	Police Use Only	monwealth	ı of Massacl	nusett		RMV Document Number					
	Date of Crash Time of Crash 02/10/2025 1537 Wil	City/Town mington		hicle Crash	Numbe Vehicle			ed Lim	it3.	5 State Police Local Police MBTA Police	
	24HR		.1	Report	2	0	1	itude		Campus Police	i
	AT INTERSECT	TION:	< LOC	CATION >		NOT	AT IN	NTEI	RSEC	TION:	_
						BA	LLAF	2DV	LE	ST	2 10
¹ 1	Route# Direction	Name of Roadway/S	street	Route# Direction	Address #					vay/Street	_
Ľ		231		Feet NS	E W of				- or "	P1 1/2 1	_
	Route# Direction Na	me of Intersecting Road Also at Intersection		Feet NS	E W of	Mile	Marker			Exit Number	2 11
		i bio a menocini		Feet NS		Route	- —	Inters	secting]	Roadway/Street	
² 2	Route# Direction Na	ine of Intersecting Road	way/Street		,) °,			L	andmar	k	-
3	Please Select One Vehicle 1	_#Occupants 🔲 Hi	t/Run 🔲 Moped	Crash Report	ID# 2 5	5-4	8- 7	AC			
	License #S	DOB/Age		g # <u>6ZS774</u>					P	St-4- MA	_
	19 19	20		h Year 2016						0.010.001	1 ¹²
	Operator BRANDL, JEREN	IX F	Endorsement	vner BRANDL							
⁴ 1	Address 10 IRENE AVE	First	Middle	dress 10 IRENE		First			М	iddle	
	City BILLERICA Stat	e MA Zip 0182		y BILLERICA			State M	IA :	Zip 0 :	1821-5015	
	Insurance Company THE STAND	ARD FIRE I	NSURAN Ve	hicle Action Prior to Crash	2	22			-	5 27 27 27	
5	Vehicle Travel Direction: NXEW	Responding to Eme	rgency? <u>2</u> Ev	ent Sequence 1 23	23 23	23	Test St			1 28	
	Citation # (If Issued)		Мо	st Harmful Event	24		Type of			0 ²⁹ 30	
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Dri	ver Contributing Code	1 25	25	BAC T Susp. A			1666	1 ¹³
6		Viol. 4: Ch/Sec/Sub	Dri	ver Distracted by	26	26	Towed			2 33	l
⁶ 1	Please fill out for oper Name (Last First Middle)	ator and all occupants ir	volved Address	DOB/Age Sex	34 35 Seat Safety	Airbag E	37 38 ject Trap ode Code	39 Injury	40 Transp.		4
	Operator	S	ee Above	DOB/Age Sex	Pos. System	Status C	ode Codi	e Status 10	Code 1	Medical Facility	
											-
							_				-
											4
⁷ 1	Please Select One of the Following:	#Occupants 🛄 Hitz	Run 🛄 Moped	Vulnerable Us	er Comple	te the Vu	nerable	User se	ction.		
I	License S	DOB/Age	Reg	# 8HH168		Reg T	ype PC	2	Re	g State MA	
	Sex M_ Lic. Class D Lic. F		DL Velt	Year 2018 V	/eh Make 🔏	UDI		······	Veh	Config. 1	
⁸ 1	Operator CHI, XIAOMING			ner CHI, XIAC	MING	First			Mid	Idie	
	Address 184 SOUTH ST			iress 184 SOUTI	I ST						14
	City TEWKSBURY State	-	•	TEWKSBURY						876-4233	1 "
	Insurance Company AMERICAN			icle Action Prior to Crash	1	22	Damage Test Sta		Code:	1 27 27 27 28	
	Vehicle Travel Direction: N X E W	Responding to Emer			23 23	23	Type of			29	
⁹ 2			Mo	st Hannful Event 1	24	25	BAC Te			30	
	Citation # (If Issued)					£.)	Suco Al	lcohol:	21		
-	Viol. 1: Ch/Sec/Sub				5 ²⁵	6				Susp. Drug. 2 32	
	Viol. 1: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Driv	ver Contributing Code	26 2		Towed f	fom sc	ene?		
	Viol. 1: Ch/Sec/Sub Viol. 3: Ch/Sec/Sub Please fill out for opera Name (Last First Middle)	Viol. 4: Ch/Sec/Sub	Driv			6 36 3 Airbag Ej Status Co	Towed f	from sc			
	Viol. 1: Ch/Sec/Sub Viol. 3: Ch/Sec/Sub Please fill out for opera	Viol. 4: Ch/Sec/Sub	Driv	ver Distracted by	26 2 34 35 Seat Safety	36 3	Towed f	from sco 39 Injury Status	ene? 40 Transp.	2 33	
	Viol. 1: Ch/Sec/Sub Viol. 3: Ch/Sec/Sub Please fill out for opera Name (Last First Middle)	Viol. 4: Ch/Sec/Sub	volved Address	Per Distracted by 0	26 2 34 35 Seat Safety Pos. System	36 3 Airbag Ej Status Co	Towed f 7 38 ca Trap de Code	from sco 39 Injury Status 10	40 Transp. Code	2 33	
	Viol. 1: Ch/Sec/Sub Viol. 3: Ch/Sec/Sub Please fill out for opera Name (Last First Middle)	Viol. 4: Ch/Sec/Sub	volved Address	Per Distracted by 0	26 2 34 35 Seal Safety Pos. System 1 1 6 1	36 3 Airbag Ej Slatus Co 4 0	Towed f 7 38 7 Trap Code 0	rom sco ³⁹ Injury Status 10 10	40 Transp. Code	2 33	



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 Damage	d Property	
Truck and Bus Information:							42
AddressUS DOT #:					St		
Interstate 43 Cargo Body T	44	GVWR/GCWR	133ung State	WC/WA			
Trailer Reg #:	Reg Type	Reg State	Reg Year_	Trai	iler Length		
Hazmat Information:						Distance of the local sector of the local sect	
Placard 47 Material 1 digit #	48 Material Name			Material 4 dig	git #	-Release code	49
Patrol Officer Caleb A					Police Depart		10/2025
Police Officer Name (Please Print)	Signature		ID/Badge # E	Department	Precinct/Barrack	s Date	

