

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 02/03/2025	Time of Crash 1146 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 Mile Marker Exit Number							
Route# Direction Name of Intersecting Roadway/Street			700 Feet X 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# 25-40-AC	
License # St. DOB/A			Reg # 790W		Reg Type DL		Reg State MA			
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2025		Veh Make MITSUBISHI		Veh Config. 1 21			
Operator DANCEWICZ, AARON JOSEPH			Owner FLEET INSTALLATIONS INC							
Address 701 SANDY LN			Address 65C INDUSTRIAL WAY							
City WILMINGTON State MA Zip 01887			City WILMINGTON State MA Zip 01887-3499							
Insurance Company AMERICAN FIRE AND CASUALT			Vehicle Action Prior to Crash 1 22		Damaged Area Code: 8 27 1 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										
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/A			Reg # US83RK		Reg Type PC		Reg State MA			
Sex M Lic. Class D 19 19 Lic. Restrictions B 20 CDL Endorsement			Veh Year 2017		Veh Make CHEVROLET		Veh Config. 2 21			
Operator RAFFI, PAUL JOHN			Owner RAFFI, PAUL JOHN							
Address 8 BRIDGE LN			Address 8 BRIDGE LN							
City WILMINGTON State MA Zip 01887-2672			City WILMINGTON State MA Zip 01887-2672							
Insurance Company AMICA MUTUAL INSURANCE CO			Vehicle Action Prior to Crash 6 22		Damaged Area Code: 7 27 27 27					
Vehicle Travel Direction: N S E X Responding to Emergency? 2			Event Sequence 1 23 23 23 23		Test Status: 1 28					
Citation # (If Issued)			Most Harmful Event 1 24		Type of Test: 0 29					
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Driver Contributing Code 4 25 25		BAC Test Result: 1 30					
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Distracted by 0 26 26		Susp. Alcohol: 2 31 Susp. Drug: 2 32					
Please fill out for operator and all occupants involved										
Name (Last First Middle) Address			DOB/Age Sex		34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code		Medical Facility			
Operator/Occupants See Above			X X		1 1 4 0 0 10 1					

Crash Diagram:

ie: → 1 → 2

→ ○

→ ○

Exit of
581 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:

Vehicle 1 was traveling south on Main St (Rte38). As vehicle 1 approached the exit to 581 Main St, Trident Carwash, vehicle 2 pulled out of 581 Main St, attempting to turn left, north bound on Main St crossing into the south bound travel lane and pulling out directly in front of vehicle 1. This caused vehicle 1 to crash into vehicle 2. There was damage to the front driver side bumper and driver side fender of vehicle 1. The damage to vehicle 2 was the driver side fender.

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

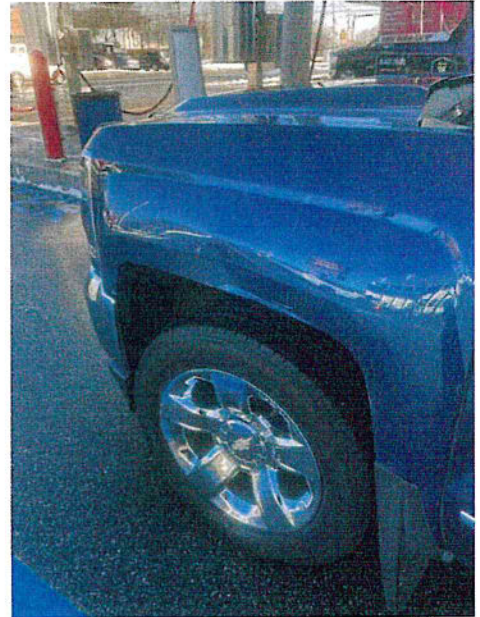
Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 46

Hazmat Information:

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

Sergeant Michael W Wandell 174 Wilmington Police Department 02/03/2025
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Images Associated with 25-40-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 02/04/2025	Time of Crash 0640 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 1	Number Injured 0	Speed Limit 20	Latitude	Longitude	State Police Local Police MBTA Police Campus Police Other:
AT INTERSECTION:			< LOCATION >			NOT AT INTERSECTION:					
1 CHESTNUT ST			2								
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street								
At			Feet N S E W of Mile Marker Exit Number								
1 MARION ST			1								
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Route# Intersecting Roadway/Street								
Also at Intersection with			Landmark								
2 1			3								
Route# Direction Name of Intersecting Roadway/Street			Crash Report ID# 25-41-AC								
Please Select One of the Following:			1 10								
☒ Vehicle 1 #Occupants			☐ Hit/Run								
☐ Moped			1 11								
License #			Reg # 2NVV88 Reg Type PC Reg State MA								
Sex M Lic. Class 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2012 Veh Make TOYOTA Veh Config. 1 21								
Operator RODRIGUES FILHO, SIDNEY ADELIN			Owner RODRIGUES FILHO, SIDNEY ADELIN								
Address 587 LINCOLN ST APT 2			Address 587 LINCOLN ST APT 2								
City MARLBOROUGH State MA Zip 01752-4578			City MARLBOROUGH State MA Zip 01752-4578								
Insurance Company PROGRESSIVE DIRECT INSURA			Vehicle Action Prior to Crash 1 22								
Vehicle Travel Direction: N X E W Responding to Emergency? 2			Event Sequence 20 23 23 23 23								
Citation # (If Issued)			Most Harmful Event 20 24								
Viol. 1: Ch/Sec/Sub			Driver Contributing Code 11 25 25								
Viol. 2: Ch/Sec/Sub			Driver Distracted by 0 26 26								
Viol. 3: Ch/Sec/Sub			Damaged Area Code: 2 27 1 27 27								
Viol. 4: Ch/Sec/Sub			Test Status: 1 28								
			Type of Test: 0 29								
			BAC Test Result: 1 30								
			Susp. Alcohol: 2 31 Susp. Drug: 2 32								
			Towed from scene? 2 33								
Please fill out for operator and all occupants involved			1 12								
Name (Last First Middle) Address			DOB/Age Sex 34 Sent 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:			7 3								
☐ Vehicle 2 #Occupants			☐ Hit/Run								
☐ Moped			☐ Vulnerable User Complete the Vulnerable User section.								
License #			Reg # Reg Type Reg State								
Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement			Veh Year Veh Make Veh Config. 21								
Operator			Owner								
Address			Address								
City State Zip			City State Zip								
Insurance Company			Vehicle Action Prior to Crash 22								
Vehicle Travel Direction: N S E W Responding to Emergency?			Event Sequence 23 23 23 23								
Citation # (If Issued)			Most Harmful Event 24								
Viol. 1: Ch/Sec/Sub			Driver Contributing Code 25 25								
Viol. 2: Ch/Sec/Sub			Driver Distracted by 26 26								
Viol. 3: Ch/Sec/Sub			Damaged Area Code: 27 27 27								
Viol. 4: Ch/Sec/Sub			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			4 14								
Name (Last First Middle) Address			DOB/Age Sex 34 Sent 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 → ○ → ○

