

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

Route# Direction Name of Roadway/Street At Route# Direction Address # **360 MIDDLESEX AVE** Name of Roadway/Street
 Feet **N S E W** of Mile Marker Exit Number
 Route# Direction Name of Intersecting Roadway/Street Also at Intersection with
 Feet **N S E W** of Route# Intersecting Roadway/Street
 Route# Direction Name of Intersecting Roadway/Street
 Feet **N S E W** of Landmark

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section. Crash Report ID# **24-300-AC**

License # _____ St _____ DOB/Age _____ Reg # **15LK09** Reg Type **PC** Reg State **MA**
 Sex **F** Lic. Class **D** Lic. Restrictions **1** CDL _____ Veh Year **2023** Veh Make **HONDA** Veh Config. **1**
 Operator **MEIMARIS, ELENI** Owner **MEIMARIS, PAVLOS V**
 Address **27 OAKDALE RD** Address **27 OAKDALE RD**
 City **WILMINGTON** State **MA** Zip **01887-4015** City **WILMINGTON** State **MA** Zip **01887-4015**
 Insurance Company **PROGRESSIVE DIRECT INSURA** Vehicle Action Prior to Crash **4** Damaged Area Code: **1 27 27 27**
 Vehicle Travel Direction: **N S X W** Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **28**
 Citation # (If Issued) _____ Most Harmful Event **1 24** Type of Test: **29**
 Viol. 1: Ch/Sec/Sub _____ Driver Contributing Code **1 25 25** BAC Test Result: **30**
 Viol. 2: Ch/Sec/Sub _____ Driver Distracted by **99 26 26** Susp. Alcohol: **31** Susp. Drug: **32**
 Viol. 3: Ch/Sec/Sub _____ Towed from scene? **1 33**
 Viol. 4: Ch/Sec/Sub _____

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	9	1	

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

License # _____ St _____ OB/Age _____ Reg # **7HX132** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D** Lic. Restrictions **1** CDL _____ Veh Year **2024** Veh Make **LEXUS** Veh Config. **1**
 Operator **MALLON, BRENDAN J** Owner **MALLON, BRENDAN J**
 Address **42 ADAMS ST** Address **42 ADAMS ST**
 City **WILMINGTON** State **MA** Zip **01887-2436** City **WILMINGTON** State **MA** Zip **01887-2436**
 Insurance Company **PREFERRED MUTUAL INSURANC** Vehicle Action Prior to Crash **1** Damaged Area Code: **3 27 27 27**
 Vehicle Travel Direction: **N S E X** Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **28**
 Citation # (If Issued) _____ Most Harmful Event **1 24** Type of Test: **29**
 Viol. 1: Ch/Sec/Sub _____ Driver Contributing Code **99 25 25** BAC Test Result: **30**
 Viol. 2: Ch/Sec/Sub _____ Driver Distracted by **0 26 26** Susp. Alcohol: **31** Susp. Drug: **32**
 Viol. 3: Ch/Sec/Sub _____ Towed from scene? **2 33**
 Viol. 4: Ch/Sec/Sub _____

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	

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

Crash Diagram:

ie: → 1 → 2 → ○ → Ⓝ

<div style="text-align: center;">T middlesex ave</div> <div style="display: flex; justify-content: space-around; align-items: center; height: 100px;"> <div style="text-align: center;">v2 v1</div> <div style="text-align: center;">shady lane</div> </div> <div style="text-align: right; margin-top: 20px;"> </div>	<p>If Crash Did Not Occur on a Public Way:</p> <p><input type="checkbox"/> Off-Street Parking Lot</p> <p><input type="checkbox"/> Garage</p> <p><input type="checkbox"/> Mall/Shopping Center</p> <p><input type="checkbox"/> Other Private Way</p> <hr/> <p style="text-align: center;">Indicate North by Arrow</p> <div style="text-align: center;"> </div>
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Crash Narrative:

