

Police Use Only			Commonwealth of Massachusetts				RMV Document Number										
Date of Crash 02/10/2025	Time of Crash 1537 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				BALLARDVALE ST										
At			Feet N S E W of				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:			<input checked="" type="checkbox"/> Vehicle 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Crash Report ID# 25-48-AC					
License # S DOB/Age			Reg # 6ZS774				Reg Type PC				Reg State MA						
Sex M Lic. Class 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2016 Veh Make RAM				Veh Config. 2 21										
Operator BRANDL, JEREMY F			Owner BRANDL, JEREMY F														
Address 10 IRENE AVE			Address 10 IRENE AVE														
City BILLERICA State MA Zip 01821-5015			City BILLERICA State MA Zip 01821-5015														
Insurance Company THE STANDARD FIRE INSURAN			Vehicle Action Prior to Crash 2 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																	
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:			<input checked="" type="checkbox"/> Vehicle 23 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			<input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.					
License S DOB/Age			Reg # 8HH168				Reg Type PC				Reg State MA						
Sex M Lic. Class 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2018 Veh Make AUDI				Veh Config. 1 21										
Operator CHI, XIAOMING			Owner CHI, XIAOMING														
Address 184 SOUTH ST			Address 184 SOUTH ST														
City TEWKSBURY State MA Zip 01876-4233			City TEWKSBURY State MA Zip 01876-4233														
Insurance Company AMERICAN FAMILY CONNECT P			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 5 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					

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○

193

Ballardvale 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 Monday, February 10, 2025 at approximately 3:57PM V1 was traveling south on Ballardvale ST. V1 rapidly pressed on its brakes when another vehicle cut into the same lane and pressed on their brakes unexpectedly causing V1 to brake. V2 was traveling behind V1 and when V1 pressed on their brakes, V2 pressed on their brakes and struck the back of V1 causing damage to their front and the rear bumper of V1. I met with both drivers at 1 Avalon drive, V1 was driven by Jeremy Brandl. V2 was driven by Xiaoming Chi, with Kaylee Chi and Kathy Chi as rear passengers. Medical attention was declined and both vehicles were able to be driven from the scene.

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

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

Hazmat Information:

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

Patrol Officer Caleb A Wiig

Police Officer Name (Please Print)

Signature

237

ID/Badge #

Wilmington Police Department

Department

Precinct/Barracks

02/10/2025

Date

Wilmington Police Department
Images Associated with 25-48-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 02/11/2025	Time of Crash 0555 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 30	State Police <input type="checkbox"/>	Local Police <input checked="" type="checkbox"/>	MBTA Police <input type="checkbox"/>	Campus Police <input type="checkbox"/>	Other <input type="checkbox"/>	
AT INTERSECTION:			< LOCATION >			NOT AT INTERSECTION:								
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street			2 10								
At			279 BALLARDVALE ST											
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:			<input checked="" type="checkbox"/> Vehicle 1 Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Crash Report ID# 25-49-AC		
License # St DOB/Age			Reg # 77TJ87 Reg Type PC Reg State MA			1 12								
Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement			Veh Year 2018 Veh Make CHEVROLET Veh Config. 1											
Operator LANDER, GORDON E JR			Owner LANDER, GORDON E JR											
Address 17 QUEENSLAND RD			Address 17 QUEENSLAND RD											
City NORTH BILLERICA State MA Zip 01862-3042			City NORTH BILLERICA State MA Zip 01862-3042											
Insurance Company THE COMMERCE INSURANCE CO			Vehicle Action Prior to Crash 2			Damaged Area Code: 4 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			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			1 13					
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		See Above				1	1	4	0	0	10	1		
Please Select One of the Following:														
<input checked="" type="checkbox"/> Vehicle 2 Occupants														
<input type="checkbox"/> Hit/Run														
<input type="checkbox"/> Moped														
<input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.														
License # St DOB/Age														
Reg # 5380060 Reg Type PC Reg State NH														
Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement														
Veh Year 2009 Veh Make BMW Veh Config. 1														
Operator LANG, MATTHEW ROBERT														
Owner LANG, MATTHEW ROBERT														
Address 4 HEIDI LN														
Address 4 HEIDI LN														
City NASHUA State NH Zip 030621375														
City NASHUA State NH Zip 030621375														
Insurance Company PLYMOUTH ROCK														
Vehicle Action Prior to Crash 1														
Damaged Area Code: 1 27 27 27														
Event Sequence 1 23 23 23 23														
Test Status: 1 28														
Type of Test: 0 29														
Most Harmful Event 1 24														
BAC Test Result: 1 30														
Driver Contributing Code 19 25 25														
Susp. Alcohol: 2 31 Susp. Drug: 2 32														
Driver Distracted by 0 26 26														
Towed from scene? 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	4	0	0	10	1		

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○

<p>326 Ballardvale</p>		<p>If Crash Did Not Occur on a Public Way:</p> <p><input type="checkbox"/> Off-Street Parking Lot</p> <p><input type="checkbox"/> Garage</p> <p><input type="checkbox"/> Mall/Shopping Center</p> <p><input type="checkbox"/> Other Private Way</p> <p>Indicate North by Arrow</p> <div style="text-align: center;"> </div>
----------------------------	--	---

Crash Narrative:

On Tuesday, February 11, 2025, at approximately 5:55AM, Vehicle 1 was traveling west on Ballardvale street in the area of 326. Vehicle 1 slowed down to allow a vehicle to make a turn into the driveway of 326 Ballardvale St. At this point Vehicle 2 collided with the rear of vehicle 1 causing damage to both vehicles.