Marion St. Ext

Chestnut 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:

On Tuesday, February 04, 2025 I Ofc. DeBarros was dispatched to the area of 165 Chestnut Street for a single car crash into a snow bank. I checked the area and came across MV1 at the intersection of Chestnut Street and Marion Street Extension. MV1 stated they were traveling south on Chestnut Street when they lost control due to black ice and crashed into the snow bank and curb. MV1 had minor front end damage and negative airbag deployment. MV1 also reported negative injuries. MV1 was able to move once some of the ice and snow was removed from under the front bumper. MV1 was then able to drive away 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 Joshua I DeBarros	234	Wilmington Police Department	02/04/2025
Police Officer Name (Please Print)	Signature	ID/Badge #	Date

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 02/05/2025	Time of Crash 1502 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:					
1 1 Route# Direction Name of Roadway/Street At			2 10 38 N 212 MAIN ST Route# Direction Address# Name of Roadway/Street							
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of . or Exit Number							
2 1 Route# Direction Name of Intersecting Roadway/Street			4 11 Feet N S E W of Route# Intersecting Roadway/Street MCDONALD'S 212 MAIN ST Landmark							
3 Please Select One of the Following: ☒ Vehicle 1 #Occupants ☐ Hit/Run ☐ Moped			Crash Report ID# 25-42-AC							
License: St. DOB/Age Sex M Lic. Class 19 19 Lic. Restrictions 1 20 CDL Endorsement			Reg # 754KM3 Reg Type PC Reg State MA							
Operator JACQUES, CHRISTOPHER PAUL Last First Middle			Veh Year 2011 Veh Make CHEVROLET Veh Config. 2 21							
Address 50 ARCAND DR			Owner LOWELL CITY OF DEPT OF POLICE Last First Middle							
City LOWELL State MA Zip 01852			City LOWELL State MA Zip 01852-1025							
Insurance Company SELF INSURED			Vehicle Action Prior to Crash 1 22 Damaged Area Code: 2 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			BAC Test Result: 30							
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Susp. Alcohol: 2 31 Susp. Drug: 2 32							
5			Towed from scene? 2 33							
6 1			1 13							
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							
7 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 B 20 CDL Endorsement			Reg # 72XJ81 Reg Type PC Reg State MA							
Operator MANFRA, DEBORAH ANN Last First Middle			Veh Year 2014 Veh Make FORD Veh Config. 1 21							
Address 201 FOSTER RD			Owner MANFRA, DEBORAH ANN Last First Middle							
City TEWKSBURY State MA Zip 01876-2809			City TEWKSBURY State MA Zip 01876-2809							
Insurance Company VERMONT MUTUAL INSURANCE			Vehicle Action Prior to Crash 5 22 Damaged Area Code: 6 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) T3549485			Most Harmful Event 1 24 Type of Test: 29							
Viol. 1: Ch/Sec/Sub 89 4A Viol. 2: Ch/Sec/Sub			BAC Test Result: 30							
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Susp. Alcohol: 2 31 Susp. Drug: 2 32							
9 2			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 → ○ → ○

If Crash Did Not Occur on a Public Way:

- ☐ Off-Street Parking Lot
- ☐ Garage
- ☐ Mall/Shopping Center
- ☐ Other Private Way

Indicate North by Arrow



Richmond Street RT/129W ←

Cumberland 205 Main Street

Main Street RT38



V2 (Manfra)

McDonald's 212 Main Street

V1 (Jacques)

Crash Narrative:

V1 (Jacques) traveling straight on RT/38N in left portion of travel lane (turn lane) intending on making turn on to RT129W at intersection short distance away. V2 (Manfra) also traveling straight in right portion of travel lane. V2 Opr. Manfra stated she also needed to take left on RT129W and merged into left lane colliding with V1. V2 Opr. Manfra stated she did not see V1 when attempting lane change. No injuries observed or reported. V1 damaged on right front fender and bumper (scuff and dents). V2 damaged on left rear quarter over rear wheel (scuffs and dents). V2 opr Manfra's inattention to presence of V1 (Jacques) in left lane (right of way), and V2's unsafe lane change resulting in collision with V1 most probable factor in crash. V2 opr Manfra cited for unsafe lane change under 89/A.

