

Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash **10/14/2024** Time of Crash **1446** City/Town **Wilmington**
 24HR

Motor Vehicle Crash Police Report

Number Vehicles **2** Number Injured **0** Speed Limit **30**
 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 _____

62 W 25 BURLINGTON AVE
 Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____
 _____ Feet **N S E W** of _____ or _____ Exit Number _____
 Mile Marker _____
 _____ Feet **N S E W** of _____
 _____ Feet **N S E W** of _____
1 BURLINGTON AVE
 Landmark _____

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

Crash Report ID# **24-292-AC**

License # _____ St. _____ DOB/Age _____
 Sex **M** Lic. Class **D** **19** **19** Lic. Restrictions **20** CDL _____
 Endorsement _____
 Operator **CHARINI, WILLIAM A**
 Last First Middle
 Address **91 MARION ST**
 City **WILMINGTON** State **MA** Zip **01887-3172**
 Insurance Company **GEICO GENERAL INSURANCE C**
 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 # **1MX713** Reg Type **PC** Reg State **MA**
 Veh Year **2019** Veh Make **SUBARU** Veh Config. **1** **21**
 Owner **CHARINI, WILLIAM A**
 Last First Middle
 Address **91 MARION ST**
 City **WILMINGTON** State **MA** Zip **01887-3172**
 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	<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.

Crash Report ID# _____

License # _____ St. _____ DOB/Age _____
 Sex **M** Lic. Class **D** **19** **19** Lic. Restrictions **I** **20** CDL _____
 Endorsement _____
 Operator **DAVIS, ADAM PATRICK**
 Last First Middle
 Address **41 SHADY LANE DR**
 City **WILMINGTON** State **MA** Zip **01887-1931**
 Insurance Company **FARMERS PROPERTY & CASUAL**
 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 _____

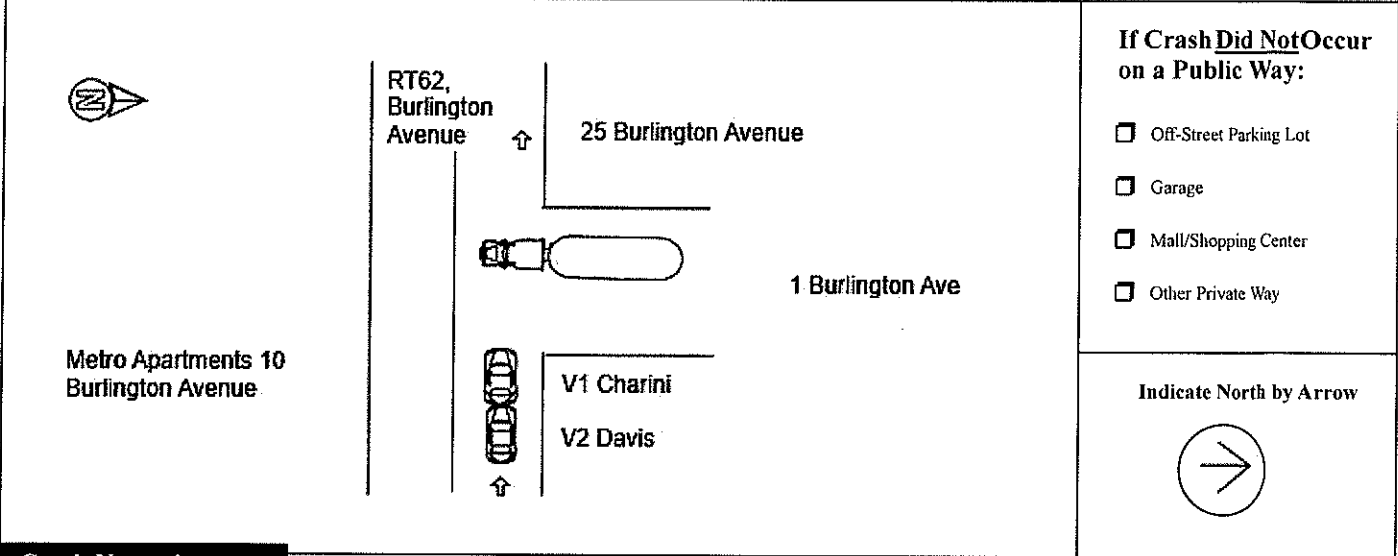
Reg # **595WPE** Reg Type **PC** Reg State **MA**
 Veh Year **2013** Veh Make **SUBARU** Veh Config. **1** **21**
 Owner **DAVIS, JAMES MATTHEW**
 Last First Middle
 Address **41 SHADY LANE DR**
 City **WILMINGTON** State **MA** Zip **01887-1931**
 Vehicle Action Prior to Crash **1** **22** Damaged Area Code: **1** **27** **27** **27**
 Event Sequence **1** **23** **23** **23** **23** Test Status: **1** **28**
 Most Harmful Event **1** **24** Type of Test: **29**
 Driver Contributing Code **19** **25** **5** **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/Occupants		See Above	<input checked="" type="checkbox"/>	1	1	4	0	0	10	1	

