

Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash
01/20/2025

Time of Crash
0809
24HR

City/Town
Wilmington

Motor Vehicle Crash
Police Report

Number
Vehicles
1

Number
Injured
0

Speed Limit 40
Latitude +042.5268
Longitude -071.159

State Police ☐
Local Police ☐
MBTA Police ☐
Campus Police ☐
Other: ☐

AT INTERSECTION:

LOCATION

NOT AT INTERSECTION:

38 MAIN ST
Route# Direction Name of Roadway/Street

At

EAMES ST
Route# Direction Name of Intersecting Roadway/Street

Also at Intersection with

Route# Direction Name of Intersecting Roadway/Street

Route# Direction Address # Name of Roadway/Street

Feet N S E W of or
Mile Marker Exit Number

Feet N S E W of
Route# Intersecting Roadway/Street

Feet N S E W of

Landmark

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

Crash Report ID# 25-19-AC

License # _____ DOB/Age _____
Sex M Lic. Class 19 19 Lic. Restrictions 20 CDL _____
Endorsement _____

Operator SOLT, JEREMY VERNON
Last First Middle

Address 10 E NICHOLS ST

City WOBURN State MA Zip 01801-1549

Insurance Company GEICO

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 # TMJ876 Reg Type PC Reg State IN

Veh Year 2005 Veh Make PONTIAC Veh Config. 1 21

Owner SOLT, JEREMY VERNON
Last First Middle

Address 10 E NICHOLS ST

City WOBURN State MA Zip 01801-1549

Vehicle Action Prior to Crash 3 22 Damaged Area Code: 1 27 2 27 27

Event Sequence 41 23 23 23 23 Test Status: 1 28

Most Harmful Event 35 24 Type of Test: 0 29

Driver Contributing Code 7 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

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 19 19 Lic. Restrictions 20 CDL _____
Endorsement _____

Operator _____
Last First Middle

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 _____
Last First Middle

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

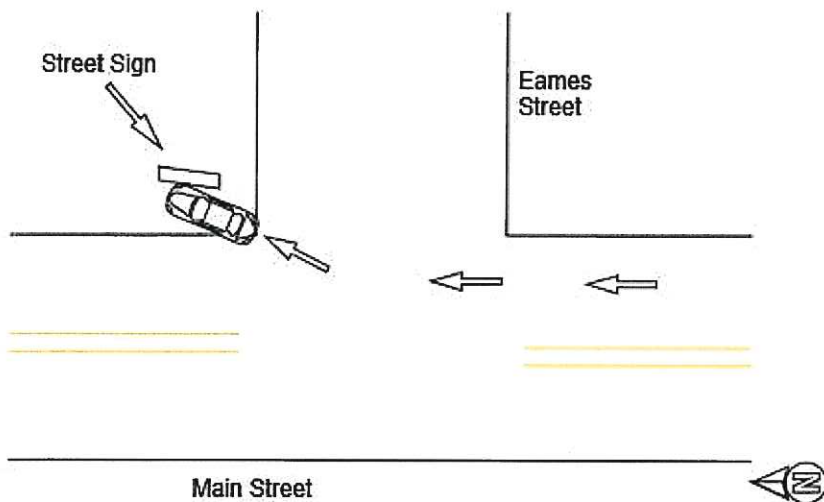
Name (Last First Middle) Address DOB/Age Sex 34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code Medical Facility

Operator/Occupants

See Above

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

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:

V1 was traveling north on Main Street. V1 attempted to turn right onto Eames Street and began to slide due to snow in the roadway. V1 ran off of the left side of the roadway striking a street sign. V1 also struck a fire hydrant which did not appear to sustain damage. V1 sustained front end damage as well as a front right flat tire. The vehicle was winched out and moved from the roadway so the operator could change the tire. The operator did not complain of injury. Based on my investigation, it was apparent that the operator of V1 was traveling too fast due to the road conditions and was unable to navigate the turn.

Witnesses:

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

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
TOWN OF WILMINGTON	121 GLEN RD WILMINGTON MA 01887		3	STREET 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

Sergeant Matthew D Stavro

Police Officer Name (Please Print)

Signature

180

ID/Badge #

Wilmington Police Department

Department

Precinct/Barracks

01/20/2025

Date

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 01/20/2025	Time of Crash 1140 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 1	Speed Limit 25	State Police Local Police MBTA Police Campus Police Other
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:			
Route# Direction GLEN RD			Route# Direction Address # Name of Roadway/Street				2 10			
At			Feet N S E W of or Mile Marker Exit Number				3 11			
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Route# Intersecting Roadway/Street							
Also at Intersection with			Feet N S E W of							
Route# Direction Name of Intersecting Roadway/Street			Landmark							
Please Select One of the Following:			☒ Vehicle 1 #Occupants				☐ Hit/Run			
			☐ Moped				Crash Report ID# 25-20-AC			
License # St DOB/Age			Reg # 4FCT25 Reg Type PC Reg State MA				1 12			
Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement			Veh Year 2016 Veh Make CHEVROLET Veh Config. 2 21							
Operator NOLAN, ROBERT JAMES			Owner NOLAN, ROBERT JAMES							
Address 44 GRASSHOPPER LN			Address 44 GRASSHOPPER LN							
City TEWKSBURY State MA Zip 01876-3868			City TEWKSBURY State MA Zip 01876-3868							
Insurance Company ARBELLA MUTUAL INSURANCE			Vehicle Action Prior to Crash 1 22				Damaged Area Code: 1 27 27 27			
Vehicle Travel Direction: N X 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			Driver Contributing Code 1 25 25				BAC Test Result: 30			
Viol. 2: Ch/Sec/Sub			Susp. Alcohol: 31 Susp. Drug: 32				1 13			
Viol. 3: Ch/Sec/Sub			Driver Distracted by 0 26 26				Towed from scene? 1 33			
Viol. 4: Ch/Sec/Sub										
Please fill out for operator and all occupants involved										
Name (Last First Middle)			DOB/Age				Sex			
Operator			See Above				1 1 4 0 0 8 1			
Please Select One of the Following:			☒ Vehicle 2 1 #Occupants				☐ Hit/Run			
			☐ Moped				☐ Vulnerable User Complete the Vulnerable User section.			
License : S DOB/Age 2			Reg # 799YX8 Reg Type PC Reg State MA							
Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement			Veh Year 2017 Veh Make FORD Veh Config. 2 21							
Operator HOLMES, CHARLES E			Owner HOLMES, CHARLES E							
Address 63 GARDEN AVE			Address 63 GARDEN AVE							
City WILMINGTON State MA Zip 01887-1872			City WILMINGTON State MA Zip 01887-1872							
Insurance Company GEICO GENERAL INSURANCE C			Vehicle Action Prior to Crash 1 22				Damaged Area Code: 7 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 4 25 25				BAC Test Result: 30			
Viol. 2: Ch/Sec/Sub			Susp. Alcohol: 31 Susp. Drug: 32				4 14			
Viol. 3: Ch/Sec/Sub			Driver Distracted by 0 26 26				Towed from scene? 2 33			
Viol. 4: Ch/Sec/Sub										
Please fill out for operator and all occupants involved										
Name (Last First Middle)			DOB/Age				Sex			
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 → ○ → ○

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 1/20/25 car 1 while travelling SB on Glen Rd. crashed into the left side of car 2. Car 2 operator stated they stopped at Brattle and Glen then proceeded forward. They stated they hit sleet, snow and the car slowed down enough to be struck by Car 1. Wilmington Fire/EMS responded and recieved a refusal. A&S towing towed car 1 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 Dillon Halliday

Police Officer Name (Please Print)

Signature

205

ID/Badge #

Wilmington Police Department

Department

Precinct/Barracks

01/20/2025

Date

Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash 01/21/2025
Time of Crash 1016
City/Town 24HR **Wilmington**

