachusetts Uniform Citation 900606AC for the following violations:

M.G.L. c.90 §9/B Unregistered Motor Vehicle

M.G.L. c.90 §13B/A Electronic Device, Use While Operating MV, 1st Offense

Both drivers were advised to contact their insurance companies and file their own crash reports. I cleared without further incident.

Attachments for 24-268-AC

Table with 2 columns: Description, Type. Row 1: CRASH INFORMATION AND CITATION, PDF. Row 2: Attachment#: FCB22C17FC7C40ABAB9CD326A7524508

Date of Crash **09/17/2024** Time of Crash **0731** City/Town **Wilmington** **Motor Vehicle Crash** Number Vehicles **2** Number Injured **0** Speed Limit **35** State Police
 24HR **Wilmington** **Police Report** Latitude _____ MBTA Police
 Longitude _____ Other _____ Campus Police

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 # 603 Name of Roadway/Street MAIN ST _____ Feet NSEW of _____ or _____ Mile Marker _____ Exit Number _____ _____ Feet NSEW of _____ Route# _____ Intersecting Roadway/Street _____ _____ Feet NSEW of _____ Landmark _____
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Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped Crash Report ID# **24-269-AC**

License # _____ DOB/Age _____ Sex M Lic. Class D Lic. Restrictions B CDL _____ Operator MESSINA, MICHAEL Address 9 ELWOOD RD City WILMINGTON State MA Zip 01887-2809 Insurance Company ARBELLA MUTUAL INSURANCE Vehicle Travel Direction: NSEW 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 # 3HYT53 Reg Type PC Reg State MA Veh Year 2022 Veh Make HONDA Veh Config. 1 Owner MESSINA, MICHAEL Address 9 ELWOOD RD City WILMINGTON State MA Zip 01887-2809 Vehicle Action Prior to Crash 1 Event Sequence 1 Most Harmful Event 1 Driver Contributing Code 1 Driver Distracted by 0
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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	XXXX	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.

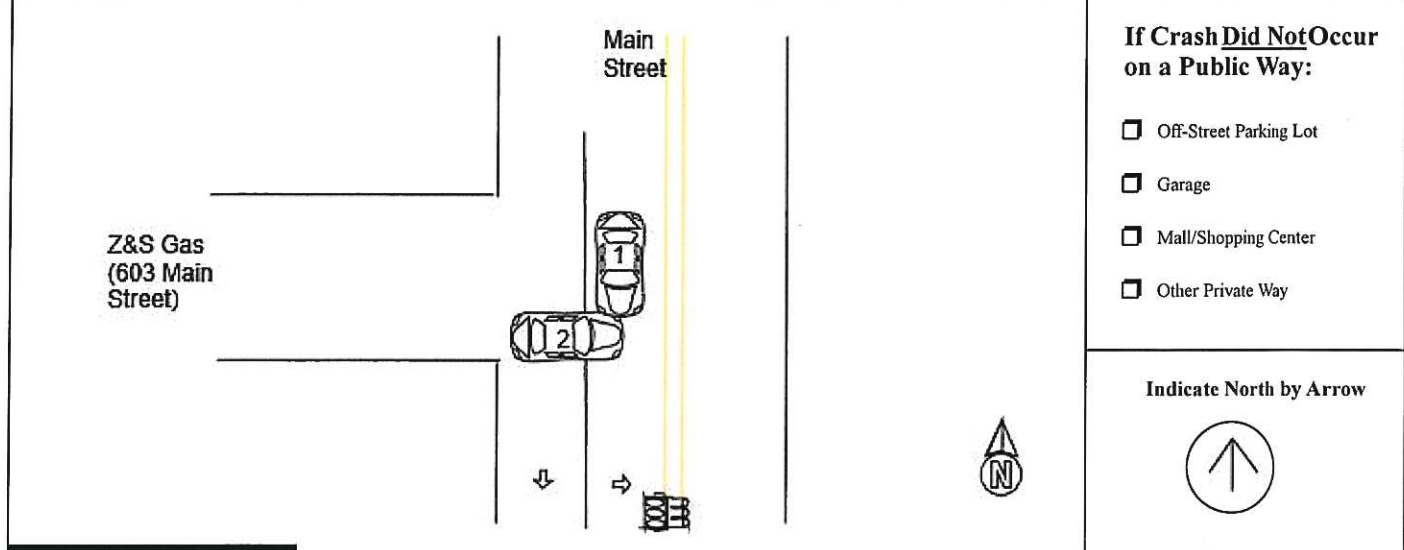
License # _____ DOB/Age _____ Sex M Lic. Class D Lic. Restrictions 1 CDL _____ Operator TASTO, DAVID JOSEPH Address 140 CHESTNUT ST City WILMINGTON State MA Zip 01887-3307 Insurance Company PROGRESSIVE CASUALTY INSU Vehicle Travel Direction: NSEXW Responding to Emergency? 2 Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # 5TBM79 Reg Type PC Reg State MA Veh Year 2023 Veh Make CHEVROLET Veh Config. 1 Owner BOSTON NORTHWEST HOME CARE INC Address 5 MILITIA DR ST APT 305 City LEXINGTON State MA Zip 02421-4706 Vehicle Action Prior to Crash 6 Event Sequence 1 Most Harmful Event 1 Driver Contributing Code 4 Driver Distracted by 0
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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	XXXX	1	1	4	0	0	10	1	

