

Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash 10/28/2024 Time of Crash 1024 24HR City/Town WILMINGTON

Motor Vehicle Crash Police Report

Number Vehicles 1 Number Injured 0 Speed Limit 25 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 Lowell St 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: [X] Vehicle 1 #Occupants [ ] Hit/Run [ ] Moped Crash Report ID# 24-305-AC

License # S DOB/Age 19 19 Sex M Lic. Class A Lic. Restrictions 1 CDL Endorsement Operator KOCHNO, ALEXANDER G Address 50 PINE LN APT 116 City COUNTRYSIDE State IL Zip 60525 Insurance Company ACORD INSURANCE 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 # P1262307 Reg Type AP Reg State IL Veh Year 2025 Veh Make Other-not listed Veh Config 8 21 Owner FLOYD INC Address 5920 N CLARK ST APT 405 City CHICAGO State IL Zip 60660 Vehicle Action Prior to Crash 3 22 Damaged Area Code: 4 27 27 27 Event Sequence 23 23 23 23 Test Status: 1 28 Type of Test: 29 Most Harmful Event 23 24 BAC Test Result: 1 30 Driver Contributing Code 19 25 25 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Driver Distracted by 0 26 26 Towed from scene? 2 33

Table with columns: Name (Last First Middle), Address, DOB/Age, Sex, 34 Seat Pos., 35 Safety System, 36 Airbag Status, 37 Eject Code, 38 Trap Code, 39 Injury Status, 40 Transp. Code, Medical Facility. Operator row shows X marks for DOB/Age and Sex, and values 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/Age Sex Lic. Class Lic. Restrictions CDL Endorsement Operator Address City State Zip Insurance Company Vehicle Travel Direction: N S E 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

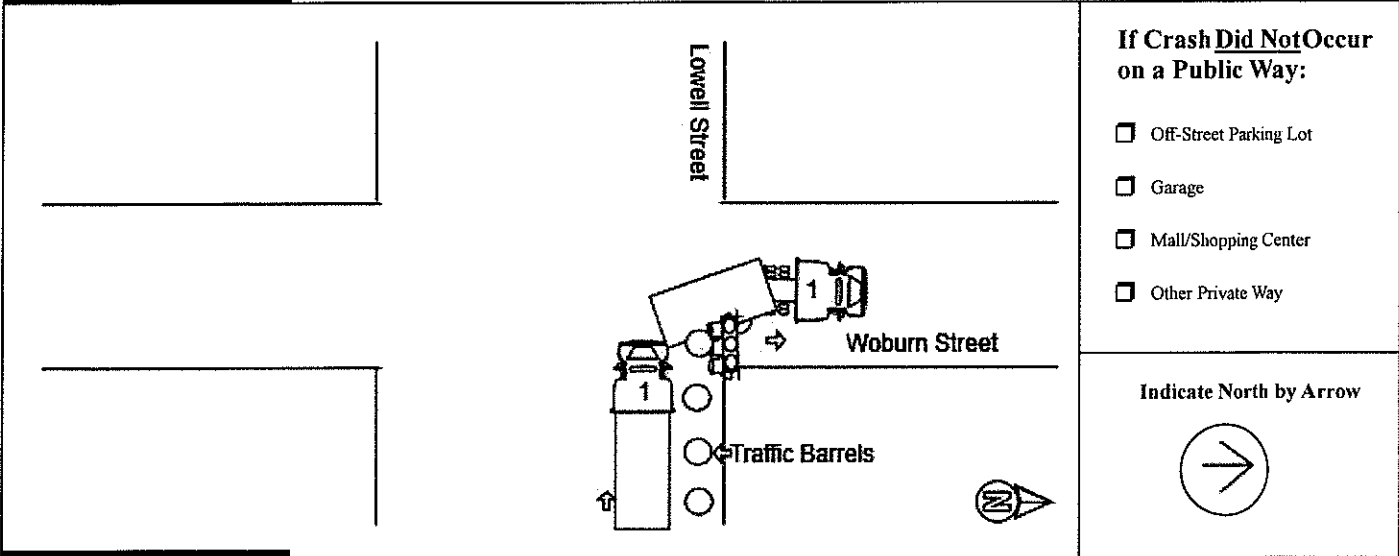
Reg # Reg Type Reg State Veh Year Veh Make Veh Config 21 Owner Address City State Zip Vehicle Action Prior to Crash 22 Damaged Area Code: 27 27 27 Event Sequence 23 23 23 23 Test Status: 28 Type of Test: 29 Most Harmful Event 24 BAC Test Result: 30 Driver Contributing Code 25 25 Susp. Alcohol: 31 Susp. Drug: 32 Driver Distracted by 26 26 Towed from scene? 33

