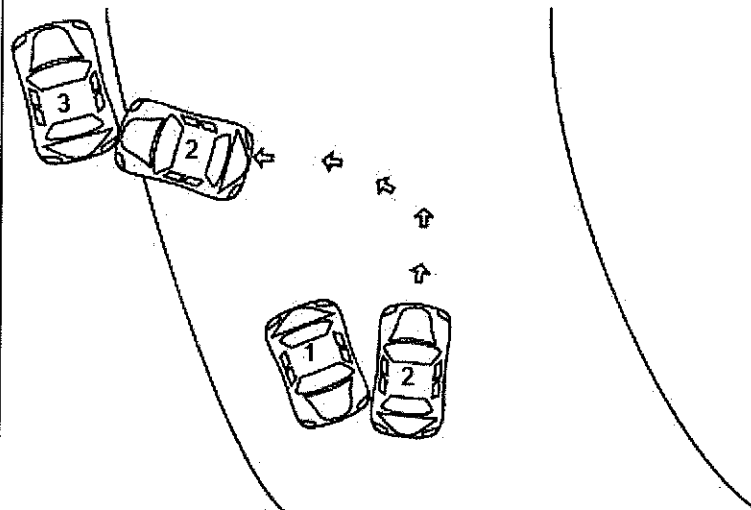


Police Use Only			Commonwealth of Massachusetts				RMV Document Number										
Date of Crash 02/24/2025	Time of Crash 1640 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 3	Number Injured 0	Speed Limit 30	Latitude	Longitude	State Police Local Police MBTA Police Campus Police Other						
AT INTERSECTION:			< LOCATION >			NOT AT INTERSECTION:											
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street			6 HARNDEN ST											
At			Feet N S E W of			Mile Marker Exit Number											
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of			Route# Intersecting Roadway/Street											
Also at Intersection with			Feet N S E W of			Landmark											
Route# Direction Name of Intersecting Roadway/Street																	
Please Select One of the Following:			☒ Vehicle 11 #Occupants			☐ Hit/Run			☐ Moped			Crash Report ID# 25-63-AC					
License # St DOB/Age			Reg # 7YX769			Reg Type PC			Reg State MA								
Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2011			Veh Make DODGE			Veh Config. 1 21								
Operator GILLIS, JENNIFER ANN			Owner GILLIS, JENNIFER ANN														
Address 27 HOBSON AVE			Address 27 HOBSON AVE														
City WILMINGTON State MA Zip 01887-2059			City WILMINGTON State MA Zip 01887-2059														
Insurance Company GEICO GENERAL INSURANCE C			Vehicle Action Prior to Crash 1 22			Damaged Area Code: 1 27 27 27											
Vehicle Travel Direction: N S E X 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			Driver Contributing Code 1 25 25			BAC Test Result: 30											
Viol. 2: Ch/Sec/Sub			Driver Distracted by 0 26 26			Susp. Alcohol: 31 Susp. Drug: 32											
Viol. 3: Ch/Sec/Sub			Towed from scene? 1 33														
Viol. 4: Ch/Sec/Sub																	
Please fill out for operator and all occupants involved																	
Name (Last First Middle)			Address			DOB/Age			Sex			34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code			Medical Facility		
Operator			See Above			X			X			1 1 4 0 0 10 1					
Please Select One of the Following:			☒ Vehicle 21 #Occupants			☐ Hit/Run			☐ Moped			☐ Vulnerable User Complete the Vulnerable User section.					
License # St DOB/Age			Reg # 5HYB68			Reg Type PC			Reg State MA								
Sex Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2024			Veh Make HYUNDAI			Veh Config. 1 21								
Operator			Owner ROMANO, CHANELLE MARIE														
Address			Address 5 RUSSELL RD														
City State Zip			City WILMINGTON State MA Zip 01887-1666														
Insurance Company LIBERTY MUTUAL INSURANCE			Vehicle Action Prior to Crash 1 22			Damaged Area Code: 4 27 27 27											
Vehicle Travel Direction: N S X W Responding to Emergency? 2			Event Sequence 1 23 23 23 23			Test Status: 28											
Citation # (If Issued) 215770AD			Most Harmful Event 1 24			Type of Test: 29											
Viol. 1: Ch/Sec/Sub 90 11			Driver Contributing Code 12 25 25			BAC Test Result: 30											
Viol. 2: Ch/Sec/Sub 90 17			Driver Distracted by 0 26 26			Susp. Alcohol: 31 Susp. Drug: 32											
Viol. 3: Ch/Sec/Sub			Towed from scene? 1 33														
Viol. 4: Ch/Sec/Sub																	
Please fill out for operator and all occupants involved																	
Name (Last First Middle)			Address			DOB/Age			Sex			34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code			Medical Facility		
Operator/Occupants			See Above			X			X			1 1 3 0 0 10 1					

