

Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 01/13/2025	Time of Crash 1256 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit 20	Latitude	Longitude	State Police Local Police MBTA Police Campus Police Other		
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:							
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street											
At			Feet N S E W of or Mile Marker Exit Number											
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Route# Intersecting Roadway/Street											
Also at Intersection with			Landmark											
Route# Direction Name of Intersecting Roadway/Street														
Please Select One of the Following:			☒ Vehicle 1 Occupants			☐ Hit/Run			☐ Moped			Crash Report ID# 25-13-AC		
License # St DOB/Age			Reg # 1GGG16			Reg Type PC			Reg State MA					
Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2019			Veh Make SUBARU			Veh Config. 1 21					
Operator CURTIS, MARIANNE			Owner CURTIS, MARIANNE											
Address 158 ANDOVER ST			Address 158 ANDOVER ST											
City WILMINGTON State MA Zip 01887-1204			City WILMINGTON State MA Zip 01887-1204											
Insurance Company INTEGRON NATIONAL INSURANC			Vehicle Action Prior to Crash 2 22			Damaged Area Code: 5 27 27 27								
Vehicle Travel Direction: X S E 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 Viol. 2: Ch/Sec/Sub			Driver Contributing Code 1 25 25			BAC Test Result: 30								
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Distracted by 0 26 26			Susp. Alcohol: 31 Susp. Drug: 32								
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/Age			Reg # 5DPC74			Reg Type PC			Reg State MA					
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2014			Veh Make Jeep			Veh Config. 2 21					
Operator CABRERA, JOELFRY			Owner CABRERA, JOELFRY											
Address 22 HUDSON AVE FL APT 1			Address 22 HUDSON AVE FL APT 1											
City LAWRENCE State MA Zip 01841-4911			City LAWRENCE State MA Zip 01841-4911											
Insurance Company THE COMMERCE INSURANCE CO			Vehicle Action Prior to Crash 2 22			Damaged Area Code: 1 27 27 27								
Vehicle Travel Direction: X S E 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 Viol. 2: Ch/Sec/Sub			Driver Contributing Code 5 25 19 25			BAC Test Result: 30								
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Distracted by 99 26 26			Susp. Alcohol: 31 Susp. Drug: 32								
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 4 0 0 10 1											

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○

Hight Street

Middlesex avenue

v1
v2

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:

V1 and V2 both agree that v1 was rear ended by v2 at the red light

v2 stated that he noticed the traffic next him moving, because they had a green arrow, and he assumed he also had a green light so he went. He did not have a green, he still had a red so he struck v1 which was stopped.

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 D Thornton

190

Wilmington Police Department

01/13/2025

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 01/13/2025	Time of Crash 1343 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 25	Latitude	Longitude	State Police Local Police MBTA Police Campus Police Other

AT INTERSECTION:			< LOCATION >			NOT AT INTERSECTION:		
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street		
At			Feet N S E W of			Feet N S E W of		
Route# Direction Name of Intersecting Roadway/Street			Mile Marker			Exit Number		
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	Crash Report ID# 25-14-AC
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License #	St	DOB/Age	Reg # 3BK144	Reg Type PC	Reg State MA
Sex M	Lic. Class D	Lic. Restrictions 1	Veh Year 2021	Veh Make FORD	Veh Config. 1
Operator LEARY, CHRISTOPHER G JR			Owner LEARY, CHRISTOPHER G JR		
Address 6 MARION AVE			Address 6 MARION AVE		
City ANDOVER State MA Zip 01810-3907			City ANDOVER State MA Zip 01810-3907		
Insurance Company THE COMMERCE INSURANCE CO			Vehicle Action Prior to Crash 1		
Vehicle Travel Direction: X S E W			Event Sequence 1 23 23 23 23		
Citation # (If Issued)			Most Harmful Event 1 24		
Viol. 1: Ch/Sec/Sub			Driver Contributing Code 1 25 25		
Viol. 2: Ch/Sec/Sub			Driver Distracted by 0 26 26		
Viol. 3: Ch/Sec/Sub			Towed from scene? 2 33		
Viol. 4: Ch/Sec/Sub			BAC Test Result: 1 30		
			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	4	0	0	10	1	