Table with columns: Name (Last First Middle), Address, DOB/Age, Sex, 34 Seat Pos., 35 Safety System, 36 Airbag Status, 37 Eject Code, 38 Trap Code, 39 Injury Status, 40 Transp. Code, Medical Facility. Operator/Occupants row shows X marks for DOB/Age and Sex, and value 1.

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

**Crash Diagram:**

ie: → 1    → 2    → O    → B



**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 was driving on Lowell Street attempting to turn right onto Woburn Street. MV 1 drove over a traffic signal causing the traffic signal to be knocked to the ground and destroyed. MV 1 left the scene. A witness observed the crash and described the truck with having "Sky Blue" trucking on the side. I located a truck a short distance away fitting the description at 25 Industrial Way. The operator stated he was unaware he struck anything. We observed fresh damage to his right near tires consistent with striking the concrete curbing of the traffic structure. There was also a screw in the tire. No injuries. No tow. The witness provided a dash camera video from the crash which is attached to the report.

**Witnesses:**

Name (Last,First,Middle)	Address	Phone #	Statement
NUSSEBAUM JEFFREY H	8 PATCHES POND LN WILMINGTON MA 01887-3919		

**Property Damage:**

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

**Truck and Bus Information:**

Registration # **P1262307** (From Vehicle Section)

Carrier Name **Floyd Inc** Bus Use  42

Address **5920 N CLARK ST** City **CHICAGO** St **IL** Zip **60660**

US DOT #: **1994664** State Number \_\_\_\_\_ Issuing State **IL** MC/MX/ICC #: \_\_\_\_\_

Interstate  43 Cargo Body Type Code  44 GVWR/GCWR  45

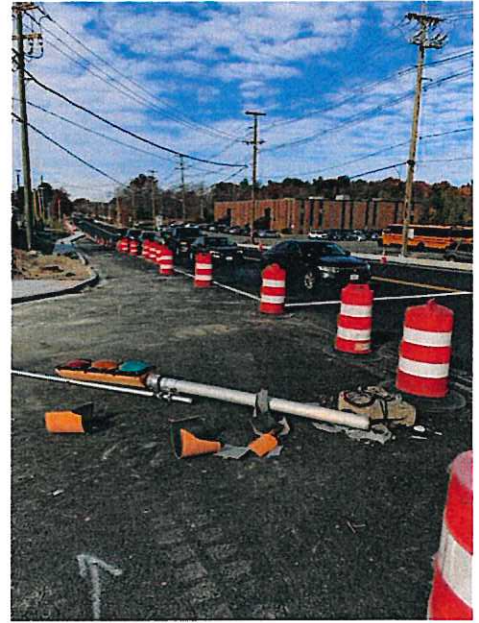
Trailer Reg #: **226AC611** Reg Type **AP** Reg State **IL** Reg Year **2025** Trailer Length  46

**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**      10/28/2024  
 Police Officer Name (Please Print)      Signature      ID/Badge #      Department      Precinct/Barracks      Date

Wilmington Police Department  
Images Associated with 24-305-AC



Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash 10/28/2024 Time of Crash 1042 24HR City/Town WILMINGTON

Motor Vehicle Crash Police Report

Number Vehicles 3 Number Injured 0 Speed Limit 35 Latitude Longitude State Police Local Police MBTA Police Campus Police Other

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1 2 10 1 11 2 1 3 11 2 1 3 11

3 Please Select One of the Following: [X] Vehicle 1 #Occupants [ ] Hit/Run [ ] Moped Crash Report ID# 24-306-AC

4 1 12 5 13 6 1 12 13 6 1

Table with 12 columns: Name, 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

7 3 Please Select One of the Following: [X] Vehicle 2 #Occupants [ ] Hit/Run [ ] Moped [ ] Vulnerable User Complete the Vulnerable User section.