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 02/24/2025	Time of Crash 1640 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 3	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			Route# Direction Address # Name of Roadway/Street		6 HARNDEN ST					
At			Feet N S E W of		Mile Marker Exit Number					
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of		Route# Intersecting Roadway/Street					
Also at Intersection with			Feet N S E W of		Landmark					
Route# Direction Name of Intersecting Roadway/Street										
Please Select One of the Following:			☒ Vehicle 31 #Occupants		☐ Hit/Run		☐ Moped		Crash Report ID# 25-63-AC	
License # St. DOB/Age			Reg # RAYA		Reg Type PC		Reg State MA			
Sex M Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement			Veh Year 2016		Veh Make FORD		Veh Config. 1 21			
Operator SIMPSON, MATTHEW C			Owner SIMPSON, MATTHEW C							
Address 20 HARNDEN ST			Address 20 HARNDEN ST							
City WILMINGTON State MA Zip 01887-3539			City WILMINGTON State MA Zip 01887-3539							
Insurance Company SAFECO INSURANCE COMPANY			Vehicle Action Prior to Crash 11 22		Damaged Area Code: 5 27 27 27					
Vehicle Travel Direction: ☒ S ☐ E ☐ 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					Towed from scene? 2 33					
Name (Last First Middle) Address DOB/Age Sex			34 Seat Pos. 15 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code Medical Facility							
Operator See Above			1 0 4 0 0 10 1							
Please Select One of the Following:			☐ Vehicle 4 #Occupants		☐ Hit/Run		☐ Moped		☐ Vulnerable User Complete the Vulnerable User section.	
License # St. DOB/Age			Reg #		Reg Type		Reg State			
Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement			Veh Year		Veh Make		Veh Config. 21			
Operator			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 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					Towed from scene? 33					
Name (Last First Middle) Address DOB/Age Sex			34 Seat Pos. 15 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
 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:

On February 24, 2025, I, Officer Parsons #236, responded to the area of 20 Harnden St. for report of a mv crash. Upon my arrival I ensured that there were no injuries. Operator of mv#1, MS. JENNIFER GILLIS, and operator of mv#2, MR. ROMAN SINNOTT both reported that they were not injured. I then gathered all necessary documents from each operator and called for both vehicles to be towed. After filling out the accident information form, I asked operator #1 for her side of what led to the crash. She reported that operator #2 came around the bend on Harnden St. at a high rate of speed, and appeared to have lost control of his vehicle. Operator #2 reported the same when I asked him. After crashing into mv#1, mv#2 then overcorrected and crashed into mv#3. MV#3 was parked in the driveway of 20 Harnden St, and was unoccupied. Officer Hanson assisted with the inventory of both vehicles that were towed. Operator #2 was issued citation #215770AD.

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 Dale H Parsons

Police Officer Name (Please Print)

Signature

236

ID/Badge #

Wilmington Police Department

Department

Precinct/Barracks

02/24/2025

Date

Attachments for 25-63-AC	
Description	Type
MV INVENTORY FORMS	PDF
Attachment#: 2D731C3B241A491B9E7DBDB19E4EA2BF	

Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash
02/26/2025Time of Crash
0738
24HRCity/Town
WilmingtonMotor Vehicle Crash
Police ReportNumber
Vehicles
2Number
Injured
1Speed 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 340 MAIN ST
Address # _____ Name of Roadway/Street __________ Feet N S E W of _____ • _____ or _____
Mile Marker _____ Exit Number __________ Feet N S E W of _____
Route# _____ Intersecting Roadway/Street __________ Feet N S E W of _____
Landmark _____Please Select One
of the Following:☒ Vehicle 11 #Occupants _____☐ Hit/Run☐ MopedCrash Report ID# 25-64-AC

