

Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 12/30/2024	Time of Crash 1335 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	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			2 10								
At			38 N 80 MAIN ST			3 11								
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Mile Marker Exit Number			3 11								
Also at Intersection with			Feet N S E W of Route# Intersecting Roadway/Street			3 11								
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of INTERSECTION GLEN RD @ RT38			3 11								
Landmark						3 11								
Please Select One of the Following:			☒ Vehicle 12 #Occupants			☐ Hit/Run			☐ Moped			Crash Report ID# 24-382-AC		
License S DOB/Ag			Reg # 7EN133 Reg Type PC Reg State MA			2 12			1 12					
Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement			Veh Year 2018 Veh Make HYUNDAI Veh Config. 2 21			1 12			1 12					
Operator HOJLO, MARIE C			Owner HOJLO, PAUL FRANCIS			1 12			1 12					
Address 195 SALEM ST			Address 195 SALEM ST APT #210			1 12			1 12					
City WILMINGTON State MA Zip 01887-0000			City WILMINGTON State MA Zip 01887-4027			1 12			1 12					
Insurance Company THE COMMERCE INSURANCE CO			Vehicle Action Prior to Crash 4 22			1 12			1 12					
Vehicle Travel Direction: N X E W Responding to Emergency? 2			Event Sequence 1 23 23 23 23			1 12			1 12					
Citation # (If Issued)			Most Harmful Event 1 24			1 12			1 12					
Viol. 1: Ch/Sec/Sub			Driver Contributing Code 4 25 25			1 12			1 12					
Viol. 2: Ch/Sec/Sub			Driver Distracted by 0 26 26			1 12			1 12					
Viol. 3: Ch/Sec/Sub			Viol. 4: Ch/Sec/Sub			1 12			1 12					
Please fill out for operator and all occupants involved						1 12			1 12					
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			1 12			1 12					
Operator See Above			1 1 4 0 0 10 1			1 12			1 12					
PAUL HOJLO 195 SALEM ST WILMINGTON, MA 01887-4027			M 3 1 4 0 0 10 1			1 12			1 12					
						1 12			1 12					
						1 12			1 12					
						1 12			1 12					
Please Select One of the Following:			☐ Vehicle 21 #Occupants			☒ Hit/Run			☐ Moped			☐ Vulnerable User Complete the Vulnerable User section.		
License # St DOB/Ag			Reg # unknown Reg Type Reg State			2 12			1 12					
Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement			Veh Year Veh Make Veh Config. 2 21			1 12			1 12					
Operator unknown			Owner			1 12			1 12					
Address			Address			1 12			1 12					
City State Zip			City State Zip			1 12			1 12					
Insurance Company			Vehicle Action Prior to Crash 22			1 12			1 12					
Vehicle Travel Direction: N S E W Responding to Emergency?			Event Sequence 23 23 23 23			1 12			1 12					
Citation # (If Issued)			Most Harmful Event 24			1 12			1 12					
Viol. 1: Ch/Sec/Sub			Driver Contributing Code 25 25			1 12			1 12					
Viol. 2: Ch/Sec/Sub			Driver Distracted by 26 26			1 12			1 12					
Viol. 3: Ch/Sec/Sub			Viol. 4: Ch/Sec/Sub			1 12			1 12					
Please fill out for operator and all occupants involved						1 12			1 12					
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			1 12			1 12					
Operator/Occupants See Above			1 1 4 0 0 10 1			1 12			1 12					
						1 12			1 12					
						1 12			1 12					
						1 12			1 12					

