

Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 04/01/2025	Time of Crash 0738 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 1	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 At			Route# Direction Address # Name of Roadway/Street								
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			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								
			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# 25-96-AC								
License # 11652844 St TX DOB/Age 08/16/1971			Reg # P1151026 Reg Type AP Reg State IL								
Sex M Lic. Class 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2018 Veh Make VOLVO Veh Config. 11 21								
Operator GIANNARIS, FRANK A			Owner MIT FREIGHT								
Address 5055 W PANTHER CREEK DR APT 6222			Address 9132 47TH ST								
City SPRING State TX Zip 77381			City BROOKFIELD State IL Zip 60513								
Insurance Company			Vehicle Action Prior to Crash 3 22			Damaged Area Code: 0 27 27 27					
Vehicle Travel Direction: N S X W Responding to Emergency? 2			Event Sequence 21 23 36 23 23 23			Test Status: 1 28					
Citation # (If Issued)			Most Harmful Event 21 24			Type of Test: 0 29					
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Driver Contributing Code 3 25 19 25			BAC Test Result: 1 30					
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Distracted by 0 26 26			Susp. Alcohol: 2 31 Susp. Drug: 2 32					
Please fill out for operator and all occupants involved											
Name (Last First Middle) Address			DOB/Age Sex			34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code			Medical Facility		
Operator See Above			1 99 4 0 0 99 1								
Please Select One of the Following:			<input type="checkbox"/> Vehicle 2 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped		
			<input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.								
License # St DOB/Age			Reg # Reg Type Reg State								
Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement			Veh Year Veh Make Veh Config. 21								
Operator			Owner								
Address			Address								
City State Zip			City State Zip								
Insurance Company			Vehicle Action Prior to Crash 22			Damaged Area Code: 27 27 27					
Vehicle Travel Direction: N S E W Responding to Emergency?			Event Sequence 23 23 23 23			Test Status: 28					
Citation # (If Issued)			Most Harmful Event 24			Type of Test: 29					
Viol. 1: Ch/Sec/Sub 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											
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

→

○

→

○

Canal St

trees owned by 24 Burt Rd

lawn owned by 27 Burt Rd

Burt Rd

No Trucks

Indicate North by Arrow

↑

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Crash Narrative:

operator of veh 1 stated he ignored no truck sign and proceeded eastbound on Canal St. making contact with trees at 24 Burt RD and the lawn at 27 Burt RD

Officer Degreggario and I assisted operator 1 in back up his truck out of the area.

Witnesses:

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

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
ROGERS SAMANTHA MICHELLE	24 BURT RD WILMINGTON MA 01887-362	781-760-9551		TREES
PIANTEDOSI DIANE MARIE	27 BURT RD WILMINGTON MA 01887-360	617-645-7174		FRONT LAWN

Truck and Bus Information:

Registration # **P1151026** (From Vehicle Section)

Carrier Name **MIT Freight inc**

Bus Use **0** ⁴²

Address **9132 W 47TH ST** City **BROOKFIELD** St **IL** Zip **60513**

US DOT #: **3024000** State Number **AB** MC/MX/ICC #: **035872**

Interstate **1** ⁴³ Cargo Body Type Code **14** ⁴⁴ GVWR/GCWR **3** ⁴⁵

Trailer Reg #: **802074ST** Reg Type **TR** Reg State **IL** Reg Year **2022** Trailer Length **4** ⁴⁶

Hazmat Information:

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

Patrol Officer **Seth A Mucha-Kangas**

235

Wilmington Police Department

04/01/2025

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department
Images Associated with 25-96-AC