Wilmington Police Department Images Associated with 25-48-AC





	Police Use Only	Com	monwealth	of Massa	achus	setts	5		RMV Document Number				
		City/Town ington	Motor Vel	nicle Cra	sh [Number Vehicles		and lope	ed Limi	it_3	O State Police Local Police MBTA Police Campus Police		
	24HR	Ington	Police	Report	2		0	Lau	tude gitude _		Campus Police	5	
	AT INTERSECTIO	ON:	< LOCA	TION	>		NO	TAT IN	TEF	RSEC	CTION:		
						- ^						2 ¹⁰	
.	Route# Direction	Name of Roadway/St	reet	Route# Direc		79 dress #	BA	LLAF			ST way/Street		
¹ 2		At		Frat	NSEV	v]c			_				
	Route# Direction Name	of Intersecting Roady	vay/Street	reer	1119121	<u>, 01</u>	Mi	e Marker		- or	Exit Number		
		Also at Intersection w		Feet	NSEV	V of	Route	<u></u>			Roadway/Street	2	
2	Route# Direction Name	of Intersecting Roady	www.Street	Feet	NSEV	V of	Koute	17	mer	secting	Koadway/Shicel		
² 1		I I I I I I I I I I I I I I I I I I I	vayroucci						L	andınaı	ſk	_	
3	Please Select One Vehicle 11	#Occupants 🔲 Hit/	Run 🔲 Moped	Crash R	leport ID#	25	-4	9-2	7C				
	License # St	DOB/A	Reg	# <u>77TJ87</u>			Reg	Type P	С		Reg State MA		
	Sex M Lic. Class D Lic. Res	strictions 20 C	DL Veh	Year 2018			-				h Config. 1 21	1 ¹²	
	Operator LANDER , GORDON	E E	ndorsement Own	er LANDER									
⁴ 1	Address 17 OUEENSLAND F	1.21	Middle	ess 17 OUE	Last		Fir	ri		N	liddle		
	City NORTH BILLERICA State			NORTH B				State M		Zip O	1862-3042		
	Insurance Company THE COMMERC			cle Action Prior to		2	22	Damag					
	Vehicle Travel Direction: NSEX	Responding to Emerg	gency? 2 Even	t Sequence	23 23	23	23	Test St	atus:		1 28		
5	Citation # (If Issued)			Harmful Event	1 24			Type o			0 29		
L	Viol. 1: Ch/Sec/SubVi	ol. 2: Ch/Sec/Sub		er Contributing Co	de 1	25	25	BAC T Susp. A	est Res		1 30 Susp. Drug. 2 32	1 ¹³	
	1	ol. 4: Ch/Sec/Sub	_ /	-	0 26		6	Towed			333 33		
⁶ 1	Please fill out for operator				34 Seat	35 Safety	36 Airbag	37 38 Eject Traj	39	40		-	
L	Name (Last First Middle)		Addross	DOB/Age	Sex Pos.	System	Status	Code Cod	e Status	Code	Medical Facility	_	
	Operator	Se	e Above	\sim	Δ^{1}	1	4) 0	10	1		_	
									_				
⁷ 3	Please Select One Vehicle 21_#	Occupants Hit/	Run Doped	U Vulnerat	e User	Comple	te the V	ulnerable	User se	ection.	••••••••••••••••••••••••••••••••••••••	7	
3	of the Ponowing:			5390060		-			~			-	
	License # St.)B/Ag	•	<u>5380060</u>			-				eg State NH		
	Sex M_ Lic. Class D Lic. Res		dorsement	/ear <u>2009</u> er LANG / 1						Veh	Config. 1		
⁸ 1	Operator LANG, MATTHEW Last Address 4 HEIDI LN		Middle	er HEID	ast		Firs			м	iddle		
	City NASHUA State N	IH 7:= 03062		NASHUA	ala ala ala			State N	н _о	Ω'	30621375	1 ¹⁴	
	Insurance Company PLYMOUTH RC	-		le Action Prior to (Crash	1	22	Damage					
	· · · · · · · · · · · · · · · · · · ·	Responding to Emerg		Sequence 1	3 23	23	23	Test Sta			1 ²⁸		
	Citation # (If Issued)	Responding to Emerg	•	· <u>-</u>	1 24			Type of	Test:		0 29		
°2				r Contributing Cod		25	25	BAC Te			1 30		
	Viol. 1: Ch/Sec/Sub Viol				0 26	2		Susp. A			Susp. Drug: 2 32		
	Viol, 3: Ch/Sec/Sub Vio Please fill out for operator			. Sistinged by	34	35	36	37 38	39		1	4	
	Name (Løst First Middle)	•	Address	DOB/Age	Sex Pos.	Safety System	Airbag Status	ljeet Trap lode Code	Injury Status	Transp. Code	Modical Facility	4	
	Operator/Occupants	See	e Above		X_1	1	4 C	0	10	1		_	
							T						
												-	



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 #	Phone #		
Property Damage:								
Owner (Last, First, Middle)	Address		Phone #	41-Type	Description of	Damaged Property		
Truck and Bus Information Carrier Name Address US DOT #:			_ City			Bus Use		
Interstate 43 Cargo B Trailer Reg #:	ody Type Code 44	GVWR/GCWR	45 Reg Year		ler Length	46		
Hazmat Information: Placard 47 Material 1 di	(8)					Release code	49	
Patrol Officer Christophe Police Officer Name (Please Print)	er k Miccichi Signature			Wilmington Department		Department 02 t/Barracks Date	/11/2025	

Wilmington Police Department Images Associated with 25-49-AC





	Po	lice Use Only		Com	monwea	lth .	of Massa	ach	ne	otte	2			DM		ument Number]
	Date of Crash			City/Town			icle Cra			umber		mber	8	d Limi		O State Police	ū	
		1.		ington				511	V	ehicles	Inj	ured	Latitu		·	MBTA Police	080	
		24HR					Report		2		0		Long	itude_		Campus Police Other:		
		AT INTER	SECTIO	ON:	< 1	JOCA	TION	>			NO	T A'	ΓIN	TER	SEC	TION:		
																		2 ¹⁰
	Route# Dire	ction HIG	H ST	Name of Roadway/St	reet		Route# Direct	tion	Add	ress #			N	ame of	Roady	way/Street		
¹ 1				At					rr	 1								
Ĺ		LIN					Feet	NS	EW	of	 M	lile M		• —	or .	Exit Number		
	Route# Dire	ction	Name	of Intersecting Roady Also at Intersection v			Feet	NS	FW	ا مد ا								3 11
				Augo at intersection v	*1116						Rout	te#		Inters	ecting	Roadway/Street		
² 1	Route# Dire	ction	Name	of Intersecting Roady	way/Street		Feet	11 3	L W] of								
	Diana Calasta														ndmar	k		
3	Please Select 0 of the Followi		le 1 <u>1</u>	#Occupants 🔲 Hit/	/Run 🛄 M	loped	Crash R	leport	ID#	25		50	-A	C				
	License #		St	00B/Ag		Reg #	2GEC26				Re	er Tyd	PC		R	eg State MA		
	Sex F Lic.	Class 19	19	20	DL		/ear 2010									2	II I	1 ¹²
	1			NNE ROSE	ndorsement										VCI			
⁴ 1		Last	F		Middle		er CALVON	Last				⁻ irst	54	- 11	М	îddle	-	
-		AROLYN					ess <u>3 CARC</u>			<u> </u>					_			
				MA Zip 01887		City	WILMING!	TON	[-				•	1887-142	_	
	Insurance Comp	any THE ST	randai	RD FIRE IN	<u>NSURAN</u>	Vehic	le Action Prior to	Crash		6	22		-		Code:	1 2	27	
5	Vehicle Travel D	Direction: N S	S E 🗙	Responding to Emer	gency? 2	Event	Sequence 1	23	23	23	23		est Stat			1 28 2 29		
⁵ 2	Citation # (If Iss	sued)				Most	Harmful Event	1	24				pe of			0 ²⁹ 30		
	Viol. 1: Ch/Sec/	Sub	Vi	ol. 2: Ch/Sec/Sub		Drive	r Contributing Co	de	4	25	25	5		st Resi cohol:			32	1 ¹³
	Viol, 3; Ch/Sec/3			ol. 4: Ch/Sec/Sub		Drive	r Distracted by	0	26	IL 2	6	-	-	rom sc	2	33		
⁶ 1	Viai, 5. Christen			r and all occupants in	volved		1		34	35	36	37	38	39	40	<u> </u>		
L	Name (Last First M		•	T	Address		DOB/Age	Sex	Sent Pos.	Safety System	Airbag Status	Eject Code	Trap Code	Injury Status	Transp. Code	Medical Facility		
	Operate	or		S	ee Above		\succ	Х	1	1	4	0	0	10	1			
													 					