→ = 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 (Hojlo) was attempting left turn from Glen Road to Main St/ RT38S. While doing so it collided with V2 (Blk Jeep, unknown plate). V1 damaged on front end. V2 had reported damage to passenger side. Post collision V2 (unidentified) did not stop, identify self or notify police, and left scene towards Tewksbury. Tewksbury notified but V2 was never located (hit and run). No injuries observed or reported. V1 OPR/PASS stated V2 was going very fast and was suddenly there when collision occurred after initially checking traffic as clear. Independent witness confirmed same but was unable to provide registration for the black Jeep SUV. R/O's daughter and granddaughter arrived to drive V1 home. At the time of this report V2 has not been identified. If V2 identification is made charges will be filed for leaving the scene of property damage 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 12/30/2024
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 01/01/2025	Time of Crash 0327 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 1	Number Injured 0	Speed Limit 65	State Police Local Police MBTA Police Campus Police Other	
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
Route# Direction Name of Roadway/Street			Route# Direction Address #		Route# Direction Address #					
At			Feet ☒ 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					
Route# Direction Name of Intersecting Roadway/Street			Landmark							
Please Select One of the Following:			☒ Vehicle 14 #Occupants		☐ Hit/Run		☐ Moped		Crash Report ID# 25-1-AC	
License: S DOB/Age			Reg # X50398		Reg Type CO		Reg State MA			
Sex M Lic. Class 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2018		Veh Make MERCEDES-BENZ		Veh Config. 1 21			
Operator CLERGE, RALPH T			Owner RALPH LUXURY SERVICES LLC							
Address 220 MERRIAMCK ST APT 418C			Address 29 BOWLER ST							
City LOWELL State MA Zip 01850-2030			City LYNN State MA Zip 01904-2614							
Insurance Company THE COMMERCE INSURANCE CO			Vehicle Action Prior to Crash 1 22		Damaged Area Code: 1 27 27 27					
Vehicle Travel Direction: ☒ S ☐ E ☐ W Responding to Emergency? 2			Event Sequence 24 23 23 23		Test Status: 2 28					
Citation # (If Issued) 096713AD			Most Harmful Event 24 24		Type of Test: 2 29					
Viol. 1: Ch/Sec/Sub 90 24 Viol. 2: Ch/Sec/Sub			Driver Contributing Code 14 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: 1 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 99 3 0 0 10 1							
ALLIYHA GRANT 91 ASH ST MANCHESTER, NH 03104			F 3 99 3 0 0 10 1							
DOROCASI KWIZERA 90 GARDEN ST MANCHESTER, NH 03102			F 6 99 3 0 0 10 1							
ABIBU BASHIRU 19 OLD SUNCOOK RD CONCORD, NH 03301			M 4 99 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 # St DOB/Age			Reg # Reg Type Reg State							
Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement			Veh Year Veh Make Veh Config. 21							
Operator Last First Middle			Owner Last First Middle							
Address			Address							
City State Zip			City State Zip							
Insurance Company			Vehicle Action Prior to Crash 22		Damaged Area Code: 27 27 27					
Vehicle Travel Direction: ☐ N ☐ S ☐ E ☐ W Responding to Emergency?			Event Sequence 23 23 23 23		Test Status: 28					
Citation # (If Issued)			Most Harmful Event 24		Type of Test: 29					
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Driver Contributing Code 25 25		BAC Test Result: 30					
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Distracted by 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							

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○

Guard Rail →



193 North Bound



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 was traveling northbound on Interstate 93 in the area of Mile Marker 31.6. The vehicle left the roadway to the left side colliding with the guardrail in the center median. The vehicle ricochet off the guardrail coming to final rest half in the grass median and half in the left most travel lane. Both side and front airbags deployed on the vehicle. All parties declined medical attention and signed medical refusals with the Wilmington Fire Department. The operator stated that the vehicle hydroplane, and caused him to loose control and ultimately crash. Following and on scene investigation the operator was arrested of OUI Liquor. Vehicle was towed by Forrest Towing.

