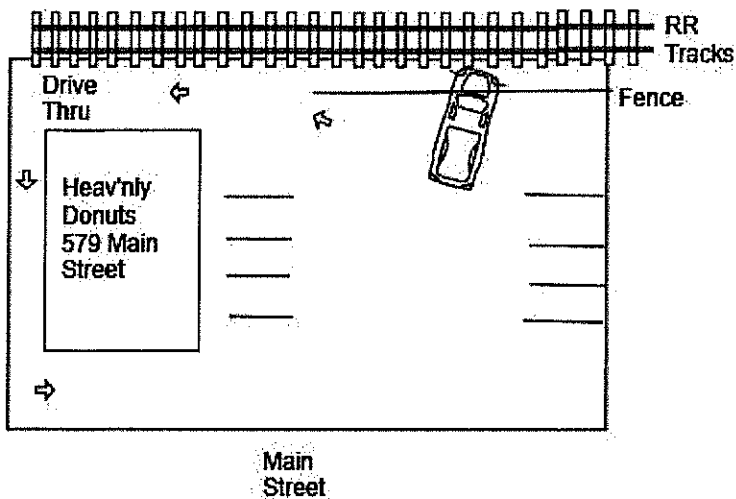


Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 03/17/2025	Time of Crash 0935 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 1	Number Injured 0	Speed Limit 15	Latitude	Longitude	State Police Local Police MBTA Police Campus Police Other			
AT INTERSECTION:			< LOCATION >			NOT AT INTERSECTION:								
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street			2 10								
At			Feet N S E W of or Mile Marker Exit Number			1 11								
Route# Direction Name of Intersecting Roadway/Street			Route# Direction Name of Intersecting Roadway/Street			1 11								
Also at Intersection with			Feet N S E W of			Route# Intersecting Roadway/Street								
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of			Landmark								
Please Select One of the Following:			<input checked="" type="checkbox"/> Vehicle 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Crash Report ID# 25-79-AC		
License # S DOB/Age			Reg # 5522210 Reg Type PC Reg State NH			7 12								
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2019 Veh Make FORD Veh Config. 2 21			7 12								
Operator AMARAL, DAVID M			Owner AMARAL, DAVID M			7 12								
Address 5 PENINSULA DR			Address 5 PENINSULA DR			7 12								
City EPPING State NH Zip 03042			City EPPING State NH Zip 03042			7 12								
Insurance Company			Vehicle Action Prior to Crash 1 22			Damaged Area Code: 1 27 3 27 27			26 13					
Vehicle Travel Direction: N S E W Responding to Emergency? 2			Event Sequence 26 23 30 23 23 23			Test Status: 1 28			26 13					
Citation # (If Issued)			Most Harmful Event 26 24			Type of Test: 0 29			26 13					
Viol. 1: Ch/Sec/Sub			Driver Contributing Code 17 25 25			BAC Test Result: 1 30			26 13					
Viol. 2: Ch/Sec/Sub			Driver Distracted by 0 26 26			Susp. Alcohol: 2 31 Susp. Drug: 2 32			26 13					
Viol. 3: Ch/Sec/Sub			Towed from scene? 1 33						26 13					
Viol. 4: Ch/Sec/Sub									26 13					
Please fill out for operator and all occupants involved									26 13					
Name (Last First Middle)			Address			DOB/Age			Sex					
Operator			See Above			1 99			4 0 0 10 2					
									Lahey Clinic					
Please Select One of the Following:			<input type="checkbox"/> Vehicle 2 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			<input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.		
License # St DOB/Age			Reg # Reg Type Reg State			21								
Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement			Veh Year Veh Make Veh Config.			21								
Operator			Owner			21								
Address			Address			21								
City State Zip			City State Zip			21								
Insurance Company			Vehicle Action Prior to Crash 22			Damaged Area Code: 27 27 27			21					
Vehicle Travel Direction: N S E W Responding to Emergency?			Event Sequence 23 23 23 23			Test Status: 28			21					
Citation # (If Issued)			Most Harmful Event 24			Type of Test: 29			21					
Viol. 1: Ch/Sec/Sub			Driver Contributing Code 25 25			BAC Test Result: 30			21					
Viol. 2: Ch/Sec/Sub			Driver Distracted by 26 26			Susp. Alcohol: 31 Susp. Drug: 32			21					
Viol. 3: Ch/Sec/Sub			Towed from scene? 33						21					
Viol. 4: Ch/Sec/Sub									21					
Please fill out for operator and all occupants involved									21					
Name (Last First Middle)			Address			DOB/Age			Sex					
Operator/Occupants			See Above			1			4 0 0 10 2					
									Lahey Clinic					

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

ie: → 1 → 2 → X → B

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:

The vehicle in question was traveling on Main Street and turned into the Heav'nly Donuts parking lot. Once in the lot the operator stated that he began to experience a coughing fit which caused him to become dizzy and possibly loose consciousness. During this time he stated he was unable to control the vehicle due to this and this caused the vehicle to go over the curb, into the ditch and ultimately crashing through a plastic white fence and coming to rest. When speaking with the operator he stated that he was not feeling well and was experiencing numbness. He was transported by Action Paramedics to Lahey Hospital. No airbags were deployed. No injuries were reported from the crash. The vehicle was towed by Cains Towing. Immediate Threat to be filed, see attached supplemental report.