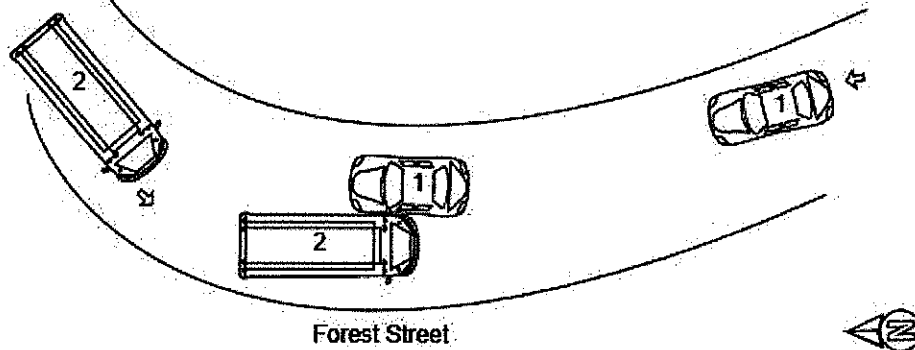
Please Select One of the Following:	☒ Vehicle 2 #Occupants	☐ Hit/Run	☐ Moped	☐ Vulnerable User Complete the Vulnerable User section.
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License #	St	DOB/Age	Reg # SP103171	Reg Type SB	Reg State MA
Sex F	Lic. Class D	Lic. Restrictions 1	Veh Year 2018	Veh Make FORD	Veh Config. 5
Operator DELACRUZ, MASSIEL			Owner VAN POOL TRANSPORTATION LLC		
Address 31 TRINITY ST BLDG APT 201			Address 70 POST OFFICE PARK ST APT 7003		
City LAWRENCE State MA Zip 01841-2643			City WILBRAHAM State MA Zip 01095-1291		
Insurance Company OLD REPUBLIC INSURANCE CO			Vehicle Action Prior to Crash 1		
Vehicle Travel Direction: N X E W			Event Sequence 1 23 23 23 23		
Citation # (If Issued)			Most Harmful Event 1 24		
Viol. 1: Ch/Sec/Sub			Driver Contributing Code 1 25 25		
Viol. 2: Ch/Sec/Sub			Driver Distracted by 0 26 26		
Viol. 3: Ch/Sec/Sub			Towed from scene? 2 33		
Viol. 4: Ch/Sec/Sub			BAC Test Result: 1 30		
			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	1	4	0	0	10	1	
CHARLES JOHNSON		48 SHIRLEY AVE METHUEN, MA 01844	M	6	1	4	0	0	10	1	

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

Crash Diagram:



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 north on Forest St. and MV 2 was driving south on Forest St. MV 1 and MV 2 struck each other's driver side mirrors causing damage to both mirrors. Both operators stated they were in their lane of travel when they were navigating the turn when the mirrors struck one another. Forest St is a very narrow and windy street. MV 1 was a pick-up truck and MV 2 was a small school bus with no children on board.

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 01/13/2025
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Police Use Only			Commonwealth of Massachusetts			RMV Document Number			
Date of Crash 01/14/2025	Time of Crash 1401 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit <u>35</u> 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# <u>439</u> Direction _____ Address # <u>SALEM ST</u> Name of Roadway/Street _____			2 10		
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____			_____ Feet <u>N S E W</u> of _____ Mile Marker _____ Exit Number _____			2 11		
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			_____ Feet <u>N S E W</u> of _____ Route# _____ Intersecting Roadway/Street _____			Landmark _____		

Please Select One of the Following:	☒ Vehicle <u>12</u> #Occupants _____	☐ Hit/Run	☐ Moped	Crash Report ID# <u>25-15-AC</u>
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License # _____ S. _____ DOB/Ag: _____	Reg # <u>X12603</u> Reg Type <u>CO</u> Reg State <u>MA</u>
Sex <u>M</u> Lic. Class <u>A</u> <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL _____	Veh Year <u>2023</u> Veh Make <u>GMC</u> Veh Config. <u>1</u> <u>21</u>
Operator <u>MCNEICE, WILLIAM FRANCIS</u>	Owner <u>WILLIAM MCNEICE SITE SERVICES LLC</u>
Address <u>22 FREDERICK DR</u>	Address <u>22 FREDERICK DR</u>
City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887</u>	City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-1124</u>
Insurance Company <u>SELECTIVE INSURANCE COMPA</u>	Vehicle Action Prior to Crash <u>2</u> <u>22</u> Damaged Area Code: <u>5</u> <u>27</u> <u>27</u> <u>27</u>
Vehicle Travel Direction: <u>N S X W</u> 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: Cl/Sec/Sub _____ Viol. 2: Cl/Sec/Sub _____	Driver Contributing Code <u>1</u> <u>25</u> <u>25</u> BAC Test Result: <u>30</u>
Viol. 3: Cl/Sec/Sub _____ Viol. 4: Cl/Sec/Sub _____	Susp. Alcohol: <u>31</u> Susp. Drug: <u>32</u>
	Driver Distracted by <u>0</u> <u>26</u> <u>26</u> Towed from scene? <u>2</u> <u>33</u>