8 1 14 9 2 14 8 1 14 9 2 14

Table with 12 columns: Name, 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

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

**MIDDLESEX AVE**

Route# \_\_\_\_\_ Direction \_\_\_\_\_ Name of Roadway/Street \_\_\_\_\_

At \_\_\_\_\_

**PLEASANT RD**

Route# \_\_\_\_\_ Direction \_\_\_\_\_ Name of Intersecting Roadway/Street \_\_\_\_\_

Also at Intersection with \_\_\_\_\_

Route# \_\_\_\_\_ Direction \_\_\_\_\_ Name of Intersecting Roadway/Street \_\_\_\_\_

Feet  N  S  E  W of \_\_\_\_\_ or \_\_\_\_\_

Mile Marker \_\_\_\_\_ Exit Number \_\_\_\_\_

Feet  N  S  E  W of \_\_\_\_\_

Route# \_\_\_\_\_ Intersecting Roadway/Street \_\_\_\_\_

Feet  N  S  E  W of \_\_\_\_\_

Landmark \_\_\_\_\_

Please Select One of the Following:  Vehicle 31 #Occupants  Hit/Run  Moped

Crash Report ID# **24-306-AC**

License # \_\_\_\_\_ Sex **M** Lic. Class **B** 19 19 Lic. Restrictions **K** 20 CDL **N** Endorsement

Operator **BURKE, KEVIN SEAN**

Address **121 GLEN RD**

City **WILMINGTON** State **MA** Zip **01887-2657**

Insurance Company **MIIA**

Vehicle Travel Direction:  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 # **M6843A** Reg Type **DC** Reg State **MA**

Veh Year **2020** Veh Make **FORD** Veh Config. **2** 21

Owner **WILMINGTON TOWN OF TOWN HALL**

Address **121 GLEN RD**

City **WILMINGTON** State **MA** Zip **01887-3500**

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? **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 Trp Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator</b>	See Above			<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

Please Select One of the Following:  Vehicle 4 #Occupants  Hit/Run  Moped  Vulnerable User Complete the Vulnerable User section.

License # \_\_\_\_\_ Sex \_\_\_\_\_ Lic. Class **B** 19 19 Lic. Restrictions **K** 20 CDL \_\_\_\_\_

Operator \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Insurance Company \_\_\_\_\_

Vehicle Travel Direction:  N  S  E  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		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trp Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator/Occupants</b>	See Above			<b>1</b>							







Wilmington Police Department  
Images Associated with 24-306-AC





Wilmington Police Department  
Images Associated with 24-306-AC





Wilmington Police Department  
Images Associated with 24-306-AC



<b>Police Use Only</b>			<b>Commonwealth of Massachusetts</b>				<b>RMV Document Number</b>					
Date of Crash 10/30/2024	Time of Crash 1157 24HR	City/Town Wilmington	<b>Motor Vehicle Crash Police Report</b>				Number Vehicles 2	Number Injured 1	Speed Limit 20	Latitude	Longitude	<input type="checkbox"/> State Police <input checked="" type="checkbox"/> Local Police <input type="checkbox"/> MBTA Police <input type="checkbox"/> Campus Police <input type="checkbox"/> Other

<b>AT INTERSECTION:</b>			<b>&lt; LOCATION &gt;</b>	<b>NOT AT INTERSECTION:</b>		
Route# _____ Direction _____ Name of Roadway/Street _____			Route# <u>221</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 _____ Mile Marker _____ Exit Number _____			
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 _____			
Also at Intersection with _____			_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____			
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____						