Stop and go traffic was congested. The driver of v1 was attempting to take a left onto Middlesex. she stated that both lines of middlesex traffic had waved her on to go. She stated that a van coming from her right side took a left in front of her and turned down Shady lane. She stated the vehicle on her left had waved her on, she was unsure if that vehicle was V2, or a different vehicle. She pulled out and struck v2. V2 stated that he had stopped intially in traffic to let v1 go, but she wasn't going so he proceeded, and was struck by v1. Witness w1, stated that v2 was behind a white box truck, and then went around the truck cutting off v1. A witnessed who refused to be identified at first agreed with V2. language barrier Siemon Reyes , 603 943 3875. v2 had spoke to him prior to my conversation. no cameras in area

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
DUCHARME LINDA A	10 BUCKINGHAM RD WILMINGTON MA 01887-4536		

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 Brian D Thornton 190 Wilmington Police Department 10/23/2024
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 10/23/2024	Time of Crash 1415 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit <u>25</u>	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# <u>250</u> Direction _____ Address # <u>CHESTNUT ST</u> 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 _____			
			Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of <u>CULVERT BRIDGE</u>			
			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# 24-301-AC
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License # _____ St. _____ DOB/Age _____	Reg # <u>H8038</u> Reg Type <u>PC</u> Reg State <u>MA</u>
Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____	Veh Year <u>2023</u> Veh Make <u>TOYOTA</u> Veh Config. <u>2</u> <u>21</u>
Operator <u>MOYER, CHARLES R</u>	Owner <u>MOYER, CHARLES R</u>
Address <u>9 BIRCH RD</u>	Address <u>9 BIRCH RD</u>
City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-2677</u>	City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-2677</u>
Insurance Company <u>SAFETY INSURANCE COMPANY</u>	Vehicle Action Prior to Crash <u>1</u> <u>22</u>
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u>	Damaged Area Code: <u>3</u> <u>27</u> <u>27</u> <u>27</u>
Citation # (If Issued) _____	Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Most Harmful Event <u>1</u> <u>24</u>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Contributing Code <u>9</u> <u>25</u> <u>4</u> <u>25</u>
	Driver Distracted by <u>0</u> <u>26</u> <u>26</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	See Above			<u>1</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	

Please Select One of the Following:	<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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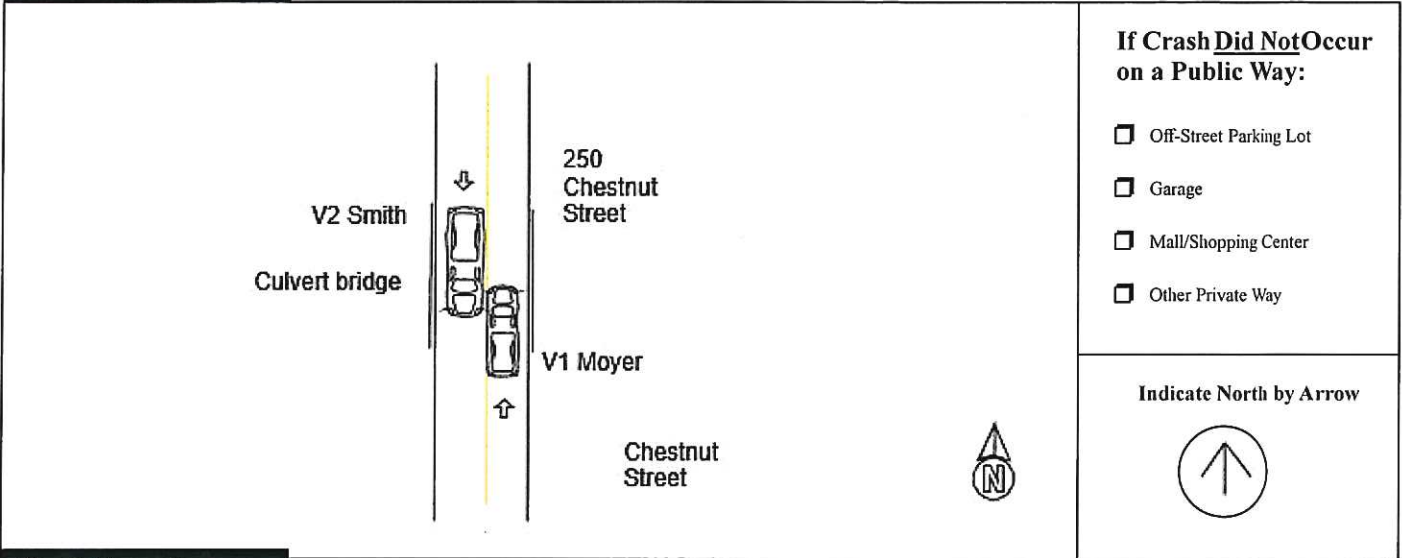
License # _____ St. _____ DOB/Age _____	Reg # <u>J25432</u> Reg Type <u>CO</u> Reg State <u>MA</u>
Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____	Veh Year <u>2016</u> Veh Make <u>FORD</u> Veh Config. <u>2</u> <u>21</u>
Operator <u>SMITH, KEITH W</u>	Owner <u>SMITH, KEITH W</u>
Address <u>12 SKELTON RD</u>	Address <u>12 SKELTON RD</u>
City <u>BURLINGTON</u> State <u>MA</u> Zip <u>01803-2343</u>	City <u>BURLINGTON</u> State <u>MA</u> Zip <u>01803-2343</u>
Insurance Company <u>FARMERS PROPERTY & CASUAL</u>	Vehicle Action Prior to Crash <u>1</u> <u>22</u>
Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u>	Damaged Area Code: <u>3</u> <u>27</u> <u>27</u> <u>27</u>
Citation # (If Issued) _____	Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Most Harmful Event <u>1</u> <u>24</u>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Contributing Code <u>9</u> <u>25</u> <u>4</u> <u>25</u>
	Driver Distracted by <u>0</u> <u>26</u> <u>26</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			<u>1</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○