Please fill out for operator and all occupants involved		DOB/Ag	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>
RENEE AUGER		22 FREDERICK DR WILMINGTON, MA 01887-1124	F	<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:	☒ Vehicle <u>21</u> #Occupants _____	☐ Hit/Run	☐ Moped	☐ Vulnerable User Complete the Vulnerable User section.
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License # _____ S. _____ DOB/Ag: _____	Reg # <u>FW564N</u> Reg Type <u>PC</u> Reg State <u>MA</u>
Sex <u>F</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL _____	Veh Year <u>2013</u> Veh Make <u>ACURA</u> Veh Config. <u>1</u> <u>21</u>
Operator <u>SMITH, MICHELLE MARIE</u>	Owner <u>SMITH, MICHELLE MARIE</u>
Address <u>768 MAIN ST</u>	Address <u>768 MAIN ST</u>
City <u>WAKEFIELD</u> State <u>MA</u> Zip <u>01880-3941</u>	City <u>WAKEFIELD</u> State <u>MA</u> Zip <u>01880-3941</u>
Insurance Company <u>GEICO GENERAL INSURANCE C</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>
Vehicle Travel Direction: <u>N S X W</u> 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: Cl/Sec/Sub _____ Viol. 2: Cl/Sec/Sub _____	Driver Contributing Code <u>19</u> <u>25</u> <u>25</u> BAC Test Result: <u>30</u>
Viol. 3: Cl/Sec/Sub _____ Viol. 4: Cl/Sec/Sub _____	Susp. Alcohol: <u>31</u> Susp. Drug: <u>32</u>
	Driver Distracted by <u>0</u> <u>26</u> <u>26</u> Towed from scene? <u>1</u> <u>33</u>

Please fill out for operator and all occupants involved		DOB/Ag	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>1</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 → ○ → ○

500 Salem St



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:

On January 14, 2024, I, Officer Parsons #236, responded to the area of 493 Salem St. for report of a 2-car motor vehicle accident. Upon my arrival, I saw that MV#1 had been rear-ended by MV#2. After confirming there were no injuries, I asked MS. MICHELLE SMITH, the operator of MV#2, what happened and she explained that as she was traveling east on Salem St. she did not notice that MV#1 had stopped to allow someone to turn left into the parking lot of 500 Salem St. Due to not noticing that MV#1 had stopped, MS. SMITH rear-ended MV#1. MV#1 had extensive front end damage, and air bag deployment. MV#1 was towed by A&S. MV#2 had a few small scratches on the rear bumper. All parties declined 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 Dale H Parsons

236

Wilmington Police Department

01/14/2025

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 01/15/2025	Time of Crash 1822 24HR	City/Town Wilmington	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			Route# Direction Address # Name of Roadway/Street											
At			Feet N S E W of or Mile Marker Exit Number											
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Route# Intersecting Roadway/Street											
Also at Intersection with			Landmark											
Route# Direction Name of Intersecting Roadway/Street														
Please Select One of the Following:			☒ Vehicle 1 Occupants			☐ Hit/Run			☐ Moped			Crash Report ID# 25-16-AC		
License # S DOB/Age			Reg # 5SA561			Reg Type PC			Reg State MA					
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2008			Veh Make SATURN			Veh Config. 1 21					
Operator LIMA MENDOZA, JAVIER I			Owner MENDOZA, MYRNA											
Address 1 CANYON ST			Address 1 CANYON ST											
City WILMINGTON State MA Zip 01887-3182			City WILMINGTON State MA Zip 01887-3182											
Insurance Company ARBELLA MUTUAL INSURANCE			Vehicle Action Prior to Crash 1 22			Damaged Area Code: 2 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								
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 # S DOB/Age			Reg # 347NLO			Reg Type PC			Reg State MA					
Sex F Lic. Class D 19 19 Lic. Restrictions 99 20 CDL Endorsement			Veh Year 2015			Veh Make TOYOTA			Veh Config. 1 21					
Operator LYNN, DIANA			Owner LYNN, DIANA											
Address 3334 EVERGREEN DR APT 3334			Address 3334 EVERGREEN DR APT 3334											
City WILMINGTON State MA Zip 01887-1178			City WILMINGTON State MA Zip 01887-1178											
Insurance Company THE STANDARD FIRE INSURAN			Vehicle Action Prior to Crash 4 22			Damaged Area Code: 2 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 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														
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 99 4 0 0 10 1											