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

01/01/2025

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

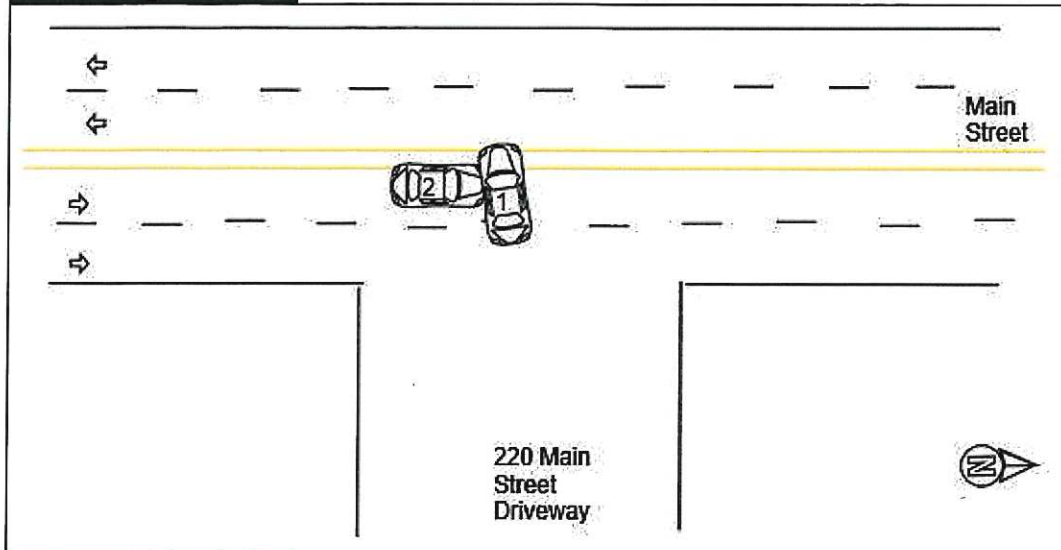
Date

Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 01/03/2025	Time of Crash 1308 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			220 MAIN ST								
At			Feet N S E W of			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														
Please Select One of the Following:			☒ Vehicle 1 #Occupants			☐ Hit/Run			☐ Moped			Crash Report ID# 25-2-AC		
License # St DOB/Age			Reg # 3TBY36 Reg Type PC Reg State MA											
Sex M Lic. Class 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2023 Veh Make FORD Veh Config. 1 21											
Operator AIKENS, FRANK R			Owner CAB EAST LLC											
Address 62 LANDING RD			Address 200 QUALITY CIR ST APT 100											
City MARSHFIELD State MA Zip 02050-4045			City COLLEGE STATION State TX Zip 77845-4468											
Insurance Company ARBELLA PROTECTION INSURA			Vehicle Action Prior to Crash 4 22			Damaged Area Code: 7 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 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								
						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 # St DOB/Age			Reg # 4LDV76 Reg Type PC Reg State MA											
Sex M Lic. Class 99 19 19 Lic. Restrictions 20 CDL Endorsement			Veh Year 2011 Veh Make HYUNDAI Veh Config. 1 21											
Operator GIRALDO GUIASO, CRISTIAN CAMILO			Owner URREGO HERNANDEZ, DANIEL											
Address 592 WASHINGTON AVE			Address 60 WORDSWORTH ST APT 2											
City CHELSEA State MA Zip 02150-3638			City EAST BOSTON State MA Zip 02128-4261											
Insurance Company PILGRIM INSURANCE COMPANY			Vehicle Action Prior to Crash 1 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: 1 28								
Citation # (If Issued) 101207AD			Most Harmful Event 1 24			Type of Test: 0 29								
Viol. 1: Ch/Sec/Sub 90 10 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? 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			1 1 1 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:

Vehicle 1 (V1) was exiting the driveway of 220 Main Street in an attempt to turn left to travel south on Main Street. A vehicle in the rightmost northbound stopped to allow V1 to exit the driveway. Vehicle 2 (V2) was traveling north in the leftmost northbound lane. V1 exited the driveway and began to turn and as V1 crossed the left most northbound lane, V2 collided with the left side of V1. Airbags deployed in both vehicles. Both operators declined medical attention and signed medical refusals with the Wilmington Fire Department. Both vehicles were towed by Cains Towing. Operator of V2 was cited for 90/10 see 25-8-AR.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
PERRON MARK R	5 STEWART ST MANCHESTER NH 03102		

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

01/03/2025

Police Officer Name (Please Print)

