

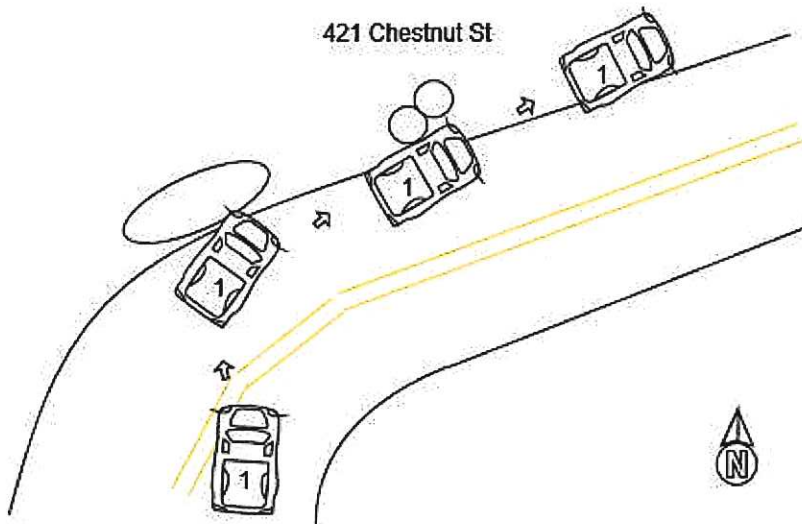
Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 03/30/2025	Time of Crash 0027 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 1	Number Injured 0	Speed Limit 25	State Police Local Police MBTA Police Campus Police Other:		
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
Route# Direction Name of Roadway/Street At			Route# Direction Address # Name of Roadway/Street 483 CHESTNUT ST							
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 12 #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped			Crash Report ID# 25-91-AC							
License # St. DOB/Age Sex M Lic. Class 19 19 Lic. Restrictions 99 20 CDL Endorsement			Reg # 5BBV32 Reg Type PC Reg State MA							
Operator MOZUCH, PATRICK Last First Middle			Veh Year 2014 Veh Make FORD Veh Config. 1 21							
Address 7 CLIFTON ST			Owner MOZUCH, PATRICK Last First Middle							
City WILMINGTON State MA Zip 01887-3127			City WILMINGTON State MA Zip 01887-3127							
Insurance Company THE COMMERCE INSURANCE CO			Vehicle Action Prior to Crash 1 22							
Vehicle Travel Direction: <input checked="" type="checkbox"/> S E W Responding to Emergency? 2			Event Sequence 41 23 23 22 23 23							
Citation # (If Issued) 299645AD			Most Harmful Event 35 24							
Viol. 1: Ch/Sec/Sub 90 24J Viol. 2: Ch/Sec/Sub 90 24E			Driver Contributing Code 10 25 25							
Viol. 3: Ch/Sec/Sub 138 34CA Viol. 4: Ch/Sec/Sub 90 17A			Driver Distracted by 99 26 26							
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							
AIDAN THIBERT			368 CHESTNUT ST WILMINGTON, MA 01887-3314							
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 Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement			Reg # Reg Type Reg State 21							
Operator			Veh Year Veh Make Veh Config.							
Address			Owner							
City State Zip			City State Zip							
Insurance Company			Vehicle Action Prior to Crash 22							
Vehicle Travel Direction: <input checked="" type="checkbox"/> N S E W Responding to Emergency?			Event Sequence 23 23 23 23							
Citation # (If Issued)			Most Harmful Event 24							
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Driver Contributing Code 25 25							
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Distracted by 26 26							
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							

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

Crash Diagram:

Access to
Mill Pond

421 Chestnut 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:

3/30 0029hrs dispatched to 483 Chestnut St, 1 car MVC off roadway.

OP1 arrested OUI-Liquor 25-144-AR. According to damage at scene, MV1 traveling highrate of speed, exited lane of travel on left, front driverside tire hit large roadside rock, snapped front axel. MV1 slid forward along side of roadway, scrapped utility pole and rested in dirt lot outside 421 Chestnut St. OP1 & PASS1 signed refusal WFD. Cain's towed MV1.

OP1 recieved Citation# 299645AD for 90/24/J OUI-Liquor, 90/24/E Neg Op, 138/34C/A Minor Pos Liquor, 90/17A Speed Greater Reasonable. Citation #299655AD for 89/4A Marked Lanes, 138/34B Pos Fake ID.