Crash Narrative:

V1 (Moyer) traveling north on Chestnut Street and was exiting the narrow culvert bridge near 250 Chestnut Street. V2 (Smith) was travelling south and was entering narrow culvert bridge. Both vehicles hit the driver's side mirrors on their respective vehicles. Opr. Moyer claimed Opr. Smith was speeding. Opr Smith claimed Opr. Moyer was too far into his lane. Both vehicles were pickup trucks and V2 had extended mirrors. Neither vehicle opr chose to yield and collison occured. Mutual fault. No injuries observed or reported.

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 10/23/2024
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Date of Crash **10/24/2024** Time of Crash **0833** City/Town **Wilmington** **Motor Vehicle Crash** Number Vehicles **2** Number Injured **0** Speed Limit **30** State Police
 24HR **Police Report** Latitude _____ MBTA Police
 Longitude _____ Campus Police
 Other _____

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

<p>MAIN ST</p> <p>Route# _____ Direction _____ Name of Roadway/Street _____</p> <p style="text-align: center;">At</p> <p>OLD MAIN ST</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p> <p style="text-align: center;">Also at Intersection with</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p>	<p>Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____</p> <p>_____ Feet 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# **24-302-AC**

<p>License # _____ St. _____ OB/Age _____</p> <p>Sex F Lic. Class D 19 19 Lic. Restrictions B 20 CDL _____</p> <p>Operator CURTIS, ADRIENNE DOROTHY</p> <p>Address 1531 ARBORETUM WAY</p> <p>City BURLINGTON State MA Zip 01803-3841</p> <p>Insurance Company PROGRESSIVE DIRECT INSURA</p> <p>Vehicle Travel Direction: <input checked="" type="checkbox"/> N <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 # 2XEE54 Reg Type PC Reg State MA</p> <p>Veh Year 2017 Veh Make HONDA Veh Config. 1 21</p> <p>Owner CURTIS, ADRIENNE DOROTHY</p> <p>Address 1531 ARBORETUM WAY</p> <p>City BURLINGTON State MA Zip 01803-3841</p> <p>Vehicle Action Prior to Crash 1 22 Damaged Area Code: 3 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		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	99	4	0	0	10	1	