Signature

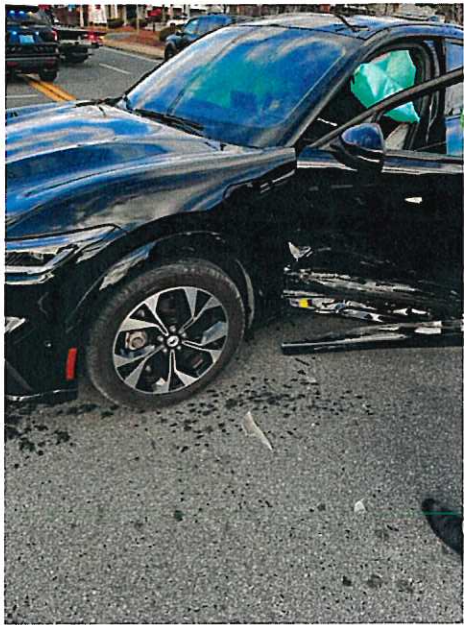
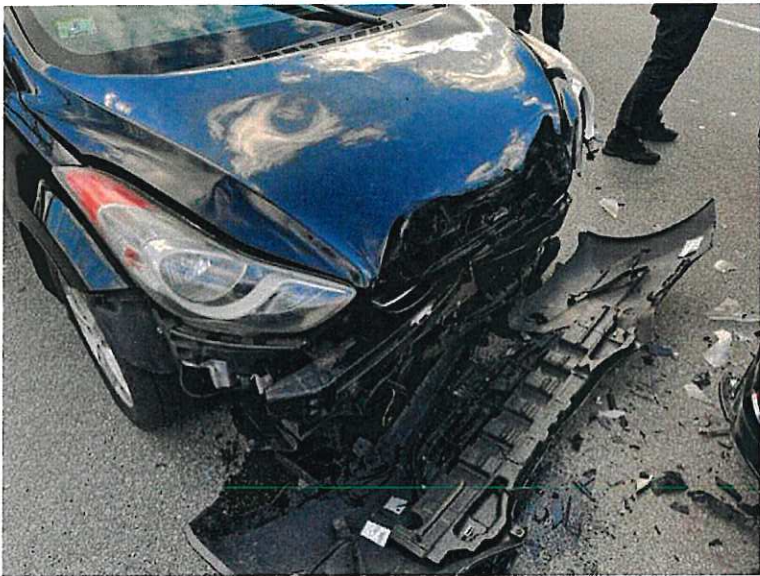
ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department
Images Associated with 25-2-AC



Wilmington Police Department
Images Associated with 25-2-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number								
Date of Crash 01/04/2025	Time of Crash 0100 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	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 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# 25-3-AC					
License # St OB/Age			Reg # MPH200			Reg Type PC		Reg State MA							
Sex M Lic. Class D 19 19 Lic. Restrictions B 20 CDL Endorsement			Veh Year 2023			Veh Make FORD		Veh Config. 1 21							
Operator MASIELLO, ALEC STEPHEN			Owner WILMINGTON TOWN OF												
Address			Address 121 GLEN RD												
City State Zip			City WILMINGTON			State MA		Zip 01887-3500							
Insurance Company			Vehicle Action Prior to Crash 1 22			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 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: 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															
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 21 #Occupants			☐ Hit/Run		☐ Moped		☐ Vulnerable User Complete the Vulnerable User section.								
License # St OB/Age			Reg # 2ZVS35			Reg Type PC		Reg State MA							
Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement			Veh Year 2011			Veh Make TOYOTA		Veh Config. 1 21							
Operator MELVIN, ALEXIS MIKAYLA			Owner MELVIN, DAVID J												
Address 31 TOWPATH DR			Address 31 TOWPATH DR												
City WILMINGTON			State MA		Zip 01887-3917			City WILMINGTON				State MA		Zip 01887-3917	
Insurance Company UNITED SERVICES AUTOMOBIL			Vehicle Action Prior to Crash 1 22			Damaged Area Code: 7 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: 0 29									
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Driver Contributing Code 19 25 25			BAC Test Result: 30									
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Distracted by 99 26 26			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			

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○

Richmond St

Main St

Rite-Aid Parking lot

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 (police vehicle) was traveling North bound on Main Street. Vehicle 2 was exiting the Rite-Aid parking lot heading towards Richmond Street. Vehicle 2 drove into the intersection and the front of Vehicle 1 crashed into the left side of vehicle 2. The operator of vehicle 2 admitted to not paying attention and running the red light. There were no injuries and both vehicles were driven from the scene.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
BURNS JAMISON	3 CHANDLER RD WILMINGTON MA 01887		

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 Alec S Masiello

229

Wilmington Police Department

01/04/2025

Police Officer Name (Please Print)