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○



Crash Narrative:

V1 (Charini) traveling straight on RT62 and needed to stop (working brake lights) for TT unit suddenly exiting 1 Burlington Avenue. V2 (Davis) rear-ended V1. No injuries observed or reported. V1 damaged on read bumper. V2 damaged to front bumper and hood. V2 Opr Charini inattention and following too closely most probable factor in crash.

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

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

Hazmat Information:

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

Patrol Officer Richard DiPerri 173 Wilmington Police Department 10/14/2024
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Motor Vehicle Crash Report
24-293-AC

Requests for Wilmington Police Department Report, 24-293-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: 10/16/2024
 Time of Crash: 0745
 City/Town: **Wilmington**
 24HR

Motor Vehicle Crash Police Report

Number Vehicles: 2
 Number Injured: 0
 Speed Limit: 35
 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 # **76** Name of Roadway/Street **FOREST ST**
 _____ 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 **13** #Occupants Hit/Run Moped

Crash Report ID# **24-294-AC**

License # _____ St J _____ DOB/Age _____
 Sex **M** Lic. Class **B** **19** **19** Lic. Restrictions **1** **20** CDL _____
 Endorsement _____

Reg # **SB41488** Reg Type **SB** Reg State **MA**
 Veh Year **2023** Veh Make **ACURA** Veh Config. **4** **21**

Operator **LEWIS, ROGER NEIL**

Owner **ESSEX NORTH SHORE AGRICULTURAL AND TECHNICAL**

Address **43 STORY AVE**

Address **562 MAPLE ST**

City **LYNN** State **MA** Zip **01902-2945**

City **HATHORNE** State **MA** Zip **01937-0449**

Insurance Company **ARGONAUT INSURANCE COMPAN**

Vehicle Action Prior to Crash **4** **22** Damaged Area Code: **1** **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 **4** **25** **25** Susp. Alcohol: **2** **31** Susp. Drug: **2** **32**
 Driver Distracted by **0** **26** **26** Towed from scene? **2** **33**

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

Citation # (If Issued) **T3549041**

Viol. 1: Ch/Sec/Sub **89** **8** Viol. 2: Ch/Sec/Sub _____

Viol. 3: Ch/Sec/Sub _____ 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	_____	_____	1	1	4	0	0	10	1	
				8	0	4	0	0	10	1	
				8	0	4	0	0	10	1	

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

Reg # **3BRH43** Reg Type **PC** Reg State **MA**
 Veh Year **2022** Veh Make **HONDA** Veh Config. **1** **21**

Operator **CERRATO, MARYBETH BETH**
 Address **19 HOLDEN AVE**
 City **BURLINGTON** State **MA** Zip **01803-1031**

Owner **CERRATO, ANTHONY C**
 Address **19 HOLDEN AVE**
 City **BURLINGTON** State **MA** Zip **01803-1031**