License # _____ St _____ DOB/Age _____

Sex M Lic. Class D 19 19 Lic. Restrictions B 20 CDL _____
Endorsement _____Operator JOVELIS, THEODORE JOHN
Last First MiddleAddress 821 NORTH STCity TEWKSBURY State MA Zip 01876-1252Insurance Company ARBELLA MUTUAL INSURANCEVehicle 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 _____

Reg # 2FDD51 Reg Type PC Reg State MAVeh Year 2016 Veh Make CHRYSLER Veh Config. 1 21Owner JOVELIS, THEODORE JOHN
Last First MiddleAddress 821 NORTH STCity TEWKSBURY State MA Zip 01876-1252Vehicle Action Prior to Crash 1 22 Damaged Area Code: 1 27 27 27Event Sequence 1 23 23 23 23 Test Status: 1 28Most Harmful Event 1 24 Type of Test: 0 29Driver Contributing Code 5 25 25 BAC Test Result: 1 30Driver Distracted by 99 26 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32Towed from scene? 2 33

Please fill out for operator and all occupants involved

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

Operator

See Above

1 1 4 0 0 10 1Please Select One
of the Following:☒ Vehicle 21 #Occupants _____☐ Hit/Run☐ Moped☐ Vulnerable User Complete the Vulnerable User section.

License # _____ St _____ DOB/Age _____

Sex M Lic. Class D 19 19 Lic. Restrictions B 20 CDL _____
Endorsement _____Operator PERROTTA, ANTHONY T
Last First MiddleAddress 67 ARNOLD AVECity LOWELL State MA Zip 01852-5419Insurance Company THE COMMERCE INSURANCE COVehicle 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 _____

Reg # 7SM429 Reg Type PC Reg State MAVeh Year 2023 Veh Make VOLKSWAGEN Veh Config. 1 21Owner PERROTTA, ANTHONY T
Last First MiddleAddress 67 ARNOLD AVECity LOWELL State MA Zip 01852-5419Vehicle Action Prior to Crash 2 22 Damaged Area Code: 4 27 5 27 27Event Sequence 1 23 23 23 23 Test Status: 1 28Most Harmful Event 1 24 Type of Test: 0 29Driver Contributing Code 1 25 25 BAC Test Result: 1 30Driver Distracted by 0 26 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32Towed from scene? 2 33

Please fill out for operator and all occupants involved

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

Operator/Occupants

See Above

1 0 4 0 0 9 1

Crash Diagram:

ie:

11

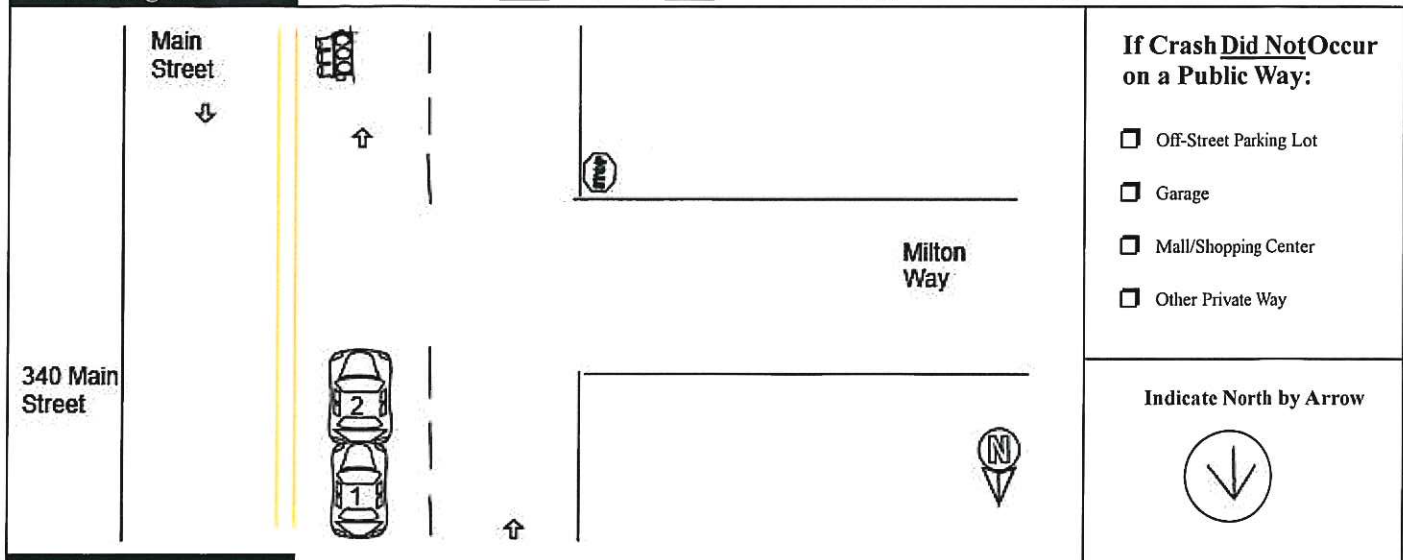
Example 1

2

→

2

 = Bicycle



Crash Narrative:

Vehicle 1 (V1) was traveling on Main Street in the left most southbound lane in the area of 340 Main Street. Vehicle 2 (V2) was traveling directly in front of V1. V2 was stopped at the red traffic signal when V1 rear ended V2. V2 sustained scratches and dents to the rear bumper. V1 sustained scratched and dents to the front bumper and license plate. No airbags were deployed. V1's operator declined injuries and signed a medical refusal with the Wilmington Fire Department. V2's operator complained of neck pain, however refused to be transported to the hospital and signed a medical refusal with the Wilmington Fire Department. Both vehicles were 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
--------------	---------

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 _____

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 #

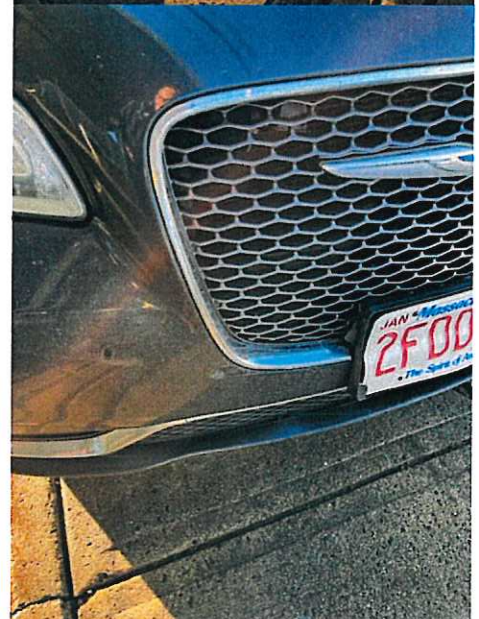
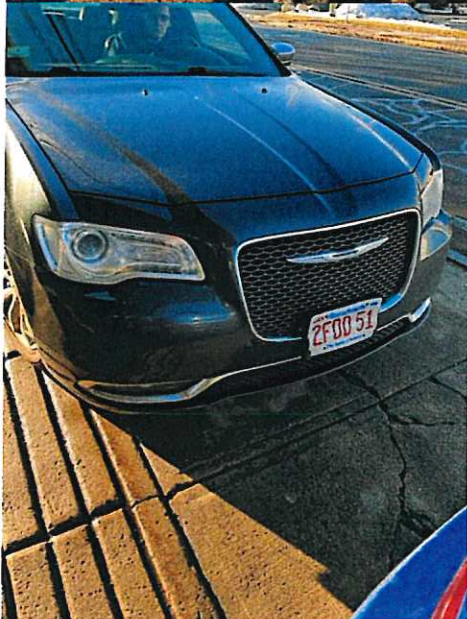
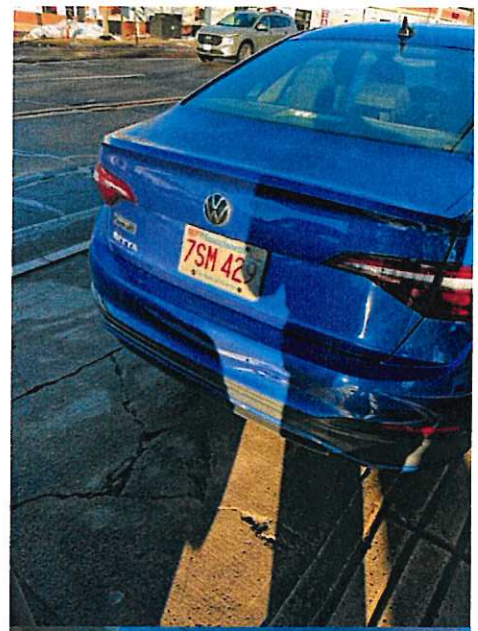
Wilmington Police Department

