

Date of Crash 09/22/2024	Time of Crash 0457 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report	Number Vehicles 1	Number Injured 0	Speed Limit <u>25</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"/>
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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>135</u> Name of Roadway/Street <u>GLEN RD</u></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>
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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# **24-272-AC**

<p>License _____ St _____ 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 _____ Endorsement _____</p> <p>Operator <u>KELLEY, RYAN M</u> Last First Middle</p> <p>Address <u>1 TOMAHAWK DR</u></p> <p>City <u>TEWKSBURY</u> State <u>MA</u> Zip <u>01876-3823</u></p> <p>Insurance Company <u>PLYMOUTH ROCK ASSURANCE C</u></p> <p>Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u></p> <p>Citation # (If Issued) <u>T3379450</u></p> <p>Viol. 1: Ch/Sec/Sub <u>90</u> <u>17</u> Viol. 2: Ch/Sec/Sub <u>89</u> <u>4A</u></p> <p>Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____</p>	<p>Reg # <u>584BH5</u> Reg Type <u>PC</u> Reg State <u>MA</u></p> <p>Veh Year <u>2006</u> Veh Make <u>NISSAN</u> Veh Config. <u>1</u> <u>21</u></p> <p>Owner <u>KELLEY, RYAN M</u> Last First Middle</p> <p>Address <u>1 TOMAHAWK DR</u></p> <p>City <u>TEWKSBURY</u> State <u>MA</u> Zip <u>01876-3823</u></p> <p>Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>11</u> <u>27</u> <u>27</u> <u>27</u></p> <p>Event Sequence <u>10</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>43</u> <u>24</u> Type of Test: <u>29</u></p> <p>Driver Contributing Code <u>7</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>1</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	See Above	XXXXXX	XXXX	<u>1</u>	<u>1</u>	<u>3</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 _____</p> <p>Sex _____ Lic. Class <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____ Endorsement _____</p> <p>Operator _____ Last First Middle</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Insurance Company _____</p> <p>Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____</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 # _____ Reg Type _____ Reg State _____</p> <p>Veh Year _____ Veh Make _____ Veh Config. <u>21</u></p> <p>Owner _____ Last First Middle</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Vehicle Action Prior to Crash <u>22</u> Damaged Area Code: <u>27</u> <u>27</u> <u>27</u></p> <p>Event Sequence <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>28</u></p> <p>Most Harmful Event <u>24</u> Type of Test: <u>29</u></p> <p>Driver Contributing Code <u>25</u> <u>25</u> BAC Test Result: <u>30</u></p> <p>Driver Distracted by <u>26</u> <u>26</u> Susp. Alcohol: <u>31</u> Susp. Drug: <u>32</u></p> <p>Towed from scene? <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	XXXXXX	XXXX	<u>1</u>							

Wilmington Police Department
Images Associated with 24-272-AC



AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

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

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

Route# Direction Name of Intersecting Roadway/Street

Route# Direction Name of Roadway/Street

Route# Direction Address # 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

Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped Crash Report ID# 24-273-AC

License: St. DOB/Age Reg # 4HZK37 Reg Type PC Reg State MA

Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement Veh Year 2011 Veh Make Jeep Veh Config 1 21

Operator RAMOS-LIRIANO, YARELLIS Owner RAMOS-LIRIANO, YARELLIS

Address 31 SPRING COURT EXT Address 31 SPRING COURT EXT

City WOBURN State MA Zip 01801-4425 City WOBURN State MA Zip 01801-4425

Insurance Company PILGRIM INSURANCE COMPANY

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

Event Sequence 1 23 23 23 23

Most Harmful Event 1 24

Driver Contributing Code 1 25 25

Driver Distracted by 0 26 26

Damaged Area Code: 5 27 27 27

Test Status: 1 28

Type of Test: 29

BAC Test Result: 1 30

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

Towed from scene? 2 33

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

Please Select One of the Following: Vehicle 2 1 #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section.