Vehicle 1 was able to be driven from the scene and vehicle 2 was towed by Forrest Towing.

All parties signed refusals with the Wilmington Fire Department.

Photos attached.

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

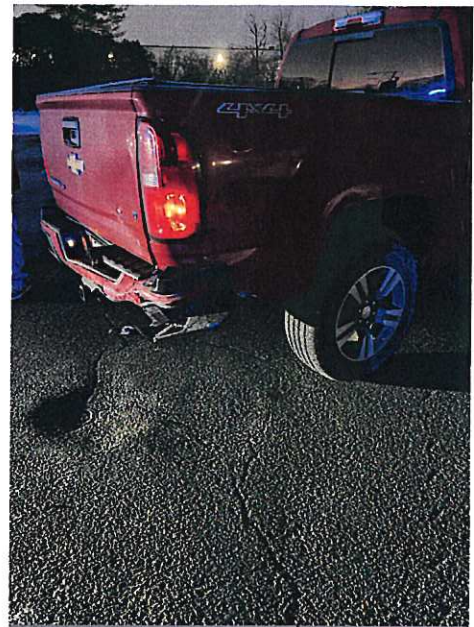
Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 46

Hazmat Information:

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

Patrol Officer Christopher k Miccichi 232 Wilmington Police Department 02/11/2025
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

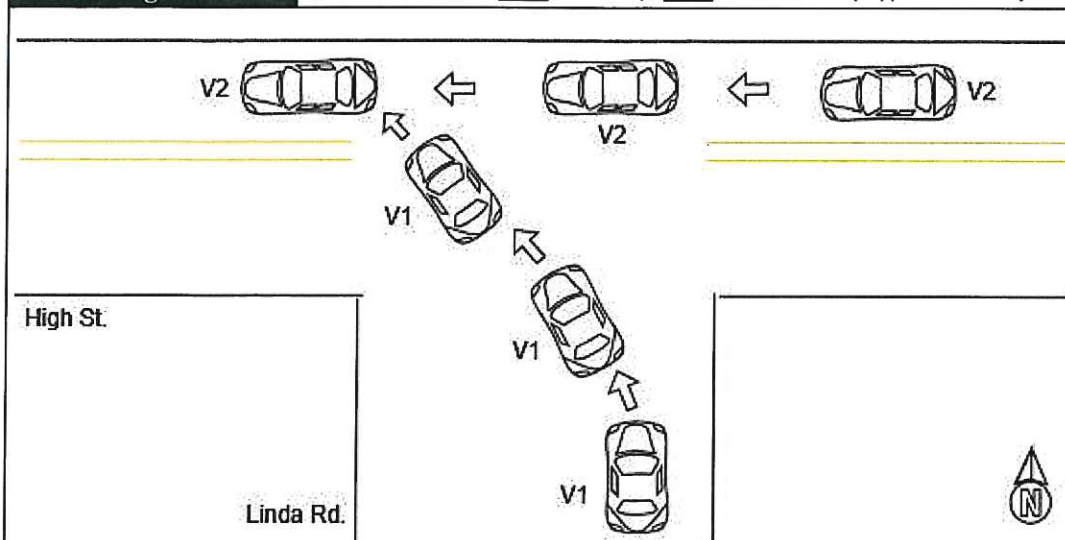
Wilmington Police Department
Images Associated with 25-49-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number																																																																												
Date of Crash 02/11/2025	Time of Crash 0723 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 HIGH ST			Route# Direction Address # Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street																																																																													
At			Feet N S E W of or			Feet N S E W of or																																																																													
Route# Direction LINDA RD			Name of Intersecting Roadway/Street			Mile Marker Exit Number																																																																													
Also at Intersection with			Feet N S E W of			Route# Intersecting Roadway/Street																																																																													
Route# Direction			Name of Intersecting Roadway/Street			Landmark																																																																													
Please Select One of the Following:			<input checked="" type="checkbox"/> Vehicle 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Crash Report ID# 25-50-AC																																																																							
License #			St. DOB/Ag			Reg # 2GEC26			Reg Type PC			Reg State MA																																																																							
Sex F Lic. Class D 19 19			Lic. Restrictions 1 20			Veh Year 2010			Veh Make HYUNDAI			Veh Config. 1 21																																																																							
Operator CALVONI, KARIANNE ROSE			Last First Middle			Owner CALVONI, PATRICK JOSEPH			Last First Middle																																																																										
Address 3 CAROLYN RD			City WILMINGTON			State MA			Zip 01887-1424			City WILMINGTON																																																																							
Insurance Company THE STANDARD FIRE INSURAN			Vehicle Action Prior to Crash 6 22			Damaged Area Code: 1 27 2 27 27			Test Status: 1 28			Type of Test: 0 29																																																																							
Vehicle Travel Direction: N S E X Responding to Emergency? 2			Event Sequence 1 23 23 23 23			Most Harmful Event 1 24			BAC Test Result: 1 30			Susp. Alcohol: 2 31 Susp. Drug: 2 32																																																																							
Citation # (If Issued)			Driver Contributing Code 4 25 25			Driver Distracted by 0 26 26			Towed from scene? 2 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		See Above		X		X		1		1		4		0		0		10		1																																																															
Please Select One of the Following:												<input checked="" type="checkbox"/> Vehicle 21 #Occupants												<input type="checkbox"/> Hit/Run												<input type="checkbox"/> Moped												<input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.																																			
License #												St. DOB/Ag												Reg # 5756HD												Reg Type PC												Reg State MA																																			
Sex F Lic. Class D 19 19												Lic. Restrictions B 20												Veh Year 2016												Veh Make SUBARU												Veh Config. 1 21																																			
Operator MCMAHON, PAMELA MARIE												Last First Middle												Owner MCMAHON, PAMELA MARIE												Last First Middle																																															
Address 289 FRANKLIN ST												City READING												State MA												Zip 01867-1032												City READING												State MA												Zip 01867-1032											
Insurance Company THE COMMERCE INSURANCE CO												Vehicle Action Prior to Crash 1 22												Damaged Area Code: 6 27 27 27												Test Status: 1 28												Type of Test: 0 29																																			
Vehicle Travel Direction: N S E X Responding to Emergency? 2												Event Sequence 1 23 23 23 23												Most Harmful Event 1 24												BAC Test Result: 1 30												Susp. Alcohol: 2 31 Susp. Drug: 2 32																																			
Citation # (If Issued)												Driver Contributing Code 1 25 25												Driver Distracted by 0 26 26												Towed from scene? 2 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		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:

V1 was exiting Linda Rd and turning left onto High St. As V1 was entering the travel lane, it collided with V2, which was traveling west on High St (towards Rt 62). The operator of V1 stated that she believed she had enough time to enter the travel lane before V2 completely passed her. She admitted that she may have attempted to enter High St too early, which caused the collision. V1 sustained minor front-end damage and V2 sustained minor left rear end damage. Both operators were the lone occupants of their vehicles and both denied medical attention. Neither vehicle was towed.

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 W Powers

Police Officer Name (Please Print)

Signature

231

ID/Badge #

Wilmington Police Department

Department

Precinct/Barracks

02/11/2025

Date

Wilmington Police Department
Images Associated with 25-50-AC



Police Use Only		Commonwealth of Massachusetts										RMV Document Number											
Date of Crash 02/12/2025		Time of Crash 2217 24HR		City/Town Wilmington		Motor Vehicle Crash Police Report										Number Vehicles 1		Number Injured 0		Speed Limit 30		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 . or 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: <input checked="" type="checkbox"/> Vehicle 1 #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped						Crash Report ID# 25-51-AC																	
License S DOB/Age Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement Operator JENKINS, NATHAN T Address 26 LUND ST City NASHUA State NH Zip 03060 Insurance Company Vehicle Travel Direction: N S E W Responding to Emergency? 2 Citation # (If Issued) T3378714 Viol. 1: Ch/Sec/Sub 89 9 Viol. 2: Ch/Sec/Sub 89 4A Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Reg # 5441571 Reg Type PC Reg State NH Veh Year 2009 Veh Make ACURA Veh Config 1 21 Owner JENKINS, NATHAN T Address 26 LUND ST City NASHUA State NH Zip 03060 Vehicle Action Prior to Crash 1 22 Event Sequence 21 23 23 23 23 Most Harmful Event 21 24 Driver Contributing Code 3 25 25 Driver Distracted by 99 26 26 Damaged Area Code: 8 27 27 27 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? 1 33																	
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						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						Operator See Above																	
Please Select One of the Following: <input type="checkbox"/> Vehicle 2 #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped <input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.						Please Select One of the Following: <input type="checkbox"/> Vehicle 2 #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped <input type="checkbox"/> 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						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						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						Operator/Occupants See Above																	

→ = 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

Tree

Woburn Street

West Street

N

Crash Narrative:

Vehicle was traveling westbound on West Street. The vehicle reaches the intersection of West Street with Woburn Street, continues to travel straight across both travel lanes of Woburn Street, then leaving the roadway and striking a tree. Both front and side airbags deployed. The operator signed a medical refusal with the Wilmington Fire Department. The vehicle was towed by A&S Towing to the yard. The vehicle sustained heavy damage to the front left side wheel and left side. See report 25-175-OF for further details. Operator cited for 89/9 and 89/4A.