Department

02/26/2025

Date _____

Wilmington Police Department
Images Associated with 25-64-AC



Wilmington Police Department
Motor Vehicle Crash Report
25-65-AC

Requests for Wilmington Police Department Report, 25-65-AC,
may be made via the department's Public Records Email at
publicrecords@wpd.org

Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash 02/27/2025 Time of Crash 1555 City/Town **Wilmington**
24HR

Motor Vehicle Crash
Police Report

Number Vehicles 2 Number Injured 0
Speed Limit 30 State Police ☐
Latitude _____ Local Police ☒
Longitude _____ 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
FORDHAM RD
Feet ☐ N ☐ S ☐ E ☐ W of _____ or _____
Mile Marker Exit Number
Feet ☐ N ☐ S ☐ E ☐ W of _____
Route# Intersecting Roadway/Street
Feet ☐ N ☐ S ☐ E ☐ W of _____
Landmark

Please Select One
of the Following:☒ Vehicle 1 Occupants ☐ Hit/Run ☐ Moped

Crash Report ID# 25-66-AC

License # _____ St _____ DOB/Age _____
Sex **M** Lic. Class **D** Lic. Restrictions **99** CDL _____
Operator **VASQUEZ INFANTE, CRISYOELERY**
Address **207 FARNHAM ST**
City **LAWRENCE** State **MA** Zip **01843-1810**
Insurance Company **GOVERNMENT EMPLOYEES INSU**
Vehicle Travel Direction: ☒ S ☐ E ☐ W Responding to Emergency? **2**
Citation # (If Issued) _____
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____

Reg # **6AGR99** Reg Type **PC** Reg State **MA**
Veh Year **2016** Veh Make **MERCEDES-BENZ** Veh Config. **1**
Owner **VASQUEZ INFANTE, CRISYOELERY**
Address **207 FARNHAM ST**
City **LAWRENCE** State **MA** Zip **01843-1810**
Vehicle Action Prior to Crash **1**
Event Sequence **1** **23** **23** **23** **23**
Most Harmful Event **1**
Driver Contributing Code **97** **25** **25**
Driver Distracted by **0** **26** **26**
Damaged Area Code: **8** **27** **27** **27**
Test Status: **1** **28**
Type of Test: **29**
BAC Test Result: **30**
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 **M** Lic. Class **D** Lic. Restrictions **99** CDL _____
Operator **PORTILLO, ROBERTO BRYAN**
Address **284 OLD MAIN ST**
City **TEWKSBURY** State **MA** Zip **01876-1768**
Insurance Company **ERIE INS EXCHANGE**
Vehicle Travel Direction: ☒ S ☐ E ☐ W Responding to Emergency? **2**
Citation # (If Issued) **223689AD**
Viol. 1: Ch/Sec/Sub **90** **23D** Viol. 2: Ch/Sec/Sub _____
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____

Reg # **3EG8659** Reg Type **PC** Reg State **MD**
Veh Year **2020** Veh Make **RAM** Veh Config. **1**
Owner **BAIRES, ZULEMA PACHECO**
Address **858 QUINCE ORCHARD BLVD APT 101**
City **GAITHERSBURG** State **MD** Zip **208781721**
Vehicle Action Prior to Crash **2**
Event Sequence **1** **23** **23** **23** **23**
Most Harmful Event **1**
Driver Contributing Code **1** **25** **25**
Driver Distracted by **0** **26** **26**
Damaged Area Code: **4** **27** **27** **27**
Test Status: **1** **28**
Type of Test: **29**
BAC Test Result: **30**
Susp. Alcohol: **2** **31** Susp. Drug: **2** **32**
Towed from scene? **1** **33**