														<u> </u>				
⁷ 3	Please Select C of the Followir		e 2 <u>1 </u> #	Occupants 🛄 Hit/	Run 🔲 M	oped	U Vulneral	ble Use	er C	omple	te the	Vulnei	able U	Jser se	ction.			
3					I .													
	License #_	19 1	_ Si 19	OB/Ag=_		-	5756HD				Re				R	eg State MA	<u></u>	
	Sex F Lie. C	Class D	Lic. Res	En En	DL ndorsement		ear 2016								Veh	Config.	┛┃	
⁸ 2	Operator MC1	MAHON, J	PAMEL	A MARIE	Middle	Owne	r MCMAHOI	N	PAI	MEL	A N	MAR irsi	IE		Mi	iddle		
2	Address 289	FRANKL	IN ST	l		Addre	ss 289 FR	ANI	KLI	N S	ST						_	
	City READ I	NG	State 1	IA Zip 01867	-1032	City	READING					Sta	ie M7	 z	.ip 0]	<u>1867-103</u>	2	1 14
	Insurance Compa	any THE CC	MMERC	<u>CE INSURAN</u>	ICE CO	Vehic	e Action Prior to	Crash		1	22	Da	mageo	i Area	Code:	6 ²⁷ 27 ²	27	
	Vehicle Travel D	irection: N S	EX	Responding to Emerg	gency? 2	Event	Sequence 2	23 3	23	23	23	Te	st Stat	us:		1 28		
	Citation # (If Issu	ued)				Most	Harmful Event	1	24	L		•	pe of "			0 29		
⁹ 2				ol. 2: Ch/Sec/Sub			Contributing Cod		 1	25	25			t Resu		1 30		
L							· · ·	L L	26	2	6	-		cohol:	-	Susp. Drug. 2 3	2	
	Viol. 3: Ch/Sec/S			ol. 4: Ch/Sec/Sub		Driver	Distracted by	0	34	35	36	То 37	wed fr 38	om se	ene? 40	2 ~		
	Name (Lust First Mi		tor operator	and all occupants inv	Address		DOB/Age	Sex	34 Seat Pos.	Safety .	30 Airbag Status	Eject Code	38 Trap Code	Injury Status	40 Transp. Code	Medical Facility		
	Operato	or/Occupar	nts	Se	e Above		\square	\mathbf{X}	1	1	4	0	0	10	1			
							$r \rightarrow$	\sim										



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 #	Statemer
Property Damage:						
Owner (Last, First, Middle)	Address		Phone #	41-Туре	Description of Damaged P	roperty
Truck and Bus Information:	Registration #					Bus Use 42
Address			City		St	Zip
US DOT #:	State Number		Issuing State	MC/MX	/ICC #:	
Interstate 43 Cargo Body Ty		GVWR/GCWR			46	
Trailer Reg #:	Reg Type	Reg State	Reg Yea	ur Tra	iler Length	
Hazmat Information: 47 Placard Material 1 digit #	48 Material Name			Material 4 di	Re	49
Patrol Officer Michael W	Powers		231	Wilmington	Police Departm	ent 02/11/2025
Police Officer Name (Please Print)	Signature		ID/Badge #	Department	Precinct/Barracks	Date

Wilmington Police Department Images Associated with 25-50-AC





	Police Use Only	Comn	nonwealth	husett	S	RMV Document Number									
		City/Town ington	Motor Vel	nicle Crash	Number Vehicle		Speed Lim	it_ <u>30</u>	State Police	[
	24HR	Ingcon	Police	Report	1	0	Latitude Longitude		Campus Police	i					
	AT INTERSECTION	ON:	< LOC/	TION >		NOT A	T INTEI	RSECT	ION:						
	WOBURN S	Ŧ								2 ¹⁰					
1.		Name of Roadway/Stre	et	Route# Direction	Address #		Name o	f Roadway	y/Street	_					
¹ 4	WEST ST	At		Feet N	SEWof			- or		_					
		e of Intersecting Roadwa	-			Mile M	arker		Exit Number	1 11					
		Also at Intersection wit	lh		SEW of	Route#	Inter	secting Ro	adway/Street						
² 2	Route# Direction Name	of Intersecting Roadwa	ıy/Street	Feet N	SEW of					_					
	Please Select One Nation 1	#Occupants Hit/R			rt ID# 2 5	- 51		andmark		-					
3	of the Following:	Hit/K								4					
L	License S	DOB/Age		# 5441571					21	7 12					
		strictions 1 CD Enc	forsement	Year 2009				Veh C	onfig. 1	ļ					
⁴ 2	Operator JENKINS, NATHA	<u>N T</u>	Middle	er JENKINS,		AN T First		Middl	e						
2	Address 26 LUND ST			ess 26 LUND											
	City NASHUA State	NH_Zip_03060		NASHUA	N. 1944		ate <u>NH</u>			·]					
	Insurance Company			Vehicle Action Prior to Crash											
⁵ 1	Vehicle Travel Direction: NSE	Responding to Emerge		t Sequence 21	eseta desta a	Ester l	ype of Test:	0	29						
	Citation # (If Issued) T3378714 Viol. 1: Ch/Sec/Sub <u>89 9</u> Vi			Laura	1. ²⁴		AC Test Res		30	21 ¹³					
				er Contributing Code		<u> </u>	usp. Alcohol owed from s	2 31	Susp. Drug 2 32 33	21					
⁶ 1	Viol. 3: Ch/Sec/Sub Vi Please fill out for operato			er Distracted by	34 35	36 37	38 39	40		4					
L	Name (Last First Middle)	-	Address	DOB/Age Set	Seat Safety Pos. System		Trap Injury Code Statu		Medical Facility	-					
	Operator	See	Above			3 0	0 10	1							
										1					
7	Please Select One Vehicle 2.	Occupants Hit/R	an 🔲 Moped	Vulnerable I	iser Comple	ete the Vulne	rable User s	ection		1					
⁷ 3	of the Following:	17								4					
	19	DOB/Age	_	f				-	21						
		trictions CDI End	orsement	/ear	, Veh Make			Veh Co	ontig.						
⁸ 1		itsi	Middle	ErLost		First		Middle	:						
	Address State State	7:		ess			ite	7:	<u></u>	1 ¹⁴					
	Insurance Company	-		le Action Prior to Cras			amaged Area	·	27 27 27	-					
	Vehicle Travel Direction: NSEW	Responding to Emerger		Sequence	23 23	0.141	est Status:		28						
	Citation # (If Issued)		-	Harmful Event	24	-	pe of Test:		29	1					
⁹ 2	Viol. 1: Ch/Sec/SubViol			r Contributing Code	25	25	AC Test Res	·	30 Susp Drug: 32						
	Viol. 3: Ch/Sec/Sub Viol. 3: Ch/Sec/Sub Viol.			r Distracted by	26	2	isp. Alcohol: owed from so		Susp. Drug: 32						
	Please fill out for operator				34 35 Sent Safety	36 37	38 39 Trap Injury	40		4					
	Name (Last First Middle)	1	ddress A barra	DOB/Age Sex	Pos. System	Status Code	Code Status		Medical Facility	-					
	Operator/Occupants	See	Above							4					
					<u> </u>					-					
										_					
	Form No. 10364 CRA-65 08/23									-					