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

Crash Diagram:

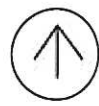
ie: → 1 → 2 → ○ → 🚲



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:

Vehicle 1 (V1) was traveling south on Main Street in the left turn only lane in an attempt to turn left at the upcoming traffic signal. Vehicle 2 (V2) was exiting the driveway of Z&S Gas (603 Main Street) and entering the southbound lanes of Main Street. V2's operator stated that a vehicle in the southbound lane (lane closest to the driveway) stopped to let him pull out. V2 then entered the left turn lane where he was struck in the front left side by V1. No airbags were deployed and all parties declined medical attention. Both vehicles were driven from the scene.

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

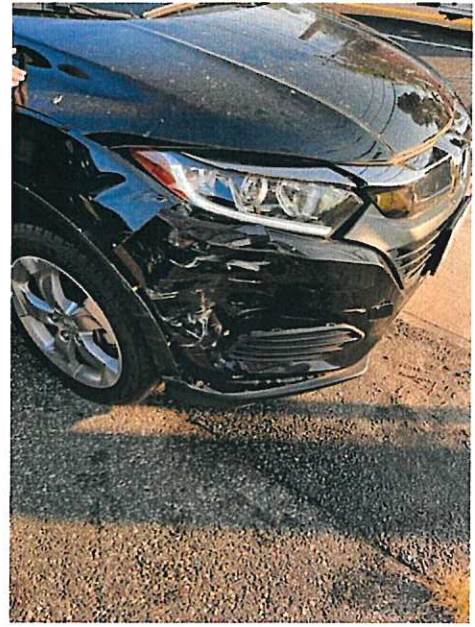
Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 46

Hazmat Information:

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

Patrol Officer Michael R DiLorenzo 217 Wilmington Police Department 09/17/2024
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Images Associated with 24-269-AC



Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash 09/19/2024 Time of Crash 0906 24HR City/Town WILMINGTON

Motor Vehicle Crash Police Report

Number Vehicles 2 Number Injured 0 Speed Limit 10 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 Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street

Route# Direction Address # Name of Roadway/Street 140 MIDDLESEX AVE 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# 24-270-AC

License # S DOB/Ag Sex Lic. Class 19 19 Lic. Restrictions 97 20 CDL Endorsement Operator Address City State Zip Insurance Company PLYMOUTH ROCK ASSURANCE C 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 # 1623 Reg Type PC Reg State MA Veh Year 2015 Veh Make NISSAN Veh Config. 1 21 Owner OATIS, NICOLE D Address 31 LAWRENCE ST City WILMINGTON State MA Zip 01887-1928 Vehicle Action Prior to Crash 2 22 Damaged Area Code: 2 27 27 27 Event Sequence 1 23 23 23 23 Test Status: 1 28 Type of Test: 29 Most Harmful Event 1 24 BAC Test Result: 1 30 Driver Contributing Code 1 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 row: See Above, 1, 1, 4, 0, 0, 10, 1

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

Complete the Vulnerable User section.