Please fill out for operator and all occupants involved

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

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○

Lot 60
Concord St
(Dunkin')

Fordham RD
SB

Median

Fordham Rd
NB

Median

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:

02/27/25 1555hrs, dispatched to 2-car minor MVC. On arrival, both cars were able to move to shoulder. Op2 stated was stopped and inching forward trying to turn L into 60 Concord St. MV1 attempted to pass MV2 and struck MV1 rear pass corner. OP1 believed MV2 was continuing straight. No injuries reported. Both MVs towed by Cain's. OP2 lic status SUS. Cited #223689AD (25-101-AR).

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

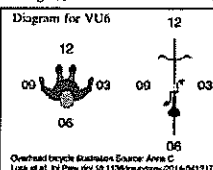
Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 46

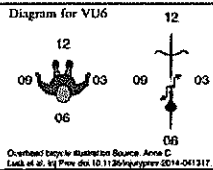
Hazmat Information:

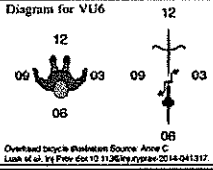
Placard 47 Material 1 digit # 48 Material Name _____ Material 4 digit # _____ Release code 49

Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 02/28/2025	Time of Crash 1709 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 1	Number Injured 0	Speed Limit 15 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 99 FORDHAM RD								
At			Feet N S E W of or Exit Number								
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Mile Marker Intersecting Roadway/Street								
Also at Intersection with			Landmark								
Route# Direction Name of Intersecting Roadway/Street											
Please Select One of the Following:			☒ Vehicle 1 Occupants			☐ Hit/Run			☐ Moped		
			Crash Report ID# 25-67-AC								
License #			Reg # VT29100			Reg Type PC			Reg State MA		
Sex M Lic. Class 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2022			Veh Make GMC			Veh Config. 1 21		
Operator MCGONAGLE, JAMES MARK			Owner MCGONAGLE, JAMES MARK								
Address 6 FREEPORT DR			Address 6 FREEPORT DR								
City WILMINGTON State MA Zip 01887-1502			City WILMINGTON State MA Zip 01887-1502								
Insurance Company SAFETY INSURANCE COMPANY			Vehicle Action Prior to Crash 4 22			Damaged Area Code: 0 27 27 27					
Vehicle Travel Direction: ☒ S ☐ E ☐ W Responding to Emergency? 2			Event Sequence 3 23 23 23 23			Test Status: 28					
Citation # (If Issued)			Most Harmful Event 3 24			Type of Test: 29					
Viol. 1: Ch/Sec/Sub			Driver Contributing Code 1 25 25			BAC Test Result: 30					
Viol. 2: Ch/Sec/Sub			Driver Distracted by 0 26 26			Susp. Alcohol: 31 Susp. Drug: 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		
Please Select One of the Following:			☐ Vehicle 2 Occupants			☐ Hit/Run			☐ Moped		
			☒ Vulnerable User Complete the Vulnerable User section.								
License #			Reg #			Reg Type			Reg State		
Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement			Veh Year			Veh Make			Veh Config. 21		
Operator			Owner								
Address			Address								
City State Zip			City State Zip								
Insurance Company			Vehicle Action Prior to Crash 22			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		

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

Vulnerable User		Type 1 VU1	Action 2 VU2	Location 5 VU3				
VU: <u>ROUSSEAU, MICHELLE</u> Last First Middle								
Address <u>27 JEFFERSON ST APT 104</u>		Primary Injury Area: 2 VU7						
City <u>MARLBOROUGH</u> State <u>MA</u> Zip _____		Test Status: VU11						
License # _____ St _____ DOB/Age _____		Event Sequence 19 VU8 VU8 VU8 VU8 Type of Test: VU12						
Traffic Control Device 0 VU4		Contributing Code 1 VU9 VU9 BAC Test Result: VU13						
Origin/Destination 97 VU5		Distracted by 1 VU10 VU10 Susp. Alcohol: VU14						
Contact Point: 09 VU6		Susp. Drug: VU15						
								