Motor Vehicle Crash
Police Report

Number Vehicles 1
Number Injured 1
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
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
13 HOPKINS 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 VERIZON POLE 6
Landmark

Please Select One of the Following:

☒ Vehicle 1 #Occupants ☐ Hit/Run ☐ Moped

Crash Report ID# 25-21-AC

License # DOB/Ag
Sex M Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement
Operator MURRAY, NORMAN STEPHEN
Address 102 BALSAM PL APT 112
City TEWKSBURY State MA Zip 01876-4573
Insurance Company LIBERTY MUTUAL INSURANCE
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 # 326EK6 Reg Type PC Reg State MA
Veh Year 2015 Veh Make HONDA Veh Config. 1 21
Owner MURRAY, NORMAN STEPHEN
Address 102 BALSAM PL APT 112
City TEWKSBURY State MA Zip 01876-4573
Vehicle Action Prior to Crash 1 22
Event Sequence 40 23 23 23 23
Most Harmful Event 22 24
Driver Contributing Code 11 25 25
Driver Distracted by 0 26 26
Damaged Area Code: 1 27 27 27
Test Status: 1 28
Type of Test: 29
BAC Test Result: 30
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/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			1	1	3	0	0	8	2	Lahey Clinic

Please Select One of the Following:

☐ Vehicle 2 #Occupants ☐ Hit/Run ☐ Moped ☐ Vulnerable User Complete the Vulnerable User section.

License # St DOB/Ag
Sex Lic. Class 19 19 Lic. Restrictions 20 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
Event Sequence 23 23 23 23
Most Harmful Event 24
Driver Contributing Code 25 25
Driver Distracted by 26 26
Damaged Area Code: 27 27 27
Test Status: 28
Type of Test: 29
BAC Test Result: 30
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/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			1							

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○

Driveway 13 Hopkins Street

Verizon Pole #6

Hopkins 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:

V1 (Norman Murray) was traveling North on Hopkins Street. V1 Opr claimed approaching vehicle encroached into his travel lane causing him to veer to right. In doing so, the outer edge of the right front tire went into roadside snow taking V1 into Verizon pole 6. V1 OPR was seat belted with full airbag deployment. V1 OPR had minor cut to top of nose near brow line. WILmington Fire responded to evaluate operator and transported him to hospital. Verizon notified for extensive damage to base of utility pole. Vehicle towed by Cain' Towing.

Witnesses:

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

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
VERIZON	28 DIANE LN DRACUT MA 01826		3	VERIZON POLE 6

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

01/21/2025

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash 01/21/2025
Time of Crash 1656
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
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
33 CONCORD 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:

☒ Vehicle 1 Occupants ☐ Hit/Run ☐ Moped

Crash Report ID# 25-22-AC

License St DOB/Age
Sex F Lic. Class 19 19 Lic. Restrictions 99 20 CDL Endorsement

Operator MILOS, TEDORA

Address 20 CHILD ST APT 212

City CAMBRIDGE State MA Zip 02114

Insurance Company PROGRESSIVE DIRECT INSURA

Vehicle Travel Direction: N X 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 # 5MXZ97 Reg Type PC Reg State MA

Veh Year 2022 Veh Make HONDA Veh Config. 1 21

Owner MILOS, TEDORA

Address 20 CHILD ST APT 212

City CAMBRIDGE State MA Zip 02114

Vehicle Action Prior to Crash 4 22 Damaged Area Code: 2 27 27 27

Event Sequence 1 23 23 23 23 Test Status: 28

Most Harmful Event 1 24 Type of Test: 29

Driver Contributing Code 4 25 25 BAC Test Result: 30

Driver Distracted by 0 26 26 Susp. Alcohol: 31 Susp. Drug: 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	X	X	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 F Lic. Class 19 19 Lic. Restrictions 99 20 CDL Endorsement

Operator SAHADI, APRYL LYNN

Address 95 PARK ST

City NORTH READING State MA Zip 01864-2544

Insurance Company THE COMMERCE INSURANCE CO

Vehicle Travel Direction: N S X 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 # 635BCM Reg Type PC Reg State MA

Veh Year 2007 Veh Make MAZDA Veh Config. 1 21

Owner OBRIEN, PHILIP H

Address 95 PARK ST

City N READING State MA Zip 01864-2544

Vehicle Action Prior to Crash 1 22 Damaged Area Code: 1 27 2 27 27

Event Sequence 1 23 23 23 23 Test Status: 1 28

Most Harmful Event 1 24 Type of Test: 0 29

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

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

Towed from scene? 1 33

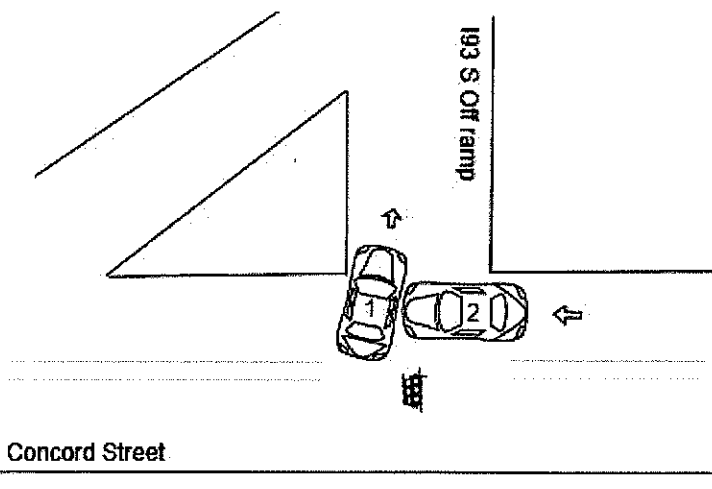
Please fill out for operator and all occupants involved

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	X	X	1	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:

V#1 was traveling westbound on Concord Street, taking a left-hand turn onto the I93 Southbound ramp. V#2 was traveling eastbound on Concord Street. V#1 was half way through the turn, when V#2 struck V#1 on the passenger side door. V#1 sustained passenger side center damage. V#2 sustained driver side front and right damage. Both operators reported no injuries. Cain's Towing arrived on scene and towed both vehicles.

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

01/21/2025

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department
Images Associated with 25-22-AC