License # St DOB/Ag Sex Lic. Class 99 19 19 Lic. Restrictions 1 20 CDL Endorsement Operator Address City State Zip Insurance Company GOVERNMENT EMPLOYEES INSU Vehicle Travel Direction: N S X W Responding to Emergency? 2 Citation # (If Issued) T2446933 Viol. 1: Ch/Sec/Sub 90 10 Viol. 2: Ch/Sec/Sub Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub

Reg # 5GPB37 Reg Type PC Reg State MA Veh Year 2018 Veh Make HONDA Veh Config. 1 21 Owner PREMIER, ROSE DINA Address 214 BURLINGTON AVE City WILMINGTON State MA Zip 01887-3103 Vehicle Action Prior to Crash 1 22 Damaged Area Code: 8 27 27 27 Event Sequence 2 23 23 23 23 Test Status: 1 28 Type of Test: 29 Most Harmful Event 2 24 BAC Test Result: 1 30 Driver Contributing Code 99 25 25 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Driver Distracted by 99 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 row: See Above, 1, 99, 4, 0, 0, 10, 1

Date of Crash **09/20/2024** Time of Crash **1343** City/Town **Wilmington** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **0** Speed Limit **40** State Police Local Police MBTA Police Campus Police Other

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 # 195 Name of Roadway/Street BALLARDVALE ST</p> <p>_____ Feet N S E W of _____ or _____</p> <p style="text-align: center;">Mile Marker _____ Exit Number _____</p> <p>_____ Feet N S E W of _____</p> <p>_____ Feet N S E W of _____</p> <p style="text-align: center;">Route# _____ Intersecting Roadway/Street _____</p> <p style="text-align: center;">Landmark _____</p>
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Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped Crash Report ID# **24-271-AC**

<p>License # _____ St _____ DOB/Age _____</p> <p>Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL _____ Endorsement _____</p> <p>Operator HARVEY, MEREDITH LEE</p> <p>Address 8 SPAULDING ST APT 1</p> <p>City LOWELL State MA Zip 01854-4069</p> <p>Insurance Company SAFETY INSURANCE COMPANY</p> <p>Vehicle Travel Direction: <input checked="" type="checkbox"/> S E 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 # 3NKM36 Reg Type PC Reg State MA</p> <p>Veh Year 2021 Veh Make TOYOTA Veh Config. 1 21</p> <p>Owner HARVEY, LIANE B</p> <p>Address 238 DONOHUE RD APT 4</p> <p>City DRACUT State MA Zip 01826-4521</p> <p>Vehicle Action Prior to Crash 1 22 Damaged Area Code: 1 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: 0 29</p> <p>Driver Contributing Code 9 25 3 25 BAC Test Result: 1 30</p> <p>Driver Distracted by 0 26 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32</p> <p>Towed from scene? 1 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	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.

<p>License # _____ St _____ DOB/Age 1</p> <p>Sex M Lic. Class A 19 19 Lic. Restrictions 1 20 CDL _____ Endorsement _____</p> <p>Operator AYALA-RODRIGUEZ, ANDRES G</p> <p>Address 474 SARATOGA ST APT 4</p> <p>City EAST BOSTON State MA Zip 02128-1439</p> <p>Insurance Company THE STANDARD FIRE INSURAN</p> <p>Vehicle Travel Direction: <input type="checkbox"/> N S E <input checked="" 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 # NE19NF Reg Type PC Reg State MA</p> <p>Veh Year 2008 Veh Make TOYOTA Veh Config. 1 21</p> <p>Owner AYALA-RODRIGUEZ, ANDRES G</p> <p>Address 474 SARATOGA ST APT 4</p> <p>City EAST BOSTON State MA Zip 02128-1439</p> <p>Vehicle Action Prior to Crash 4 22 Damaged Area Code: 7 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: 0 29</p> <p>Driver Contributing Code 1 25 25 BAC Test Result: 1 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	XX	1	99	4	0	0	10	1	

Wilmington Police Department
Images Associated with 24-271-AC