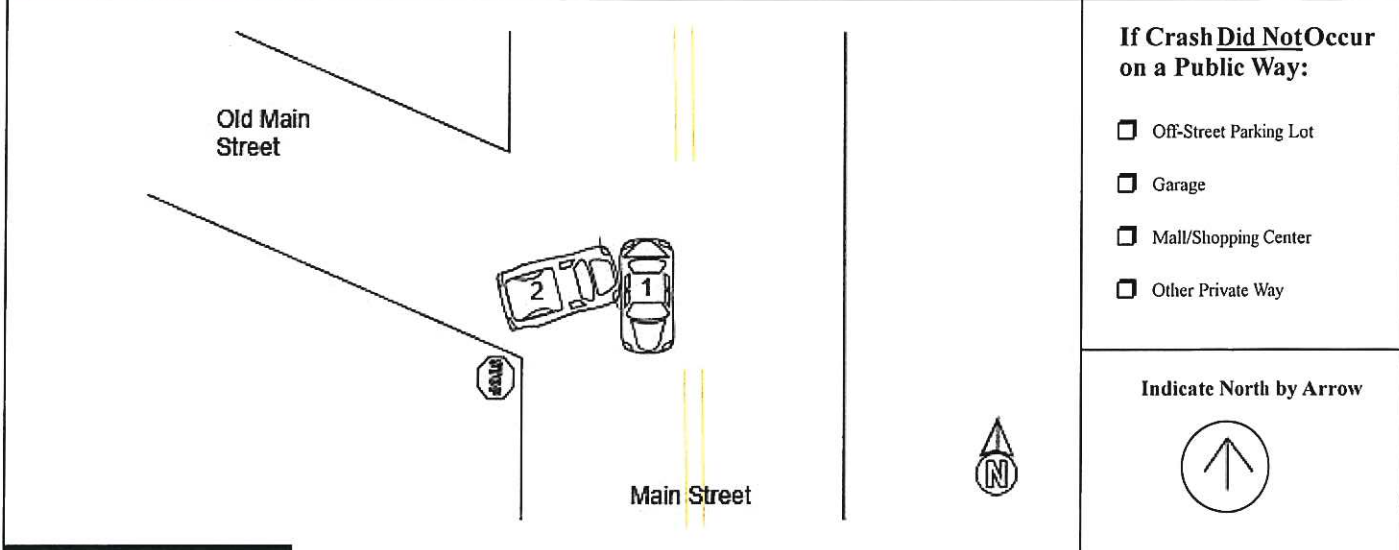
Please Select One of the Following: Vehicle **2** #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section.

<p>License # _____ St. _____ OB/Age _____</p> <p>Sex M Lic. Class A 19 19 Lic. Restrictions 1 20 CDL _____</p> <p>Operator AUTENZIO, ROBERT P</p> <p>Address 23A MILAN AVE</p> <p>City WOBURN State MA Zip 01801-1353</p> <p>Insurance Company ARBELLA PROTECTION INSURA</p> <p>Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> S <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 # 69553 Reg Type AP Reg State MA</p> <p>Veh Year 2006 Veh Make Peterbilt Veh Config. 6 21</p> <p>Owner PAULS LANDSCAPING SERVICE AND SUPPLIES LTD</p> <p>Address 917 MAIN ST</p> <p>City WILMINGTON State MA Zip 01887-3467</p> <p>Vehicle Action Prior to Crash 4 22 Damaged Area Code: 2 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 4 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		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	99	4	0	0	10	1	

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 O = Pedestrian B = Bicycle

Crash Diagram:



Crash Narrative:

Vehicle 1 (V1) was traveling south on Main Street. Vehicle 2 (V2) was exiting Old Main Street, taking a left turn to travel north on Main Street. V2 struck V1 in the right side. No airbags were deployed and both operators declined any injuires. 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

Form No. 10364 CRA-65 08/23

Wilmington Police Department
Images Associated with 24-302-AC



Date of Crash 10/25/2024	Time of Crash 0749 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report	Number Vehicles 3	Number Injured 0	Speed Limit 40	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 62 HWY</p> <p>Route# _____ Direction _____ Name of Roadway/Street _____</p> <p style="text-align: center;">At</p> <p>I93SBR34 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 <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>_____ 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 style="text-align: center;">Landmark _____</p>
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Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped Vulnerable User