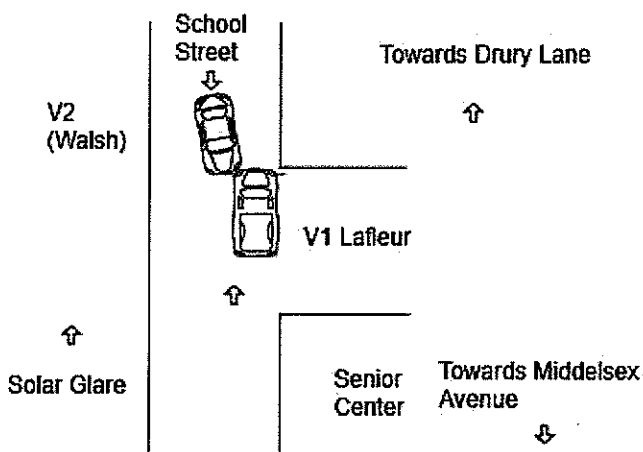


Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 01/22/2025	Time of Crash 0808 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 30	Latitude	Longitude	State Police Local Police MBTA Police Campus Police Other
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:						
Route# Direction Name of Roadway/Street			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			Feet N S E W of Landmark								
Route# Direction Name of Intersecting Roadway/Street			SENIOR CENTER								
Please Select One of the Following:			Crash Report ID# 25-23-AC								
☒ Vehicle 1 #Occupants			☐ Hit/Run ☐ Moped								
License # S DOB/A			Reg # 23N990 Reg Type PC Reg State MA								
Sex M Lic. Class D 19 19 Lic. Restrictions B 20 CDL Endorsement			Veh Year 2008 Veh Make Jeep Veh Config. 1 21								
Operator LAFLEUR, JEREMIE A			Owner LAFLEUR, JEREMIE A								
Address 4 BIRCHWOOD RD			Address 4 BIRCHWOOD RD								
City WILMINGTON State MA Zip 01887-1903			City WILMINGTON State MA Zip 01887-1903								
Insurance Company VERMONT MUTUAL INSURANCE			Vehicle Action Prior to Crash 2 22 Damaged Area Code: 8 27 27 27								
Vehicle Travel Direction: ☒ S ☒ E ☒ W Responding to Emergency? 2			Event Sequence 1 23 23 23 23 Test Status: 1 28								
Citation # (If Issued)			Most Harmful Event 1 24 Type of Test: 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: 2 31 Susp. Drug: 2 32								
Please fill out for operator and all occupants involved			Towed from scene? 2 33								
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:			Complete the Vulnerable User section.								
☒ Vehicle 2 1 #Occupants			☐ Hit/Run ☐ Moped ☐ Vulnerable User								
License : S DOB/A			Reg # 8YXW40 Reg Type PC Reg State MA								
Sex M Lic. Class D 19 19 Lic. Restrictions I 20 CDL Endorsement			Veh Year 2014 Veh Make KIA Veh Config. 1 21								
Operator WALSH, DENNIS CHRISTOPHER			Owner WALSH, DENNIS CHRISTOPHER								
Address 29 KING ST			Address 29 KING ST								
City WILMINGTON State MA Zip 01887-1853			City WILMINGTON State MA Zip 01887-1853								
Insurance Company THE HANOVER INSURANCE COM			Vehicle Action Prior to Crash 1 22 Damaged Area Code: 8 27 27 27								
Vehicle Travel Direction: ☒ N ☒ E ☒ W Responding to Emergency? 2			Event Sequence 1 23 23 23 23 Test Status: 1 28								
Citation # (If Issued)			Most Harmful Event 1 24 Type of Test: 29								
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Driver Contributing Code 18 25 13 25 BAC Test Result: 30								
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Distracted by 7 26 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32								
Please fill out for operator and all occupants involved			Towed from scene? 1 33								
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

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:

V1 (Lafleur) was traveling up School Street towards Drury Lane. V2 (Walsh) was traveling towards Middlesex Avenue. V1 OPR stated he stopped in the area of the Wilmington Senior Center driveway because V2 (Walsh) was too far on his side of the road. He believed V2 was going to stop or pass by, but V2 drove right into his stopped vehicle. No injuries observed or reported. V2 OPR Walsh cited blinding solar glare which was in fact occurring. I observed Windshield for V2 was frosted over and dirty. When viewing from inside V2 this situation greatly reduced visibility and was made worse by solar glare. V1 damaged on left front end and fender. V2 damaged of left front end and fender. V2 Towed by Cain's Towing. V2 OPR Walsh failure to defrost/clean front windshield before operating, and blinding solar glare most probable cause of 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

01/22/2025

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 01/22/2025	Time of Crash 2357 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 1	Speed Limit 35	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# 25-24-AC	
License # SI DOB/Age			Reg # 17VW82		Reg Type PC		Reg State MA			
Sex M Lic. Class D Lic. Restrictions 1 CDL Endorsement			Veh Year 2015		Veh Make HONDA		Veh Config. 1			
Operator SIM, SOVAN SOKHUN			Owner SIM, SOVAN SOKHUN							
Address 100 HANKS ST			Address 100 HANKS ST							
City LOWELL State MA Zip 01852-4207			City LOWELL State MA Zip 01852-4207							
Insurance Company PLYMOUTH ROCK ASSURANCE C			Vehicle Action Prior to Crash 2		Damaged Area Code: 5		27 27 27			
Vehicle Travel Direction: S E W Responding to Emergency? 2			Event Sequence 1 23 23 23 23		Test Status: 1		28			
Citation # (If Issued)			Most Harmful Event 1		Type of Test: 0		29			
Viol. 1: Ch/Sec/Sub			Driver Contributing Code 1		BAC Test Result: 1		30			
Viol. 2: Ch/Sec/Sub			Driver Distracted by 0		Susp. Alcohol: 2		31		Susp. Drug: 2	
Viol. 3: Ch/Sec/Sub			Viol. 4: Ch/Sec/Sub		Towed from scene? 3		33			
Please fill out for operator and all occupants involved										
Name (Last First Middle)			Address		DOB/Age		Sex		Medical Facility	
Operator			See Above		1		1		Lowell General hospital	
Please Select One of the Following:			☒ Vehicle 2 Occupants		☐ Hit/Run		☐ Moped		☐ Vulnerable User Complete the Vulnerable User section.	
License # SI DOB/Age			Reg # 4EYG37		Reg Type PC		Reg State MA			
Sex M Lic. Class D Lic. Restrictions 20 CDL Endorsement			Veh Year 2010		Veh Make TOYOTA		Veh Config. 1			
Operator HELM, LOGAN WILLARD			Owner HELM, CHARLES HENRY							
Address 29 WIGHTMAN RD			Address 29 WIGHTMAN RD							
City TEWKSBURY State MA Zip 01876-4440			City TEWKSBURY State MA Zip 01876-4440							
Insurance Company UNITED SERVICES AUTOMOBIL			Vehicle Action Prior to Crash 1		Damaged Area Code: 1		27 27 27			
Vehicle Travel Direction: S E W Responding to Emergency? 2			Event Sequence 1 23 23 23 23		Test Status: 1		28			
Citation # (If Issued)			Most Harmful Event 1		Type of Test: 0		29			
Viol. 1: Ch/Sec/Sub			Driver Contributing Code 19		BAC Test Result: 1		30			
Viol. 2: Ch/Sec/Sub			Driver Distracted by 99		Susp. Alcohol: 2		31		Susp. Drug: 2	
Viol. 3: Ch/Sec/Sub			Viol. 4: Ch/Sec/Sub		Towed from scene? 1		33			
Please fill out for operator and all occupants involved										
Name (Last First Middle)			Address		DOB/Age		Sex		Medical Facility	
Operator/Occupants			See Above		1		1			

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○

Richmond ST

Main ST

212 Main ST

North Arrow

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Indicate North by Arrow

North Arrow

Crash Narrative:

On Wednesday 1/22/25 at 11:57PM V1 was stopped at the intersection of Main St and Richmond St when V2 was traveling north bound and struck V1. V2's operator was identified as Logan Willard Helm. Logan stated he was not paying attetnion when they struck V1. V1's operator was identifeid as Sovan Sokhun Sim. V1 had damage to the rear of the vehicle and V2 had front end damage with airbag deployment. Both Vehicle were towed from the scene by Cain's Towing. Sovan was transported Lowell General Hospital. Logan declined medical attention and was picked up 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 Caleb A Wiig 237 Wilmington Police Department 01/23/2025

Police Officer Name (Please Print)