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

ie: → 1 → 2 → ○ → ○

Crash Diagram:

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:

V#1 was traveling eastbound on Middlesex Ave. V#2 was traveling westbound on Middlesex Ave, attempting to turn left on Wildwood Street, resulting in V#1 and V#2 colliding. V#1 sustained front right damage and V#2 sustained front right damage. Both operators reported no injuries at the time of the crash. V#2 was inoperable and was towed away by the owners private requested 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 Jonathan L Morales

224

Wilmington Police Department

01/15/2025

Police Officer Name (Please Print)

Signature

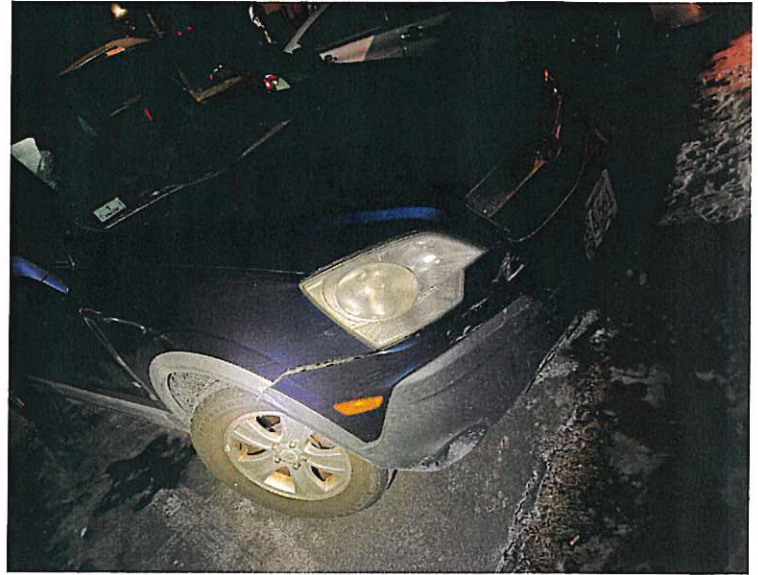
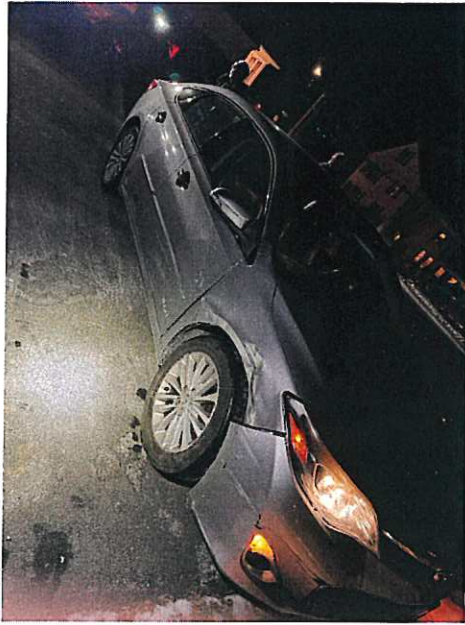
ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department
Images Associated with 25-16-AC



Police Use Only

Date of Crash
01/16/2025

Time of Crash
1534

City/Town
Wilmington

Commonwealth of Massachusetts

Motor Vehicle Crash
Police Report

Number Vehicles
2

Number Injured
0

Speed Limit
30

Latitude

Longitude

RMV Document Number

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

316 LOWELL 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 14 #Occupants ☐ Hit/Run ☐ Moped

Crash Report ID# 25-17-AC

License # St. DOB/Age

Reg # 4AYJ56 Reg Type PC Reg State MA

Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement

Veh Year 2007 Veh Make KIA Veh Config. 1 21

Operator TEJADA AGUILAR, JUAN JOSE

Owner PAZ, SUSANA Y

Address 12 GRANT ST APT 2

Address 10 MUDGE ST APT 10

City LYNN State MA Zip 01902-2705

City LYNN State MA Zip 01902-1216

Insurance Company SAFETY INSURANCE COMPANY

Vehicle Action Prior to Crash 1 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

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 21 25 19 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			1	1	4	0	0	10	1	
				5	4	4	0	0	10	1	
				4	4	4	0	0	10	1	
				6	4	4	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 # 6ZX562 Reg Type PC Reg State MA

Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement

Veh Year 2009 Veh Make HONDA Veh Config. 1 21

Operator NALLY, DEAN PATRICK

Owner NALLY, PATRICK BERNARD

Address 3 PINEVIEW RD

Address 3 PINEVIEW RD

City WILMINGTON State MA Zip 01887-3815

City WILMINGTON State MA Zip 01887-3815

Insurance Company THE COMMERCE INSURANCE CO

Vehicle Action Prior to Crash 2 22

Damaged Area Code: 5 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

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		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 → ○ → ○