	Sex	VU16 Seat Pos.	VU17 Safety Equipment	VU18 Eject Code	VU19 Trap Code	VU20 Injury Status	VU21 Transp. Code	Medical Facility
Vulnerable User	F	97	99	0	0	8	2	Lahey Clinic

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

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

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○

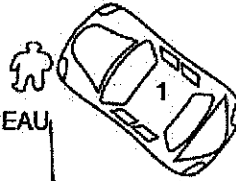
If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow



MS. ROUSSEAU



Crash Narrative:

On Friday, February 28, 2025, I, Officer Dale Parsons #236, was dispatched to 99 Fordham Rd. for report of a car vs. pedestrian accident. Upon my arrival, I was met by MR. JAMES MCGONAGLE, who identified himself as the operator of mv#1. MR. MCGONAGLE directed me over to the female party, MS. ROUSSEAU, who was sitting inside her boyfriend's car and was being evaluated for a possible broken wrist. MR. MCGONAGLE explained that as he turned left, to find a parking spot, he "clipped" MS. ROUSSEAU. MR. MCGONAGLE said that he did not see MS. ROUSSEAU at all prior to hitting her. MS. ROUSSEAU was transported by Wilmington Fire with possible minor injuries. There was no damage to MR. MCGONAGLE'S vehicle. For more detail report, see attached supplemental narrative.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
SILVA RAYMOND J	27 JEFFERSON ST Apt. #104 MARLBOROUGH MA 01752-		

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 Dale H Parsons

236

Wilmington Police Department

02/28/2025

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

NARRATIVE FOR PATROL OFFICER DALE H PARSONS

Ref: 25-67-AC

Entered: 02/28/2025 @ 2259 Entry ID: 236
Modified: 02/28/2025 @ 2300 Modified ID: 236

I, Officer Dale Parsons #236, report the following summary of facts regarding a motor vehicle/pedestrian accident at the Shriner's Auditorium, located at 99 Fordham Rd.

On Friday, February 28, 2025, I was assigned to the 4:00pm-12:00am shift, Sector 2, car 32. At approximately 5:10pm, I was dispatched to 99 Fordham Rd. for report of a motor vehicle accident, in which the motor vehicle struck a pedestrian. Upon my arrival, MR. JAMES MCGONAGLE introduced himself and quickly identified the female party involved. MR. MCGONAGLE was the operator of the motor vehicle involved (MA registration VT29100). He explained that as he was turning to park his truck, he heard a sound that sounded like he hit something. MR. MCGONAGLE said that just after the sound, he saw a female, later identified as MS. MICHELLE ROUSSEAU, spin to the ground. MR. MCGONAGLE explained that as he made the turn, he did not see MS. ROUSSEAU at all. MR. MCGONAGLE said he was traveling at a very slow speed, and stopped immediately to check on MS. ROUSSEAU.

After speaking with MR. MCGONAGLE, I examined his vehicle. MR. MCGONAGLE showed me where he had "clipped" MS. ROUSSEAU; the driver's side front bumper area. There was no damage what so ever on MR. MCGONAGLE vehicle. I then spoke with MR. RAYMOND SILVA, who identified himself as MS. ROUSSEAU'S boyfriend. He explained that he was walking in front of MS. ROUSSEAU, and only turned around when he heard MS. ROUSSEAU get hit. MR. SILVA said that MS. ROUSSEAU got right back up, but was hurt. MS. ROUSSEAU was escorted back to MR. SILVA'S vehicle so she could sit down.

MS. ROUSSEAU was being evaluated by Wilmington Fire, thus I was unable to hear directly from her, but after speaking with Wilmington Fire, it sounded as though she corroborated MR. MCGONAGLE'S recounting of the incident, in that MR. MCGONAGLE was turning, at a low rate of speed, and appeared he did not see MS. ROUSSEAU before hitting her.

MS. ROUSSEAU was transported by Wilmington Fire with a possible broken wrist. I explained to MR. MCGONAGLE and MR. SILVA that I would be leaving an accident report and explained the process in which to obtain a copy of the report. I cleared without further incident.

Respectfully submitted,

Officer Dale Parsons #236