Insurance Company **THE COMMERCE INSURANCE CO**

Vehicle Action Prior to Crash **1** **22** Damaged Area Code: **3** **27** **4** **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 **1** **25** **25** Susp. Alcohol: **2** **31** Susp. Drug: **2** **32**
 Driver Distracted by **0** **26** **26** Towed from scene? **1** **33**

Vehicle Travel Direction: **N S E X** 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 _____

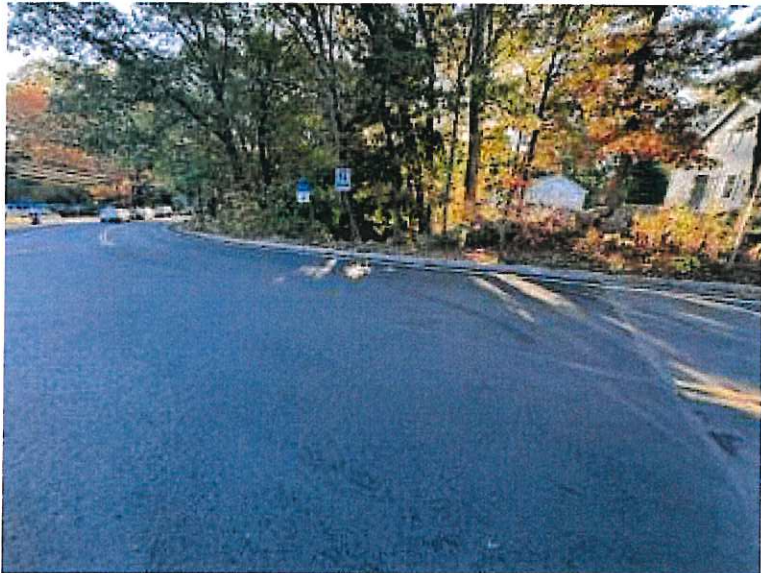
Please fill out for operator and all occupants involved

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	

Wilmington Police Department
Images Associated with 24-294-AC



Wilmington Police Department
Images Associated with 24-294-AC



Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash 10/16/2024 Time of Crash 1715 City/Town WILMINGTON

Motor Vehicle Crash Police Report

Number Vehicles 2 Number Injured 0 Speed Limit 30 Latitude Longitude State 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 442 MAIN ST Address # Name of Roadway/Street Feet NSEW of Mile Marker Exit Number Feet NSEW of CHURCH ST Route# Intersecting Roadway/Street Feet NSEW of Landmark

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

Crash Report ID# 24-295-AC

License # Sex F Lic. Class D Lic. Restrictions 99 CDL Endorsement

Reg # 4RXT30 Reg Type PC Reg State MA Veh Year 2009 Veh Make HONDA Veh Config. 1

Operator REED, AUDREY MAE

Owner REED, AUDREY MAE

Address 3 DEMING WAY

Address 3 DEMING WAY

City WILMINGTON State MA Zip 01887-3638

City WILMINGTON State MA Zip 01887-3638

Insurance Company SAFETY INSURANCE COMPANY

Vehicle Action Prior to Crash 1 Damaged Area Code: 7 27 97 27 27

Vehicle Travel Direction: NSE 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

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 # Sex F Lic. Class D Lic. Restrictions 99 CDL Endorsement

Reg # 752FF9 Reg Type PC Reg State MA Veh Year 2004 Veh Make Jeep Veh Config. 1

Operator CORNEJO, LINDA Y

Owner CORNEJO, LINDA Y

Address 7 TREBLE COVE RD

Address 7 TREBLE COVE RD

City NORTH BILLERICA State MA Zip 01862-1416

City NORTH BILLERICA State MA Zip 01862-1416

Insurance Company THE COMMERCE INSURANCE CO

Vehicle Action Prior to Crash 4 Damaged Area Code: 2 27 27 27

Vehicle Travel Direction: NSE 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