Vehicle was traveling westbound on West Street. The vehicle reaches the intersection of West Street with Woburn Street, continues to travel staright 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:							I
Owner (Last,First,Middle)	Address		Phone #	41-Type	Descr	iption of Damaged Property	
				Section 1		(11 m)	
Truck and Bus Information			,	Vehicle Section)		Bus Use	42
Add(033			City			5t Zip	
US DOT #:	State Number		Issuing State	MC/MX	/ICC #:		
Interstate 43 Cargo Bo	dy Type Code	GVWR/GCWR	45				
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	iler Len	gth 46	
Hazmat Information:							
Placard 47 Material 1 dig	git # 48 Material Name			Material 4 di	git #	Release code	49
Patrol Officer Michael	R DiLorenzo		217 1	Wilmington	Pol	ice Department 02/	12/2025
	Signature	and the second se		Department			12/2025

Form No. 10364 CRA-65 08/23

Wilmington Police Department Images Associated with 25-51-AC





	Police Use Only	monwealth	alth of Massachusetts						RMV Document Number			
	1 1 1	City/Town	Motor Vel	icle Cra	ish [Number Vehicles		1 lober	d Limit	35	- Local Police Do	1
	24HR	ington	Police	Report	1	2	0	Latit	ude gitude		MBTA Police	
	AT INTERSECTIO	ON:	< LOCA	TION	>		NOT	AT IN	TER	SECT	FION:	1
		-										2 ¹⁰
(,	Route# Direction GROVE AV	E Name of Roadway/St	reet	Route# Direct	tion Ac	ldress #		N	ame of	Roadwa	ay/Street	╞──┘
¹ 1		At			NSE	W			_			
	Route# Direction MAIN ST Name	of Intersecting Roady	vay/Street	Feet		•••] or	Mile	Marker	• —	or	Exit Number	11
		Also at Intersection w	rith	Feet	NSE	W of	Route#		T		oadway/Street	3
2	Route# Direction Name	of Intersecting Roady	unu/Straat	Feet	NSE	W of	Rotten		interse	eening K	oadway/Street	
² 1	Router Direction Raine	of Intersecting Reads		L					La	ndınark		
3	of the Following: Vehicle 1	#Occupants 🔲 Hit/	Run 🛄 Moped	Crash R	Report ID#	25	-52	2 <u>7</u>	C			l
	License St	DOB/Age	Reg	# <u>5GKF32</u>			Reg	Type PC	3	Re	v State MA	-
	19	20		Year 2011			-				21	1 12
	Operator BABIRYE, SHADI	AH NSEGUM	ndorsement	er NAMISA							······	
⁴ 3	Address 5 VERNON ST	irsl	Middle	ess 5 VERN	Last		First			Miđe	dle	
	City TEWKSBURY State 1	MA Zip 01876		TEWKSBUI				State M	A z	ip 01	876-4436	
	Insurance Company FARMERS PRO	•	· ·	le Action Prior to		4	22			·	27 27 27	
	Vehicle Travel Direction: N S E	Responding to Emerg		[23 23	-23	23	Test Sta	tus:	1	L 28	
⁵ 1	Citation # (If Issued)			Harmful Event	1 24			Type of		<u>a</u>	29	
L	Viol. 1: Ch/Sec/SubVi	ol. 2: Cb/Sec/Sub	Drive	r Contributing Co	de 4	25	25	BAC Te Susp. A	-	^	30 Susp. Drug 2 32	1 ¹³
	Viol. 3: Ch/Sec/Sub Vi			-	0 26	2	6	Towed:			33	
⁶ 1	Please fill out for operato				34 Sca			37 38 jeet Trop	39 Injury	40 Transp.		Ą
L	Name (Last First Middle)		Address	DOB/Age	Sex Pos	. System	Status C	ode Code	Stanas	Code	Medical Facility	-
	Operator	50	e Above	\sim	\wedge	99	4 0	0	10	1		-
						_						4
17	Please Select One Vehicle 21 #	Occupants Hit/	Run 🔲 Moped	Vulneral	ble User	Comple	te the Vu	nerable 1	lser sec	tion.		1
⁷ 3	of the Ponowing:			—	_	1						4
	License # St	DOB/Age	_	<u>3RCN15</u>			-			-	g State MA	
	2		dorsement	/ear <u>2005</u>				A		_ Veh C	Config.	
⁸ 1	Operator <u>YIIMAZ, OGUZHA</u> Last Address <u>1223 BOSTON RD</u>	N 131	Middle	er VILMAZ 255 1223 B	ast		First			Midd	lle	
		1A Zip 01835		HAVERHII				M	• •	01	835-8011	1 14
	Insurance Company THE COMMERC	-	-			4	22	State <u>Fu</u> Damage				
	· · · · · · · · · · · · · · · · · · ·	Responding to Emerg		le Action Prior to C	Crash 23 23	1 23	23	Test Sta		1	28	
		Responding to Emerg			1 24			Type of	Test:	0	29	
⁹ 2	Citation # (If Issued)			r Contributing Cod		25	25	BAC Te			30	
L	Viol. 1: Ch/Sec/Sub Vio					2		Susp. Al		_	Susp. Drug: 2 32	
	Viol. 3: Ch/Sec/Sub Vio Please fill out for operator			r Distracted by	34	35	<u>.</u>	Towed f	39	40		ļ
	Name (Last First Middle)	•	Address	DOB/Age	Sex Pos		Airbag Ej Status Co	eet Trap xde Code		Transp. Code	Modical Facility	
	Operator/Occupants	Se	e Above	\mid	X^{1}	99	4 0	0	10	1		
	***************************************										·····	
											····	
		1		1 1		1 1			1 1			



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 Prop	perty
					1	
Truck and Bus Informatio			(From		B	Bus Use 42
Address			_ City		St Zi	p
US DOT #:	State Number		Issuing State	MC/MX	КЛСС #:	
Interstate 43 Cargo Boo	ly Type Code	GVWR/GCWR	45			
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	ailer Length	
Hazmat Information:						
Placard 47 Material 1 digi	t # 48 Material Nam	e		Material 4 di	git #Relea	ise code
Patrol Officer Michael H	R DiLorenzo		217	Wilmingtor	n Police Departmen	t 02/14/2025
Police Officer Name (Please Print)	Signature		ID/Badge #	Department	Precinct/Barracks	Date