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

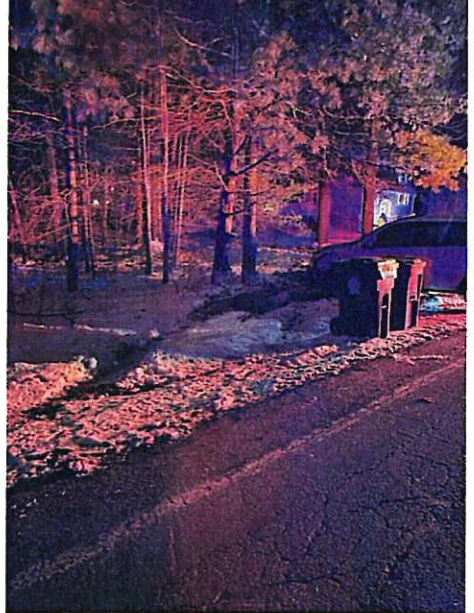
Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length ☐ 46

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 02/12/2025
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Images Associated with 25-51-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 02/14/2025	Time of Crash 1418 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 Route# Direction GROVE AVE At Route# Direction MAIN ST Name of Intersecting Roadway/Street Also at Intersection with 2 Route# Direction Name of Intersecting Roadway/Street			2 10 Route# Direction Address # Name of Roadway/Street Feet N S E W of Mile Marker Exit Number 3 11 Feet N S E W of Route# Intersecting Roadway/Street Landmark							
3 Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 1 #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped			Crash Report ID# 25-52-AC							
4 License St DOB/Age Sex F Lic. Class 19 19 Lic. Restrictions B 20 CDL Endorsement Operator BABIRYE, SHADIAH NSEGUMIRE Address 5 VERNON ST City TEWKSBURY State MA Zip 01876-4436 Insurance Company FARMERS PROPERTY & CASUAL 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			1 12 Reg # 5GKF32 Reg Type PC Reg State MA Veh Year 2011 Veh Make TOYOTA Veh Config. 1 Owner NAMISANVU, NORINE Address 5 VERNON ST City TEWKSBURY State MA Zip 01876-4436 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: 4 27 27 27 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? 1 33							
6 Please fill out for operator and all occupants involved			1 13							
Operator			See Above							
7 Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 21 #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped <input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.			1 14							
8 License St DOB/Age Sex M Lic. Class 19 19 Lic. Restrictions 1 20 CDL Endorsement Operator YILMAZ, OGUZHAN Address 1223 BOSTON RD City HAVERHILL State MA Zip 01835-8011 Insurance Company THE COMMERCE INSURANCE CO 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			1 14 Reg # 3RCN15 Reg Type PC Reg State MA Veh Year 2005 Veh Make TOYOTA Veh Config. 1 Owner YILMAZ, OGUZHAN Address 1223 BOSTON RD City HAVERHILL State MA Zip 01835-8011 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: 2 27 27 27 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							
9 Please fill out for operator and all occupants involved			1 14							
Operator/Occupants			See Above							

→ = 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 traveling northbound on Main Street approaching the intersection of Main St and Grove Ave. Vehicle 2 was traveling southbound on Main Street and proceeding straight through the intersection. V1 turned left from Main St onto Grove ave crossing V2 travel path. V2 struck V1 in the rear right side. V1 sustained damage to the right side and V2 sustained damage to the right front. No airbags were deployed and both operators declined medical attention. V1 was towed by Cains 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

Police Officer Name (Please Print)

