

Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash
02/16/2025

Time of Crash
0042
24HR

City/Town
Wilmington

Motor Vehicle Crash
Police Report

Number
Vehicles
1

Number
Injured
0

Speed Limit 30

Latitude

Longitude

State Police
Local Police
MBTA Police
Campus Police
Other

AT INTERSECTION:

< LOCATION >

NOT AT INTERSECTION:

Route# Direction Name of Roadway/Street

At

Route# Direction Name of Intersecting Roadway/Street

Also at Intersection with

Route# Direction Name of Intersecting Roadway/Street

Route# Direction 130 SALEM ST

Address # Name of Roadway/Street

Feet N S E W of Mile Marker Exit Number

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

Feet N S E W of Landmark

Please Select One
of the Following:

☒ Vehicle 1 #Occupants

☐ Hit/Run

☐ Moped

Crash Report ID# 25-58-AC

License: S JB/Agc

Sex M Lic. Class 19 19 Lic. Restrictions 1 20 CDL Endorsement

Operator DOGAN, TALHA EMIR

Address 375 ACORN PARK DR APT 1

City BELMONT State MA Zip 02452

Insurance Company PLYMOUTH ROCK ASSURANCE C

Vehicle Travel Direction: N S X W Responding to Emergency? 2

Citation # (If Issued)

Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub

Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub

Reg # 1JEE72 Reg Type PC Reg State MA

Veh Year 2010 Veh Make TOYOTA Veh Config. 1 21

Owner DOGAN, TALHA EMIR

Address 375 ACORN PARK DR APT 1

City BELMONT State MA Zip 02452

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

Event Sequence 30 23 23 23 23 Test Status: 1 28

Most Harmful Event 30 24 Type of Test: 0 29

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

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

Towed from scene? 1 33

Please fill out for operator and all occupants involved

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

Please Select One
of the Following:

☐ Vehicle 2 #Occupants

☐ Hit/Run

☐ Moped

☐ Vulnerable User Complete the Vulnerable User section.

License # St DOB/Age

Sex 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 Damaged Area Code: 27 27 27

Event Sequence 23 23 23 23 Test Status: 28

Most Harmful Event 24 Type of Test: 29

Driver Contributing Code 25 25 BAC Test Result: 30

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

Towed from scene? 33

Please fill out for operator and all occupants involved

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

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○



If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow



Crash Narrative:

On Sunday, February 16, 2025, at approximately 12:40AM, Vehicle 1 was traveling on Salem street when it collided with a snow bank on the side of the road. The vehicle then began to spin and crossed over the double yellow line. Vehicle 1 then collided with the fence which belonged to 130 Salem Street causing damage to both the vehicle and the fence.

The operator refused medical attention.

The vehicle was towed by Cain's Towing.

Photos attached.

Witnesses:

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

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
PORTANOVA STEPHEN G	130 SALEM ST WILMINGTON MA 01867		97	FENCE

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

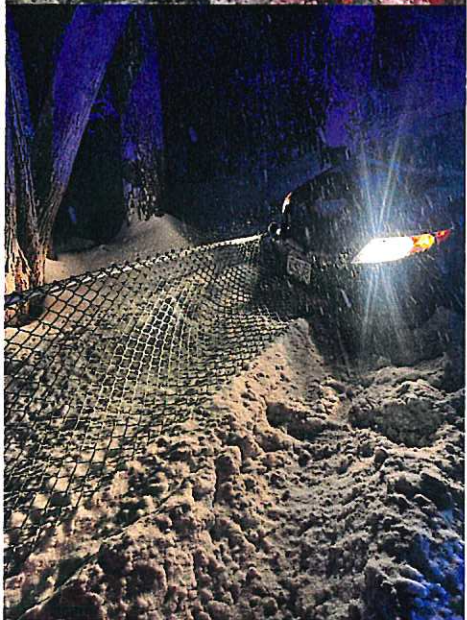
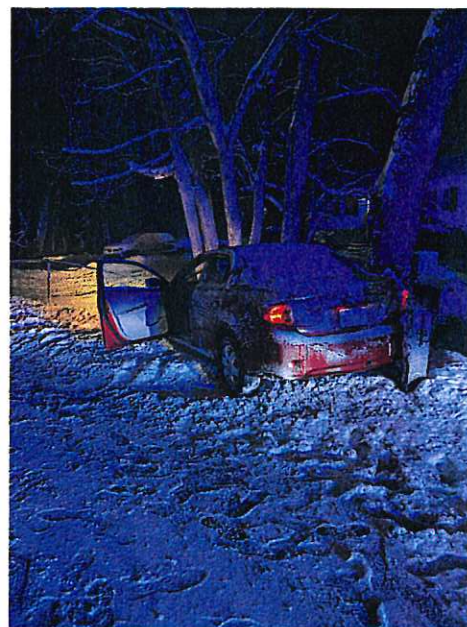
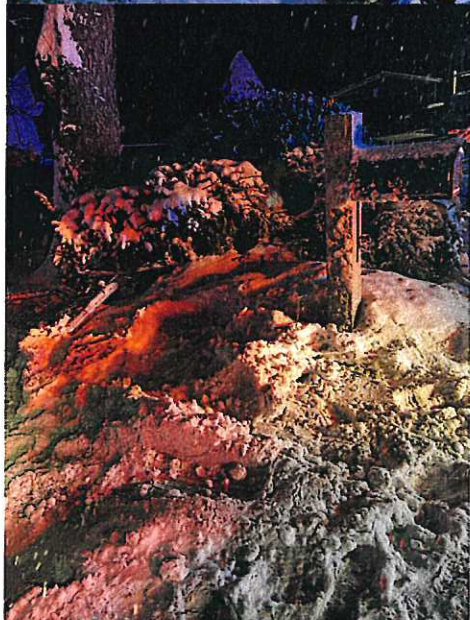
Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length ☐ 46

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 02/16/2025
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Images Associated with 25-58-AC



Attachments for 25-58-AC

Description

Type

MV INVENTORY

PDF

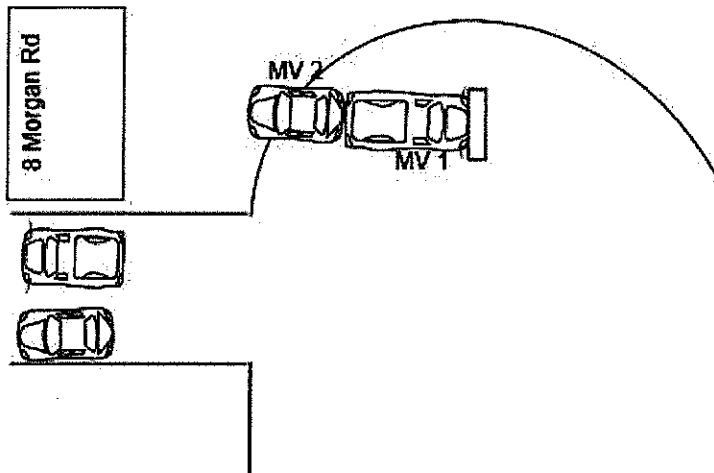
Attachment#: CB6313FD26B34C469EEE6092CEF49EE8