Crash Report ID# **24-303-AC**

<p>License _____ S _____ BOB/Age _____</p> <p>Sex M Lic. Class D Lic. Restrictions 20 CDL _____</p> <p>Operator SCHAFFER, BRADY THOMAS</p> <p>Address 42 ALPINE ST</p> <p>City NORTH BILLERICA State MA Zip 01862-1030</p> <p>Insurance Company THE COMMERCE INSURANCE CO</p> <p>Vehicle Travel Direction: <input type="checkbox"/> N <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 # 3GHD29 Reg Type PC Reg State MA</p> <p>Veh Year 2020 Veh Make DODGE Veh Config. 1</p> <p>Owner SCHAFFER, BRADY THOMAS</p> <p>Address 42 ALPINE ST</p> <p>City NORTH BILLERICA State MA Zip 01862-1030</p> <p>Vehicle Action Prior to Crash 1</p> <p>Event Sequence 1 23 23 23 23</p> <p>Most Harmful Event 1</p> <p>Driver Contributing Code 1 25 25</p> <p>Driver Distracted by 0 26 26</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	X	1	99	4	0	0	10	1	

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

<p>License # _____ St. _____ BOB/Age _____</p> <p>Sex F Lic. Class D Lic. Restrictions 20 CDL _____</p> <p>Operator LEMUS MARTINEZ, KEYLI</p> <p>Address 31 HUDSON AVE</p> <p>City LAWRENCE State MA Zip 01841-4922</p> <p>Insurance Company GOVERNMENT EMPLOYEES INSU</p> <p>Vehicle Travel Direction: <input checked="" type="checkbox"/> N <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 # 6HTB69 Reg Type PC Reg State MA</p> <p>Veh Year 2012 Veh Make CHEVROLET Veh Config. 1</p> <p>Owner HERCULES-MOJICA, MIGUEL</p> <p>Address 31 HUDSON AVE</p> <p>City LAWRENCE State MA Zip 01841-4922</p> <p>Vehicle Action Prior to Crash 6</p> <p>Event Sequence 1 23 1 23 23 23</p> <p>Most Harmful Event 1</p> <p>Driver Contributing Code 4 25 19 25</p> <p>Driver Distracted by 99 26 26</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	X	1	99	4	0	0	10	1	

➔ = Direction 1 = Vehicle 1 2 = Vehicle 2 ○
⋈
⋈ = Pedestrian ⋈ = Bicycle

Crash Diagram:

ie: ➔ 1 ➔ 2 ➔ ○
⋈
⋈ ➔ ⋈

	<p>If Crash Did Not Occur on a Public Way:</p> <p><input type="checkbox"/> Off-Street Parking Lot</p> <p><input type="checkbox"/> Garage</p> <p><input type="checkbox"/> Mall/Shopping Center</p> <p><input type="checkbox"/> Other Private Way</p> <p>Indicate North by Arrow</p> <p style="text-align: center;">⏬</p>
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Crash Narrative:

Vehicle 1 (MV1) was traveling eastbound on Route 62. Vehicle 2 (MV2) was stopped at the stop sign at the top of the off-ramp from I-93S. Vehicle 3 (MV3) was stopped on Route 62, waiting to enter the on-ramp for I-93S. MV2 entered the travel lane on Route 62, failed to see MV1, and struck MV1. In an attempt to avoid the collision, MV1 overcorrected, crossed into the westbound lane on Route 62, and made minor contact with the front of MV3.

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 Brian Tavares
Police Officer Name (Please Print)

Signature

206
ID/Badge #

Wilmington Police Department
Department

Precinct/Barracks

10/25/2024
Date

Date of Crash 10/25/2024 Time of Crash 0749 City/Town 24HR Wilmington Motor Vehicle Crash Police Report Number Vehicles 3 Number Injured 0 Speed Limit 40 State Police Local Police MBTA Police Campus Police Other

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

Route# Direction ROUTE 62 HWY Name of Roadway/Street At Route# Direction I93SBR34 RAMP Name of Intersecting Roadway/Street Also at Intersection with

Please Select One of the Following: [X] Vehicle 31 #Occupants [] Hit/Run [] Moped Crash Report ID# 24-303-AC

License S OB/Age 1 Reg # 3WAM63 Reg Type PC Reg State MA Sex M Lic. Class D 19 19 Lic. Restrictions B 20 CDL Endorsement Veh Year 2023 Veh Make FORD Veh Config. 1 21 Operator BECKWITH, TIMOTHY J Owner BECKWITH, TIMOTHY J Address 24 OLDE COACH RD Address 24 OLDE COACH RD City NORTH READING State MA Zip 01864-1563 City NORTH READING State MA Zip 01864-1563 Insurance Company SAFETY INSURANCE COMPANY Vehicle Action Prior to Crash 2 22 Damaged Area Code: 1 27 27 27 Vehicle Travel Direction: N S E X Responding to Emergency? 2 Event Sequence 1 23 23 23 23 Test Status: 1 28 Type of Test: 29 BAC Test Result: 1 30 Citation # (If Issued) Most Harmful Event 1 24 Driver Contributing Code 1 25 25 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Driver Distracted by 0 26 26 Towed from scene? 2 33 Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub

Table with columns: Name (Last First Middle), Address, DOB/Age, Sex, 34 Seat Pos., 35 Safety System, 36 Airbag Status, 37 Eject Code, 38 Trap Code, 39 Injury Status, 40 Transp. Code, Medical Facility. Operator: See Above

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 19 19 Lic. Restrictions 20 CDL Endorsement Veh Year Veh Make Veh Config. 21 Operator Owner Address Address City State Zip City State Zip Insurance Company Vehicle Action Prior to Crash 22 Damaged Area Code: 27 27 27 Vehicle Travel Direction: N S E W Responding to Emergency? Event Sequence 23 23 23 23 Test Status: 28 Type of Test: 29 BAC Test Result: 30 Citation # (If Issued) Most Harmful Event 24 Driver Contributing Code 25 25 Susp. Alcohol: 31 Susp. Drug: 32 Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Driver Distracted by 26 26 Towed from scene? 33 Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub

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

Wilmington Police Department
Images Associated with 24-303-AC



Wilmington Police Department
Images Associated with 24-303-AC



Date of Crash: 10/25/2024 Time of Crash: 1711 City/Town: **Wilmington** **Motor Vehicle Crash** Number Vehicles: 2 Number Injured: 0 Speed Limit: 35 State Police Local Police MBTA Police Campus Police Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

<p>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>273</u> Name of Roadway/Street <u>MAIN ST</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 Crash Report ID# **24-304-AC**



<p>License # _____ St] _____ OB/Age _____</p> <p>Sex <u>F</u> Lic. Class <u>D</u> Lic. Restrictions <u>1</u> CDL _____</p> <p>Operator <u>BRANGIFORTE, MARISSA ANN</u></p> <p>Address <u>334 SOUTH ST</u></p> <p>City <u>TEWKSBURY</u> State <u>MA</u> Zip <u>01876-3160</u></p> <p>Insurance Company <u>THE COMMERCE INSURANCE CO</u></p> <p>Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u></p> <p>Citation # (If Issued) _____</p> <p>Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____</p> <p>Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____</p>	<p>Reg # <u>1FEN40</u> Reg Type <u>PC</u> Reg State <u>MA</u></p> <p>Veh Year <u>2008</u> Veh Make <u>TOYOTA</u> Veh Config. <u>1</u></p> <p>Owner <u>BRANGIFORTE, LISA A</u></p> <p>Address <u>334 SOUTH ST</u></p> <p>City <u>TEWKSBURY</u> State <u>MA</u> Zip <u>01876-3160</u></p> <p>Vehicle Action Prior to Crash <u>1</u></p> <p>Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u></p> <p>Most Harmful Event <u>1</u> <u>24</u></p> <p>Driver Contributing Code <u>1</u> <u>25</u> <u>25</u></p> <p>Driver Distracted by <u>0</u> <u>26</u> <u>26</u></p>
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Please fill out for operator and all occupants involved												
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			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	1	1	4	0	0	10	1