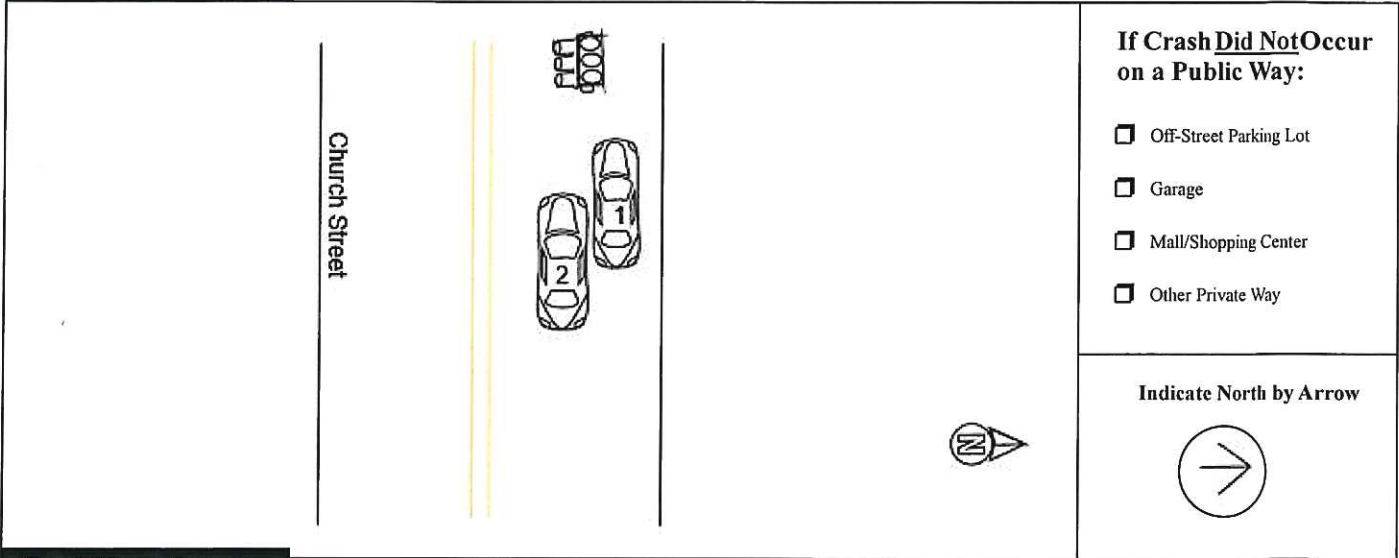
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub

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

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] → XOX → 🚲

Crash Diagram:



Crash Narrative:

V#1 was traveling westbound on Church Street, continuing straight onto Burlington Ave. V#2 was traveling straight on Church Street, preparing to turn left onto Main Street. While at the traffic light both V#1 and V#2 collided, resulting in driver side damage on V#1, and front right damage to V#2. Operator #1 reported that she stopped at the traffic light when V#2 struck the side and back of her vehicle. Operator #2 claimed she was stopped in the left-hand turn lane when V#1 drove in front her vehicle causing her to strike the other vehicle. After investigation of the crash it appears what both operators reported to be consistent with the vehicle's damages. Both operators refused medical attention.

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 Jonathan L Morales 224 Wilmington Police Department 10/16/2024
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Images Associated with 24-295-AC



Date of Crash 10/17/2024	Time of Crash 1905 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report	Number Vehicles 1	Number Injured 0	Speed Limit 50	<input type="checkbox"/> 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:

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 _____	125 ROUTE 125 HWY 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 _____ 1 . 4 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 _____
--	--

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped Crash Report ID# **24-296-AC**

License # _____ St _____ DOB/Age _____ Sex M Lic. Class D Lic. Restrictions 1 CDL _____ Operator GOODRICH, KEITH MANUEL Address 111 WASHINGTON ST APT FL2 City SOMERVILLE State MA Zip 02143-4426 Insurance Company ZURICH AMERICAN INSURANCE Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> 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 # V72969 Reg Type CO Reg State MA Veh Year 2020 Veh Make DODGE Veh Config. 2 Owner AMAZON LOGISTICS INC Address 410 TERRY N AVE City SEATTLE State WA Zip 98109-5210 Vehicle Action Prior to Crash 1 Damaged Area Code: 2 27 27 27 Event Sequence 5 23 23 23 23 Test Status: 1 28 Most Harmful Event 5 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
---	---