Signature

217

ID/Badge #

Wilmington Police Department

Department

Precinct/Barracks

02/14/2025

Date

Wilmington Police Department
Images Associated with 25-52-AC

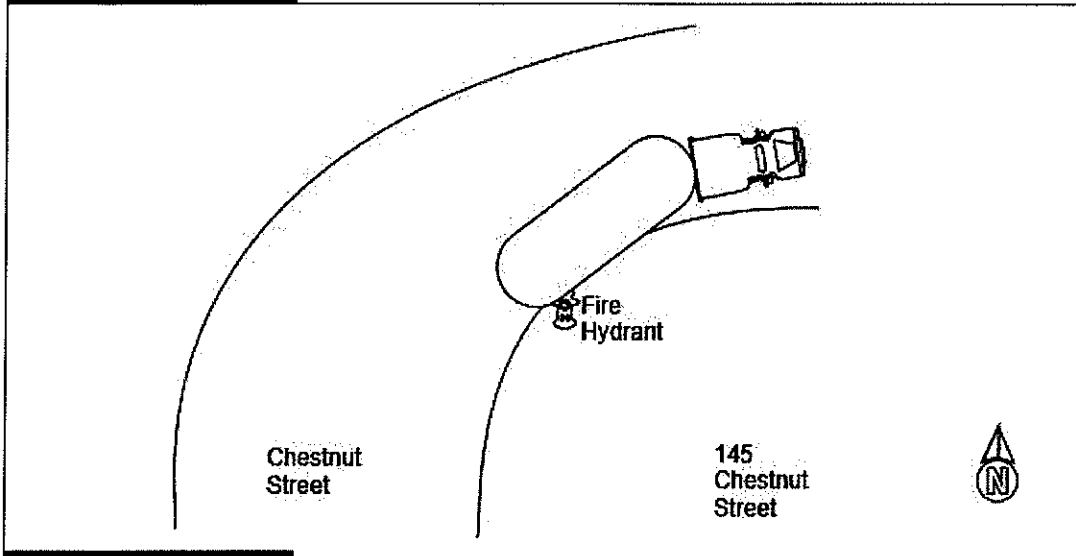


Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 02/14/2025	Time of Crash 1535 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report				Number Vehicles 1	Number Injured 0	Speed Limit 20	State Police Local Police MBTA Police Campus Police Other:
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:			
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street				145 CHESTNUT ST			
At			Feet N S E W of				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			Crash Report ID# 25-53-AC							
Please Select One of the Following:			<input checked="" type="checkbox"/> Vehicle 1 #Occupants				<input type="checkbox"/> Hit/Run			
			<input type="checkbox"/> Moped							
License # St DOB/Age			Reg # 3165165 Reg Type AP Reg State IN							
Sex M Lic. Class A 19 19 Lic. Restrictions B 20 CDL Endorsement			Veh Year 2022 Veh Make Freightliner Veh Config. 10 21							
Operator CONWAY, CODY MATTHEW			Owner SCHNEIDER NATIONAL CARRIERS INC							
Address 6478 BURLESON BLVD			Address 7101 W 17TH AVE							
City CRESTVIEW State FL Zip 32539			City GARY State IN Zip 46406							
Insurance Company OLD REPUBLIC INSURANCE CO			Vehicle Action Prior to Crash 1 22				Damaged Area Code: 0 27 27 27			
Vehicle Travel Direction: N X E W Responding to Emergency? 2			Event Sequence 35 23 23 23 23				Test Status: 1 28			
Citation # (If Issued)			Most Harmful Event 35 24				Type of Test: 0 29			
Viol. 1: Ch/Sec/Sub			Driver Contributing Code 9 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			
Operator			See Above				1 1 4 0 0 1 0 1			
Please Select One of the Following:			<input type="checkbox"/> Vehicle 2 #Occupants				<input type="checkbox"/> Hit/Run			
			<input type="checkbox"/> Moped				<input type="checkbox"/> 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			Owner							
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			Driver Contributing Code 25 25				BAC Test Result: 30			
Viol. 2: Ch/Sec/Sub			Driver Distracted by 26 26				Susp. Alcohol: 31 Susp. Drug: 32			
Viol. 3: Ch/Sec/Sub			Towed from scene? 33							
Viol. 4: Ch/Sec/Sub										
Please fill out for operator and all occupants involved										
Name (Last First Middle)			Address				DOB/Age Sex			
Operator/Occupants			See Above				1 1 4 0 0 1 0 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 was traveling on Chestnut Street in the area of 145 Chestnut Street. Vehicle began to navigate the sharp turn and side swiped the fire hydrant on the right side of the road. This caused no damage to the truck but the fire hydrant was turned almost 180 degrees. No injuries reported, vehicle sustained no damage.

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			FIRE HYDRANT

Truck and Bus Information:

Registration # **3165165** (From Vehicle Section)

Carrier Name **Schneider National Carriers In** Bus Use **0** ⁴²

Address **7101 W 17TH AVE** City **GARY** St **IN** Zip **46406**

US DOT #: **264184** State Number _____ Issuing State _____ MC/MX/ICC #: _____

Interstate **0** ⁴³ Cargo Body Type Code **97** ⁴⁴ GVWR/GCWR **3** ⁴⁵

Trailer Reg #: **PA43487** Reg Type **TR** Reg State **IN** Reg Year **2022** Trailer Length **4** ⁴⁶

Hazmat Information:

Placard **2** ⁴⁷ Material 1 digit # ⁴⁸ Material Name _____ Material 4 digit # _____ Release code ⁴⁹