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

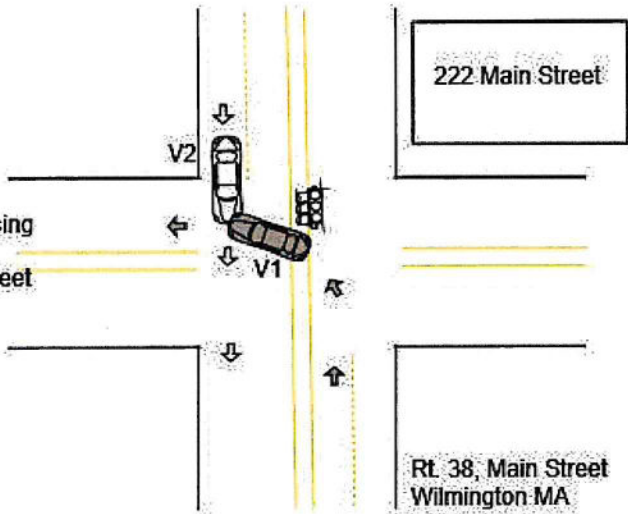
Patrol Officer Richard DiPerri 173 Wilmington Police Department 02/05/2025
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 02/05/2025	Time of Crash 1610 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 2	Speed Limit 35	Latitude Longitude	State Police Local Police MBTA Police Campus Police Other				
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:									
38 MAIN ST 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						3 11					
38 MAIN ST 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 12 #Occupants			☐ Hit/Run			☐ Moped			Crash Report ID# 25-43-AC		
License # St DOB/Age			Reg # 5EWJ81 Reg Type PC Reg State MA			Veh Year 2006 Veh Make CHRYSLER Veh Config. 1 21			1 12					
Sex F Lic. Class 99 19 19 Lic. Restrictions 97 20 CDL Endorsement			Owner JONES, MARK STEVEN			Address 12 NESMITH ST								
Operator IMBODY, KELLY A			City LOWELL State MA Zip 01852-2414			Vehicle Action Prior to Crash 4 22			Damaged Area Code: 1 27 27 27					
Address 4 DOYLE AVE			Insurance Company PROGRESSIVE DIRECT INSURA			Event Sequence 1 23 23 23 23			Test Status: 1 28					
City BILLERICA State MA Zip 01821-4404			Most Harmful Event 1 24			Type of Test: 29			BAC Test Result: 30					
Vehicle Travel Direction: N S E X Responding to Emergency? 2			Driver Contributing Code 4 25 25			Susp. Alcohol: 2 31 Susp. Drug: 2 32			1 13					
Citation # (If Issued) T3549443			Driver Distracted by 99 26 26			Towed from scene? 1 33								
Viol. 1: Ch/Sec/Sub 90 23 Viol. 2: Ch/Sec/Sub 89 8														
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub														
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 1 0 0 8 2			Lahey Clinic								
MARK JONES 12 NESMITH ST LOWELL, MA 01852-2414			M 3 99 1 0 0 10 1											
Please Select One of the Following:			☒ Vehicle 21 #Occupants			☐ Hit/Run			☐ Moped			☐ Vulnerable User Complete the Vulnerable User section.		
License # St DOB/Age			Reg # 4KXA59 Reg Type PC Reg State MA			Veh Year 2006 Veh Make TOYOTA Veh Config. 1 21			1 14					
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement			Owner SABINO MARIA, UELSON			Address 7 BALCOMB ST APT 2								
Operator SABINO MARIA, UELSON			City SALEM State MA Zip 01970-1576			Vehicle Action Prior to Crash 1 22			Damaged Area Code: 1 27 8 27 27					
Address 7 BALCOMB ST APT 2			Insurance Company GOVERNMENT EMPLOYEES INSU			Event Sequence 1 23 23 23 23			Test Status: 1 28					
City SALEM State MA Zip 01970-1576			Most Harmful Event 1 24			Type of Test: 29			BAC Test Result: 30					
Vehicle Travel Direction: N X E W Responding to Emergency? 2			Driver Contributing Code 1 25 25			Susp. Alcohol: 2 31 Susp. Drug: 2 32								
Citation # (If Issued)			Driver Distracted by 0 26 26			Towed from scene? 1 33								
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub														
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub														
Please fill out for operator and all occupants involved														
Name (Last First Middle) Address DOB/Age Sex			34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code			Medical Facility								
Operator/Occupants See Above			1 99 1 0 0 8 1											

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

Crash Diagram:

Wilmington Crossing
Plaza
207-253 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:

V1 was traveling north and took a left turn at the traffic light into the shopping plaza. V2 was traveling straight (south) through the traffic light. The two vehicles crashed in the intersection. V1opr stated there was a box truck that stopped to let her take the left and V2 went around the box truck and crashed into her. V2opr stated V1 "crossed in front of him." V2opr spoke Brazilian Portuguese therefore a translator app was used to speak to him. V1opr was transported to the hospital for minor injury to her thumb. No injuries reported or observed in passenger of V1. V2opr sustained injury to his eye/face. V2opr signed transport refusal with the Fire Department. V1opr was mailed a citation for operating after revoked license and failure to yield at an intersection. Both vehicles sustained major damage to the front end (see attached images). Both vehicles 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 Kathryn C Goodwin