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 02/16/2025	Time of Crash 0947 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 25	Latitude	Longitude	State Police Local Police MBTA Police Campus Police Other		
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:						
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street										
At													
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										
Please Select One of the Following:			<input checked="" type="checkbox"/> Vehicle 10 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped				
			Crash Report ID# 25-59-AC										
License # St DOB/Age			Reg # 5DFC88 Reg Type PC Reg State MA										
Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement			Veh Year 2018 Veh Make KIA Veh Config. 1 21										
Operator Driverless M.V.			Owner VITALE, MARCO D										
Address			Address 8 MORGAN RD										
City State Zip			City WILMINGTON State MA Zip 01887-3005										
Insurance Company THE COMMERCE INSURANCE CO			Vehicle Action Prior to Crash 11 22			Damaged Area Code: 6 27 5 27 4 27							
Vehicle Travel Direction: N S E W Responding to Emergency?			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 1 25 25			BAC Test Result: 30							
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Distracted by 0 26 26			Susp. Alcohol: 2 31 Susp. Drug: 2 32							
Please fill out for operator and all occupants involved													
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										
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/Age			Reg # M3667B Reg Type CI Reg State MA										
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2022 Veh Make FORD Veh Config. 97 21										
Operator MORAN, BRIAN E			Owner WILMINGTON TOWN OF										
Address 121 GLEN RD			Address 121 GLEN RD										
City WILMINGTON State MA Zip 01887-1405			City WILMINGTON State MA Zip 01887-3500										
Insurance Company MIIA			Vehicle Action Prior to Crash 11 22			Damaged Area Code: 0 27 27 27							
Vehicle Travel Direction: S E 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: 0 29							
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Driver Contributing Code 19 25 25			BAC Test Result: 30							
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Distracted by 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			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:

MV 1 is a town of Wilmington DPW vehicle and was operated by a town employee. The operator was conducting snow removal operations with a plow. MV 2 was parked in front of 8 Morgan Rd. While MV 1 was going back and forth at the end of the culdesac removing snow, while backing up the plow truck backed into MV 2.

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 Shane A Foley

211

Wilmington Police Department

02/16/2025

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department
Images Associated with 25-59-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 02/19/2025	Time of Crash 0727 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report				Number Vehicles 1	Number Injured 0	Speed Limit 35	State Police Local Police MBTA Police Campus Police Other
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:			
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street				2 10			
At			Feet N S E W of or Mile Marker Exit Number				10 11			
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Route# Intersecting Roadway/Street							
Also at Intersection with			Feet N S E W of Landmark							
Route# Direction Name of Intersecting Roadway/Street										
Please Select One of the Following:			Crash Report ID# 25-60-AC							
<input checked="" type="checkbox"/> Vehicle 1 #Occupants			<input type="checkbox"/> Hit/Run				<input type="checkbox"/> Moped			
License # St OB/Ag			Reg # 2FNP78 Reg Type PC Reg State MA				1 12			
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2021 Veh Make TOYOTA Veh Config. 1 21							
Operator TURCIOS-MARTINEZ, ANGEL LEONEL			Owner TURCIOS-MARTINEZ, ANGEL LEONEL							
Address 168 BUCKNAM ST APT A			Address 168 BUCKNAM ST APT A							
City EVERETT State MA Zip 02149-1237			City EVERETT State MA Zip 02149-1237							
Insurance Company GEICO GENERAL INSURANCE C			Vehicle Action Prior to Crash 3 22				Damaged Area Code: 4 27 5 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: 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			DOB/Age Sex				1 13			
Name (Last First Middle) Address			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 type="checkbox"/> Vehicle 2 #Occupants				<input type="checkbox"/> Hit/Run			
<input type="checkbox"/> Moped			<input checked="" 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: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency?			Event Sequence 23 23 23 23				Test Status: 28			
Citation # (If Issued)			Most Harmful Event 24				Type of Test: 29			
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Driver Contributing Code 25 25				BAC Test Result: 30			
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Distracted by 26 26				Susp. Alcohol: 31 Susp. Drug: 32			
Please fill out for operator and all occupants involved			DOB/Age Sex				1 14			
Name (Last First Middle) Address			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							

Please complete a section for each vulnerable user involved in the crash.

Vulnerable User		Type 2 VU1		Action 2 VU2		Location 4 VU3	
<p>VU: <u>CARAWAY, LOGAN</u> <small>Last First Middle</small> Address <u>120 COMMERCE WAY APT 200</u> City <u>WOBURN</u> State <u>MA</u> Zip <u>01801</u> License # <u>AD018097W</u> St <u>ID</u> DOB/Age <u>05/03/1999</u> Traffic Control Device 0 VU4 Origin/Destination 2 VU5 Contact Point: 12 VU6</p>							
<p>Primary Injury Area: 2 VU7</p> <p>Event Sequence 4 VU8 18 VU8 19 VU8 VU8 Contributing Code 9 VU9 VU9 Distracted by 99 VU10 VU10</p>				<p>Test Status: 1 VU11 Type of Test: 0 VU12 BAC Test Result: 1 VU13 Susp. Alcohol: 2 VU14 Susp. Drug: 2 VU15</p>			
		Sex	VU16 Seat Pos. 8	VU17 Safety Equipment 6	VU18 Eject Code 1	VU19 Trap Code 0	VU20 Injury Status 8
Vulnerable User		M	8	6	1	0	8
		VU21 Transp. Code 2		Medical Facility			
				Lahey Clinic			