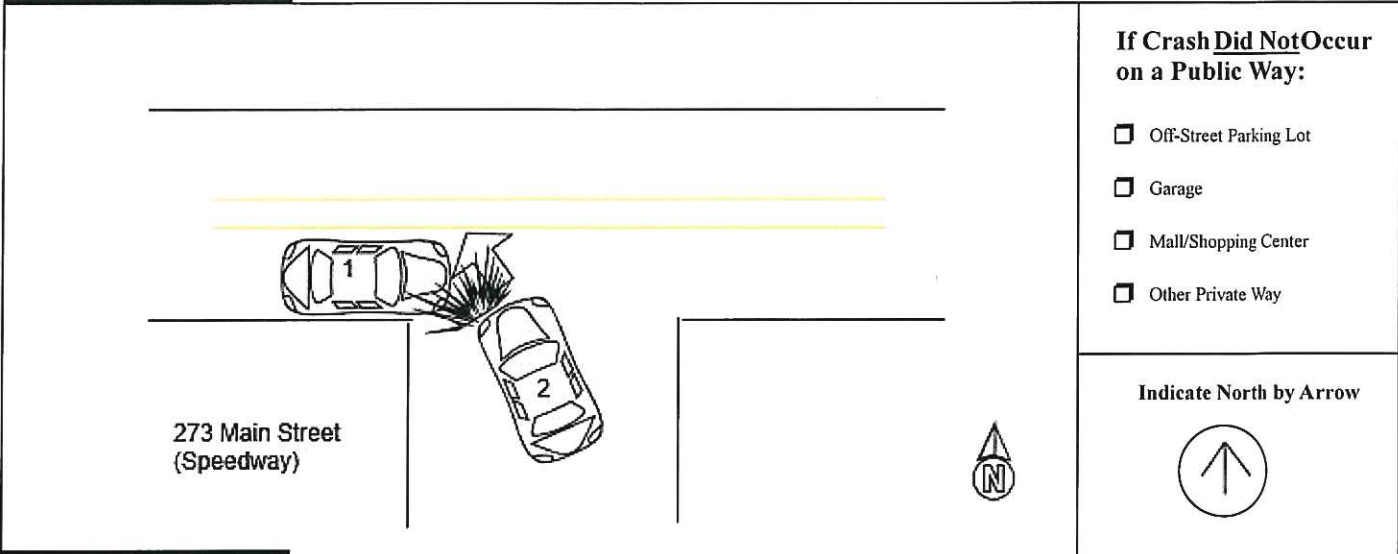
Please Select One of the Following: Vehicle 2 #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section.

<p>License # _____ St] _____ OB/Age _____</p> <p>Sex <u>M</u> Lic. Class <u>D</u> Lic. Restrictions <u>1</u> CDL _____</p> <p>Operator <u>BURGOS, ALEXANDER J</u></p> <p>Address <u>114 ALDRICH RD</u></p> <p>City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-2227</u></p> <p>Insurance Company <u>ARBELLA MUTUAL INSURANCE</u></p> <p>Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u></p> <p>Citation # (If Issued) <u>T3379512</u></p> <p>Viol. 1: Ch/Sec/Sub <u>89</u> <u>9</u> Viol. 2: Ch/Sec/Sub _____</p> <p>Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____</p>	<p>Reg # <u>993JZ3</u> Reg Type <u>PC</u> Reg State <u>MA</u></p> <p>Veh Year <u>2010</u> Veh Make <u>HONDA</u> Veh Config. <u>1</u></p> <p>Owner <u>BURGOS, ALEXANDER J</u></p> <p>Address <u>114 ALDRICH RD</u></p> <p>City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-2227</u></p> <p>Vehicle Action Prior to Crash <u>4</u></p> <p>Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u></p> <p>Most Harmful Event <u>1</u> <u>24</u></p> <p>Driver Contributing Code <u>4</u> <u>25</u> <u>25</u></p> <p>Driver Distracted by <u>0</u> <u>26</u> <u>26</u></p>
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Please fill out for operator and all occupants involved												
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			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	1	1	4	0	0	10	1

→ = Direction [1] = Vehicle 1 [2] = Vehicle 2  = Pedestrian  = Bicycle

Crash Diagram:



Crash Narrative:

While motor vehicle 1 was traveling south on Main Street (public way), motor vehicle 2 pulled out from the parking lot of Speedway heading North on Main Street and crashed into motor vehicle 1. Both vehicles were able to pull into the parking lot of market basket. Motor vehicle 1 had significant damage to the front left side and motor vehicle 2 had significant damage to the front right side (see images). Both vehicles were towed off scene by Forrest Towing. No air bag deployment and no injuries were reported.

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use [42]

Address _____ City _____ St _____ Zip _____

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

Interstate [43] Cargo Body Type Code [44] GVWR/GCWR [45]

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

Hazmat Information:

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

Patrol Officer Zachary A Leighton
Police Officer Name (Please Print) Signature

227
ID/Badge #

Wilmington Police Department Department

10/25/2024
Date

Wilmington Police Department
Images Associated with 24-304-AC