Please fill out for operator and all occupants involved											
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above	XXXXXX	XXXX	1	1	2	0	0	10	1	

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

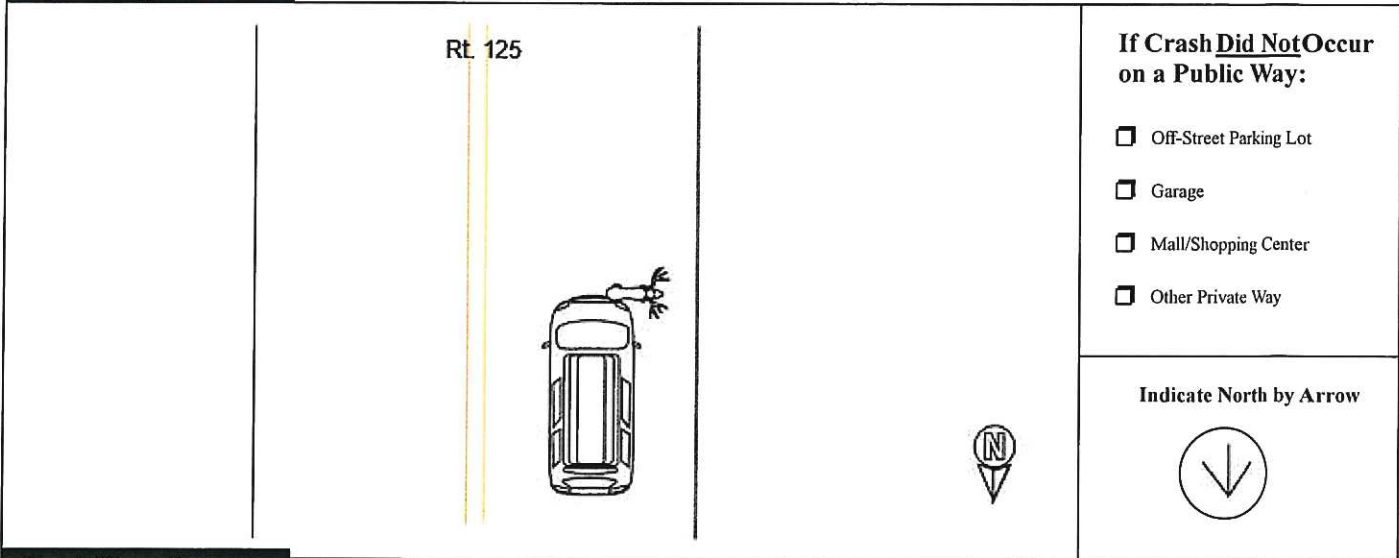
License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class _____ Lic. Restrictions _____ CDL _____ Operator _____ Address _____ City _____ State _____ Zip _____ Insurance Company _____ Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> 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 # _____ 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 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											
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Occupants	See Above	XXXXXX	XXXX	1							

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○



Crash Narrative:

Vehicle was traveling south on Rt.125. Deer ran in front of the vehicle and the vehicle colided with the deer on the front right side. Passenger side airbags deployed. Operator signed a medical refusal with the Wilmington Fire Department.

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 10/17/2024
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Images Associated with 24-296-AC



Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash: 10/18/2024
 Time of Crash: 1433
 City/Town: **Wilmington**
 24HR

Motor Vehicle Crash Police Report

Number Vehicles: 2
 Number Injured: 0
 Speed Limit: 35
 Latitude: _____
 Longitude: _____

State Police
 Local Police
 MBTA Police
 Campus Police
 Other: _____

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1

Route# Direction Name of Roadway/Street
MAIN ST
 At _____

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

2

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

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

Route# Direction Name of Intersecting Roadway/Street

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

Crash Report ID# **24-297-AC**

4

License # St DOB/Age
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL _____
 Operator **NICHOLS, MICHAEL SCOTT**
 Last First Middle