Wilmington Police Department Images Associated with 25-52-AC



	Po	vealth	ealth of Massachusetts RMV Document Number							Nexterior and the second							
	Date of Crash 02/14/2025	Time of Crash 1535	,	City/Town] Mot	tor Veh	icle Cra	ısh		umber chicles			Speed		t2	O State Police Local Police MBTA Police Campus Police	a l
	02/14/2023	24HR	1	ing con		Police	Report		1		0		Latitu Longi			Campus Police	5
		AT INTER	SECTI	ON:	<	LOCA	TION	>			NO	T AI	ſ IN	TER	SEC	CTION:	
									14	E	~	ura ĉ	matt		сm		2 ¹⁰
1	Route# Dire	ction	,	Name of Roadwa	y/Street	•	Route# Direc	ction		o ress #		HES				way/Street	
¹ 1				At			Feet	NS	EW	of			_ •		ог		
	Route# Dire	ction	Namo	e of Intersecting Ro	adway/Street		1	<u></u>		1 01	М	ile Ma			01	Exit Number	
				Also at Intersection	on with		Feet	NS	EW	of	Rout			Inters	ecting	Roadway/Street	· []
² 1	Route# Dire	ction	Name	e of Intersecting Ro	adway/Street		Feet	NS	EW	of					0	,	
-	Plana Caland	0													ndmar	k	\neg
3	Please Select 0 of the Followi		le 1 1	#Occupants	Hit/Run	Moped	Crash I	Report	ID#	25	-5	53.	-A	C			
	License i		St)OB/Age		Reg /	<u>316516</u>	5			Re	g Type	AP		R	Reg State IN	- 12
	Sex <u>M</u> Lic.	Class A 19	19 Lic. Re	estrictions B	CDL	Veh Y	rear 2022	'	Veh Ma	ake <u>E</u>	'rei	.gh	tli	nei	C Vel	h Config. 10 ²¹	3
<u>1</u>	Operator <u>CO</u>	NWAY, C	ODY M	ATTHEW	Middle		er SCHNEI	DEF	R N	ATI	ON/		CAI	RRI	ER	5 INC	-
⁴ 1	Address 647	8 BURLE	SON I	BLVD		Addr	ess 7101 V	v 1'	7тн		VE						-
				FL Zip 325			GARY									6406	-]
	Insurance Comp	any OLD RE	<u>EPUBL</u>	IC INSUR	ANCE C	O Vehic	le Action Prior to			- 1000	22				Code	0 27 27 27 28	
5	Vehicle Travel E	Direction: N	EW	Responding to En	mergency? 2	Event	Sequence 35	23	23	23	23		st Stat pe of 1			1 29	
	Citation # (If Iss	ued)		-		Most	Harmful Event	35	24			. ВА	AC Tes		alt:	0 1 30	
	Viol. 1: Ch/Sec/	Sub	Vi	iol. 2: Ch/Sec/Sub		Drive	r Contributing Co	ode		25	25	Su	sp. Al	cohol:	2 31	Susp. Drug. 2 32	30 ¹³
⁶ 1	Viol. 3: Ch/Sec/	Sub	Vi	iol. 4: Ch/Sec/Sub		Drive	r Distracted by	0	26	2	.6	То	wed fr	om sc	ene?	2 33	
	Nome (Last First M		for operato	or and all occupants	s involved 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	
	Operate	or			See Above		\searrow	X	1	1	4	0	0	10	1		
								ſ									
																	-
															<u> </u>		-
	Please Select C				I	<u> </u>											-
⁷ 1	of the Followir	ig: Vehicle	≥ 2 <u></u> [#]	Occupants	lit/Run	Moped	Ulnera	ble Us	er C	omple	te the '	Vulner	able U	ser se	ction.		
L	License #			DOB/Age		Reg #					_ Reg	; Туре			R	eg State 21	
	Sex Lic, C	Class 19 1	Lic. Re	strictions	CDL Endorsement	Veh Y	ear	V	/eh Ma	ike					Veh	Config.	
⁸ 1	Operator	Last	F	írst	Middle	Owne	ri	Last			Fì	rst			м	iddle	
-	Address						SS										14
	-			Zip					Г		22				ip Code:	27 27 27	1
	·	, 	·····				le Action Prior to		23	23	23		inageu it Statu		Code:	28	
	Vehicle Travel D	L	EW	Responding to En	nergency?		Bequence	23	24	<u> </u>		Ту	e of T	est:		29	
⁹ 2		sed)					Harmful Event	<u> </u>		25	25		C Tes			30	
				ol. 2: Ch/Sec/Sub			Contributing Co	de [26	2				1	31	Susp. Drug 32	
	Viol, 3: Ch/Sec/S			ol. 4: Ch/Sec/Sub		Driver	· Distracted by		34	35	36	101 37	ved fro	om sce	ene? 40		_
	Nome (Last First Mi	ddle)			Address		DOB/Age	Sex	Scat	Safety	Airbag Status	Eject Code	Trap	Injury Status	Transp. Code	Medical Facility	_
	Operato	or/Occupar	its	ļ	See Above		\succ	Х	1								_
												ĺ	Ī]			
																	1



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

Property Damage:							
Owner (Last,First,Middle)	Address	Phone #	41-Type	Description	n of Damaged	Property	
TOWN OF WILMINGTON	121 GLEN RD WILMINGTON MA 01887			FIRE	HYDRAI	NT	
Truck and Bus Information	1: Registration # <u>3165165</u>	(From	Vehicle Section)	· · · · · · · · · · · · · · · · · · ·			
Carrier Name Schneider Nat	ional Carriers In					Bus Us	^e 0 42
Address 7101 W 17TH AVE		City GARY			St_IN	Zip	406
US DOT #: 264184	State Number	Issuing State	МС/МХ	/ICC #:			
Interstate 0 Cargo Body	/ Type Code 97 GVWR/GCWR	45 3					
Trailer Reg #: PA43487	Reg Type TR Reg State IN	Reg Year	<u>2022</u> Tra	iler Length	46 4		
Hazmat Information:							
Placard 2 Material 1 digit	# Material Name		Material 4 di	git #		Release cod	ie 19
Patrol Officer Michael R	DiLorenzo	217	Wilmingtor	n Police	a Depart	ment	02/14/2025
Police Officer Name (Please Print)	Signature I	D/Badge #	Department	Pre	cinct/Barracks		Date