License: St. DOB/Age Reg # FF2001 Reg Type PC Reg State MA

Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement Veh Year 2008 Veh Make HONDA Veh Config 1 21

Operator DOE, MICHAEL STEPHEN Owner DOE, MICHAEL STEPHEN

Address 6 DAVIS RD Address 6 DAVIS RD

City N WILMINGTON State MA Zip 01887-0000 City N WILMINGTON State MA Zip 01887-0000

Insurance Company THE COMMERCE INSURANCE CO

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

Event Sequence 1 23 23 23 23

Most Harmful Event 1 24

Driver Contributing Code 1 25 25

Driver Distracted by 0 26 26

Damaged Area Code: 1 27 5 27 27

Test Status: 1 28

Type of Test: 29

BAC Test Result: 1 30

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

Towed from scene? 1 33

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

Police Use Only			Commonwealth of Massachusetts				RMV Document Number								
Date of Crash 09/23/2024	Time of Crash 1524 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 3	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:		
Route# _____ Direction _____ Name of Roadway/Street _____			Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____			
At _____			Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____			
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			Mile Marker _____ Exit Number _____			
Also at Intersection with _____			Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____			
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			Route# _____ Intersecting Roadway/Street _____			
			Landmark _____			

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

Crash Report ID# **24-273-AC**

License # _____ St. _____ DOB/Age _____	Reg # 933CM4	Reg Type PC	Reg State MA
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement _____	Veh Year 2012	Veh Make CHEVROLET	Veh Config. 1 21
Operator MCNEIL, MARK STEPHEN Last First Middle	Owner MCNEIL, SUSAN MARIE Last First Middle		
Address 28 WHIPPLE RD	Address 28 WHIPPLE RD		
City TEWKSBURY State MA Zip 01876-3530	City TEWKSBURY State MA Zip 01876-3530		
Insurance Company ARBELLA MUTUAL INSURANCE	Vehicle Action Prior to Crash 1 22	Damaged Area Code: 1 27 27 27	
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> 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 19 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	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 _____	Reg # _____	Reg Type _____	Reg State _____
Sex _____ Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement _____	Veh Year _____	Veh Make _____	Veh Config. 21
Operator _____ Last First Middle	Owner _____ Last First Middle		
Address _____	Address _____		
City _____ State _____ Zip _____	City _____ State _____ Zip _____		
Insurance Company _____	Vehicle Action Prior to Crash 22	Damaged Area Code: 27 27 27	
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____	Event Sequence 23 23 23 23	Test Status: 28	
Citation # (If Issued) _____	Most Harmful Event 24	Type of Test: 29	
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code 25 25	BAC Test Result: 30	
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by 26 26	Susp. Alcohol: 31 Susp. Drug: 32	
		Towed from scene? 33	

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

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

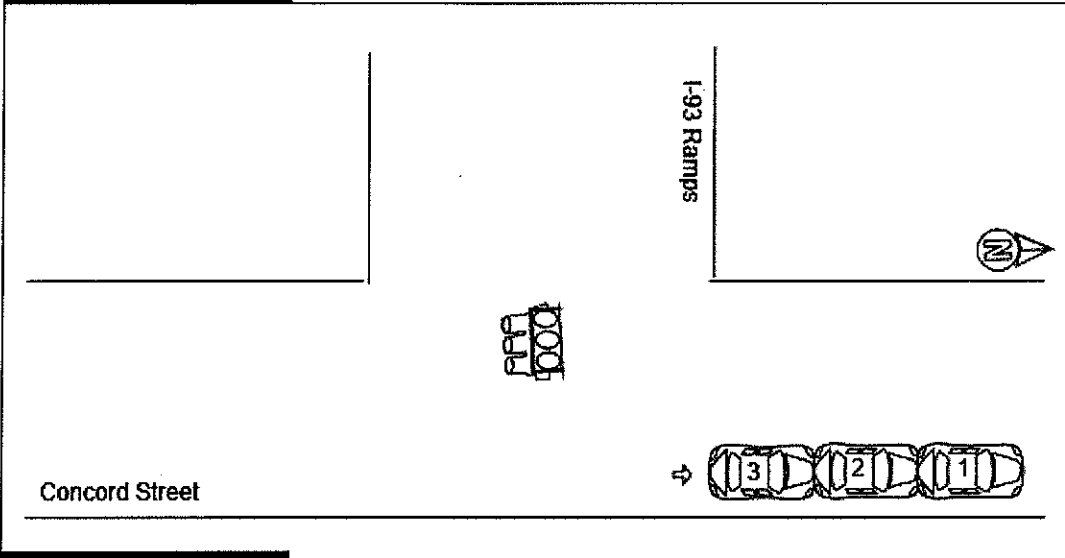
Crash Diagram:

ie: → 1 → 2 OXOX → 🚲

If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow



Crash Narrative:

MV 1, 2, and 3 were driving on Concord Street. MV 3 stated he wasn't paying attention when he rear-ended MV 2 causing MV 2 to rear-end MV 1. No injuries. MV 2 towed by A&S Towing.

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

09/23/2024

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department
Motor Vehicle Crash Report
24-274-AC

Requests for Wilmington Police Department Report, 24-274-AC,
may be made via the department's Public Records Email at
publicrecords@wpd.org

Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash **09/26/2024** Time of Crash **1933** City/Town **Wilmington**
 24HR

Motor Vehicle Crash Police Report

Number Vehicles **2** Number Injured **1** Speed Limit **35**
 Latitude _____ Longitude _____
 State Police
 Local Police
 MBTA Police
 Campus Police
 Other

AT INTERSECTION:

< LOCATION >

NOT AT INTERSECTION:

4

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# **430** Direction _____ Address # **SALEM ST** 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 _____

2 10

6 11

2 3

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

Crash Report ID# **24-275-AC**

3

License # _____ St _____ OB/Age **1**
 Sex **X** Lic. Class **D** **19** **19** Lic. Restrictions **1** **20** CDL _____
 Endorsement _____
 Operator **ZENGA, SARA FRANCESCA**
 Last First Middle
 Address **30 SHATTUCK RD APT 4411**
 City **ANDOVER** State **MA** Zip **01810-2486**
 Insurance Company **THE COMMERCE INSURANCE CO**
 Vehicle Travel Direction: **N S E W** Responding to Emergency? **2**
 Citation # (If Issued) **918175AC**
 Viol. 1: Cl/Sec/Sub **89** **9** Viol. 2: Cl/Sec/Sub _____
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Cl/Sec/Sub _____

Reg # **4KGS56** Reg Type **PC** Reg State **MA**
 Veh Year **2025** Veh Make **HYUNDAI** Veh Config. **1** **21**
 Owner **ZENGA, FLORIE MARY**
 Last First Middle
 Address **30 SHATTUCK RD APT 4411**
 City **ANDOVER** State **MA** Zip **01810-2486**
 Vehicle Action Prior to Crash **1** **22** Damaged Area Code: **2** **27** **27** **27**
 Event Sequence **1** **23** **23** **23** **23** Test Status: **1** **28**
 Most Harmful Event **43** **24** Type of Test: **0** **29**
 Driver Contributing Code **4** **25** **25** BAC Test Result: **1** **30**
 Driver Distracted by **0** **26** **26** Susp. Alcohol: **2** **31** Susp. Drug: **2** **32**
 Towed from scene? **1** **33**

1 12

5 2

6 2

1 13

Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator			<input checked="" type="checkbox"/>	1	1	3	0	2	10	1	
See Above											

7 1

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

License # _____ S _____ OB/Age _____
 Sex **F** Lic. Class **D** **19** **19** Lic. Restrictions **1** **20** CDL _____
 Endorsement _____
 Operator **LUCIEN, AMALIKA H**
 Last First Middle
 Address **5 SPRINGHOUSE TRL APT 111**
 City **SEEKONK** State **MA** Zip **02771-5771**
 Insurance Company **LIBERTY MUTUAL PERSONAL I**
 Vehicle Travel Direction: **N S E W** Responding to Emergency? **2**
 Citation # (If Issued) _____
 Viol. 1: Cl/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____
 Viol. 3: Cl/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____