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

Crash Report ID# **24-307-AC**

License # _____ St _____ DOB/Age _____	Reg # <u>6CK984</u> Reg Type <u>PC</u> Reg State <u>MA</u>
Sex <u>F</u> Lic. Class <u>D</u> Lic. Restrictions <u>1</u> CDL Endorsement _____	Veh Year <u>2013</u> Veh Make <u>HONDA</u> Veh Config. <u>2</u> <u>21</u>
Operator <u>VALENTE, MICHELLE JOAN</u>	Owner <u>KRUEGER, WILLIAM FRANCIS</u>
Address <u>118 MARION ST</u>	Address <u>118 MARION ST</u>
City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-3396</u>	City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-3396</u>
Insurance Company <u>ALLSTATE INSURANCE COMPAN</u>	Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>6</u> <u>27</u> <u>27</u> <u>27</u>
Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u>	Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>28</u>
Citation # (If Issued) _____	Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code <u>1</u> <u>25</u> <u>25</u> BAC Test Result: <u>30</u>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by <u>0</u> <u>26</u> <u>26</u> Susp. Alcohol: <u>31</u> Susp. Drug: <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
<b>Operator</b>											Winchester Hospital
WILLIAM KRUEGER	118 MARION ST WILMINGTON, MA 01887-3396		M	3	1	2	0	0	10	1	

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

License # _____ St _____ DOB/Age _____	Reg # <u>4ETA27</u> Reg Type <u>PC</u> Reg State <u>MA</u>
Sex <u>M</u> Lic. Class <u>D</u> Lic. Restrictions <u>20</u> CDL Endorsement _____	Veh Year <u>2016</u> Veh Make <u>SUBARU</u> Veh Config. <u>1</u> <u>21</u>
Operator <u>WOODMAN, MATTHEW STEPHEN</u>	Owner <u>WOODMAN, MATTHEW STEPHEN</u>
Address <u>13 CHESTER RD</u>	Address <u>13 CHESTER RD</u>
City <u>BILLERICA</u> State <u>MA</u> Zip <u>01821-6051</u>	City <u>BILLERICA</u> State <u>MA</u> Zip <u>01821-6051</u>
Insurance Company <u>GEICO GENERAL INSURANCE C</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>
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u>	Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>28</u>
Citation # (If Issued) _____	Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code <u>7</u> <u>25</u> <u>6</u> <u>25</u> BAC Test Result: <u>30</u>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by <u>0</u> <u>26</u> <u>26</u> Susp. Alcohol: <u>31</u> Susp. Drug: <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
<b>Operator/Occupants</b>											
	See Above										





<b>Police Use Only</b>	Date of Crash 10/31/2024	Time of Crash 0746 24HR	City/Town <b>Wilmington</b>	<b>Motor Vehicle Crash Police Report</b>	Number Vehicles 2	Number Injured 0	Speed Limit <u>25</u>	Latitude	Longitude	<input type="checkbox"/> State Police <input type="checkbox"/> Local Police <input type="checkbox"/> MBTA Police <input type="checkbox"/> Campus Police <input type="checkbox"/> Other
<b>AT INTERSECTION:</b>			<b>&lt; LOCATION &gt;</b>			<b>NOT AT INTERSECTION:</b>				
Route# _____ Direction _____ Name of Roadway/Street _____			Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____							
At _____			Feet <u>N S E W</u> of _____ or _____							
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			Route# _____ Direction _____ Address # _____ Name of Intersecting Roadway/Street _____							
Also at Intersection with _____			Feet <u>N S E W</u> of _____							
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			Route# _____ Direction _____ Address # _____ Name of Intersecting Roadway/Street _____							
			Feet <u>N S E W</u> of _____							
			Landmark _____							