Witnesses:

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

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
CAIN STEPHEN MICHAEL	3 KIERNAN AVE WILMINGTON MA 01887-		97	WHITE PLASTIC 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 Michael R DiLorenzo

Police Officer Name (Please Print)

Signature

217

ID/Badge #

Wilmington Police Department

Department

Precinct/Barracks

03/17/2025

Date

SUPPLEMENTAL NARRATIVE FOR PATROL OFFICER BRIAN TAVARES

Ref: 25-79-AC

Entered: 03/17/2025 @ 1048 Entry ID: 206
Modified: 03/17/2025 @ 1048 Modified ID: 206
Approved: 03/18/2025 @ 1415 Approval ID: 174

On Monday, March 17, 2025, I, Officer Tavares, was assigned to the 8:00 AM to 4:00 PM shift in uniformed patrol, in marked cruiser 33 in sector 3. At approximately 9:35 AM, I was dispatched to 579 Main St., Heavenly Donuts, for a reported crash involving a vehicle and a fence. Officers Skinner and DiLorenzo also responded.

Upon arrival, I observed a black Ford Ranger with NH registration 5522210 positioned on an embankment atop a broken white plastic fence. The operator, later identified as David Amaral, was standing outside with the reporting party and property owner, Stephen Cain, along with Officer DiLorenzo. Officer Skinner arrived shortly after. As I arrived, Officer DiLorenzo requested Fire and EMS to evaluate David.

While Officers Skinner and DiLorenzo investigated the crash scene, I spoke with David to determine the events leading up to the crash and his condition afterward. David stated that he was driving into the parking lot, traveling westbound, when he experienced a coughing fit that caused him to lose consciousness. He awoke to find himself on top of the white fence in a ditch. It should be noted that at the time of the crash, the business was open, with multiple customers and vehicles moving throughout the parking lot.

I inquired about David's medical history, asking if he had experienced similar incidents before. David confirmed that since undergoing open-heart surgery a year ago, he has had periodic coughing attacks that can become so intense they cause dizziness and, at times, loss of consciousness. When asked if he was taking any medications, narcotics, or alcohol, David stated that he was on five different medications related to his heart condition and had last consumed alcohol on Saturday. I did not observe any signs of impairment, such as slurred speech, the odor of an alcoholic beverage emanating from his breath, bloodshot glassy eyes, or being unsteady on his feet.

The Wilmington Fire Department and Action Ambulance Paramedics arrived on the scene, evaluated David, and transported him to Lahey. Based on these findings, I am requesting an immediate threat suspension of David's driver's license through the Massachusetts RMV.

Officer Tavares #206

Wilmington Police Dept.

Attachments for 25-79-AC

Description	Type
IMMEDIATE THREAT	PDF
Attachment#: 7EDCDF4B9BB8480D8C72FF8E69A6749E	