Police Officer Name (Please Print)

Signature

216

ID/Badge #

Wilmington Police Department

Department

Precinct/Barracks

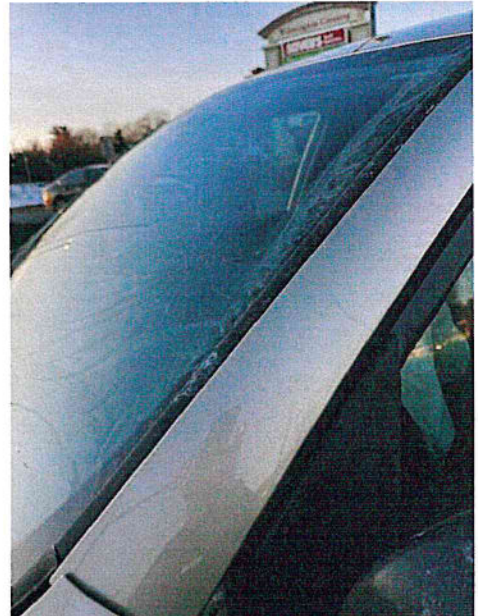
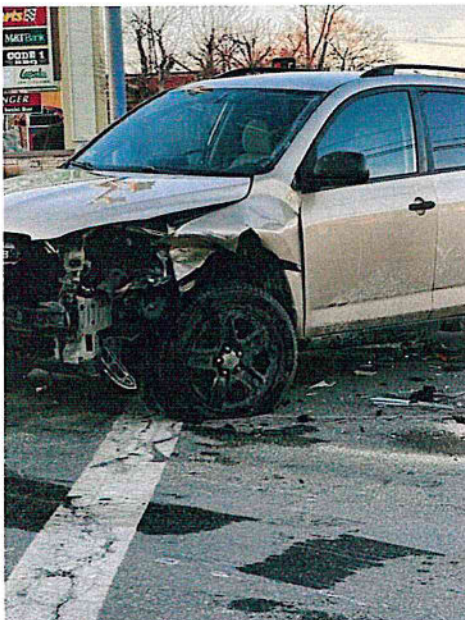
02/05/2025

Date

Wilmington Police Department
Images Associated with 25-43-AC



Wilmington Police Department
Images Associated with 25-43-AC



Wilmington Police Department
Images Associated with 25-43-AC



Attachments for 25-43-AC	
Description	Type
TOYT INVENTORY	PDF
Attachment#: 9F29973D1B324726885F8284F7A37267	
CHRY INVENTORY	PDF
Attachment#: D087247741A1403095F592FF9BF35328	

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 02/05/2025	Time of Crash 2105 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 25	State Police Local Police MBTA Police Campus Police Other:		
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
Route# Direction Name of Roadway/Street At			Route# Direction Address # Name of Roadway/Street 211 LOWELL ST							
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			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							
Route# Direction Name of Intersecting Roadway/Street			Landmark							
Please Select One of the Following: ☒ Vehicle 1 #Occupants ☐ Hit/Run ☐ Moped			Crash Report ID# 25-44-AC							
License # St JOB/Age Sex M Lic. Class 19 19 Lic. Restrictions 1 20 CDL Endorsement			Reg # 4249984 Reg Type PC Reg State NH							
Operator SPURRELL, PAUL FRANCIS Last First Middle			Veh Year 2017 Veh Make CHEVROLET Veh Config. 1 21							
Owner SPURRELL, PAUL FRANCIS Last First Middle			Address 39L BEACON HILL RD							
City DERRY State NH Zip 03038			City DERRY State NH Zip 03038							
Insurance Company			Vehicle Action Prior to Crash 2 22							
Vehicle Travel Direction: N S X 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 34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code Medical Facility							
Operator See Above			1 1 4 0 0 10 1							
Please Select One of the Following: ☒ Vehicle 2 #Occupants ☐ Hit/Run ☐ Moped ☐ Vulnerable User Complete the Vulnerable User section.			Reg # 3VEE58 Reg Type PC Reg State MA							
License # St JOB/Age Sex M Lic. Class 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2019 Veh Make MITSUBISHI Veh Config. 1 21							
Operator ALVES DE OLIVEIRA, REGINALDO Last First Middle			Owner MOREIRA DE SOUZA ALV, GEIZIENE AUGUSTA Last First Middle							
Address 57 GARDEN RD APT B			Address 17 BOWDITCH RD APT 2							
City PEABODY State MA Zip 01960-3045			City PEABODY State MA Zip 01960							
Insurance Company SAFETY INSURANCE COMPANY			Vehicle Action Prior to Crash 1 22							
Vehicle Travel Direction: N S X 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 19 25 25							
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Distracted by 99 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 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

→ ○

→ ○

211 Lowell Street

If Crash Did Not Occur
on a Public Way:

- ☐ Off-Street Parking Lot
- ☐ Garage
- ☐ Mall/Shopping Center
- ☐ Other Private Way

Indicate North by Arrow



Woburn Street intersection →



Crash Narrative:

Vehicle 1 was stopped in traffic at a red light in the area of 211 Lowell Street near the Woburn Street intersection. Vehicle 2 was traveling in the same direction approaching the intersection. According to the operator of vehicle 2, he was not paying attention and didnt realized vehicle 1 was now stopped in traffic. Vehicle 2 attempted to brake when he realized but collided with the rear of vehicle 1. Vehicle 2 suffered heavy damage to its front which caused front airbag deployment. Vehicle 1 suffered minor damage to its rear and did not have airbag deployment. Neither operator was injured as a result of the accident and vehicle 2 was towed from the scene by Forrest Towing. Vehicle 1 was still in driveable condition after the 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 Thomas Lawrenson 222 Wilmington Police Department 02/05/2025
Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Attachments for 25-44-AC	
Description	Type
PF SPURRELL OPER CRASH RPT	PDF
Attachment#: A9335F4F8BF34515ACDFA0ACFFEA8980	

Police Use Only			Commonwealth of Massachusetts				RMV Document Number												
Date of Crash 02/07/2025	Time of Crash 1243 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 25 Latitude Longitude	State Police Local Police MBTA Police Campus Police Other:										
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:														
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street																
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																			
Please Select One of the Following:			☒ Vehicle 12 #Occupants			☐ Hit/Run			☐ Moped			Crash Report ID# 25-45-AC							
License #			JOB/Ag			Reg # 4JTA77			Reg Type PC			Reg State MA							
Sex F Lic. Class D 19 19			Lic. Restrictions B 20			Veh Year 2008			Veh Make HONDA			Veh Config. 1 21							
Operator MALDONADO, ALEXANDRA M			Owner MALDONADO, ALEXANDRA M																
Address 48 ROCK ST			Address 48 ROCK ST																
City LOWELL State MA Zip 01854-4315			City LOWELL State MA Zip 01854-4315																
Insurance Company GREEN MOUNTAIN INSURANCE			Vehicle Action Prior to Crash 4 22			Damaged Area Code: 7 27 27 27													
Vehicle Travel Direction: N S X W			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			Driver Contributing Code 4 25 25			BAC Test Result: 1 30													
Viol. 2: Ch/Sec/Sub			Driver Distracted by 0 26 26			Susp. Alcohol: 2 31			Susp. Drug: 2 32										
Viol. 3: Ch/Sec/Sub						Towed from scene? 1 33													
Viol. 4: Ch/Sec/Sub																			
Please fill out for operator and all occupants involved																			
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							
DEZMIN GUZMAN		48 ROCK ST LOWELL, MA 01854			M	3	1	4	0	0	10	1							
Please Select One of the Following:												☒ Vehicle 22 #Occupants		☐ Hit/Run		☐ Moped		☐ Vulnerable User Complete the Vulnerable User section.	
License #												JOB/Ag		Reg # 2CJB88		Reg Type PC		Reg State MA	
Sex F Lic. Class D 19 19												Lic. Restrictions 1 20		Veh Year 2009		Veh Make CHEVROLET		Veh Config. 1 21	
Operator HAUGHT, JESSICA SARAH												Owner HAUGHT, PAUL JR							
Address 28 GEORGE BROWN ST												Address 28 GEORGE BROWN ST							
City BILLERICA State MA Zip 01821												City BILLERICA State MA Zip 01821-2260							
Insurance Company THE COMMERCE INSURANCE CO												Vehicle Action Prior to Crash 1 22		Damaged Area Code: 1 27 8 27 27					
Vehicle Travel Direction: N S E X												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												Driver Contributing Code 1 25 25		BAC Test Result: 1 30					
Viol. 2: Ch/Sec/Sub												Driver Distracted by 0 26 26		Susp. Alcohol: 2 31		Susp. Drug: 2 32			
Viol. 3: Ch/Sec/Sub														Towed from scene? 2 33					
Viol. 4: Ch/Sec/Sub																			
Please fill out for operator and all occupants involved																			
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							
KEVIN ALLAIN		292 MIDDLESEX AVE WILMINGTON, MA 01887			M	3	1	4	0	0	10	1							

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



230
Lowell
Street



Lowell
Street



Crash Narrative:

Vehicle 1 (V1) was exiting the driveway of 230 Lowell Street making a left to travel eastbound on Lowell Street. Vehicle 2 (V2) was traveling westbound on Lowell Street. V1 pulled out onto Lowell Street into the westbound travel lane in front of V2 to make the left turn. V1 and V2 collided in the westbound travel lane of Lowell Street. No airbags were deployed in either vehicle. Both operators and all passengers denied medical attention. V1 was privately towed and V2 was driven from the scene. V1 sustained damage to the left side and V2 sustained damage to the left front.

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

Police Officer Name (Please Print)