Signature

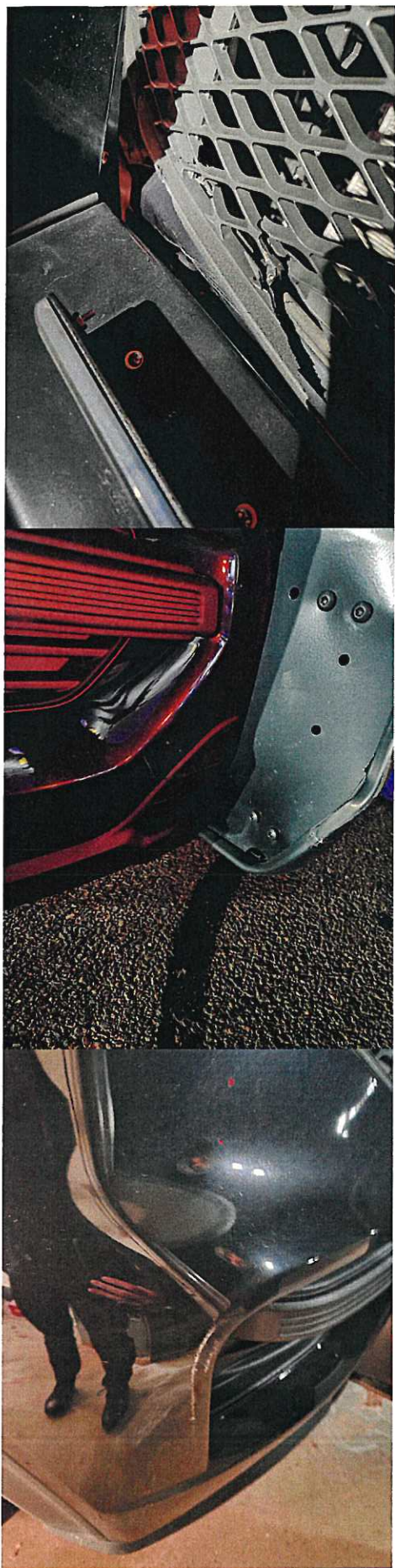
ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department
Images Associated with 25-3-AC



Wilmington Police Department
Images Associated with 25-3-AC



NARRATIVE FOR PATROL OFFICER ALEC S MASIELLO

Ref: 25-3-AC

Entered: 01/04/2025 @ 0230 Entry ID: 229
Modified: 01/04/2025 @ 0324 Modified ID: 229

The following is a brief summary of facts.

I, Officer Masiello, was working my assigned patrol shift from 12AM to 8AM in Cruiser 31 in Sector 1. At approximately 1AM, I was traveling North bound on Main Street approaching the Richmond Street intersection. I looked at the traffic signal and observed that I had a green light. I proceeded to travel towards the intersection and observed one vehicle stopped at the exit of the Rite-Aid parking lot, facing Richmond Street, and second vehicle driving around the right side of the stopped vehicle. As I was traveling through the intersection, the second vehicle drove through their red light and into the intersection. As soon as I saw this, I applied the brakes as fast and hard as possible. As I was attempting to stop and avoid a crash, the vehicle that ran the red light stopped in the intersection. I then crashed into the drivers side of the vehicle. There was no airbag deployment in Cruiser 31 or the other vehicle. The other vehicle sustained minor damage to the front left door and Cruiser 31 sustained minor damage to the push bumper and grill.

After the crash occurred, I radioed Dispatch that a cruiser crash occurred and requested Sergeant Furbush (car 35) come to the scene. I then called the vehicles plate into Dispatch. The vehicle is MA Reg 2ZVS35, Red 2011 Toyota Avalon. I then approached the vehicle, asked the operator if she was injured to which she stated no, then obtained her license and called it into Dispatch. The operator was identified as Alexis Melvin. I asked Alexis why she ran the red light and she stated that she was not paying attention and thought she had a green light. A few minutes later Sergeant Furbush, Officer Powers (33), and Officer DeGregorio (34) arrived on scene to assist.

Sergeant Furbush took control of the scene and radioed Dispatch and requested the MA State Police to respond and do a crash report. While waiting for the State Police to arrive, Officer DeGregorio spoke with a male party, identified as Jamison Burns, who witnessed the crash. Trooper Anthony Angelisco from the MA State Police arrived on scene, obtained all the necessary information for his crash report, then left the scene.

Alexis denied medical attention and drove her vehicle from the scene. I did not sustain any injuries, but as a precaution was evaluated by the WFD at the station and signed a patient refusal.

Respectfully Submitted,
Patrolman Alec Masiello