Wilmington Police Department
Images Associated with 25-79-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 03/17/2025	Time of Crash 1623 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 35	State Police <input type="checkbox"/>	Local Police <input type="checkbox"/>	MBTA Police <input type="checkbox"/>	Campus Police <input type="checkbox"/>	Other <input type="checkbox"/>	
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:							
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street											
At			Feet N S E W of or Mile Marker Exit Number											
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Route# Intersecting Roadway/Street											
Also at Intersection with			Feet N S E W of											
Route# Direction Name of Intersecting Roadway/Street			Landmark											
Please Select One of the Following:			<input checked="" type="checkbox"/> Vehicle 11 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Crash Report ID# 25-80-AC		
License #			DOB/Age			Reg # 6CWL77			Reg Type PC			Reg State MA		
Sex M Lic. Class D 19 19			Lic. Restrictions 99 20			Veh Year 2025			Veh Make HONDA			Veh Config. 1 21		
Operator RAMOS, EDGARDO JR			Owner RAMOS, EDGARDO JR			Address 75 AUGUSTUS CT APT 2008			City READING			State MA Zip 01867-3971		
Insurance Company PROGRESSIVE DIRECT INSURA			Vehicle Action Prior to Crash 1 22			Damaged Area Code: 1 27 8 27 2 27			Test Status: 1 28			Type of Test: 29		
Vehicle Travel Direction: N X E W			Responding to Emergency? 2			Event Sequence 1 23 23 23 23			BAC Test Result: 30			Susp. Alcohol: 2 31		
Citation # (If Issued)			Most Harmful Event 1 24			Driver Contributing Code 5 25 25			Susp. Drug: 2 32			Towed from scene? 1 33		
Viol. 1: Ch/Sec/Sub			Viol. 2: Ch/Sec/Sub			Driver Distracted by 0 26 26								
Viol. 3: Ch/Sec/Sub			Viol. 4: Ch/Sec/Sub											
Please fill out for operator and all occupants involved														
Name (Last First Middle)			Address			DOB/Age			Sex			Medical Facility		
Operator			See Above			X			X					
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 #			DOB/Age			Reg # X65180			Reg Type CO			Reg State MA		
Sex M Lic. Class D 19 19			Lic. Restrictions 99 20			Veh Year 2021			Veh Make FORD			Veh Config. 2 21		
Operator FLEMING, GYLAN ANTHONY			Owner AMAZON LOGISTICS INC			Address 410 TERRY N AVE			City SEATTLE			State WA Zip 98109-5210		
Insurance Company OLD REPUBLIC INSURANCE CO			Vehicle Action Prior to Crash 2 22			Damaged Area Code: 0 27 27 27			Test Status: 1 28			Type of Test: 29		
Vehicle Travel Direction: N X E W			Responding to Emergency? 2			Event Sequence 1 23 23 23 23			BAC Test Result: 30			Susp. Alcohol: 2 31		
Citation # (If Issued)			Most Harmful Event 1 24			Driver Contributing Code 1 25 25			Susp. Drug: 2 32			Towed from scene? 2 33		
Viol. 1: Ch/Sec/Sub			Viol. 2: Ch/Sec/Sub			Driver Distracted by 0 26 26								
Viol. 3: Ch/Sec/Sub			Viol. 4: Ch/Sec/Sub											
Please fill out for operator and all occupants involved														
Name (Last First Middle)			Address			DOB/Age			Sex			Medical Facility		
Operator/Occupants			See Above			X			X					

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

Crash Diagram:

277 Main St/ Dollar General

MAIN ST/MA38

260 Main St/ Market Basket Lot

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:

3/17/25 appx. 1623hrs, located 2MV MVC in right SB travel lane on Main St/MA38 at light for 277 Main St (Simards/DG). MV1 rear ended MV2 w/ heavy front end damage. Front airbag deployment MV1.

OP1 stated, following behind MV2, following to close. MV2 slowed to stop for yellow light. MV1 could not stop in time, rear ended MV2. OP2 stated, slowing to stop for yellow light and rear ended.

OP 1&2 signed WFD med refuals. No apparent injuries. MV1 towed, Cain's. MV2 left under own power.

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

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

Hazmat Information:

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

Patrol Officer Joseph A Fitzgerald 215 Wilmington Police Department 03/17/2025
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

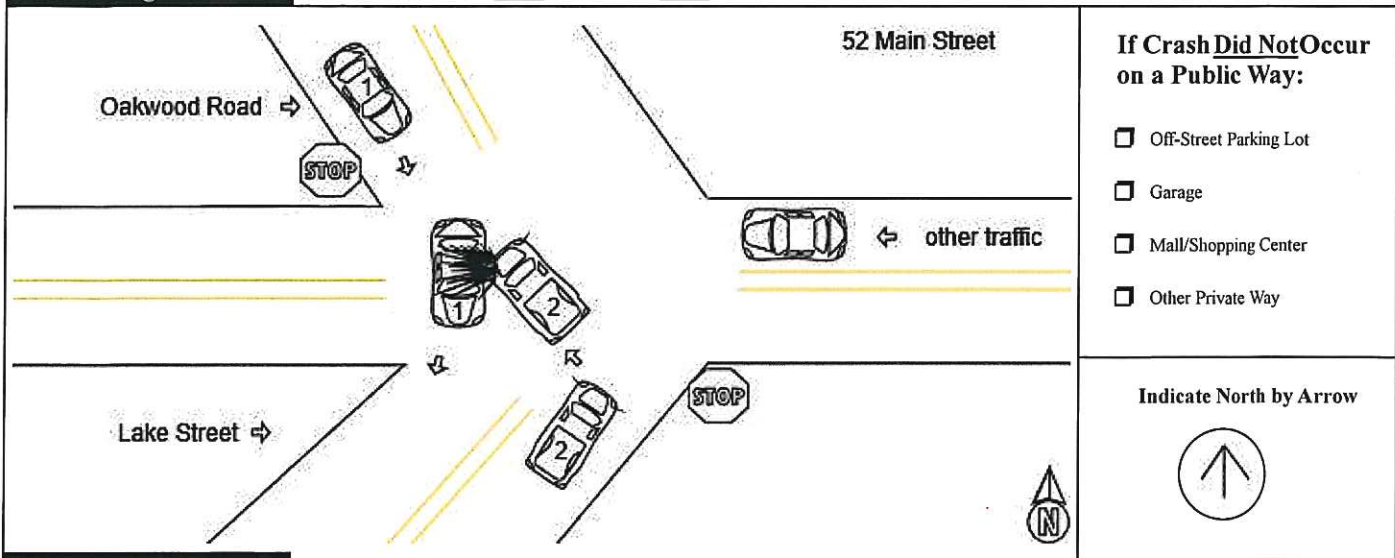
Wilmington Police Department
Images Associated with 25-80-AC