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

Crash Report ID# **24-308-AC**

License # _____ DOB/Age _____ Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>B</u> <u>20</u> CDL Endorsement _____ Operator <u>TRANT, WILLIAM PRONOVOST</u> Address <u>10 SINCLAIR ST</u> City <u>BILLERICA</u> State <u>MA</u> Zip <u>01821-4210</u> Insurance Company <u>AMICA MUTUAL INSURANCE CO</u> Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" 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>C1130S</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2020</u> Veh Make <u>FORD</u> Veh Config. <u>1</u> <u>21</u> Owner <u>TRANT, WILLIAM PRONOVOST</u> Address <u>10 SINCLAIR ST</u> City <u>BILLERICA</u> State <u>MA</u> Zip <u>01821-4210</u> Vehicle Action Prior to Crash <u>1</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>0</u> <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>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
<b>Operator</b>	See Above	<del>XXXXXX</del>	<del>X</del>	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 # _____ DOB/Age _____ Sex <u>F</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL Endorsement _____ Operator <u>CLAXTON, CAROLYNN M</u> Address <u>71 FAULKNER ST ST APT 2R</u> City <u>NORTH BILLERICA</u> State <u>MA</u> Zip <u>01862-1540</u> Insurance Company <u>THE COMMERCE INSURANCE CO</u> Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input checked="" 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>3GBC63</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2022</u> Veh Make <u>TOYOTA</u> Veh Config. <u>1</u> <u>21</u> Owner <u>CLAXTON, CAROLYNN M</u> Address <u>71 FAULKNER ST ST APT 2R</u> City <u>NORTH BILLERICA</u> State <u>MA</u> Zip <u>01862-1540</u> Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>1</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>0</u> <u>29</u> Driver Contributing Code <u>3</u> <u>25</u> <u>19</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
<b>Operator/Occupants</b>	See Above	<del>XXXXXX</del>	<del>X</del>	1	99	4	0	0	10	1	





Date of Crash: 11/01/2024 Time of Crash: 0716 24HR City/Town: **Wilmington** **Motor Vehicle Crash Police Report** Number Vehicles: 2 Number Injured: 0 Speed Limit: 25 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 # <u>133</u> Name of Roadway/Street <u>BURLINGTON AVE</u> _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____ Mile Marker _____ Exit Number _____ _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____ _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____
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Please Select One of the Following:  Vehicle 12 #Occupants  Hit/Run  Moped Crash Report ID# **24-309-AC**

License _____ S _____ DOB/Age _____ Sex <u>F</u> Lic. Class <u>D</u> Lic. Restrictions <u>1</u> CDL Endorsement _____ Operator <u>SALINGER, RACHEL</u> Address <u>27 BEACON ST</u> City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-2409</u> Insurance Company <u>AMICA MUTUAL INSURANCE CO</u> Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" 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>314PY1</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2015</u> Veh Make <u>TOYOTA</u> Veh Config. <u>1</u> <u>21</u> Owner <u>SALINGER, DALE D</u> Address <u>27 BEACON ST</u> City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-2409</u> Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>1</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>0</u> <u>29</u> Driver Contributing Code <u>99</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>
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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
<b>Operator</b>		See Above	<input checked="" type="checkbox"/>	1	1	3	0	0	10	1	
				6	4	3	0	0	10	1	

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

License _____ S _____ DOB/Age _____ Sex <u>M</u> Lic. Class <u>D</u> Lic. Restrictions <u>20</u> CDL Endorsement _____ Operator <u>CARD-LEMIEUX, TYLER JOSEPH</u> Address <u>25 RAILROAD AVE</u> City <u>BEDFORD</u> State <u>MA</u> Zip <u>01730-2100</u> Insurance Company <u>SAFETY INSURANCE COMPANY</u> Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>1</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>2BEW22</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2006</u> Veh Make <u>HONDA</u> Veh Config. <u>1</u> <u>21</u> Owner <u>CARD, TRACY J</u> Address <u>259 NEWBURY ST LOT APT 5</u> City <u>PEABODY</u> State <u>MA</u> Zip <u>01960-1321</u> Vehicle Action Prior to Crash <u>4</u> <u>22</u> Damaged Area Code: <u>3</u> <u>27</u> <u>7</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>0</u> <u>29</u> Driver Contributing Code <u>4</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>
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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
<b>Operator/Occupants</b>		See Above	<input checked="" type="checkbox"/>	1	1	3	0	0	10	1	







Wilmington Police Department  
Images Associated with 24-309-AC