Wilmington Police Department Images Associated with 25-53-AC





	Pol	lice Use Only		Co	mmonw	ealth	of Mass	ach	uset	ts			RM	IV Doc	ument Number	
	Date of Crash 02/14/2025	Time of Crash 1855	1	City/Town ington	Moto	or Veh	icle Cra	ish	Num Vehi		lumber njured	1.	d Limi	t	State Police Local Police MBTA Police	800
	02/14/2025	24HR	1	ington	P	olice	Report		2	0	-	Latitu Long	itude itude _		Campus Police	Ğ
		AT INTER	SECTIO	DN:	<	LOCA	TION	>		N	OT A	T IN	TER	SEC	TION:	
										_						2 ¹⁰
	Route# Dire	ction		Name of Roady	way/Street		Route# Direc	tion	260 Addres		<u>(AI)</u>			Road	way/Street	
4				At				M		_						
	Route# Direc	rtion	Name	of Intersecting	Roadway/Street		Feet	NS	E W o		Mile M	arker	•	• or	Exit Number	— <u> </u>
				Also at Intersec			Feet	NS	E W of							3
							Feet	NS	E W of	Ro	ute#		Inters	ecting	Roadway/Street	
² 1	Route# Direc	ction	Name	of Intersecting	Roadway/Street								La	andmar	k	
3	Please Select C of the Followi		e 1 1 _#	Occupants	Hit/Run	Moped	Crash H	Report	1D# 2	5-	54	-A	C			
		08	0				1 712/71					DO				_
	License # Sex <u>M</u> Lic. (. 19	S 19]	JOB/Age_	20		# 1AU247] Year <u>2023</u>								2	1 ¹²
			I	strictions 99	CDL Endorsement							7		Vel	n Config.	┘┟───┘
⁴ 1		NTASIA,	Fi	irst	Middle		er EAN HO	Last			First				líddle	-
Ľ	1	GROVE A		a 01	007-2026		ess <u>600 E</u>		TERT	OWE:				<u>r</u> F		-
					887-2036		MERIDIA			22				Zip <u>B</u> . 1 Code:	3642 27 27 2	7
		any <u>SELF</u>				_	e Action Prior to		1			est Sta		i Code:	2 28	
5	Vehicle Travel D	Direction: XS	EW	Responding to	Emergency? 2		<u>1 -</u>	23	23 23	23		ype of			29	
	Citation # (If Iss	ued)				Most	Hannful Event	1	24			AC Te	st Resu	ult:	30	
	Viol. 1: Ch/Sec/S	Sub	Vic	ol. 2: Ch/Sec/Su	ıb	Drive	er Contributing Co	ode	2 ²⁵		15 S	usp. Al	cohol:	2 31		2 1 ¹³
⁶ 1	Viol. 3: Ch/Sec/S	Sub	Vic	of. 4: Ch/Sec/Su	ıb	Drive	r Distracted by	0	26	26	T	owed f	rom se	ene?	1 33	
L	Name (Lost First Mi		for operator	and all occupa	nts involved Address		DOB/Age	Sex	Seat Sa	15 36 fety Airba stem Statu	g Eject	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility	
	Operato				See Above		\searrow	\mathbf{N}	1 1	4	0	0	10	1		
								٢Ň								
										_						
⁷ 2	Please Select O of the Followin		2 <u>1</u> #(Occupants	Hit/Run	Moped	U Vulnera	ble Use	er Com	plete the	e Vulne	rable (Jser se	ction.		
2	License :	5	St,)OB/Age_		Reg #	4RLC74			R	er Tyn	PC		R	eg State MA	
	Sex Lic. C	lass 19 1	9		20 CDL	_	/ear 2008	v	eh Make						21	
	Operato	······			Endorsement		MURPHY									J
⁸ 2	Addres	1,235(-	Middle		ss 23 LLC	asi			First			м	iddle	-
L	City		_ State	Zip			WILMING				Sta	te MZ	A 7	in 01	1887-173	1 14
	-	THE ST		•	INSURAN		le Action Prior to		1	22				Code:		- I I
	Vehicle Travel Di	-			Emergency? 2	-			13 23	23		st Stat			1 28	- [
	Citation # (If Issu			responding to 1	Emergency:		E T		24		Ту	pe of 1	l'est:		29	
⁹ 2		, ,						L		2	5	AC Tes	_		30	
L					b		r Contributing Co	<u>Ľ</u>	L 26	26	Su		£	2 31	27	2
	Viol. 3: Ch/Sec/S			and all occupar		Drive	r Distracted by	0	34 3	13 N.	10 37	wed fr	om sco 39	ene? 40	2_33	
	Name (Last First Mic		tor operator	and an occupar	Address		DOB/Age	Sex	Seat Sal Pos. Sys	ety Airba	Eject	Trap Code	Injury Status	Transp. Code	Medical Facility	
	Operato	r/Occupan	nts		See Above		\succ	X	1 1	4	o	0	10	1		
				· · · · ·							1					
				<u> </u>				┝──┼							· · · · · · · · · · · · · · · · · · ·	

Form No. 10364 CRA-65 08/23



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 Dama	and Property	
Owner (Last, First, white)	Address		F none #	41-Type	Description of Dama	geu Property	
Truck and Bus Informat	On: Registration #		(From V	Vehicle Section)			
Carrier Name						Bus Use	42
Address			City		St	Zin	- Antonio
/ Huless			_ City			Zıp	
US DOT #:	State Number		Issuing State	MC/MX	/ICC #:		
Interstate 43 Cargo B	ody Type Code	GVWR/GCWR	45			,	
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	iler Length 46		
Hazmat Information:					Constant of the	J	
Placard 47 Material 1 di	git # 48 Material Nam	ie		Material 4 di	git #	-Release code	49
Patrol Officer Joseph	A Fitzgerald		215 V	Wilmingtor	Police Depa	rtment 02/	14/2025
	Signature				Precinct/Barra		/

	Police Use Only	Com	monwealth	of Massa	ichus	etts	5		RN	IV Doc	ument Number	
	Date of Crash Time of Crash	City/Town	Motor Ve	hicle Cra	sh [Number Vehicles		. 1000	ed Limi	t3!	5 State Police Local Police	
	02/14/2025 1843 Wilr 24HR	nington	Police	Report	2		0	Lau	tude gitude _		MBTA Police Campus Police Other:	8
	AT INTERSECT	ION:	< LOC	ATION	>		NOT	'AT IN	TEF	RSEC	TION:	
					<u>.</u>	```						2 ¹⁰
<u>1</u> .	Route# Direction	Name of Roadway/S	treet	Route# Direct	ion Ad	dress #	WO	BURN		-	vay/Street	
4		At		Feat	NSEV	کا م ر			_	- or		
	Route# Direction Nam	e of Intersecting Road	way/Street	Peer		<u> </u>	Mil	e Marker		- or _	Exit Number	
		Also at Intersection	with	Feet [NSEV	V of	Router	,	Intere	acting	Roadway/Street	_ 3
² 1	Route# Direction Nan	e of Intersecting Road	way/Sireet	Feet	NSEV	V of	Nouie		Incers	centry 1	xuauwayibiicei	
1		·	-						L	andınar	k.	
3	Please Select One of the Following: Vehicle 1	#Occupants	/Run 🛄 Moped	Crash R	eport ID#	25	-5	5-Z	7C			
	License # _ St	DOB/Age,	Reg	# 729KP5			Reg	Туре Р(3	R	eg State MA	
	Sex M Lic. Class D 19 19 Lic. R		DL Veh	Year 2017			+				21	1 12
	Operator APICELLA, MIC		Indorsement	ner APICEL						Ð		
⁴ 3	Address 1 OLD HASWELL	First PARK RD	Middle	iress 1 OLD	ast		Firs	ι		Mi	ddle	
	City MIDDLETON State	MA Zip 0194	9-2306 City	MIDDLETC	DN			State M	A:	Zip	1949-2306	5
	Insurance Company AMICA MUTU	JAL INSURA		icle Action Prior to (1	22				2 ²⁷ 1 ²⁷ 27	
	Vehicle Travel Direction: NSXW	Responding to Emer	gency? 2 Eve	nt Sequence	3 23	23	23	Test St	atus:		3 28	
⁵ 2	Citation # (If Issued) 195599AD		Mo	st Harmful Event	1 24	6 (9 (9) (9)		Type of		_	2 ²⁹ - 30	
L	Viol. 1: Ch/Sec/Sub 90 24G	/iol. 2: Ch/Sec/Sub 90	<u>) 24E</u> Driv	ver Contributing Cod	je 10	25	25	BAC T Susp. A			5	1 ¹³
C	Viol. 3: Ch/Sec/Sub 89 9	/iol. 4: Ch/Sec/Sub	Driv	ver Distracted by	0 26		6	Towed		· · · · · · · · · · · · · · · · · · ·	1 33	' F
⁶ 1	Please fill out for operat				34 Seat	35 Safety		37 38 Eject Trap		40 Transp.	<u> </u>	
	Name (Last First Middle) Operator		Address ee Above	DOB/Age	Sex Pos.	System	Status	Code Code	: Status	Code 1	Medical Facility	-
	Operator				\uparrow					*		_
									_			
⁷ 2	Please Select One of the Following: Vehicle 21	#Occupants 🔲 Hit/	Run 🔲 Moped	Vulnerab	le User	Comple	te the V	Inerable	User se	ction.		7
2	License ; St	۱OB/Ag	Baa	# 4MGV17			Deg			Da	g State MA	-
	19 19	20	-	Year 2017	Veb N	lake K	-				Config. 1	-
	Operator STUART / BROOKE	E	ndorsement	ner STUART								
⁸ 1	Address 5 SEWELL RD	First	Middle	ress 5 SEWE	ist		First			Mic	ldle	-
L	City WILMINGTON State	MA_Zip_01887		WILMINGT				State M	A z	Cip 01	.887-1417	1 14
	Insurance Company ARBELLA M	-	-	cle Action Prior to C		4	22	Damage		· .		, 1
	Vehicle Travel Direction: SEW	Responding to Emerg		nt Sequence	3 23	23	23	Test Sta	itus:	Ĩ	1 28	
<u></u>	Citation # (If Issued)	_	Mos	t Harmful Event	1 24			Type of			0 ²⁹ 30	
⁹ 2	Viol. 1: Ch/Sec/SubV	iol. 2: Ch/Sec/Sub	Driv	L er Contributing Cod	e 1	25	25	BAC Te Susp. A			1	
	Viol. 3: Ch/Sec/Sub	iol. 4: Ch/Sec/Sub	Driv	er Distracted by	0 26	2	6	Towed			33	I
	Please fill out for operate		volved	L	34 Scal	35 Safety	Airbag 1	37 38 ject Trap	39 Injury	40 Transp.	i	-1
	Name (Lass First Middle) Operator/Occupants		Address	DOB/Age	Sex Pos.	System	Status (ode Code	Status	Code 1	Medical Facility	-
	opernion/Occupanis				Λ^{1}		* 0	-				_
									1			_