Police Use Only		Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 03/19/2025	Time of Crash 1614 24HR	City/Town Wilmington		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit <u>35</u> Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input type="checkbox"/> MBTA Police <input type="checkbox"/> Campus Police <input type="checkbox"/> Other <input type="checkbox"/>				
AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:							
Route# _____ Direction _____ Name of Roadway/Street _____ At _____				Route# <u>68</u> Direction _____ Address # _____ Name of Roadway/Street <u>MAIN ST</u> _____ Feet <u>N S E W</u> of _____ or _____ Mile Marker _____ Exit Number _____									
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____				Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ _____ Feet <u>N S E W</u> of _____ Route# _____ Intersecting Roadway/Street _____									
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____				Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ _____ Feet <u>N S E W</u> of _____ Landmark _____									
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle <u>1</u> #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped				Crash Report ID# <u>25-81-AC</u>									
License # _____ DOB/Ag _____ Sex <u>F</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____ Operator <u>BURKE, BARBARA MARIE</u> Last First Middle Address <u>6 DALE ST</u> City <u>ANDOVER</u> State <u>MA</u> Zip <u>01810-5618</u> Insurance Company <u>SAFECO INSURANCE COMPANY</u> Vehicle Travel Direction: <u>N S E</u> <input checked="" type="checkbox"/> Responding to Emergency? <u>2</u> Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____				Reg # <u>6GWT29</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2012</u> Veh Make <u>HONDA</u> Veh Config. <u>1</u> <u>21</u> Owner <u>BURKE, BARBARA MARIE</u> Last First Middle Address <u>6 DALE ST</u> City <u>ANDOVER</u> State <u>MA</u> Zip <u>01810-5618</u> Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>7</u> <u>27</u> <u>27</u> <u>27</u> Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u> Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>1</u> <u>29</u> Driver Contributing Code <u>1</u> <u>25</u> <u>25</u> BAC Test Result: <u>1</u> <u>30</u> Driver Distracted by <u>0</u> <u>26</u> <u>26</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u> Towed from scene? <u>1</u> <u>33</u>									
Please fill out for operator and all occupants involved													
Name (Last First Middle)		Address		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator		See Above				<u>1</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle <u>2</u> #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped <input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.													
License # _____ DOB/Ag _____ Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____ Operator <u>MC CULLOUGH, GARY MICHAEL</u> Last First Middle Address <u>26 CUNNINGHAM ST</u> City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-1329</u> Insurance Company <u>THE STANDARD FIRE INSURAN</u> Vehicle Travel Direction: <input checked="" type="checkbox"/> <u>S E W</u> Responding to Emergency? <u>2</u> Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____				Reg # <u>4YEZ48</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2023</u> Veh Make <u>FORD</u> Veh Config. <u>1</u> <u>21</u> Owner <u>MC CULLOUGH, GARY MICHAEL</u> Last First Middle Address <u>26 CUNNINGHAM ST</u> City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-1329</u> Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>8</u> <u>27</u> <u>27</u> <u>27</u> Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u> Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>1</u> <u>29</u> Driver Contributing Code <u>1</u> <u>25</u> <u>25</u> BAC Test Result: <u>1</u> <u>30</u> Driver Distracted by <u>0</u> <u>26</u> <u>26</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u> Towed from scene? <u>1</u> <u>33</u>									
Please fill out for operator and all occupants involved													
Name (Last First Middle)		Address		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Occupants		See Above				<u>1</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	

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

Crash Diagram:



Crash Narrative:

Vehicle 1 was traveling on Oakwood Road intending to cross the Main Street intersection to continue onto Lake Street. Vehicle 2 reach the end of Lake Street intending to turn left onto Main Street. The operator of vehicle 1 stated she noticed a vehicle traveling north on Main street slow down to a stop and signaling her to pass which is when she attempted to cross the intersection. Vehicle two stated he saw that the way on Main street was clear and attempted to pull out himself. Both operators stated they did not see each other when they attempted to pull out onto the intersection. Vehicle two collided its front left tire and bumper to the left side of vehicle one in the middle of the intersection. Neither vehicle suffered airbag deployment and both operators reported no injuries from the crash. Both vehicles had to be towed by Forest Towing.