Reg # **4XWT39** Reg Type **PC** Reg State **MA**
 Veh Year **2016** Veh Make **Land Rover** Veh Config. **1** 21
 Owner **NICHOLS, MICHAEL SCOTT**
 Last First Middle

Address **11 SHERWOOD DR**

Address **11 SHERWOOD DR**

City **HAVERHILL** State **MA** Zip **01835-8130**

City **HAVERHILL** State **MA** Zip **01835-8130**

Insurance Company **THE COMMERCE INSURANCE CO**

Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **8** 27 27 27

5

Vehicle Travel Direction: **N X 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

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	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.

Reg # **5BNK38** Reg Type **PC** Reg State **MA**

License # St DOB/Age

Veh Year **2021** Veh Make **Jeep** Veh Config. **1** 21

Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL _____

Owner **KELLEY, MICHAEL J**
 Last First Middle

Operator **KELLEY, JORDAN TYLER**
 Last First Middle

Address **155 BOSTON ROCK RD**

Address **155 BOSTON ROCK RD**

City **MELROSE** State **MA** Zip **02176-5304**

City **MELROSE** State **MA** Zip **02176-5304**

Insurance Company **THE STANDARD FIRE INSURAN**

Vehicle Action Prior to Crash **4** 22 Damaged Area Code: **7** 27 27 27

9

Vehicle Travel Direction: **N S X 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 _____

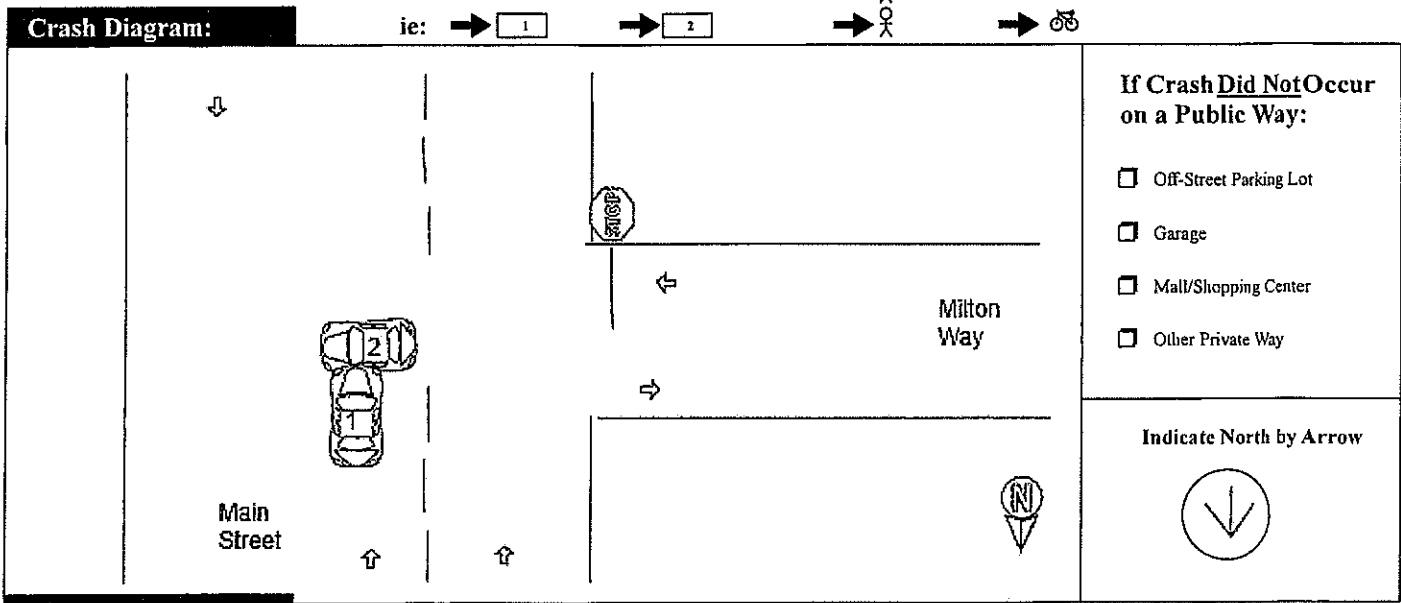
Driver Contributing Code **4** 25 25 BAC Test Result: **1** 30