Patrol Officer **Michael R DiLorenzo** 217 **Wilmington Police Department** 02/14/2025
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Images Associated with 25-53-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 02/14/2025	Time of Crash 1855 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 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 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:			<input checked="" type="checkbox"/> Vehicle 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Crash Report ID# 25-54-AC	
License # S JOB/Age			Reg # 1AU247M		Reg Type PC		Reg State ID			
Sex M Lic. Class 19 19 Lic. Restrictions 99 20 CDL Endorsement			Veh Year 2023		Veh Make TOYOTA		Veh Config. 1 21			
Operator FANTASIA, MARK A			Owner EAN HOLDINGS LLC							
Address 50 GROVE AVE			Address 600 E WATERTOWER ST APT F							
City WILMINGTON State MA Zip 01887-2036			City MERIDIAN State ID Zip 83642							
Insurance Company SELF INSURED			Vehicle Action Prior to Crash 1 22		Damaged Area Code: 2 27 27 27					
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> 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 2 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		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							
Please Select One of the Following:			<input checked="" type="checkbox"/> Vehicle 21 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		<input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.	
License: i St. DOB/Age			Reg # 4RLC74		Reg Type PC		Reg State MA			
Sex Lic. Class 19 19 Lic. Restrictions 99 20 CDL Endorsement			Veh Year 2008		Veh Make ACURA		Veh Config. 1 21			
Operator			Owner MURPHY, TERESA F							
Address			Address 23 LLOYD RD							
City State Zip			City WILMINGTON State MA Zip 01887-1730							
Insurance Company THE STANDARD FIRE INSURAN			Vehicle Action Prior to Crash 1 22		Damaged Area Code: 8 27 27 27					
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> 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		1 14			
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
 ie: → 1 → 2 → ○ → ○

Crash Diagram:

**Market Basket Lot
(260 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:

2/14/25 @1855hrs, dispatched to 260 Main St, in Market Basket Lot, for 2-car MVC, no injury reproted. OP2 stated, driving out of row and into lot right of way. OP2 stated MV1 was traveling at high rate of speed. MV2 was struck by MV1. OP1 stated traveling NB in lot right of way. MV2 did not stop for him exiting row. Stated MV2 did not stop at "stop sign". There are no stop sign at end of rows. Damage to MV1 to front pass side bumper. Very minor damage to MV2. MV1 parked in lot, safe location. Managed own tow. OP2 shaken up and picked up by parent. Leave MV2 in lot, family arrange to get MV2.

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

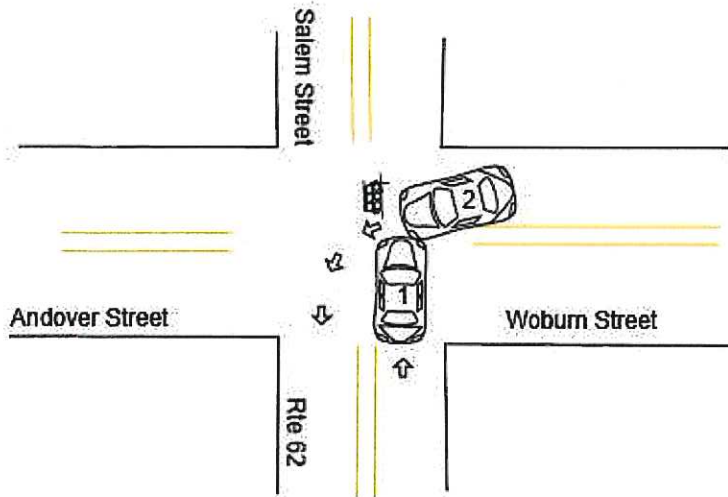
Patrol Officer Joseph A Fitzgerald 215 Wilmington Police Department 02/14/2025
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 02/14/2025	Time of Crash 1843 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 35	Latitude	Longitude	State Police Local Police MBTA Police Campus Police Other
AT INTERSECTION:			< LOCATION >			NOT AT INTERSECTION:					
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street								
At											
Route# Direction Name of Intersecting Roadway/Street			Route# Direction Address # Name of Roadway/Street								
Also at Intersection with											
Route# Direction Name of Intersecting Roadway/Street			Route# Direction Address # Name of Roadway/Street								
						Landmark					
Please Select One of the Following:			<input checked="" type="checkbox"/> Vehicle 1 #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped			Crash Report ID# 25-55-AC					
License # St DOB/Age			Reg # 729KP5 Reg Type PC Reg State MA								
Sex M Lic. Class D 19 19 Lic. Restrictions B 20 CDL Endorsement			Veh Year 2017 Veh Make TOYOTA Veh Config. 1 21								
Operator APICELLA, MICHAEL RICHARD			Owner APICELLA, MICHAEL RICHARD								
Address 1 OLD HASWELL PARK RD			Address 1 OLD HASWELL PARK RD								
City MIDDLETON State MA Zip 01949-2306			City MIDDLETON State MA Zip 01949-2306								
Insurance Company AMICA MUTUAL INSURANCE CO			Vehicle Action Prior to Crash 1 22			Damaged Area Code: 2 27 1 27 27					
Vehicle Travel Direction: N S X W Responding to Emergency? 2			Event Sequence 1 23 23 23 23			Test Status: 3 28					
Citation # (If Issued) 195599AD			Most Harmful Event 1 24			Type of Test: 2 29					
Viol. 1: Ch/Sec/Sub 90 24G Viol. 2: Ch/Sec/Sub 90 24E			Driver Contributing Code 10 25 25			BAC Test Result: 5 30					
Viol. 3: Ch/Sec/Sub 89 9 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						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 See Above											
Please Select One of the Following:			<input checked="" type="checkbox"/> Vehicle 2 #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped <input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.								
License # St DOB/Age			Reg # 4MGV17 Reg Type PC Reg State MA								
Sex F Lic. Class D 19 19 Lic. Restrictions 99 20 CDL Endorsement			Veh Year 2017 Veh Make KIA Veh Config. 1 21								
Operator STUART, BROOKE JORDAN			Owner STUART, BROOKE JORDAN								
Address 5 SEWELL RD			Address 5 SEWELL RD								
City WILMINGTON State MA Zip 01887-1417			City WILMINGTON State MA Zip 01887-1417								
Insurance Company ARBELLA MUTUAL INSURANCE			Vehicle Action Prior to Crash 4 22			Damaged Area Code: 8 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)			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					
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 ○ = 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:

V#1 was traveling eastbound on Rte 62 heading towards Salem Street. V#1 had a red light for his direction of travel to which he failed to stop for. V#2 was taking a left hand turn from Woburn Street, onto Rte 62. V#1 had a green light for her direction of travel. Due to V#1 failing to stop for the red light, both vehicles collided in the intersection. V#1 sustained front right damage. V#2 sustained front left damage. Both operators reported no injuries. The operator of V#1 was taken into police custody for operating under the influence (alcohol). Refer to 25-83-AR. Both vehicles were towed by Cains Towing.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
VALCOURT KIMBERLY	5 CHASE 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 Jonathan L Morales 224 Wilmington Police Department 02/14/2025
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Images Associated with 25-55-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 02/15/2025	Time of Crash 0957 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 10 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										
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Mile Marker Exit Number							
Also at Intersection with			Feet N S E W of Route# Intersecting Roadway/Street							
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Landmark							
Please Select One of the Following:			Crash Report ID# 25-56-AC							
<input checked="" type="checkbox"/> Vehicle 1 #Occupants			<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped							
License # St. JOB/Age			Reg # 3PVE16 Reg Type PC Reg State MA							
Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement			Veh Year 2006 Veh Make FORD Veh Config. 2							
Operate Last First Middle			Owner STAPLES, MELISSA A Last First Middle							
Address			Address 5 JEFFREY RD							
City Stat p			City NORTH READING State MA Zip 01864-3009							
Insurance Company SAFETY INSURANCE COMPANY			Vehicle Action Prior to Crash 10 Damaged Area Code: 0 27 27 27							
Vehicle Travel Direction: N S X W Responding to Emergency? 2			Event Sequence 2 23 23 23 23 Test Status: 1 28							
Citation # (If Issued)			Most Harmful Event 2 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 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 99 4 0 0 10 1							
Please Select One of the Following:			Complete the Vulnerable User section.							
<input checked="" type="checkbox"/> Vehicle 20 #Occupants			<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped <input type="checkbox"/> Vulnerable User							
License # St. DOB/Age			Reg # EV616K Reg Type PC Reg State MA							
Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement			Veh Year 2023 Veh Make Veh Config. 1 21							
Operator Driverless M.V. Last First Middle			Owner XAVIER, JOSEPH JOAQUIM Last First Middle							
Address			Address 40 OAKDALE RD							
City State Zip			City WILMINGTON State MA Zip 01887-4016							
Insurance Company THE COMMERCE INSURANCE CO			Vehicle Action Prior to Crash 11 22 Damaged Area Code: 4 27 27 27							
Vehicle Travel Direction: N S E W Responding to Emergency?			Event Sequence 23 23 23 23 Test Status: 1 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 1 25 25 BAC Test Result: 30							
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Distracted by 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/Occupants See Above			1 0 4 0 0 10 1							

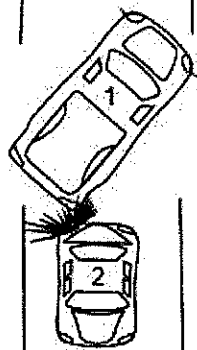
→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ○ = Pedestrian ○ = Bicycle

Crash Diagram:

ie: → 1 → 2 → ○ → ○

↔ Middlesex Ave ↔

Parking lot of 357 Middlesex Ave



Dunkin Donuts Entrance

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:

MV2 WAS PARKED, UNATTENDED IN THE LOT OF 357 MIDDLESEX AVE. MV1 ENTERED THE PARKING LOT AND ATTEMPTED TO BACK IN TO A PARKING SPOT NEXT TO THE PARKING SPOT THAT MV2 WAS PARKED IN. THE REAR RIGHT BUMPER OF MV1 STRUCK THE REAR RIGHT BUMPER OF MV2, CAUSING A DENT IN MV2. MV1 THEN LEFT THE PARKING LOT. MV2 WAS ABLE TO CAPTURE VIDEO OF THE INCIDENT VIA THE TESLA CAMERA SYSTEM. NO INJURIES REPORTED, NO AIR BAGS DEPLOYED. NO TOWS NEEDED.