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use ☐ 42

Address _____ City _____ St _____ Zip _____

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

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

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

Hazmat Information:

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

Patrol Officer Thomas Lawrenson

Police Officer Name (Please Print)

Signature

222

ID/Badge #

Wilmington Police Department

Department

Precinct/Barracks

03/19/2025

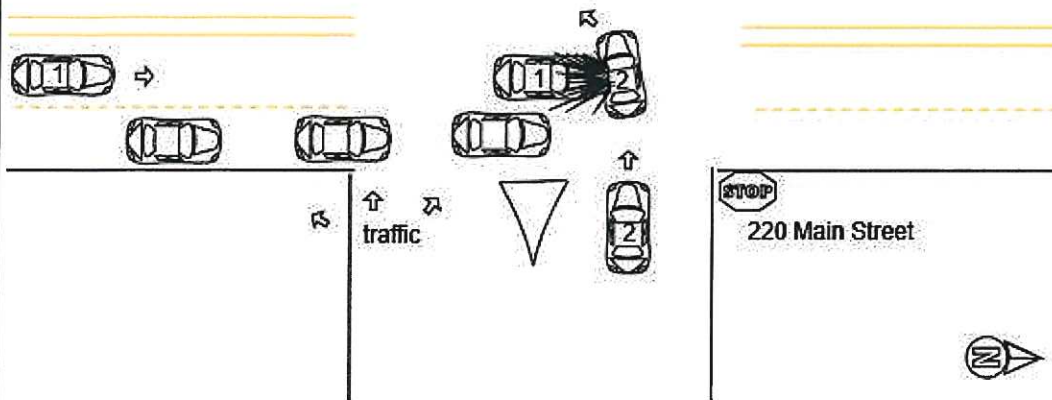
Date

Attachments for 25-81-AC	
Description	Type
BM BURKE OPER CRASH RPT	PDF
Attachment#: 421CCB7807D24E07BC335AEB7599D263	

Police Use Only		Commonwealth of Massachusetts										RMV Document Number											
Date of Crash 03/19/2025		Time of Crash 1836 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		0000							
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:															
Route# Direction Name of Roadway/Street						Route# Direction Address # Name of Roadway/Street										2							
At						Feet N S E W of or Mile Marker Exit Number										10							
Route# Direction Name of Intersecting Roadway/Street						Feet N S E W of Route# Intersecting Roadway/Street										11							
Also at Intersection with						Feet N S E W of Landmark										3							
Route# Direction Name of Intersecting Roadway/Street																							
Please Select One of the Following:		<input checked="" type="checkbox"/> Vehicle 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Crash Report ID# 25-82-AC															
License #		SI		OB/Age		Reg # 4WAT72		Reg Type PC		Reg State MA				1									
Sex M		Lic. Class D		Lic. Restrictions 20		Veh Year 2007		Veh Make TOYOTA		Veh Config 1				21									
Operator BAL, OZGUR		Last First Middle		Owner BAL, OZGUR		Last First Middle																	
Address 1223 BOSTON RD FRNT APT 1		City HAVERHILL		State MA		Zip 01835-8011		Address 1223 BOSTON RD FRNT APT 1		City HAVERHILL		State MA		Zip 01835-8011									
Insurance Company PILGRIM INSURANCE COMPANY		Vehicle Travel Direction: X S E W		Responding to Emergency? 2		Citation # (If Issued)		Vehicle Action Prior to Crash 1 22		Damaged Area Code: 1 27 27 27													
Viol. 1: Ch/Sec/Sub		Viol. 2: Ch/Sec/Sub		Event Sequence 1 23 23 23 23		Test Status: 1 28																	
Viol. 3: Ch/Sec/Sub		Viol. 4: Ch/Sec/Sub		Most Harmful Event 1 24		Type of Test: 1 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						13									
						Towed from scene? 2 33								1									
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		0		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:

Vehicle 1 was traveling north on Main street while vehicle 2 was approaching the exit of 220 Main Street. the operator of vehicle 2 stated she saw an unknown vehicle in the lane closest to her slow down to a stop and signaled for her to pull out of the parking lot. Vehicle 2 began to slowly pull forward as she could not see if there was any oncoming traffic in the next lane. Vehicle 1 did not see vehicle 2 begin to pull forward due to the unknown vehicle in the lane next to him. As vehicle two began to cross over the left lane, she pulled in front of vehicle 1 who was unable to stop in time. Vehicle 1 collided with the side of vehicle 2. Neither vehicle had airbag deployment and both suffered minor damage to their vehicles. Both parties reported no injuries and signed a medical refusal from with the Wilmington Fire department.