Vulnerable User		Type VU1		Action VU2		Location VU3	
<p>VU: _____ <small>Last First Middle</small> Address _____ City _____ State _____ Zip _____ License # _____ St _____ DOB/Age _____ Traffic Control Device VU4 Origin/Destination VU5 Contact Point: VU6</p>							
<p>Primary Injury Area: VU7</p> <p>Event Sequence VU8 VU8 VU8 VU8 Contributing Code VU9 VU9 Distracted by VU10 VU10</p>				<p>Test Status: VU11 Type of Test: VU12 BAC Test Result: VU13 Susp. Alcohol: VU14 Susp. Drug: VU15</p>			
		Sex	VU16 Seat Pos. 	VU17 Safety Equipment 	VU18 Eject Code 	VU19 Trap Code 	VU20 Injury Status
Vulnerable User							
		VU21 Transp. Code 		Medical Facility			

Vulnerable User		Type VU1		Action VU2		Location VU3	
<p>VU: _____ <small>Last First Middle</small> Address _____ City _____ State _____ Zip _____ License # _____ St _____ DOB/Age _____ Traffic Control Device VU4 Origin/Destination VU5 Contact Point: VU6</p>							
<p>Primary Injury Area: VU7</p> <p>Event Sequence VU8 VU8 VU8 VU8 Contributing Code VU9 VU9 Distracted by VU10 VU10</p>				<p>Test Status: VU11 Type of Test: VU12 BAC Test Result: VU13 Susp. Alcohol: VU14 Susp. Drug: VU15</p>			
		Sex	VU16 Seat Pos. 	VU17 Safety Equipment 	VU18 Eject Code 	VU19 Trap Code 	VU20 Injury Status
Vulnerable User							
		VU21 Transp. Code 		Medical Facility			

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○

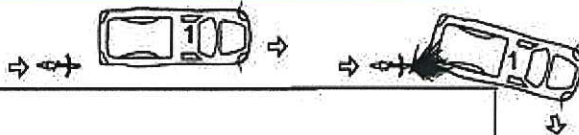
If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow



Main Street (Rt. 38), Wilmington, MA



52 Main Street

Oakwood Road



Crash Narrative:

Operator of MV 1 stated that he was driving North on Main Street (Route 38) and was turning right onto Oakwood Road. Operator of MV 1 stated that as he slowed to make his right turn he was rear ended by an electric bicyclist. The bicyclist stated that he drove into the back of MV 1 at approximately 30 MPH. Upon arrival he was laying in the middle of the Northbound travel lane and was not moving. He was wearing several layers of clothing and a motorcycle full head helmet. The bicyclist stated that he had pain in his left wrist/ arm as well as his left leg. The bicyclist was transported to Lahey Hospital by the Wilmington Fire Department. The electric bicycle was brought to the Wilmington Police Department to be later picked up by the bicyclist.