Signature

217

ID/Badge #

Wilmington Police Department

Department

Precinct/Barracks

02/07/2025

Date

Wilmington Police Department
Images Associated with 25-45-AC

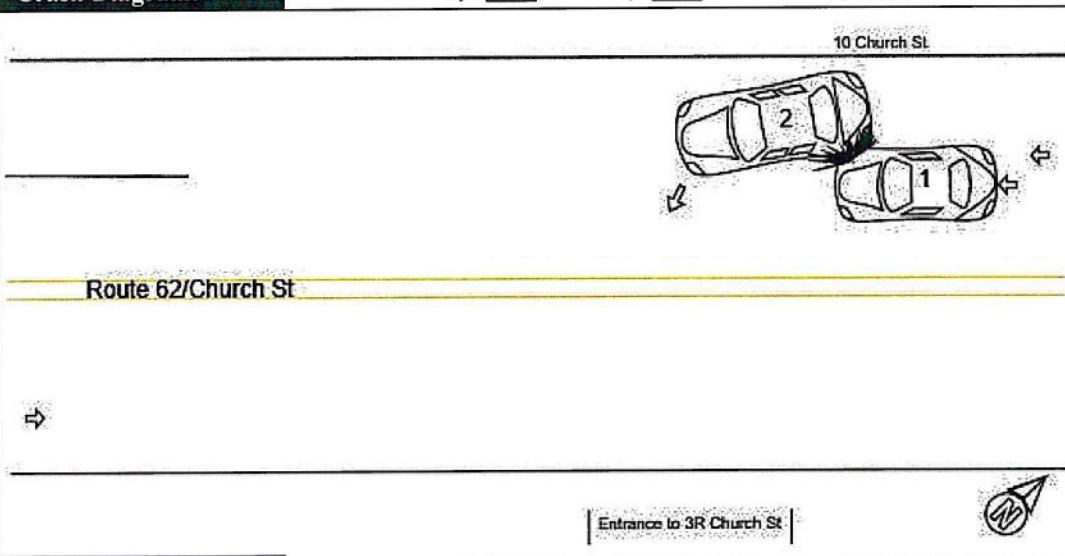


Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 02/07/2025	Time of Crash 1430 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 25	State Police Local Police MBTA Police Campus Police Other: ☐		
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street					2 10		
At			Feet N S E W of or 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# 25-46-AC	
License S DOB/Age			Reg # 2RXA47		Reg Type PC		Reg State MA		1 12	
Sex F Lic. Class 19 19 Lic. Restrictions B 20 CDL Endorsement			Veh Year 2019		Veh Make HONDA		Veh Config. 1 21		1 13	
Operator SAAB, SARA MARIA			Owner SAAB, SARA MARIA							
Address 35 PILGRIM CIR			Address 35 PILGRIM CIR							
City METHUEN State MA Zip 01844-5725			City METHUEN State MA Zip 01844-5725							
Insurance Company THE HANOVER INSURANCE COM			Vehicle Action Prior to Crash 1 22		Damaged Area Code: 2 27 27 27					
Vehicle Travel Direction: N S E X Responding to Emergency? 2			Event Sequence 1 23 23 23 23		Test Status: 1 28					
Citation # (If Issued)			Most Harmful Event 1 24		Type of Test: 29					
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Driver Contributing Code 4 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					
Please fill out for operator and all occupants involved			DOB/Age		Sex		34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code		Medical Facility	
Operator			See Above		X		1 99 4 0 0 10 1			
Please Select One of the Following:			☒ Vehicle 2 #Occupants		☐ Hit/Run		☐ Moped		☐ Vulnerable User Complete the Vulnerable User section.	
License S DOB/Age			Reg # 6CF813		Reg Type PC		Reg State MA		1 14	
Sex M Lic. Class 19 19 Lic. Restrictions B 20 CDL Endorsement			Veh Year 2012		Veh Make NISSAN		Veh Config. 1 21			
Operator COLLEAMENO, DAVID			Owner COLLEAMENO, DAVID							
Address 16 BIGGAR AVE			Address 16 BIGGAR AVE							
City WILMINGTON State MA Zip 01887-4001			City WILMINGTON State MA Zip 01887-4001							
Insurance Company THE HANOVER INSURANCE COM			Vehicle Action Prior to Crash 4 22		Damaged Area Code: 7 27 27 27					
Vehicle Travel Direction: N S E X Responding to Emergency? 2			Event Sequence 1 23 23 23 23		Test Status: 1 28					
Citation # (If Issued)			Most Harmful Event 1 24		Type of Test: 29					
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Driver Contributing Code 97 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					
Please fill out for operator and all occupants involved			DOB/Age		Sex		34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code		Medical Facility	
Operator/Occupants			See Above		X		1 99 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:

MV1 AND MV 2 WERE TRAVELING WEST ON ROUTE 62/CHURCH ST. MV1 WAS TRAVELING BEHIND MV2. MV2 WENT TO TAKE A LEFT TURN INTO THE ENTRANCE OF 3R CHURCH ST. MV1 WAS GETTING INTO THE UPCOMING LEFT LANE TO TAKE A LEFT AT THE TRAFFIC SIGNAL ONTO ROUTE 38/MAIN STREET. THE FRONT RIGHT FENDER OF MV1 STRUCK THE REAR LEFT TIRE WELL AREA OF MV2. MV1 HAD DAMAGE TO THE FRONT RIGHT OF THE VEHICLE, JUST BELOW THE HEADLIGHT. MV2 HAD DAMAGE IN THE AREA OF THE DRIVERS SIDE REAR TIRE WELL. NO AIRBAGS, NO INJURIES, NO TOWS.

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 Kayla M Hanson

230

Wilmington Police Department

02/07/2025

Police Officer Name (Please Print)

Signature

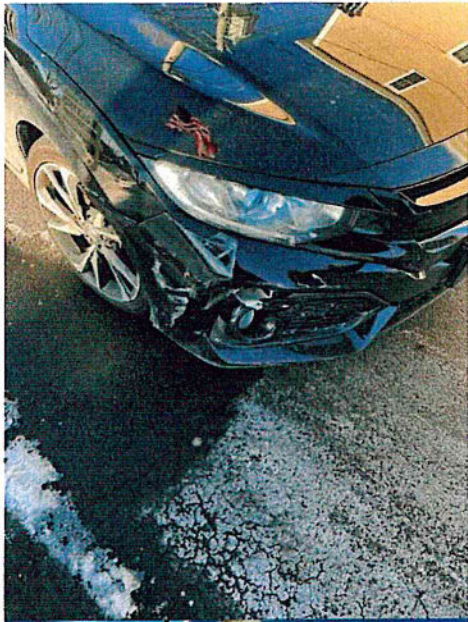
ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department
Images Associated with 25-46-AC



Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash
02/07/2025

Time of Crash
1430
24HR

City/Town
Wilmington

Motor Vehicle Crash
Police Report

Number Vehicles
2

Number Injured
0

Speed Limit 25
Latitude _____
Longitude _____

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

AT INTERSECTION:

< LOCATION >

NOT AT INTERSECTION:

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

Route# _____ Direction _____ Name of Intersecting Roadway/Street _____
Also at Intersection with _____

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

Route# 10 Direction _____ Address # _____ Name of Roadway/Street CHURCH 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# **25-46-AC**

License # _____ St _____ DOB/Age _____

Sex F Lic. Class D 19 19 Lic. Restrictions B 20 CDL _____
Endorsement _____Operator SAAB, SARA MARIA
Last First MiddleAddress 35 PILGRIM CIRCity METHUEN State MA Zip 01844-5725Insurance Company THE HANOVER INSURANCE COMVehicle Travel Direction: N S E ☒ 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 # 2RKA47 Reg Type PC Reg State MAVeh Year 2019 Veh Make HONDA Veh Config. 1 21Owner SAAB, SARA MARIA
Last First MiddleAddress 35 PILGRIM CIRCity METHUEN State MA Zip 01844-5725Vehicle Action Prior to Crash 1 22 Damaged Area Code: 2 27 27 27Event Sequence 1 23 23 23 23 Test Status: 1 28Most Harmful Event 1 24 Type of Test: 29Driver Contributing Code 4 25 25 BAC Test Result: 30Driver Distracted by 99 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	☒	☒	<u>1</u>	<u>99</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 _____☐ Hit/Run☐ Moped☐ Vulnerable User Complete the Vulnerable User section.

License # _____ St _____ DOB/Age _____

Sex M Lic. Class D 19 19 Lic. Restrictions B 20 CDL _____
Endorsement _____Operator COLLEAMENO, DAVID
Last First MiddleAddress 16 BIGGAR AVECity WILMINGTON State MA Zip 01887-4001Insurance Company THE HANOVER INSURANCE COMVehicle Travel Direction: N S E ☒ 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 # 6CF813 Reg Type PC Reg State MAVeh Year 2012 Veh Make NISSAN Veh Config. 1 21Owner COLLEAMENO, DAVID
Last First MiddleAddress 16 BIGGAR AVECity WILMINGTON State MA Zip 01887-4001Vehicle Action Prior to Crash 4 22 Damaged Area Code: 7 27 27 27Event Sequence 1 23 23 23 23 Test Status: 1 28Most Harmful Event 1 24 Type of Test: 29Driver Contributing Code 97 25 25 BAC Test Result: 30Driver Distracted by 99 26 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32Towed from scene? 2 33

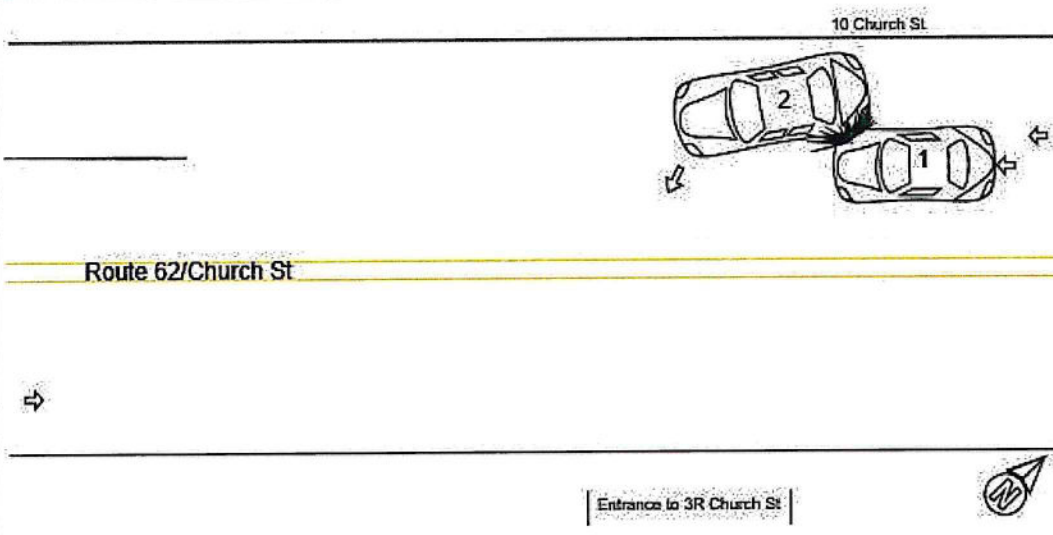
Please fill out for operator and all occupants involved

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	☒	☒	<u>1</u>	<u>99</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	

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

Crash Diagram:

ie: → 1 → 2 → O → B



If Crash Did Not Occur on a Public Way:

- ☐ Off-Street Parking Lot
- ☐ Garage
- ☐ Mall/Shopping Center
- ☐ Other Private Way

Indicate North by Arrow



Crash Narrative:

MV1 AND MV 2 WERE TRAVELING WEST ON ROUTE 62/CHURCH ST. MV1 WAS TRAVELING BEHIND MV2. MV2 WENT TO TAKE A LEFT TURN INTO THE ENTRANCE OF 3R CHURCH ST. MV1 WAS GETTING INTO THE UPCOMING LEFT LANE TO TAKE A LEFT AT THE TRAFFIC SIGNAL ONTO ROUTE 38/MAIN STREET. THE FRONT RIGHT FENDER OF MV1 STRUCK THE REAR LEFT TIRE WELL AREA OF MV2. MV1 HAD DAMAGE TO THE FRONT RIGHT OF THE VEHICLE, JUST BELOW THE HEADLIGHT. MV2 HAD DAMAGE IN THE AREA OF THE DRIVERS SIDE REAR TIRE WELL. NO AIRBAGS, NO INJURIES, NO TOWS.