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

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

Hazmat Information:

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

Patrol Officer Thomas Lawrenson

Police Officer Name (Please Print)

Signature

222

ID/Badge #

Wilmington Police Department

Department

Precinct/Barracks

03/19/2025

Date

Attachments for 25-82-AC

Description	Type
DASH CAM FOOTAGE	MOV
Attachment#: 789DEC26D1F44A58B8A7E8B0E51167B8	

Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 03/20/2025	Time of Crash 0756 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 25	Latitude	Longitude	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Campus Police <input type="checkbox"/> Other: <input type="checkbox"/>
AT INTERSECTION:			< LOCATION >			NOT AT INTERSECTION:					
1 Route# Direction GLEN RD At Route# Direction FAULKNER AVE Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street			2 Route# Direction 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								
3 Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 1 #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped			Crash Report ID# 25-83-AC								
4 License S DOB/Ag Sex F Lic. Class D 19 19 Lic. Restrictions B 20 CDL Endorsement Operator BAILEY, LYDIA JANE Address 4 BEVERLY AVE City WILMINGTON State MA Zip 01887-1745 Insurance Company GARRISON PROPERTY & CASUA Vehicle Travel Direction: N X E W Responding to Emergency? 2 Citation # (If Issued) Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			1 Reg # 1SCM48 Reg Type PC Reg State MA Veh Year 2012 Veh Make HONDA Veh Config. 1 21 Owner BAILEY, LYDIA JANE Address 4 BEVERLY AVE City WILMINGTON State MA Zip 01887-1745 Vehicle Action Prior to Crash 4 22 Damaged Area Code: 2 27 27 27 Event Sequence 1 23 23 23 23 Test Status: 1 28 Most Harmful Event 1 24 Type of Test: 0 29 Driver Contributing Code 4 25 25 BAC Test Result: 1 30 Driver Distracted by 0 26 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Towed from scene? 2 33								
6 Please fill out for operator and all occupants involved			1 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								
7 Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 1 #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped <input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.											
8 License / St OB/Ag Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement Operator HOGUE, COURTNEY ELIZABETH Address 35 GLEN RD City WILMINGTON State MA Zip 01887-1943 Insurance Company PROGRESSIVE DIRECT INSURA 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			1 Reg # 2SRN23 Reg Type PC Reg State MA Veh Year 2011 Veh Make Jeep Veh Config. 1 21 Owner HOGUE, MICHAEL JAMES Address 35 GLEN RD City WILMINGTON State MA Zip 01887-1943 Vehicle Action Prior to Crash 1 22 Damaged Area Code: 7 27 27 27 Event Sequence 1 23 23 23 23 Test Status: 1 28 Most Harmful Event 1 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? 2 33								
9 Please fill out for operator and all occupants involved			1 Name (Last First Middle) Address DOB/Age Sex 34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code Medical Facility								
Operator/Occupants			See Above								

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

Crash Diagram:

Glen Road

Faulkner Ave

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Indicate North by Arrow

Crash Narrative:

Vehicle 1 (V1) was traveling south on Faulkner Ave and taking a left onto Glen Road. Vehicle 2 (V2) was traveling east on Glen Road. V1 pulled out into traffic failing to yield to V2 and collided with V2 in the roadway. V2 sustained damage to the rear left side door and V1 sustained damage to the front right. No airbags were deployed and both operators declined injuries. Both vehicles were able to be driven from the scene.

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

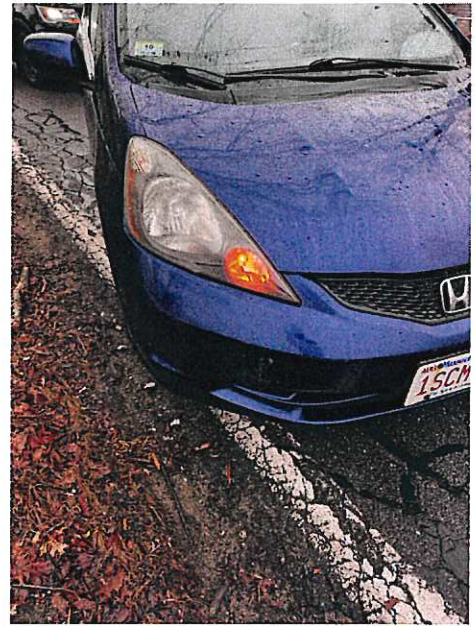
Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 46

Hazmat Information:

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

Patrol Officer Michael R DiLorenzo 217 Wilmington Police Department 03/20/2025
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Images Associated with 25-83-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 03/20/2025	Time of Crash 1300 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 2	Speed Limit 35	State Police Local Police MBTA Police Campus Police Other		
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street							
At			Feet N S E W of or Mile Marker Exit Number							
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Route# Intersecting Roadway/Street							
Also at Intersection with			Feet N S E W of Landmark							
Route# Direction Name of Intersecting Roadway/Street										
Please Select One of the Following:			<input checked="" type="checkbox"/> Vehicle 1 Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Crash Report ID# 25-84-AC	
License 1 DOB/Age			Reg # V85483		Reg Type CO		Reg State MA			
Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement			Veh Year 2020		Veh Make RAM		Veh Config. 2			
Operator MORINVIL, DENZEL			Owner AMAZON LOGISTICS INC							
Address 58 BOWDOIN ST APT 1			Address 410 TERRY N AVE							
City MALDEN State MA Zip 02148-5855			City SEATTLE State WA Zip 98109-5210							
Insurance Company OLD REPUBLIC INSURANCE CO			Vehicle Action Prior to Crash 4 22		Damaged Area Code: 5 27 27 27					
Vehicle Travel Direction: N X E W Responding to Emergency? 2			Event Sequence 1 23 23 23 23		Test Status: 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		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 9 2		Winchester Hospital			
Please Select One of the Following:			<input checked="" type="checkbox"/> Vehicle 2 Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		<input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.	
License 1 DOB/Age			Reg # 1GPB58		Reg Type PC		Reg State MA			
Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement			Veh Year 2002		Veh Make HYUNDAI		Veh Config. 1			
Operator WHEELER, LLOYD J			Owner WHEELER, LLOYD J							
Address 245 RIVER ST APT 1			Address 245 RIVER ST APT 1							
City HAVERHILL State MA Zip 01832-5260			City HAVERHILL State MA Zip 01832-5260							
Insurance Company GOVERNMENT EMPLOYEES INSU			Vehicle Action Prior to Crash 1 22		Damaged Area Code: 1 27 27 27					
Vehicle Travel Direction: N X E W Responding to Emergency? 2			Event Sequence 1 23 23 23 23		Test Status: 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 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: 31 Susp. Drug: 32					
Please fill out for operator and all occupants involved										
Name (Last First Middle) Address			DOB/Age Sex		34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code		Medical Facility			
Operator/Occupants See Above			X X		1 1 1 0 0 9 2		Winchester Hospital			

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

Crash Diagram:

↓ Research Dr. ↑

Ballardvale St.

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Indicate North by Arrow

Crash Narrative:

On 03/20/25 Car 1 while stopped waiting for traffic to subside to turn into Research Dr from Ballardvale St. was crashed into by Car 2. Damage was front of Car 2 with airbag deployment and rear of Car 1. Operator of Car 2 stated "He couldn't stop in time." After speaking with him I confirmed he was not paying attention before rear ending Car 1. Car 1 operator transported to Winchester Hospital by Wilmington Ambulance for head pain. Car 2 operator transported to Winchester Hospital by Action Ambulance for head pain also from airbag deployment. Car 2 was towed by A&S towing to their lot. Car 1 was retrieved by an Amazon employee. Video provided by Amazon of the crash can be found in attachments.

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 Dillon Halliday

Police Officer Name (Please Print)

Signature

205

ID/Badge #

Wilmington Police Department

Department

Precinct/Barracks

03/20/2025

Date

Attachments for 25-84-AC	
Description	Type
AMAZON VAN VIDEO	MP4
Attachment#: 60982F0C2DF645D6A2D14107C495482D	

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 03/21/2025	Time of Crash 0703 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 30	State Police Local Police MBTA Police Campus Police Other	
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street							
At			Feet N S E W of or Mile Marker Exit Number							
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Route# Intersecting Roadway/Street							
Also at Intersection with			Feet N S E W of Landmark							
Route# Direction Name of Intersecting Roadway/Street										
Please Select One of the Following:			<input checked="" type="checkbox"/> Vehicle 1 Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Crash Report ID# 25-85-AC	
License #			DOB/Age		Reg # V21646		Reg Type CO		Reg State MA	
Sex M Lic. Class 19 19			Lic. Restrictions 1 20		Veh Year 2020		Veh Make Freightliner		Veh Config. 6 21	
Operator FUENTES, MAURICIO S			Endorsement		Owner RYDER TRUCK RENTAL LT					
Address 32 NELSON ST					Address 6000 WINDWARD PKWY					
City LAWRENCE State MA Zip 01841-4018					City ALPHARETTA State GA Zip 30005-4181					
Insurance Company UTICA MUTUAL INSURANCE CO					Vehicle Action Prior to Crash 1 22		Damaged Area Code: 8 27 27 27			
Vehicle Travel Direction: X S E W			Responding to Emergency? 2		Event Sequence 1 23 23 23 23		Test Status: 1 28			
Citation # (If Issued)					Most Harmful Event 1 24		Type of Test: 0 29			
Viol. 1: Ch/Sec/Sub			Viol. 2: Ch/Sec/Sub		Driver Contributing Code 19 25 25		BAC Test Result: 1 30			
Viol. 3: Ch/Sec/Sub			Viol. 4: Ch/Sec/Sub		Driver Distracted by 0 26 26		Susp. Alcohol: 2 31 Susp. Drug: 2 32			
Please fill out for operator and all occupants involved										
Name (Last First Middle)			Address		DOB/Age		Sex		Medical Facility	
Operator			See Above		X		X			
Please Select One of the Following:			<input checked="" type="checkbox"/> Vehicle 2 Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		<input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.	
License #			DOB/Age		Reg # P1872HY		Reg Type AP		Reg State TN	
Sex M Lic. Class 19 19			Lic. Restrictions M 20		Veh Year 2022		Veh Make VOLVO		Veh Config. 10 21	
Operator COPPINGER, MICHAEL PAUL			Endorsement		Owner SHAW TRANSPORT INC					
Address 291 RUSSELLS MILLS RD					Address PO BOX 2128					
City S DARTMOUTH State MA Zip 02748					City DALTON State GA Zip 30722-2128					
Insurance Company STARR INDEMNITY & LIABIL					Vehicle Action Prior to Crash 1 22		Damaged Area Code: 8 27 27 27			
Vehicle Travel Direction: N X E W			Responding to Emergency? 2		Event Sequence 1 23 23 23 23		Test Status: 1 28			
Citation # (If Issued)					Most Harmful Event 1 24		Type of Test: 0 29			
Viol. 1: Ch/Sec/Sub			Viol. 2: Ch/Sec/Sub		Driver Contributing Code 19 25 25		BAC Test Result: 1 30			
Viol. 3: Ch/Sec/Sub			Viol. 4: Ch/Sec/Sub		Driver Distracted by 99 26 26		Susp. Alcohol: 2 31 Susp. Drug: 2 32			
Please fill out for operator and all occupants involved										
Name (Last First Middle)			Address		DOB/Age		Sex		Medical Facility	
Operator/Occupants			See Above		X		X			