Signature

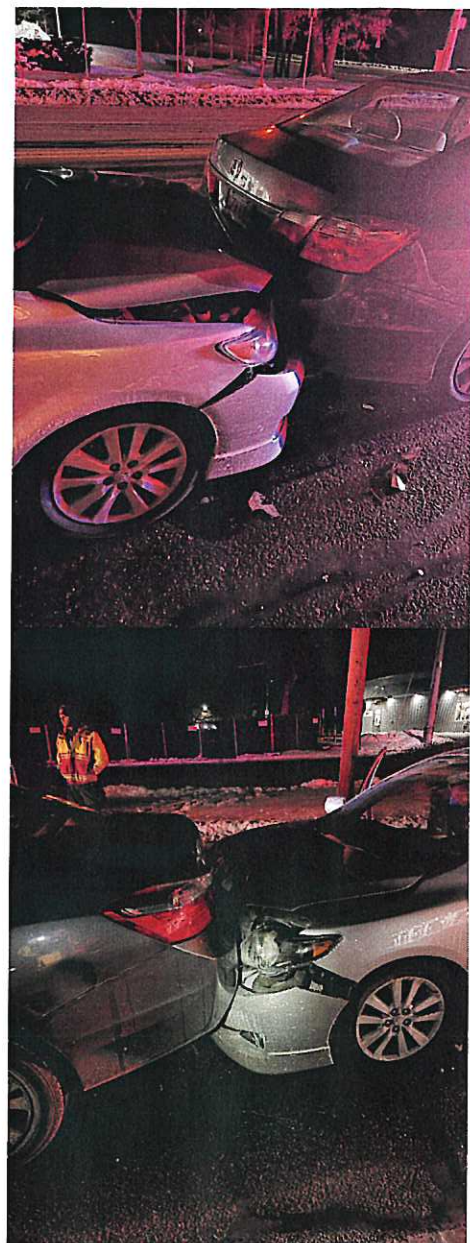
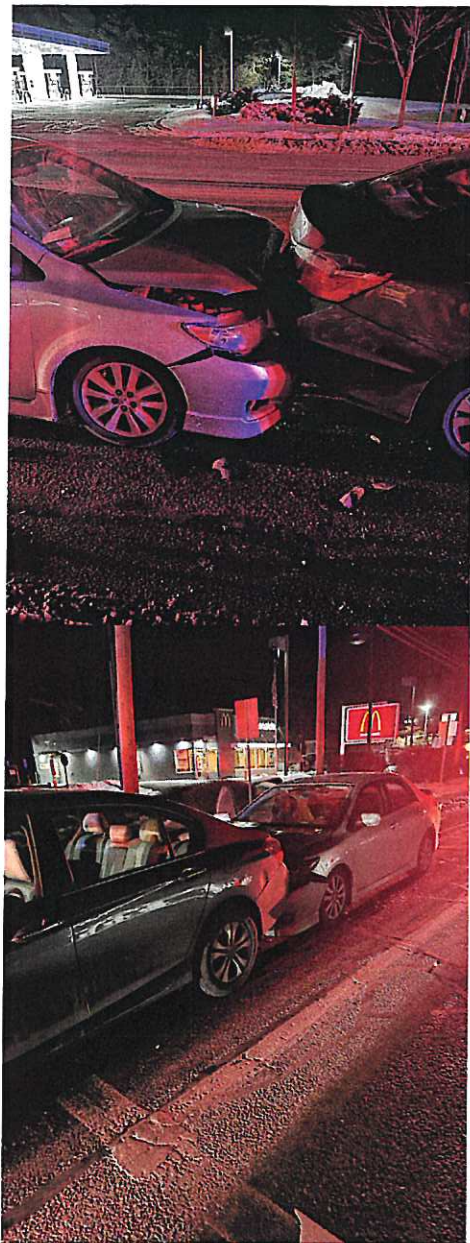
ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department
Images Associated with 25-24-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 01/23/2025	Time of Crash 0608 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit 35	State Police ☐
									Latitude	Local Police ☐
									Longitude	MBTA Police ☐
										Campus Police ☐
										Other ☐
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:			
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street				2 10			
At										
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Mile Marker Exit Number				2 11			
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 1 #Occupants ☐ Hit/Run ☐ Moped				Crash Report ID# 25-25-AC			
License # S DOB/Age			Reg # V77937 Reg Type CO Reg State MA				1 12			
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2016 Veh Make FORD Veh Config. 2 21							
Operator COLLETTI, JASON MICHAEL			Owner BRENNAN CONSULTING INC							
Address 10 WOODBURY RD			Address 24 RAY AVE ST APT 203							
City BILLERICA State MA Zip 01821-1914			City BURLINGTON State MA Zip 01803-4760							
Insurance Company NUTMEG INSURANCE COMPANY			Vehicle Action Prior to Crash 1 22				Damaged Area Code: 5 27 27 27			
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			Towed from scene? 2 33				1 13			
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 1 #Occupants ☐ Hit/Run ☐ Moped ☐ Vulnerable User Complete the Vulnerable User section.							
License St. DOB/Age			Reg # 164GN1 Reg Type PC Reg State MA							
Sex M Lic. Class B 19 19 Lic. Restrictions K 20 CDL Endorsement			Veh Year 2014 Veh Make FORD Veh Config. 1 21							
Operator KELLY, KEVIN MICHAEL			Owner PEABODY CITY OF DPW							
Address			Address 50 FARM AVE							
City State Zip			City PEABODY State MA Zip 01960-3902							
Insurance Company SELF INSURED			Vehicle Action Prior to Crash 1 22				Damaged Area Code: 1 27 27 27			
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			Towed from scene? 1 33				1 14			
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
 ie: → 1 → 2 → ○ → ○

Crash Diagram:

287 Main ST



Main 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 Thursday January 23, 2025, V1 which was operated by Jason Michael Colletti was traveling southbound on Main ST when they slammed on their breaks when a vehicle in front of them braked unexpectedly. V2 which was operated by Kevin Michael Kelly was traveling behind V1 when it struck the back of V1 when they were not able to stop in time. Both vehicles pulled into the parking lot of 287 Main ST to exchange information. V1 had rear bumper damage. V2 had front bumper damage with the front license plate off, and leaking anti freeze. V1 was able to be driven from the scene. V2 remained in the parking lot to be towed by Todisco Towing. Both operators declined medical treatment.

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

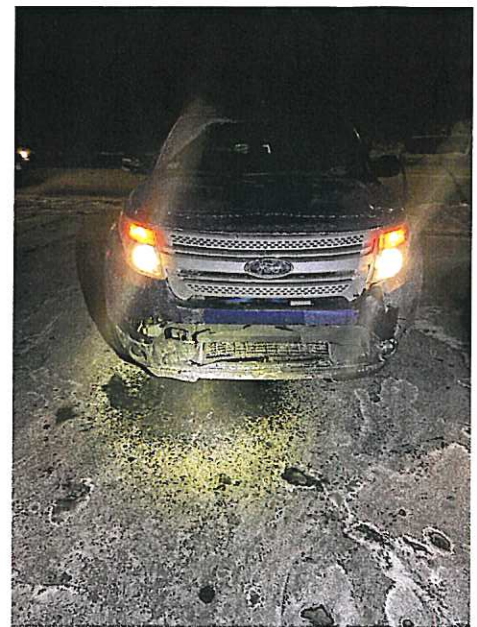
Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 46

Hazmat Information:

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

Patrol Officer Caleb A Wiig 237 Wilmington Police Department 01/23/2025
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Images Associated with 25-25-AC



Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash
01/24/2025

Time of Crash
1036
24HR

City/Town
Wilmington

Motor Vehicle Crash
Police Report

Number
Vehicles
2

Number
Injured
0

Speed Limit 5

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 # 220 Name of Roadway/Street MAIN 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 1 #Occupants _____☐ Hit/Run☐ MopedCrash Report ID# 25-26-AC

License # _____ St _____ DOB/Age _____

Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL _____Operator POZZI, CHRISTOPHER GEORGE

Address _____

City _____ State _____ Zip _____

Insurance Company SELF INSUREDVehicle Travel Direction: N S X 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 # MF86A Reg Type DC Reg State MAVeh Year 2017 Veh Make FORD Veh Config. 1 21Owner WILMINGTON TOWN OF TOWN HALLAddress 121 GLEN RDCity WILMINGTON State MA Zip 01887-3500Vehicle Action Prior to Crash 97 22 Damaged Area Code: 5 27 27 27Event Sequence 1 23 23 23 23 Test Status: 1 28Most Harmful Event 1 24 Type of Test: 29Driver Contributing Code 1 25 25 BAC Test Result: 30Driver Distracted by 0 26 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32Towed from scene? 2 33