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.

ame (Last,First,Middle)		Address				Phone #	Statem
ALCOURT KIMBERLY		5 CHASE RD	WILMINGTON 1	MA 01887	1		
Property Damage:							
Owner (Last, First, Middle)	Address		Phone #	41-Type	Descri	iption of Damaged Proper	ty
Truck and Bus Information:	Registration #		(From Vel	viele Section)			
	Registration #			nicle Section)		Pue	1/m 42
Truck and Bus Information:						Bus	Use 42
						Bus St Zip	Use
Carrier Name			_ City			St Zip	Use
Carrier Name Address US DOT #:: 43	State Number 44		_ City			St Zip	Use
Carrier Name Address US DOT #:	State Number 44		_ City Issuing State			St Zip	Use
Carrier Name Address US DOT #:: 43	State Number De Code	GVWR/GCWR	_ City Issuing State 45	MC/MX	VICC #:	St Zip	Use
Carrier Name Address US DOT #: Interstate Cargo Body Tyj	State Number De Code	GVWR/GCWR	_ City Issuing State 45	MC/MX	VICC #:	St Zip	Use
Carrier Name Address US DOT #: Interstate 43 Cargo Body Typ Trailer Reg #:	State Number pe Code44 Reg Type	GVWR/GCWR Reg State	_ City Issuing State 45 Reg Year	MC/MX	VICC #:	St Zip	

Wilmington Police Department Images Associated with 25-55-AC





	Po	lice Use Only		Co	mmonwe	alth	of Mass	ach	ius	etts	5			RM	IV Doc	cument Number	
	Date of Crash 02/15/2025	Time of Crash 0957		City/Town ington	Motor	r Veh	icle Cra	ish		lumber		mber ured	1.	d Limi	t_1	O State Police Local Police MBTA Police Campus Police	
	02/13/2023	24HR	1		Po	lice	Report		2		0		Latiti Long	itude		Campus Police	i
		AT INTER	SECTIO	DN:	<	LOCA	TION	>			NO	ΤA	r in	TER	SEC	CTION:	
									35	-7	м	TNE)T E7	053	(AV	7157	2 ¹⁰
1	Route# Dire	ction		Name of Roadwa	vy/Street		Route# Direc	tion		ress #	<u> </u>	101				way/Street	
¹ 1	_			At			Feet	NS	EW	of					ог		
	Route# Dire	ction	Name	of Intersecting R	oadway/Street				1		М	ile M	arker	-		Exit Number	3 11
				Also at Intersecti	on with				EW	-	Rout	e#		Inters	ecting	Roadway/Street	
² 1	Route# Dire	ction	Name	of Intersecting R	oadway/Street		Feet	NS	EW	of					2		
_	Diama Calcul	0					1								ndmar	k	_
3	Please Select 0 of the Followi		e <u>1 </u> #	Occupants	Hit/Run	Moped	Crash F	Report	t ID#	25	-5	56	-A	C			
	License #_		St_)OB/Age		Reg	# 3PVE16				Re	д Тур	e <u>PC</u>	:	R	· /	12
	Se: ic.	Class D 19	19 Lic. Res	trictions 2	CDL	Veh '	Year 2006		Veh M	lake E	'ORI)			Vel	h Config. 2	7
17	Operate	Last	Fi	irai	Middle	Own	er STAPLE	s,	ME	LIS		A				liddlo	
⁴ 1	Address					Addr	ess 5 JEFI	FRE	YF	ð		1121			N		
	City		Stat	р		City	NORTH R	EAI				Sta	te M	A_ 2	Zip <u>0</u>	1864-3009	
	Insurance Comp	any SAFET	Y INS	URANCE	COMPANY	Vehic	le Action Prior to	Crash	1	10	22				Code	0 27 27 27	
5	Vehicle Travel E	Direction: NS	Xw	Responding to E	mergency? 2	Even	Sequence 2	23	23	23	23		est Sta			1 28 29	
Ĺ	Citation # (If Iss	ued)				Most	Harmful Event	2	24				/pe of AC Te	iest: st Res	alt.	30	
	Viol. 1: Ch/Sec/	Sub	Vic	ol. 2: Ch/Sec/Sub		Drive	r Contributing Co	ode	97	25	25	1			2 31	Susp. Drug: 2 32	2 ¹³
⁶ 1	Viol. 3: Ch/Sec/S	Sub	Via	ol. 4: Ch/Sec/Sub		Drive	r Distracted by	0	26		:6			rom se		2 33	
1	Name (Last First M		for operator	r and all occupant	ts involved Address		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility	1
	Operate				See Above			$\overline{\mathbf{X}}$	1	99	4	0	0	10	1	nicital Facility	
							\succ		┨──	1							-
							1		<u> </u>								-
								 		<u> </u>				 			-
				 													-
⁷ 1	Please Select C of the Followir	ng: Vehicle	2. <u>0</u> #	Occupants	Hit/Run 🛄 1	Moped	Uulnersi	ble Us	ier C	Comple	te the '	Vulner	able U	Jser se	ction.		
L	License #		St	_ DOB/Age		Reg #	EV616K				Reg	з Туре	PC		R		
	Sex Lic. C	Class 19 1	9 Lic. Rest	trictions 20	CDL	Veh Y	'ear <u>2023</u>	`	Veh M	ake					Veh	Config. 1	
8	Operator Dr:	iverless	<u>M.V</u>	e	Middle	Owne	XAVIER		JOS	EPH	JC	<u>)AO</u>	UIN	1	M	idélu	
Ľ	Address					Addre	ss 40 OAK	DA:	LE	RD							
	City		State	Zip		City	WILMING	ron	_							1887-4016	1 14
	Insurance Compa	any THE CC	MMERC	E INSUR	ANCE CO	Vehic	le Action Prior to	Crash		11	22				Code:		
	Vehicle Travel D	irection: NS	EW	Responding to E	mergency?	Event	Sequence	23	23	23	23		st Stat pe of "			28 1 29	
⁹ 2	Citation # (If Issu	ued)				Most	Harmful Event		24			BA	-	t Resi	ilt:	30	
	Viol. 1: Ch/Sec/S	ub	Vio	l. 2: Ch/Sec/Sub		Drive	r Contributing Co	de	<u> </u>	25	25	Su	sp. Ale	cohol:	2 31	Susp. Drug. 2 32	
	Viol. 3: Ch/Sec/S	ub	Vio	I. 4: Ch/Sec/Sub	····	Drive	r Distracted by		26	2	6		wed fr	om sc		2 33]
	Name (Last First Mi		for operator	and all occupants	s involved 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	
		or/Occupan	uts		See Above		\searrow	X	1	0	4		0	10	1		1
	••••••	<u> </u>		· · · · · · · · · · · ·													1
		- 															1
																	-
						••••••••••••••••••••••••••••••••••••••											