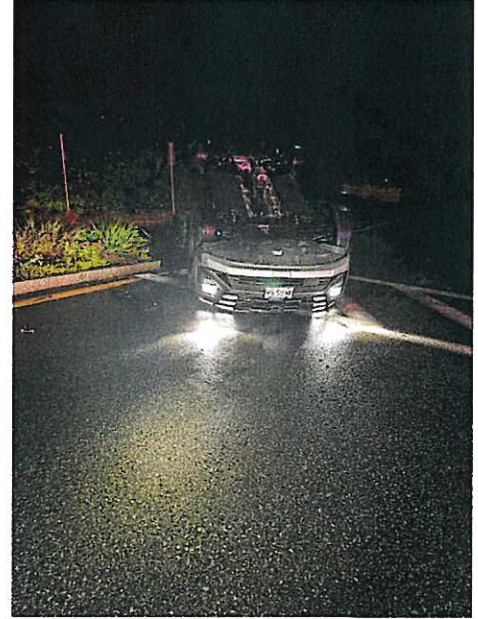
Reg # **1PGM96** Reg Type **PC** Reg State **MA**
 Veh Year **2014** Veh Make **ACURA** Veh Config. **1** **21**
 Owner **LUCIEN, AMALIKA H**
 Last First Middle
 Address **5 SPRINGHOUSE TRL APT 111**
 City **SEEKONK** State **MA** Zip **02771-5771**
 Vehicle Action Prior to Crash **1** **22** Damaged Area Code: **1** **27** **27** **27**
 Event Sequence **1** **23** **23** **23** **23** Test Status: **1** **28**
 Most Harmful Event **1** **24** Type of Test: **0** **29**
 Driver Contributing Code **1** **25** **25** BAC Test Result: **1** **30**
 Driver Distracted by **0** **26** **26** Susp. Alcohol: **2** **31** Susp. Drug: **2** **32**
 Towed from scene? **1** **33**

4 14

9 2

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			<input checked="" type="checkbox"/>	1	1	1	0	0	7	2	Lahey Clinic
See Above											

Wilmington Police Department
Images Associated with 24-275-AC



Police Use Only	Date of Crash 09/27/2024	Time of Crash 1626 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report	Number Vehicles 2	Number Injured 0	Speed Limit <u>25</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# _____ Direction _____ Name of Roadway/Street _____ At _____				Route# _____ Direction _____ Address # <u>260</u> Name of Roadway/Street <u>MAIN 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 _____					2 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 _____					2 11

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

Crash Report ID# **24-276-AC**

License _____ St. _____ DOB/Age _____ Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL _____ Operator <u>LIU, CHEN</u> Address <u>29 JACQUELINE RD APT B</u> City <u>WALTHAM</u> State <u>MA</u> Zip <u>02452-4951</u> Insurance Company <u>GOVERNMENT EMPLOYEES INSU</u> Vehicle Travel Direction: <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>1VXH12</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2018</u> Veh Make <u>BMW</u> Veh Config. <u>1</u> <u>21</u> Owner <u>LIU, CHEN</u> Address <u>29 JACQUELINE RD APT B</u> City <u>WALTHAM</u> State <u>MA</u> Zip <u>02452-4951</u> Vehicle Action Prior to Crash <u>5</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>1</u> <u>28</u> Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u> Driver Contributing Code <u>19</u> <u>25</u> <u>25</u> BAC Test Result: <u>1</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>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	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>1</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>
LUDAN ZHANG		201 LORDS CT WILMINGTON, MA 01887	F	<u>3</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	
				<u>4</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.