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

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

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


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



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 most southbound travel lane. Vehicle 2 (V2) was exiting Milton Way and taking a left to travel northbound on Main Street. The right southbound lane traffic stopped to allow V2 to exit Milton Way. V1 collided with V2 in the left southbound lane of Main Street. Airbags deployed on V1 but not V2. Both Operators signed medical refusals with the Wilmington Fire Department. V1 was towed by Cains Towing and V2 was towed by a private 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 Michael R DiLorenzo 217 Wilmington Police Department 10/18/2024
Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Form No. 10364 CRA-65 08/23

Wilmington Police Department
Images Associated with 24-297-AC



Date of Crash 10/19/2024	Time of Crash 0717 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report	Number Vehicles 1	Number Injured 0	Speed Limit <u>25</u>	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Campus Police <input type="checkbox"/> Other <input type="checkbox"/>
-----------------------------	-------------------------------	--------------------------------	--	----------------------	---------------------	-----------------------	---

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

<p>1 1</p> <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>2 1</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p>	<p>2 10</p> <p>Route# _____ Direction _____ Address # <u>157</u> Name of Roadway/Street <u>BURLINGTON AVE</u></p> <p>_____ Feet <input checked="" type="checkbox"/> S <input checked="" type="checkbox"/> E <input checked="" type="checkbox"/> W of _____ or _____</p> <p style="text-align: center;">Mile Marker _____ Exit Number _____</p> <p>1 11</p> <p>_____ Feet <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> S <input checked="" type="checkbox"/> E <input checked="" type="checkbox"/> W of _____</p> <p style="text-align: center;">Route# _____ Intersecting Roadway/Street _____</p> <p>_____ Feet <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> S <input checked="" type="checkbox"/> E <input checked="" type="checkbox"/> W of _____</p> <p style="text-align: center;">Landmark _____</p>
---	--

3 Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped Crash Report ID# **24-298-AC**

License # _____ St _____ DOB/Age _____ Sex <u>E</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL _____ Endorsement _____ Operator <u>STONE, JULIA</u> Last First Middle Address <u>115 GLEN RD</u> City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887</u> Insurance Company <u>AMERICAN FAMILY CONNECT P</u> Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input checked="" type="checkbox"/> E <input checked="" 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>3PVE34</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2015</u> Veh Make <u>Jeep</u> Veh Config. <u>1</u> <u>21</u> Owner <u>STONE, LORI ANN</u> Last First Middle Address <u>115 GLEN RD</u> City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-3537</u> Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>3</u> <u>27</u> <u>97</u> <u>27</u> <u>27</u> 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> Most Harmful Event <u>10</u> <u>24</u> Type of Test: <u>1</u> <u>29</u> Driver Contributing Code <u>20</u> <u>25</u> <u>25</u> BAC Test Result: <u>1</u> <u>30</u> Driver Distracted by <u>5</u> <u>26</u> <u>6</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>
--	---

6 **1**

Please fill out for operator and all occupants involved

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

7 **1**

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 _____ Lic. Restrictions _____ CDL _____ Endorsement _____ Operator _____ Last First Middle Address _____ City _____ State _____ Zip _____ Insurance Company _____ Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> S <input checked="" type="checkbox"/> E <input checked="" 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 # _____ Reg Type _____ Reg State _____ Veh Year _____ Veh Make _____ Veh Config. <u>21</u> Owner _____ Last First Middle Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash <u>22</u> Damaged Area Code: <u>27</u> <u>27</u> <u>27</u> Event Sequence <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>28</u> Most Harmful Event <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>
---	--

9 **2**

Please fill out for operator and all occupants involved

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

Wilmington Police Department
Images Associated with 24-298-AC