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 Kayla M Hanson

230

Wilmington Police Department

02/07/2025

Police Officer Name (Please Print)

Signature

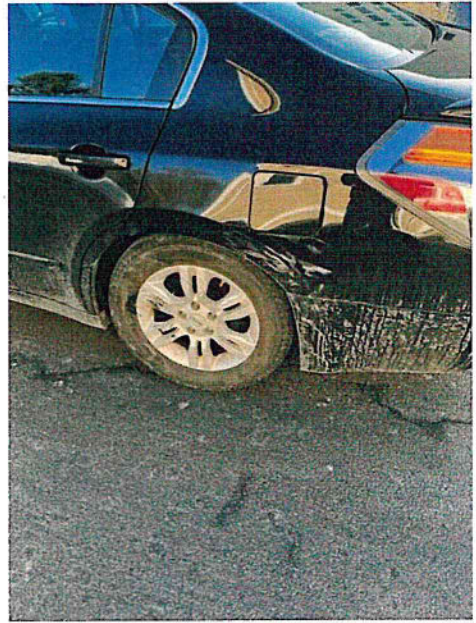
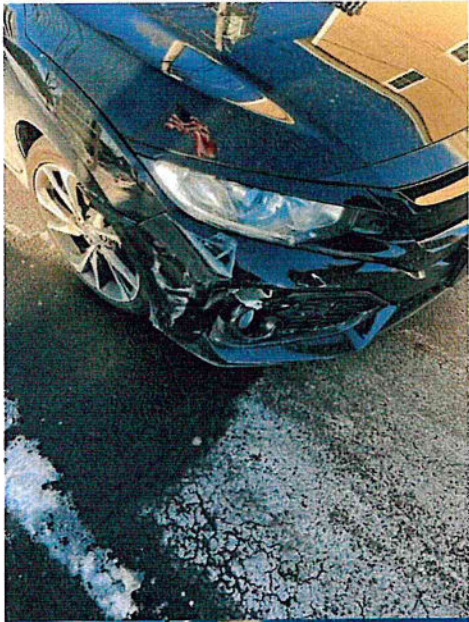
ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department
Images Associated with 25-46-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number																						
Date of Crash 02/08/2025	Time of Crash 2304 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 1	Number Injured 0	Speed Limit 20	State Police Local Police MBTA Police Campus Police Other:																					
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:																								
Route# Direction Name of Roadway/Street At			Route# Direction Address # Name of Roadway/Street 11 CHESTNUT ST																										
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			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																										
Route# Direction Name of Intersecting Roadway/Street			Landmark																										
Please Select One of the Following: ☒ Vehicle 1 Occupants ☐ Hit/Run ☐ Moped			Crash Report ID# 25-47-AC																										
License # SA9940088 St MA DOB/Age 06/05/2006 Sex M Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement Operator VALDIVIESO, AMILCAR E Address 91A WEST ST City WILMINGTON State MA Zip 01887-3042 Insurance Company SAFETY INSURANCE COMPANY 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 # 5RVA59 Reg Type PC Reg State MA Veh Year 2014 Veh Make HONDA Veh Config. 1 Owner VALDIVIESO, WALTER AMICLAR Address 91A WEST ST City WILMINGTON State MA Zip 01887-3042 Vehicle Action Prior to Crash 1 Event Sequence 31 23 23 23 23 Most Harmful Event 31 24 Driver Contributing Code 1 25 25 Driver Distracted by 0 26 26 Damaged Area Code: 2 27 27 27 Test Status: 1 28 Type of Test: 29 BAC Test Result: 1 30 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Towed from scene? 1 33																										
Please fill out for operator and all occupants involved			DOB/Age Sex 34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code Medical Facility																										
Operator			See Above			1			1			4			0			0			10			1					
Operator			See Above			1			1			4			0			0			10			1					
Operator			See Above			1			1			4			0			0			10			1					
Operator			See Above			1			1			4			0			0			10			1					
Please Select One of the Following: ☐ Vehicle 2 Occupants ☐ Hit/Run ☐ Moped ☐ Vulnerable User Complete the Vulnerable User section.																													
License # St DOB/Age 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			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					
Operator/Occupants			See Above			1			1			4			0			0			10			1					
Operator/Occupants			See Above			1			1			4			0			0			10			1					
Operator/Occupants			See Above			1			1			4			0			0			10			1					

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:

MV1 was traveling NB on Chestnut ST. While traveling NB MV1 started to slide off the road due to heavy snow on the ground. MV1 hit the mailbox of 12 Chestnut and the adjacent utility pole. There was no pole number on the pole and there was minor damage to the pole as a result of the impact.

Witnesses:

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

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
HO VU ANH	12 CHESTNUT ST WILMINGTON MA 01887			MAILBOX

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

214

Wilmington Police Department

02/08/2025

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date