Please fill out for operator and all occupants involved

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

License # _____ St _____ DOB/Age _____

Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL _____Operator BISHOP, REGINALD M JRAddress 42 WEST STCity WILMINGTON State MA Zip 01887-3040Insurance Company FARMERS PROPERTY & CASUALVehicle Travel Direction: N S X 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 # MM915 Reg Type PC Reg State MAVeh Year 2015 Veh Make CHEVROLET Veh Config. 1 21Owner BISHOP, REGINALD M JRAddress 42 WEST STCity WILMINGTON State MA Zip 01887-3040Vehicle Action Prior to Crash 97 22 Damaged Area Code: 1 27 27 27Event Sequence 1 23 23 23 23 Test Status: 1 28Most Harmful Event 1 24 Type of Test: 29Driver Contributing Code 99 25 25 BAC Test Result: 30Driver Distracted by 0 26 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32Towed from scene? 2 33

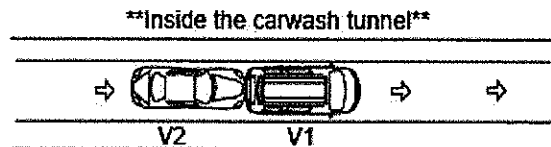
Please fill out for operator and all occupants involved

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

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

Crash Diagram:

Golden Nozzle
 220 Main Street Wilmington MA



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:

V2 rear-ended v1 inside the carwash tunnel while both vehicles were on the automatic track. Operator of v1 stated he was rear-ended by V2 in the vicinity of the middle of the carwash tunnel. Operator of V2 stated he was in neutral the entire time and never hit the gas. I spoke to witness, Sean Meagher. Witness observed V2 on the camera system and reported the operator of V2 hit the gas and crashed into V1. Operator of V2 was adamant he was in neutral while he was inside the automatic tunnel. V2 had minor damage to the front license plate area on the front center of the vehicle. The operator of V2 also stated the car wash had torn off one of his windshield wipers. I observed very minor damage to the center rear of V1 (small scratch).

No injuries reported or observed by either operator.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
MEAGHER SEAN MICHAEL	354 LAKE ST BELLINGHAM MA 02019-1808		

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 Kathryn C Goodwin

216

Wilmington Police Department

01/24/2025

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department
Images Associated with 25-26-AC



Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash
01/24/2025

Time of Crash
1413
24HR

City/Town
Wilmington

Motor Vehicle Crash
Police Report

Number
Vehicles
3

Number
Injured
1

Speed Limit 40

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 # Name of Roadway/Street

7 CONCORD 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 1 #Occupants ☐ Hit/Run ☐ Moped

Crash Report ID# 25-27-AC

License # S DOB/Age

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

Operator PASTORE, RALPH GERARDO

Address 16 GRACE DR

City WILMINGTON State MA Zip 01887-1619

Insurance Company QUINCY MUTUAL FIRE INSURA

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 # 54216 Reg Type PC Reg State MA

Veh Year 2014 Veh Make FORD Veh Config. 1 21

Owner PASTORE, PAMELA ANN

Address 16 GRACE DR

City WILMINGTON State MA Zip 01887-1619

Vehicle Action Prior to Crash 1 22

Event Sequence 1 23 23 23 23

Most Harmful Event 1 24

Driver Contributing Code 1 25 25

Driver Distracted by 0 26 26

Damaged Area Code: 8 27 27 27

Test Status: 1 28

Type of Test: 29

BAC Test Result: 30

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			1	1	3	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

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

Operator HALLIDAY, SONJA C

Address

City State Zi

Insurance Company SELF INSURED

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 # M99982 Reg Type DC Reg State MA

Veh Year 2017 Veh Make FORD Veh Config. 2 21

Owner WILMINGTON TOWN OF DEPT POLICE

Address 121 GLEN RD

City WILMINGTON State MA Zip 01887-3542

Vehicle Action Prior to Crash 1 22

Event Sequence 1 23 23 23 23

Most Harmful Event 1 24

Driver Contributing Code 1 25 25

Driver Distracted by 0 26 26

Damaged Area Code: 1 27 27 27

Test Status: 1 28

Type of Test: 29

BAC Test Result: 30

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

Towed from scene? 2 33

Please fill out for operator and all occupants involved

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

Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash
01/24/2025

Time of Crash
1413
24HR

City/Town
Wilmington

Motor Vehicle Crash
Police Report

Number Vehicles
3

Number Injured
1

Speed Limit 40
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 # Name of Roadway/Street

Feet N S E W of Mile Marker Exit Number

Feet N S E W of Route# Intersecting Roadway/Street

Feet N S E W of

Landmark

Please Select One of the Following:

☒ Vehicle 31 #Occupants

☐ Hit/Run

☐ Moped

Crash Report ID# 25-27-AC

License # S DOB/Age

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

Operator PENTELLA, ANDRAYA

Address 171 FOX RUN DR

City TEWKSBURY State MA Zip 01876-2571

Insurance Company PLYMOUTH ROCK ASSURANCE C

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 # 166N50 Reg Type PC Reg State MA

Veh Year 2016 Veh Make VOLVO Veh Config. 1 21

Owner PENTELLA, ANDRAYA

Address 171 FOX RUN DR

City TEWKSBURY State MA Zip 01876-2571

Vehicle Action Prior to Crash 4 22

Event Sequence 1 23 1 23 23 23

Most Harmful Event 1 24

Driver Contributing Code 4 25 25

Driver Distracted by 7 26 26

Damaged Area Code: 6 27 2 27 27

Test Status: 1 28

Type of Test: 29

BAC Test Result: 30

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			1	1	3	0	0	8	1	

Please Select One of the Following:

☐ Vehicle 4 #Occupants

☐ Hit/Run

☐ Moped

☐ Vulnerable User Complete the Vulnerable User section.

License # St DOB/Age

Sex Lic. Class 19 19 Lic. Restrictions 20 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

Event Sequence 23 23 23 23

Most Harmful Event 24

Driver Contributing Code 25 25

Driver Distracted by 26 26

Damaged Area Code: 27 27 27

Test Status: 28

Type of Test: 29

BAC Test Result: 30

Susp. Alcohol: 31 Susp. Drug: 32

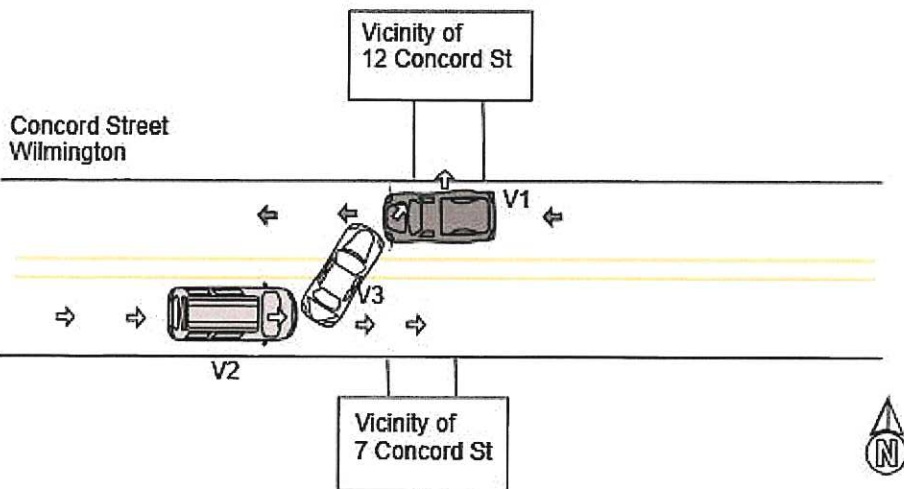
Towed from scene? 33

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			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