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

Crash Diagram:

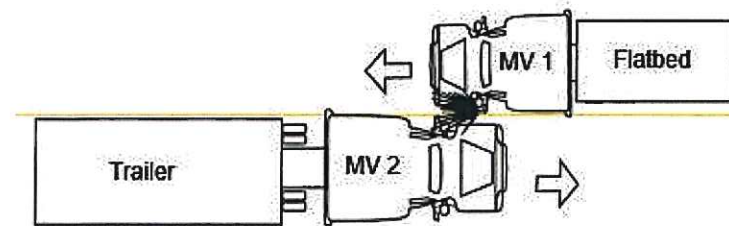
If Crash Did Not Occur
on a Public Way:

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

Indicate North by Arrow



Area of 750 Woburn Street, Wilmington, MA



Crash Narrative:

Operator of MV 1 and MV 2 agreed that they were driving in the area of 750 Woburn Street when their mirrors collided. MV 1 was traveling North, MV 2 was traveling South. MV 1 was a large commercial flatbed truck. MV 2 was a semi truck/trailer. The mirrors were large enough that they could collide while the bodies of both trucks remained in their respective travel lanes. Both operators reported no injuries and had exchanged registration and insurance information prior to my arrival.

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 # **V21646** (From Vehicle Section)

Carrier Name **MCDONALD STEEL CO.**

Bus Use **0** ⁴²

Address **3 BALLARD WAY**

City **BOSTON**

St **MA**

Zip **02110**

US DOT #: **00472649**

State Number

Issuing State

MC/MX/ICC #:

Interstate **43**

Cargo Body Type Code

7 ⁴⁴

GVWR/GCWR

2 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

03/21/2025

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

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

ie: → 1 → 2 → ○ → ○

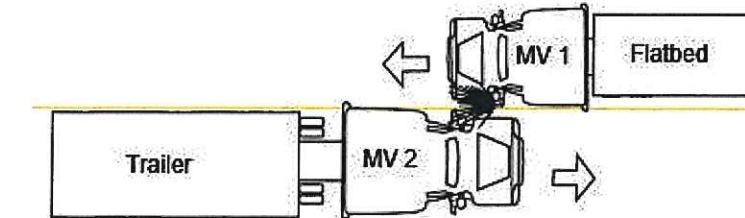
Crash Diagram:

Area of 750 Woburn Street, Wilmington, MA

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:

Operator of MV 1 and MV 2 agreed that they were driving in the area of 750 Woburn Street when their mirrors collided. MV 1 was traveling North, MV 2 was traveling South. MV 1 was a large commercial flatbed truck. MV 2 was a semi truck/trailer. The mirrors were large enough that they could collide while the bodies of both trucks remained in their respective travel lanes. Both operators reported no injuries and had exchanged registration and insurance information prior to my arrival.

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 # **P1872HY** (From Vehicle Section)

Carrier Name **SHAW TRANSPORT INC** Bus Use **0** ⁴²

Address **616 E WALNUT AVE** City **OUT OF STATE** St **GA** Zip **30720**

US DOT #: **188556** State Number _____ Issuing State _____ MC/MX/ICC #: _____

Interstate **43** Cargo Body Type Code **14** ⁴⁴ GVWR/GCWR **3** ⁴⁵

Trailer Reg #: **224577T** Reg Type **TL** Reg State **TN** Reg Year **2022** Trailer Length **4** 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 03/21/2025

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

Wilmington Police Department
Images Associated with 25-85-AC