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 James R Hill

Police Officer Name (Please Print)

Signature

225

ID/Badge #

Wilmington Police Department

Department

Precinct/Barracks

02/19/2025

Date

Wilmington Police Department
Images Associated with 25-60-AC



Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash
02/21/2025

Time of Crash
1438
24HR

City/Town
Wilmington

Motor Vehicle Crash
Police Report

Number Vehicles
1

Number Injured
1

Speed Limit 35

Latitude

Longitude

State Police ☐

Local Police ☐

MBTA Police ☐

Campus Police ☐

Other ☐

AT INTERSECTION:

< LOCATION >

NOT AT INTERSECTION:

Route# Direction Name of Roadway/Street

At

Route# Direction Name of Intersecting Roadway/Street

Also at Intersection with

Route# Direction Name of Intersecting Roadway/Street

Route# Direction Address # Name of Roadway/Street

308 BURLINGTON AVE

Feet N S E W of Mile Marker Exit Number

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

Feet N S E W of Landmark

Please Select One of the Following:

☒ Vehicle 1 #Occupants ☐ Hit/Run ☐ Moped

Crash Report ID# 25-61-AC

License # St DOB/Age

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

Operator CAHILL, ELEANOR R

Last First Middle

Address 59 CENTER ST APT 106

City BURLINGTON State MA Zip 01803-3024

Insurance Company THE COMMERCE INSURANCE CO

Vehicle Travel Direction: N S E W Responding to Emergency? 2

Citation # (If Issued) 208497AD

Viol. 1: Ch/Sec/Sub 89 4A Viol. 2: Ch/Sec/Sub

Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub

Reg # CAHILL Reg Type PC Reg State MA

Veh Year 2021 Veh Make HONDA Veh Config. 1 21

Owner CAHILL, ELEANOR R

Last First Middle

Address 59 CENTER ST APT 106

City BURLINGTON State MA Zip 01803-3024

Vehicle Action Prior to Crash 1 22 Damaged Area Code: 1 27 9 27 11 27

Event Sequence 41 23 31 23 27 23 43 23 Test Status: 1 28

Most Harmful Event 1 24 Type of Test: 0 29

Driver Contributing Code 9 25 21 25 BAC Test Result: 1 30

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

Towed from scene? 1 33

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above			1	1	3	0	1	8	2	Lahey Clinic

Please Select One of the Following:

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

License # St DOB/Age

Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement

Operator

Last First Middle

Address

City State Zip

Insurance Company

Vehicle Travel Direction: N S E W Responding to Emergency?

Citation # (If Issued)

Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub

Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub

Reg # Reg Type Reg State

Veh Year Veh Make Veh Config. 21

Owner

Last First Middle

Address

City State Zip

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

Event Sequence 23 23 23 23 Test Status: 28

Most Harmful Event 24 Type of Test: 29

Driver Contributing Code 25 25 BAC Test Result: 30

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

Towed from scene? 33

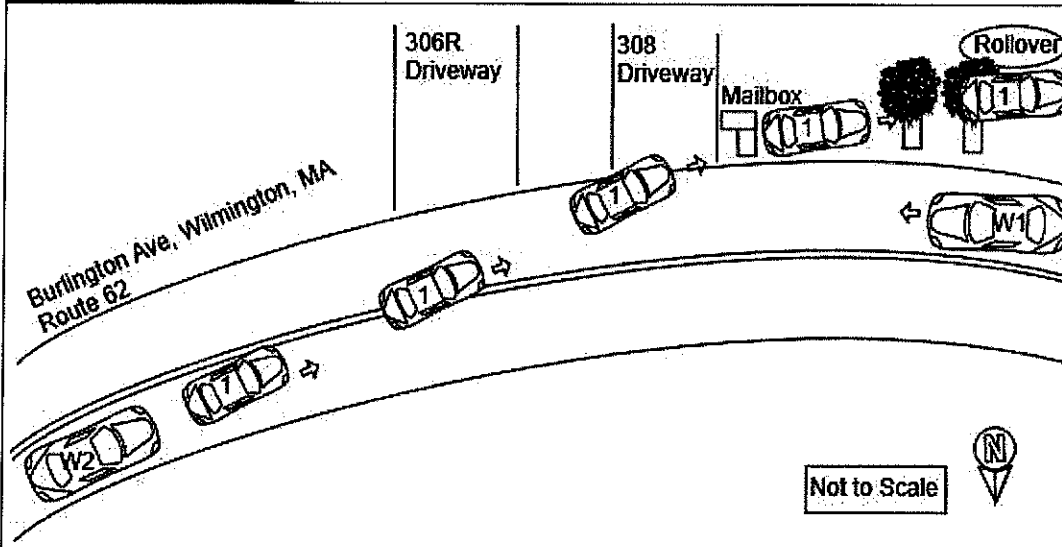
Please fill out for operator and all occupants involved