Crash Narrative:

V1 was traveling straight on Concord St towards Rt. 62. V2 was traveling straight on Concord Street towards Woburn St. V3 was traveling towards Woburn St then took a left into a private driveway. V1opr stated he was traveling straight when V3 took an early left turn in front of him without using her turn signal. V3opr stated she was taking a left turn into her friend's driveway. She stated she did use her turn signal. She also mentioned she was looking in her rearview mirror at V2 which she stated was following too closely to her. V2opr stated she was traveling straight and the two vehicles crashed in front of her and she hit the breaks to stop and avoid the crash and lightly tapped V3. Moderate damage V1 & V3. Superficial damage to front plate area of V2. No injuries reported or observed in V1opr or V2opr. V3opr sustained a minor injury to her hand (declined transport to hospital). V1 and V3 towed by Forrest. Initial crash V1 & V3. V2 struck V3 as result of initial 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 Kathryn C Goodwin

216

Wilmington Police Department

01/24/2025

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

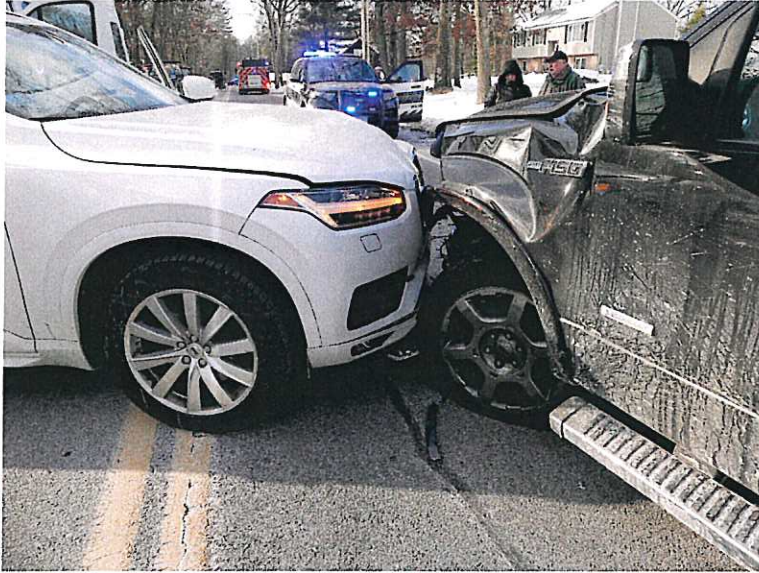
Precinct/Barracks

Date

Wilmington Police Department
Images Associated with 25-27-AC



Wilmington Police Department
Images Associated with 25-27-AC



Wilmington Police Department
Images Associated with 25-27-AC



Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash
01/24/2025

Time of Crash
1437
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 _____

At _____

Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

Also at Intersection with _____

Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

Route# _____ Direction _____ Address # 159 Name of Roadway/Street MAIN ST

_____ Feet N S E W of _____ or _____

_____ Feet N S E W of _____ Mile Marker _____ Exit Number _____

Route# _____ Intersecting Roadway/Street _____

Landmark _____

Please Select One
of the Following:☒ Vehicle 1 #Occupants 1 ☐ Hit/Run ☐ MopedCrash Report ID# **25-28-AC**

License # _____ St _____ DOB/Age _____

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

Operator BANKS, CAMERON JOSEPH

Address 2131 EVERGREEN DR

City WILMINGTON State MA Zip 01887-1175

Insurance Company FARMERS PROPERTY & CASUAL

Vehicle Travel Direction: N X 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 # 2SET37 Reg Type PC Reg State MA

Veh Year 2009 Veh Make FORD Veh Config. 1 21

Owner BANKS, KYLE MATTHEW

Address 2131 EVERGREEN DR

City WILMINGTON State MA Zip 01887-1175

Vehicle Action Prior to Crash 1 22

Event Sequence 1 23 23 23 23

Most Harmful Event 1 24

Driver Contributing Code 19 25 25

Driver Distracted by 26 26

Damaged Area Code: 1 27 27 27

Test Status: 28

Type of Test: 29

BAC Test Result: 30

Susp. Alcohol: 31 Susp. Drug: 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			<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 2 #Occupants 1 ☐ Hit/Run ☐ Moped ☐ Vulnerable User Complete the Vulnerable User section.

License # _____ St _____ DOB/Age _____

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

Operator CYR, MARCUS OMER

Address 4 EAGLEVIEW DR

City WILMINGTON State MA Zip 01887-4203

Insurance Company THE COMMERCE INSURANCE CO

Vehicle Travel Direction: N X 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 # PSBY25 Reg Type PC Reg State MA

Veh Year 2024 Veh Make GMC Veh Config. 2 21

Owner CORCORAN, SHARON EVA

Address 4 EAGLEVIEW DR

City WILMINGTON State MA Zip 01887-4203

Vehicle Action Prior to Crash 2 22

Event Sequence 1 23 23 23 23

Most Harmful Event 1 24

Driver Contributing Code 1 25 25

Driver Distracted by 0 26 26

Damaged Area Code: 5 27 27 27

Test Status: 28

Type of Test: 29

BAC Test Result: 30

Susp. Alcohol: 31 Susp. Drug: 32

Towed from scene? 2 33

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Occupants	See Above			<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
 ie: → 1 → 2 → ○ → ○

Crash Diagram:

159 Main 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 01/24/25 car 2 while stopped in traffic SB on Main St in the area of 159 Main St. was crashed into by Car 1. Car 1 while travelling SB on Main St. crashed into the rear of Car 2 causing damage to both MVs. After speaking with the operator of car 1 he stated he was not paying attention and as a result caused the crash. Forest towing towed Car 1 from the scene to their lot. Both parties stated they were not injured.

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 Dillon Halliday

205

Wilmington Police Department

01/24/2025

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash 01/24/2025 Time of Crash 1443 City/Town 24HR 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
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
300 SALEM 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 12 #Occupants ☐ Hit/Run ☐ Moped

Crash Report ID# 25-29-AC

License _____ St. _____ DOB/Age _____
Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL _____
Operator PEREZ, KAYLA ELYSSE
Address 73 AUGUSTUS ST
City REVERE State MA Zip 02151-1807
Insurance Company ARBELLA MUTUAL INSURANCE
Vehicle Travel Direction: N S X W Responding to Emergency? 2
Citation # (If Issued) 147755AD
Viol. 1: Ctl/Sec/Sub 89 9 Viol. 2: Ch/Sec/Sub
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub

Reg # 3GRX39 Reg Type PC Reg State MA
Veh Year 2021 Veh Make HONDA Veh Config. 1 21
Owner PEREZ, KARIM E
Address 73 AUGUSTUS ST
City REVERE State MA Zip 02151-1807
Vehicle Action Prior to Crash 4 22
Event Sequence 1 23 23 23 23
Most Harmful Event 1 24
Driver Contributing Code 4 25 25
Driver Distracted by 0 26 26
Damaged Area Code: 1 27 7 27 8 27
Test Status: 1 28
Type of Test: 29
BAC Test Result: 30
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										
MICHAEL FORTI	60 LINCOLN AVE SAUGUS, MA 01906-1716		M	3	1	3	0	0	10	1	

Please Select One of the Following:

☒ Vehicle 23 #Occupants ☐ Hit/Run ☐ Moped ☐ Vulnerable User Complete the Vulnerable User section.