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

02/15/2025

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 02/15/2025	Time of Crash 2314 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 1	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			370 MAIN ST					
At			Feet N S E W of			Mile Marker Exit Number					
Route# Direction Name of Intersecting Roadway/Street			Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of					
Also at Intersection with			Route# Intersecting Roadway/Street			Landmark					
Route# Direction Name of Intersecting Roadway/Street			Crash Report ID# 25-57-AC								
Please Select One of the Following:			<input checked="" type="checkbox"/> Vehicle 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped		
License #			St.			DOB/Ag			Reg # 2NWH81 Reg Type PC Reg State MA		
Sex M Lic. Class 19 19			Lic. Restrictions 1 20			CDL			Veh Year 2011 Veh Make CHEVROLET Veh Config. 1 21		
Operator BENEUS, SANDYWILL			Owner MEMEUS, JEAN PHILIPPE								
Address 264 SALEM RD			Address 81 CLIFTON ST APT 7								
City BILLERICA State MA Zip 01821-2156			City CAMBRIDGE State MA Zip 02140-1738								
Insurance Company GOVERNMENT EMPLOYEES INSU			Vehicle Action Prior to Crash 1 22			Damaged Area Code: 1 27 27 27					
Vehicle Travel Direction: N S E W Responding to Emergency? 2			Event Sequence 20 23 23 23 23			Test Status: 1 28					
Citation # (If Issued)			Most Harmful Event 28 24			Type of Test: 0 29					
Viol. 1: Ch/Sec/Sub			Driver Contributing Code 11 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		
Operator			See Above			1 99			4 0 0 10 1		
Please Select One of the Following:			<input type="checkbox"/> Vehicle 2 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped		
License #			St.			DOB/Ag			Reg # Reg Type Reg State		
Sex Lic. Class 19 19			Lic. Restrictions 20			CDL			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			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			Driver Contributing Code 25 25			BAC Test Result: 30					
Viol. 2: Ch/Sec/Sub			Driver Distracted by 26 26			Susp. Alcohol: 31 Susp. Drug: 32					
Viol. 3: Ch/Sec/Sub			Towed from scene? 33								
Viol. 4: Ch/Sec/Sub											
Please fill out for operator and all occupants involved											
Name (Last First Middle)			Address			DOB/Age			Sex		
Operator/Occupants			See Above			1			4 0 0 10 1		

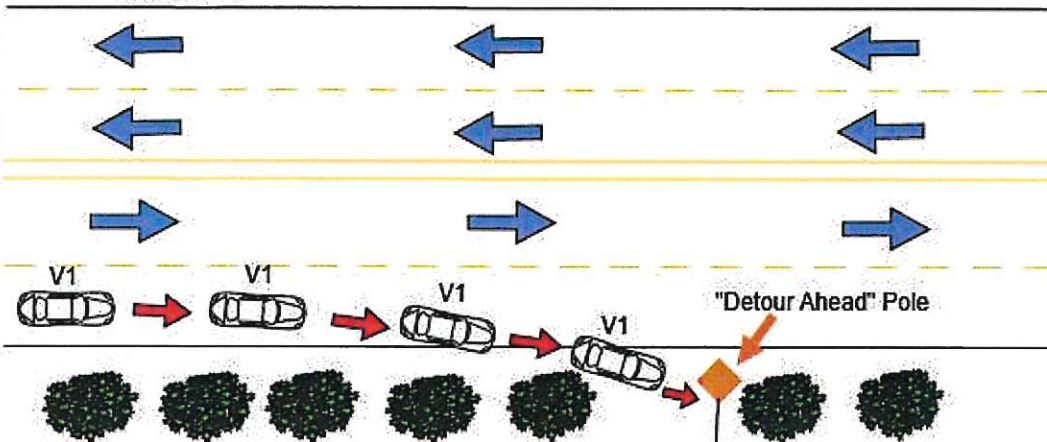
→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ○ = Pedestrian ○ = Bicycle

Crash Diagram:

ie: → 1 → 2 → ○ → ○



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 south in the area of 370 Main Street when it collided with the curb and a "Detour Ahead" sign. This was a single vehicle crash and it was caused by the snowy/wet road conditions. The operator of V1 (lone occupant) stated she was traveling straight on Main Street when she lost control of her vehicle due to the snowy/wet road conditions. After losing control, V1 collided with the curb and then eventually into the traffic sign. The traffic sign was damaged and was completely severed at the base of the pole. V1 sustained minor damage to the front bumper but was able to be driven away without issue. The operator sustained no apparent injuries and denied medical treatment.

Witnesses:

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

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
MA DOT	10 PARK PLZ BOSTON MA 02116			MA DOT DETOUR TRAFFIC SIGN

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use ☐ 42

Address _____ City _____ St _____ Zip _____

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

Interstate ☐ 43 Cargo Body Type Code ☐ 44 GVWR/GCWR ☐ 45

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

Hazmat Information:

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

Patrol Officer Michael W Powers

231

Wilmington Police Department

02/15/2025

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department
Images Associated with 25-57-AC