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

Witnesses stated that MV 1 was headed West on Burlington Ave, entered the Eastbound lane, and continued off the road to the left. The vehicle drove over a small snow bank between 306R and 308 Burlington Avenue before hitting the mailbox and a snowbank in front of 308 Burlington Ave. The vehicle struck several smaller trees in front of 308 Burlington Ave and began rolling down the hill in the front yard. The trees took down a cable wire leading to the house. Comcast and RMLD were notified.

Operator of MV 1 was transported to Lahey Hospital and did not appear to have serious injury. Operator's family was notified. Operator stated that she was light headed/ may have dozed off while driving. Operator's family indicated they had been trying to get her to stop driving due to health issues. An immediate threat will be filed with the RMV. See report 25-209-OF.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
MACDONALD SHARON LYNN	8 ALDRICH RD WILMINGTON MA 01887-2276		
TOPPI FREDERICK DAVID	28 SPRAGUE ST NORTH BILLERICA MA 01862-1444		

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
HOLDEN JARED	308 BURLINGTON AVE WILMINGTON MA 0		97	MAILBOX
HOLDEN JARED	308 BURLINGTON AVE WILMINGTON MA 0		97	TREE / UTLITY WIRE

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 James R Hill

225

Wilmington Police Department

02/21/2025

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

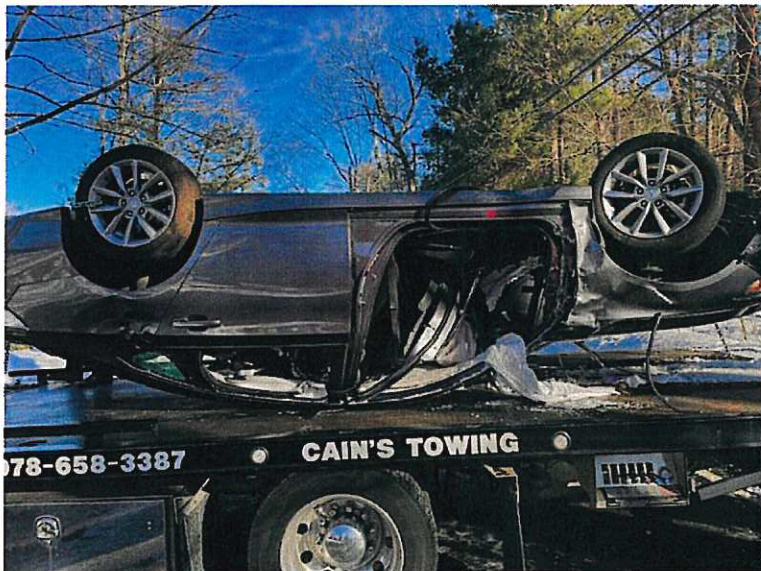
Precinct/Barracks

Date

Wilmington Police Department
Images Associated with 25-61-AC



Wilmington Police Department
Images Associated with 25-61-AC



Wilmington Police Department
Images Associated with 25-61-AC



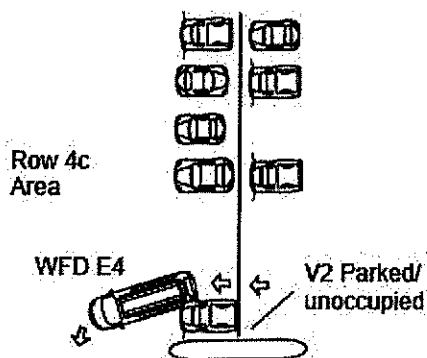
Attachments for 25-61-AC	
Description	Type
RMV IMMEDIATE THREAT PACKET	PDF
Attachment#: C99175E983B342229C61C0B37F31A947	