License # _____ S _____ DOB/Age _____
Sex F Lic. Class D 19 19 Lic. Restrictions B 20 CDL _____
Operator MCLAUGHLIN, DEBORAH ANN
Address 23 FAY ST
City WILMINGTON State MA Zip 01887-1849
Insurance Company SAFETY INSURANCE COMPANY
Vehicle Travel Direction: N X 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 # 5HR272 Reg Type PC Reg State MA
Veh Year 2022 Veh Make CHEVROLET Veh Config. 1 21
Owner MCLAUGHLIN, DEBORAH ANN
Address 23 FAY ST
City WILMINGTON State MA Zip 01887-1849
Vehicle Action Prior to Crash 1 22
Event Sequence 1 23 23 23 23
Most Harmful Event 1 24
Driver Contributing Code 1 25 25
Driver Distracted by 0 26 26
Damaged Area Code: 3 27 2 27 27
Test Status: 1 28
Type of Test: 29
BAC Test Result: 30
Susp. Alcohol: 2 31 Susp. Drug: 2 32
Towed from scene? 1 33

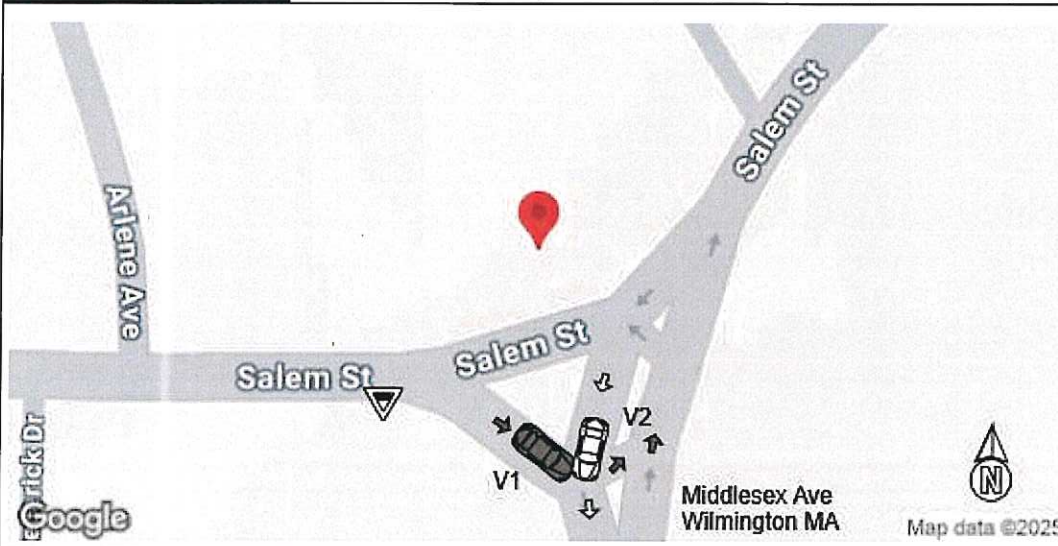
Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Occupants	See Above										
				7	4	4	0	0	10	1	
				9	1	4	0	0	10	1	

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

Crash Diagram:

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:

V1 was traveling on Salem Street and began to take a left turn after the yield sign to stay on Salem Street (towards the North Intermediate School). V2 was traveling straight (southbound) on Salem Street towards Middlesex Ave. V1opr stated she did not see V2. V2opr stated she was traveling straight and V1 crashed into her. V1 failed to yield to V2 after the posted yield sign. No injuries observed or reported to both operators and all passengers. Both vehicles towed by Forrest Towing.

Juvenile passengers in V2 were picked up by their parents (not originally on 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 Kathryn C Goodwin

216

Wilmington Police Department

01/24/2025

Police Officer Name (Please Print)

Signature

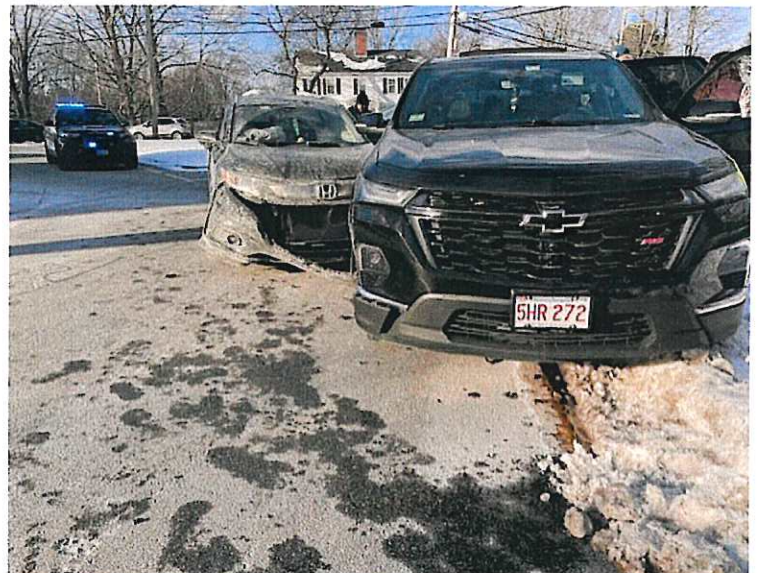
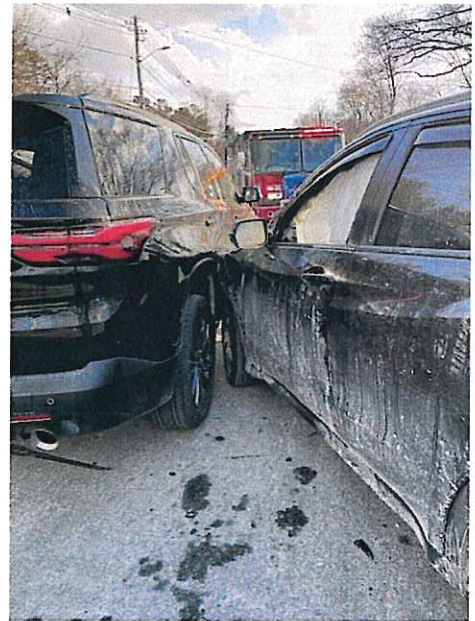
ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department
Images Associated with 25-29-AC



Wilmington Police Department
Images Associated with 25-29-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 01/24/2025	Time of Crash 1632 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 3	Number Injured 0	Speed Limit 40	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# 25-30-AC					
License # St. DOB/Age.						Reg # 4XJK41 Reg Type PC Reg State MA					
Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year 2007 Veh Make HONDA Veh Config. 1 21					
Operator HICHA SUERO, CARLOS JOSUE						Owner ARIAS, PATRIA					
Address 30 SALEM ST APT 3						Address 30 SALEM ST APT 2					
City LAWRENCE State MA Zip 01843-0000						City LAWRENCE State MA Zip 01843-1831					
Insurance Company PLYMOUTH ROCK ASSURANCE C						Vehicle Action Prior to Crash 2 22					
Vehicle Travel Direction: ☒ S ☐ E ☐ W Responding to Emergency? 2						Event Sequence 1 23 23 23 23					
Citation # (If Issued)						Most Harmful Event 1 24					
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 1 25 25					
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 0 26 26					
Please fill out for operator and all occupants involved						Please fill out for operator and all occupants involved					
Name (Last First Middle) Address DOB/Age Sex						Name (Last First Middle) Address DOB/Age Sex					
Operator See Above						Operator See Above					
Please Select One of the Following: ☒ Vehicle 2 Occupants ☐ Hit/Run ☐ Moped ☐ Vulnerable User Complete the Vulnerable User section.						Please Select One of the Following: ☒ Vehicle 2 Occupants ☐ Hit/Run ☐ Moped ☐ Vulnerable User Complete the Vulnerable User section.					
License # St. DOB/Age.						Reg # 4543704 Reg Type PC Reg State NH					
Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year 2019 Veh Make DODGE Veh Config. 1 21					
Operator LAM, NATHAN M						Owner LAM, NATHAN M					
Address 54 JOPPA RD						Address 54 JOPPA RD					
City MERRIMACK State NH Zip 03054						City MERRIMACK State NH Zip 03054					
Insurance Company						Vehicle Action Prior to Crash 1 22					
Vehicle Travel Direction: ☒ S ☐ E ☐ W Responding to Emergency? 2						Event Sequence 1 23 23 23 23					
Citation # (If Issued)						Most Harmful Event 1 24					
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 20 25 25					
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 5 26 26					
Please fill out for operator and all occupants involved						Please fill out for operator and all occupants involved					
Name (Last First Middle) Address DOB/Age Sex						Name (Last First Middle) Address DOB/Age Sex					
Operator/Occupants See Above						Operator/Occupants See Above					

Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 01/24/2025	Time of Crash 1632 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 3	Number Injured 0	Speed Limit 40	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			2 10								
At			Feet N S E W of or Mile Marker Exit Number			2 11								
Route# Direction Name of Intersecting Roadway/Street			Route# Intersecting Roadway/Street			2 11								
Also at Intersection with			Feet N S E W of			2 11								
Route# Direction Name of Intersecting Roadway/Street			Landmark			2 11								
Please Select One of the Following:			☒ Vehicle 31 #Occupants			☐ Hit/Run			☐ Moped			Crash Report ID# 25-30-AC		
License # S' DOB/Ag			Reg # 92487 Reg Type PC Reg State MA			1 12								
Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement			Veh Year 2016 Veh Make FORD Veh Config. 1 21			1 12								
Operator FUSCO, VALERIE CHRISTINA			Owner FUSCO, VALERIE CHRISTINA			1 12								
Address 6 SEPTEMBER LN			Address 6 SEPTEMBER LN			1 12								
City BURLINGTON State MA Zip 01803-1820			City BURLINGTON State MA Zip 01803-1820			1 12								
Insurance Company THE COMMERCE INSURANCE CO			Vehicle Action Prior to Crash 2 22			Damaged Area Code: 5 27 27 27			1 13					
Vehicle Travel Direction: ☒ S ☐ E ☐ W Responding to Emergency? 2			Event Sequence 1 23 23 23 23			Test Status: 1 28			1 13					
Citation # (If Issued)			Most Harmful Event 1 24			Type of Test: 29			1 13					
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Driver Contributing Code 1 25 25			BAC Test Result: 1 30			1 13					
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Distracted by 0 26 26			Susp. Alcohol: 2 31 Susp. Drug: 2 32			1 13					
Please fill out for operator and all occupants involved			DOB/Age Sex 34 Seat Pos 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code Medical Facility			1 13								
Operator			See Above			1 1 4 0 0 10 1			1 13					
Please Select One of the Following:			☐ Vehicle 4 #Occupants			☐ Hit/Run			☐ Moped			☐ Vulnerable User Complete the Vulnerable User section.		
License # S' DOB/Ag			Reg # Reg Type Reg State			21								
Sex Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement			Veh Year Veh Make Veh Config.			21								
Operator			Owner			1 14								
Address			Address			1 14								
City State Zip			City State Zip			1 14								
Insurance Company			Vehicle Action Prior to Crash 22			Damaged Area Code: 27 27 27			1 14					
Vehicle Travel Direction: ☐ N ☐ S ☐ E ☐ W Responding to Emergency?			Event Sequence 23 23 23 23			Test Status: 28			1 14					
Citation # (If Issued)			Most Harmful Event 24			Type of Test: 29			1 14					
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Driver Contributing Code 25 25			BAC Test Result: 30			1 14					
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Distracted by 26 26			Susp. Alcohol: 31 Susp. Drug: 32			1 14					
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			1 14								
Operator/Occupants			See Above			1			1 14					

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○

580 Main 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 2 was traveling north on Main Street while approaching vehicles 1 and 3 who were stopped in traffic. The operator of vehicle 2 stated he was attempting to reach over and grab a tissue in the passenger seat when he suddenly sneezed. While sneezing the operator of vehicle 2 stated his foot accidentally hit the accelerator causing him to drive forward and rear end vehicle 1. The force of the crash pushed vehicle 1 forward and hit the rear of vehicle 3. No one was injured as a result of the crash and all three vehicles remained in drivable condition.

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 Thomas Lawrenson

222

Wilmington Police Department

01/24/2025

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash
01/25/2025

Time of Crash
2023
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 _____

At _____

Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

Also at Intersection with _____

Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

Route# _____ Direction _____ Address # 707 Name of Roadway/Street WOBURN 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 1 #Occupants☐ Hit/Run☐ MopedCrash Report ID# 25-31-AC

License # _____ St. _____ DOB/Age _____

Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL _____Operator WANG, WEN-DER DAddress 61 FAULKNER AVECity WILMINGTON State MA Zip 01887-1367Insurance Company PLYMOUTH ROCK ASSURANCE CVehicle 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 # 2SCE18 Reg Type PC Reg State MAVeh Year 2022 Veh Make HONDA Veh Config. 1 21Owner WANG, WEN-DER DAddress 61 FAULKNER AVECity WILMINGTON State MA Zip 01887-1367Vehicle Action Prior to Crash 1 22Event Sequence 1 23 23 23 23Most Harmful Event 1 24Driver Contributing Code 1 25 25Driver Distracted by 0 26 26Damaged Area Code: 7 27 27 27Test Status: 1 28Type of Test: 29BAC Test Result: 30Susp. Alcohol: 2 31 Susp. Drug: 2 32Towed from scene? 2 33

Please fill out for operator and all occupants involved

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

Operator

See Above

☒	☒	<u>1</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>		
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Please Select One
of the Following:☒ Vehicle 23 #Occupants☐ Hit/Run☐ Moped☐ Vulnerable User Complete the Vulnerable User section.

License # _____ St. _____ DOB/Age _____

Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL _____Operator SULLIVAN, MICHAEL ALANAddress 20 BIRCHWOOD RDCity WILMINGTON State MA Zip 01887-4018Insurance Company ALLSTATE INSURANCE COMPANVehicle 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 # 1XGG78 Reg Type PC Reg State MAVeh Year 2006 Veh Make HONDA Veh Config. 1 21Owner SULLIVAN, PAUL CHARLESAddress 20 BIRCHWOOD RDCity WILMINGTON State MA Zip 01887-4018Vehicle Action Prior to Crash 1 22Event Sequence 1 23 23 23 23Most Harmful Event 1 24Driver Contributing Code 4 25 25Driver Distracted by 0 26 26Damaged Area Code: 3 27 27 27Test Status: 1 28Type of Test: 29BAC Test Result: 30Susp. Alcohol: 2 31 Susp. Drug: 2 32Towed from scene? 2 33

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
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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>		
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MICHAEL CONRAD

47 CLAREMONT ST
WALTHAM, MA 02451-1865

M

4 1 4 0 0 10 1

JASON SOUSA

305 BURLINGTON AVE
WILMINGTON, MA 01887-3106

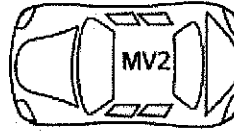
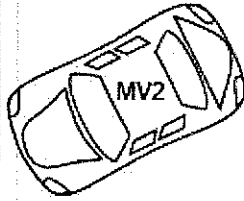
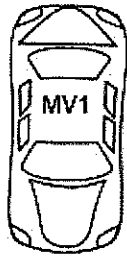
M

3 1 4 0 0 10 1

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

Crash Diagram:

707 Woburn 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:

MV1 was traveling SB on Woburn street when MV2 turned left onto Woburn St also traveling SB. MV2 failed to yield to traffic and collided with the driver's side of MV1.

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 Meghan Sousa

Police Officer Name (Please Print)

Signature

214

ID/Badge #

Wilmington Police Department

Department

Precinct/Barracks

01/25/2025

Date