Lowell Street

316 Lowell Street

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 westbound on Lowell Street in the area of 316 Lowell Street. Vehicle 2 (V2) was traveling westbound on Lowell Street in front of V1. V2 stopped as traffic in front of him was stopped for a vehicle to turn into 316 Lowell Street driveway. V1 rear ended V2 in the roadway. V1's operator stated that he was tired and didnt see V2 stopped. All parties declined medical attention from the Wilmington Fire Department. No airbags were deployed. Both vehicles were driven from the scene.

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

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

Hazmat Information:

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

Patrol Officer Michael R DiLorenzo

217

Wilmington Police Department

01/16/2025

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department
Images Associated with 25-17-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 01/17/2025	Time of Crash 1945 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 1	Number Injured 0	Speed Limit 35	Latitude	State Police Local Police MBTA Police Campus Police Other

AT INTERSECTION:			< LOCATION >			NOT AT INTERSECTION:		
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street		
At			Feet N S E W of			Feet N S E W of		
Route# Direction Name of Intersecting Roadway/Street			Mile Marker			Exit Number		
Also at Intersection with			Route# Intersecting Roadway/Street			Landmark		
Route# Direction Name of Intersecting Roadway/Street								

Please Select One of the Following:	☒ Vehicle 1 #Occupants	☐ Hit/Run	☐ Moped	Crash Report ID# 25-18-AC
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License #	St	DOB/Age	Reg # 58C340	Reg Type PC	Reg State MA	
Sex M	Lic. Class	Lic. Restrictions 1	C DL Endorsement	Veh Year 2017	Veh Make CHEVROLET	Veh Config. 1
Operator MAGLIOZZI, JAMES MICHAEL			Owner MAGLIOZZI, MICHELLE LOUISE			
Address 20 ARLENE AVE			Address 20 ARLENE AVE			
City WILMINGTON State MA Zip 01887-1130			City WILMINGTON State MA Zip 01887-1130			
Insurance Company LIBERTY MUTUAL INSURANCE			Vehicle Action Prior to Crash 1			
Vehicle Travel Direction: N S E W			Event Sequence 21 23 23 23 23			
Citation # (If Issued) 133426AD			Most Harmful Event 21 24			
Viol. 1: Ch/Sec/Sub 90 24K			Driver Contributing Code 10 25 25			
Viol. 2: Ch/Sec/Sub 89 4A			Driver Distracted by 0 26 26			
Viol. 3: Ch/Sec/Sub 90 24I			Viol. 4: Ch/Sec/Sub 90 18A			

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	0	1	0	0	10	1	

Please Select One of the Following:	☐ Vehicle 2 #Occupants	☐ Hit/Run	☐ Moped	☐ Vulnerable User Complete the Vulnerable User section.
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License #	St	DOB/Age	Reg #	Reg Type	Reg State	
Sex	Lic. Class	Lic. Restrictions	C DL 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			
Vehicle Travel Direction: N S E W			Event Sequence 23 23 23 23 23			
Citation # (If Issued)			Most Harmful Event 24			
Viol. 1: Ch/Sec/Sub			Driver Contributing Code 25 25			
Viol. 2: Ch/Sec/Sub			Driver Distracted by 26 26			
Viol. 3: Ch/Sec/Sub			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							

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

ie: → 1 → 2 → O → B

Crash Diagram:

571 Woburn Street

WildWood Street

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:

Motor vehicle 1 was traveling North onto Woburn Street where the operator of the vehicle drove into the opposite travel lane ,struck rocks, a crosswalk sign and a tree (see images). The motor vehicle suffered significant damage to the left side as well as the front of the vehicle. Due to the nature of the crash, the air bag was deployed from the steering wheel and was towed off scene by Forrest Towing. The operator was medically evaluated by the Wilmington Fire Department and signed a refusal. The operator was issued Massachusetts Uniform Citation #133426AD for the mentioned charges on page 1 of the report. Property damage included a rockwall that belongs to the residents of 571 Woburn Street as well as a town owned cross walk sign. See 25-34-AR.

Witnesses:

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

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
RIZZO ERIC D	571 WOBURN ST WILMINGTON MA 01887-			ROCK WALL
TOWN OF WILMINGTON	121 GLEN RD WILMINGTON MA		1	CROSS WALK SIGN

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 227 Wilmington Police Department 01/18/2025

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

Wilmington Police Department
Images Associated with 25-18-AC