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 02/22/2025	Time of Crash 1101 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 20	Latitude	Longitude	State Police Local Police MBTA Police Campus Police Other
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street		260 MAIN ST					
At			Feet N S E W of		Mile Marker Exit Number					
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of		Route# Intersecting Roadway/Street					
Also at Intersection with			Feet N S E W of		WILMINGTON PLAZA LOT					
Route# Direction Name of Intersecting Roadway/Street					Landmark					
Please Select One of the Following:			<input checked="" type="checkbox"/> Vehicle 13 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Crash Report ID# 25-62-AC	
License # St. DOB/Age			Reg # MF86M		Reg Type DC		Reg State MA			
Sex M Lic. Class 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2017		Veh Make Other-not listed		Veh Config. 6 21			
Operator FOLEY, TREVOR CARLISLE			Owner WILMINGTON TOWN OF FIRE DEPT							
Address 1 ADELAIDE ST			Address 121 GLEN RD							
City WILMINGTON State MA Zip 01887-2035			City WILMINGTON State MA Zip 01887-3500							
Insurance Company SELF INSURED MIIA			Vehicle Action Prior to Crash 4 22		Damaged Area Code: 7 27 6 27 27					
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input checked="" type="checkbox"/> E <input checked="" type="checkbox"/> 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 6 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										
Name (Last First Middle)			Address		DOB/Age		Sex		Medical Facility	
Operator			See Above							
ERIC ROBBINS			1 ADELAIDE ST WILMINGTON, MA 01887		M 3		1 4 0 0 10 1			
GEORGE ROBINSON			1 ADELAIDE ST WILMINGTON, MA 01887		M 5		1 4 0 0 10 1			
Please Select One of the Following:			<input checked="" type="checkbox"/> Vehicle 20 #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 # 3RWB76		Reg Type PC		Reg State MA			
Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement			Veh Year 2023		Veh Make CHEVROLET		Veh Config. 1 21			
Operator Driverless M.V.			Owner MORAIS MYR, ALINE							
Address			Address 35 ESSEX ST							
City State Zip			City LOWELL State MA Zip 01854							
Insurance Company PROGRESSIVE DIRECT INSURA			Vehicle Action Prior to Crash 11 22		Damaged Area Code: 2 27 3 27 27					
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input checked="" type="checkbox"/> E <input checked="" type="checkbox"/> W Responding to Emergency? 2			Event Sequence 1 23 23 23 23		Test Status: 28					
Citation # (If Issued)			Most Harmful Event 1 24		Type of Test: 29					
Viol. 1: Ch/Sec/Sub 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: 31 Susp. Drug: 32					
Please fill out for operator and all occupants involved										
Name (Last First Middle)			Address		DOB/Age		Sex		Medical Facility	
Operator/Occupants			See Above							

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

Crash Diagram:

Market Basket/ Wilmington Plaza 260 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:

Engine 4 WFD (MA-Fire Official 86) was parked in Wilmington Plaza lot next to V2 (MA-3RWB76) between rows 3C and 4C. V2 was parked and unattended on the driver's side of the fire truck and facing the same direction. V1 was leaving the parking spot by traveling straight and attempted wide turn to go around V2 due to a more crowded lot. In the process of doing so the rear left quarter of V1 (Engine 4) clipped the front right fender/ bumper of V2. No injuries. Minor scuff/dent damage to left rear quarter of Engine 4 along end of rear wheel cowling, and along metal frame including left rear metal diamond plate step bumper. V2 (MA-3RWB76) damaged on right front fender, bumper and headlight assembly. Refer images. V2 owner is employee of Market Basket and was contacted with assistance of Manager Cohello. R/O (and husband by phone) advised of incident, report, and insurance process.

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use ☐ 42

Address _____ City _____ St _____ Zip _____

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

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

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

Hazmat Information:

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

Patrol Officer Richard DiPerri

173

Wilmington Police Department

02/22/2025

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Attachments for 25-62-AC	
Description	Type
MVC WFD E4, VS PARKED V2 MA-3RWB76	PDF
Attachment#: 532DDBEAA20D444B9B812D941297F13A	