License _____ St. _____ DOB/Age _____ Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL _____ Operator <u>BLIZZARD-ADKINS, JOHN VINCENT</u> Address <u>204 CRYSTAL LAKE DR</u> City <u>HAVELOCK</u> State <u>NC</u> Zip <u>28532</u> Insurance Company <u>INTEGON INDEMNITY CORP</u> Vehicle Travel Direction: <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>WROARX</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2019</u> Veh Make <u>SUBARU</u> Veh Config. <u>1</u> <u>21</u> Owner <u>BLIZZARD-ADKINS, JOHN VINCENT</u> Address <u>204 CRYSTAL LAKE DR</u> City <u>HAVELOCK</u> State <u>NC</u> Zip <u>28532</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>1</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>
--	--

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"/>	<input checked="" type="checkbox"/>	<u>1</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>
			M	<u>6</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	

Date of Crash 09/28/2024 Time of Crash 1036 24HR City/Town **Wilmington** Number Vehicles 2 Number Injured 0 Speed Limit 10 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

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 1 Occupants Hit/Run Moped Crash Report ID# 24-277-AC

License: St DOB/Age Reg # 5SJ961 Reg Type PC Reg State MA

Sex M Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement Veh Year 2016 Veh Make TOYOTA Veh Config. 1

Operator NICEFORO, CHRISTIAN ANTHONY Owner NICEFORO, GRACEMARIE M

Address 18 HILLCREST ST Address 18 HILLCREST ST

City WILMINGTON State MA Zip 01887 City WILMINGTON State MA Zip 01887-3634

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

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

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

Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Driver Contributing Code 12 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			1	99	4	0	0	10	1	

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

License # St DOB/Age Reg # 4TJK24 Reg Type PC Reg State MA

Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement Veh Year 2021 Veh Make HYUNDAI Veh Config. 1

Operator Driverless M.V. Owner MALONEY, MICHAEL W

Address Address 33 ALBANY ST

City State Zip City WILMINGTON State MA Zip 01887-2261

Insurance Company NORFOLK & DEDHAM MUTUAL F Vehicle Action Prior to Crash 11 Damaged Area Code: 6 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: 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

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	0	4	0	0	10	1	

Wilmington Police Department
Images Associated with 24-277-AC



Date of Crash 09/28/2024 Time of Crash 1353 24HR City/Town **Wilmington** **Motor Vehicle Crash Police Report** Number Vehicles 2 Number Injured 1 Speed Limit 25 State Police Local Police MBTA Police Campus Police Other

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

1 1 Route# Direction Name of Roadway/Street At Route# Direction Address # Name of Roadway/Street 2 10
 2 1 Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Mile Marker Exit Number 2 11
 2 1 Route# Direction Name of Intersecting Roadway/Street Route# Direction Intersecting Roadway/Street
 Landmark

Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped Crash Report ID# **24-278-AC**

License # St DOB/Ag Reg # **9ME837** Reg Type **PC** Reg State **MA**
 Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL Endorsement Veh Year **2018** Veh Make **Jeep** Veh Config. **1** 21
 Operator **NAMUTEBI, ALICE M** Owner **NAMUTEBI, ALICE M**
 Address **95 TENNIS PLAZA RD** Address **95 TENNIS PLAZA RD**
 City **DRACUT** State **MA** Zip **01826-3350** City **DRACUT** State **MA** Zip **01826-3350**
 Insurance Company **PLYMOUTH ROCK ASSURANCE C** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: 1 27 27 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	See Above			1	1	4	0	0	10	1	

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

License # St DOB/Ag Reg # **6WC977** Reg Type **PC** Reg State **MA**
 Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL Endorsement Veh Year **2024** Veh Make **VOLKSWAGEN** Veh Config. **1** 21
 Operator **LOUGHRAN, REBECCA** Owner **LOUGHRAN, REBECCA**
 Address **25 SENECA LN** Address **25 SENECA LN**
 City **WILMINGTON** State **MA** Zip **01887-1979** City **WILMINGTON** State **MA** Zip **01887-1979**
 Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **4** 22 Damaged Area Code: 4 27 27 27
 Vehicle Travel Direction: N E W Responding to Emergency? **2** Event Sequence **1** 23 23 23 23 Test Status: 1 28
 Citation # (If Issued) Most Harmful Event **1** 24 Type of Test: 1 29
 Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Driver Contributing Code **18** 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? **1** 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			1	1	2	0	0	10	1	
SEAN LOUGHRAN	25 SENECA LN WILMINGTON, MA 01887		M	3	1	2	0	0	9	1	