	Po	lice Use Only		С	ommoi	nwealth	of Mass	ach	nus	etts	5			RM	IV Doc	ument Ni	ımber	
	Date of Crash 02/15/2025	Time of Crash 2314	1	City/Town	M	lotor Vel	hicle Cra	ish		umber		mber ured	1.1	d Lími	t3!	- Local	Police C Police S A Police C us Police C	
	02/13/2023	2314 24HR		ing con		Police	Report		1		0		Latitı Long	itude			us Police	1
		AT INTER	SECTI	ON:	<	LOC/	ATION	>			NO	TA	ΓIN	TEF	ISEC	TION:		
									~ "	•				_				2 ¹⁰
	Route# Dire	ction		Name of Road	lway/Street		Route# Direc	tion	<u>37</u> Add	U ress #	<u>M</u>	AIN			fRoadv	vay/Street		
'4				At	t		Feat	NS	FW									
	Route# Dire	ction	Nam	e of Intersecting	g Roadway/Str	eet	reet	[1]3	1510] 01	 M	lile Ma	arker		- or _	Exit	Number	- 11
				Also at Interse			Feet	NS	EW	of	Rou			Tertana		Roadway/	Etan at	
² 4	Route# Dire	ction	Name	e of Intersecting	Roadway/Str	eet	Feet	NS	EW	of	Rou	(CH		mers	eeing	K0auway/	aucei	
4					, 110001110, 500									L	andmar	k		-
3	Please Select of the Followi		le 1 <u>1</u>	#Occupants	Hit/Run	Moped	Crash I	Report	t ID#	25	-5	57	-A	C				
L	License #.		St _)OB/Ag		Reg	# 2NWH81				Re	g Type	PC	;	R	eg State	MA	
	Sex <u>M</u> Lic.	Class n 19	19 Lic. Re	estrictions 1	20 CDL	Veh	Year 2011									Config.	21	- 3 ¹²
		NEUS, S	ANDYW		Endorser	nent Owi	ter MEMEUS										······································	
⁴ 1		SALEM		First	Middle	,		Last			1	nst PT			м	iddle		
L	City BILLI	ERICA	State	MA_Zip_01	1821-21	. 56 City	CAMBRID	GE				Sta	ite M	A	Zip 0	2140	-1738	
	Insurance Comp	any GOVER	MENT	EMPLOY	VEES IN	<u>ISU</u> Vehi	cle Action Prior to	Crash)	1	22				a Code:		27 27	
	Vehicle Travel E	Direction: N	EW	Responding to	o Emergency?.	2 Ever	at Sequence	23	23	23	23	Te	st Sta	tus:		1 28		
⁵ 2	Citation # (If Iss	sued)		_			t Hannful Event	28	100			-	pe of			o 29		
L	Viol. 1: Ch/Sec/	Sub	v	iol. 2: Ch/Sec/S	ահ		er Contributing Co			25	2:			st Res	uit: 2 31	1 30 1 Suco D	rug 2 32	20 ¹³
		Sub					er Distracted by	0	26	<u></u>	26			rom so	Aug	2 33	¹⁰⁸ 2	
⁶ 3				or and all occup					34 Seal	35 Safety	36 Airbag	37 Eject	38 Trap	39 Injury	40			-
L	Nome (Last First M			1	Address		DOB/Age	Sex	Pos.	System	Status	Code	Code	Status	Code	Mali	cal Facility	-
	Operate	<i></i>			See Aboy	/e		\square		99	4	0	0	10	1			4
									ļ	ļ								_
										[
⁷ 1	Please Select C of the Followir		e 2#	#Occupants	Hit/Run	Moped	Vulnera	ble Us	er C	comple	te the	Vulner	able U	Jser se	ction.			1
1			n.							-							<u> </u>	-
	License # Sex Lic. (9	DOB/Age	20		# Year									-	21	,
					CDL Endorsen	nent				аке					ven	Coang.		
⁸ 2	Operator	Last	F	first (Middle		er	Lest			F	irst			Mi	ddle		
[State	7in								Stat	a	7	7in			4 ¹⁴
	-	any		-			ele Action Prior to				22				Code:	27	27 27	
	Vehicle Travel D	•	EW	Responding to					23	23	23	Te	st Stat	us:		28	f	
0	Citation # (If Iss	L	1~1.1				Hannful Event		24	<u>C (11</u> 2))	0.07		pe of 7			29		
⁹ 2		Sub	v	- 'al 2: Ch/Saa/Si	ub		r Contributing Co	de.	200 2005	25	25			t Resi	ılt: 31	30	32	
		Sub					r Distracted by		26	2	6		-	conol:		Susp. D	ug J#	
	-101, J. CH/3CC/3			r and all occupa					34	35 Safety	36 Airbag	37	36	39	40			┦
	Name (Last First Mi	iddle)	•	· ·	Address		DOB/Age	Sex	Seat Pos.	Safety System	Airbag Status	Eject Code	Trap Code	Injury Status	Transp. Code	Media	ol Facility	4
ŀ	Operato	or/Occupa	nts		See Abov	e 	\mid	Ň	1								<u></u> ,	4
Ī]



"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.

Name (Last, First, Middle)		Address			Phone			<u>.</u>
		Address			Phone	Ħ		Statement
Property Damage:								
Owner (Last,First,Middle)	Address		Phone #	41-Type	Description of	f Damaged Proper	ty	
MA DOT	10 PARK PLZ BO	STON MA 02116	i		MA DOT	DETOUR 7	TRAFFIC	SIG
Truck and Bus Informati			(i tolii ye	chicle Section)		Bus	Use 4	2
Address			_ City			St Zip_		
US DOT #:	State Number		Issuing State	MC/MX	ЛСС #:			
Interstate 43 Cargo Bo	ody Type Code	GVWR/GCWR	45					
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	iler Length	46		
Hazmat Information:						Release	1	9

Form No. 10364 CRA-65 08/23

Wilmington Police Department Images Associated with 25-57-AC