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

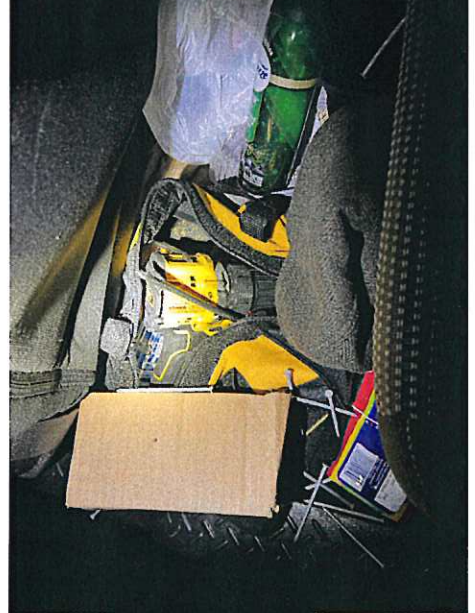
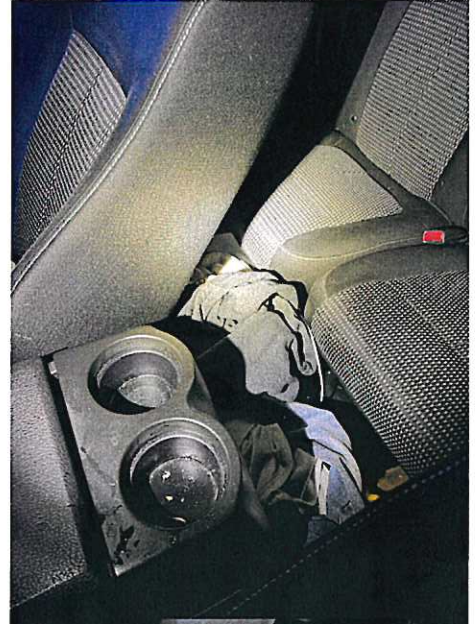
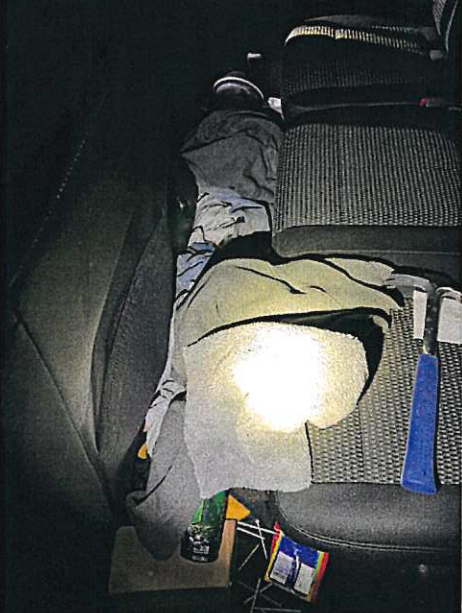
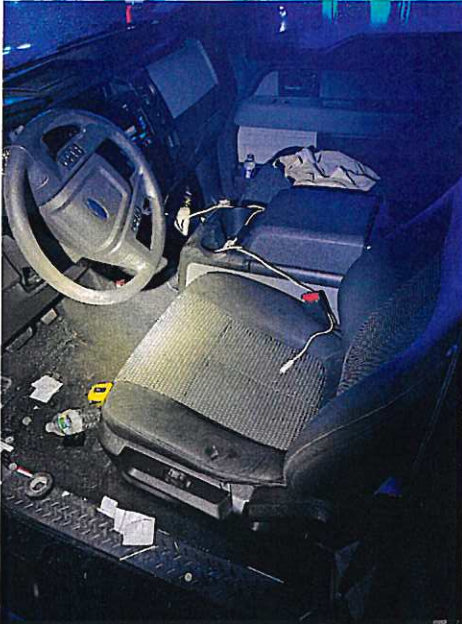
Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length ☐ 46

Hazmat Information:

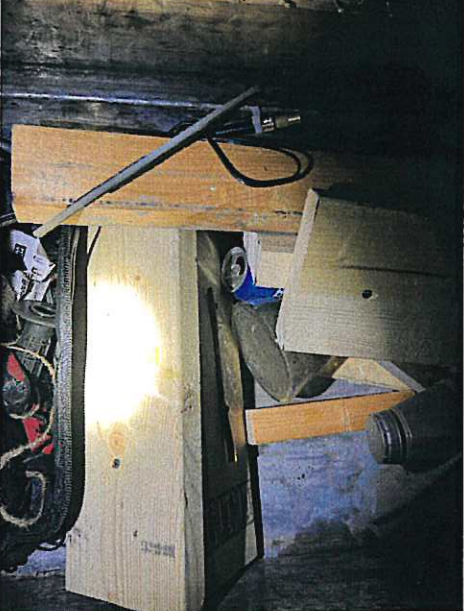
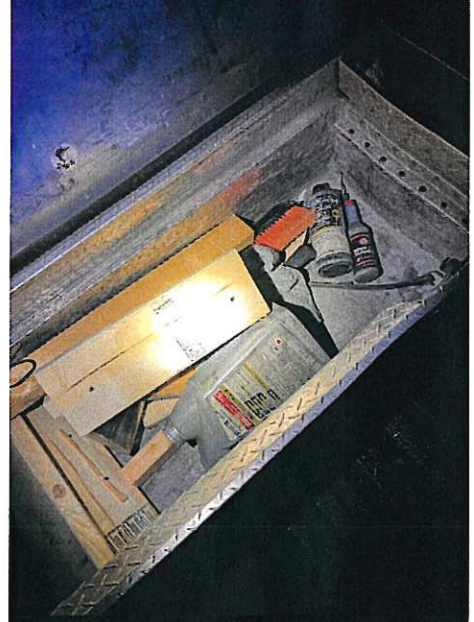
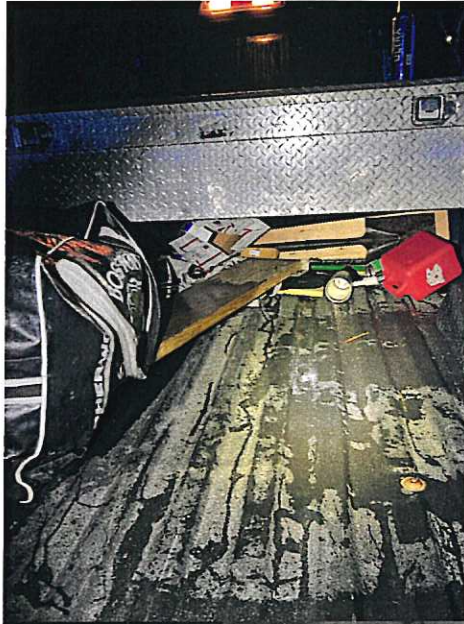
Placard ☐ 47 Material 1 digit # ☐ 48 Material Name _____ Material 4 digit # _____ Release code ☐ 49

Patrol Officer Joseph A Fitzgerald 215 Wilmington Police Department 03/30/2025
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

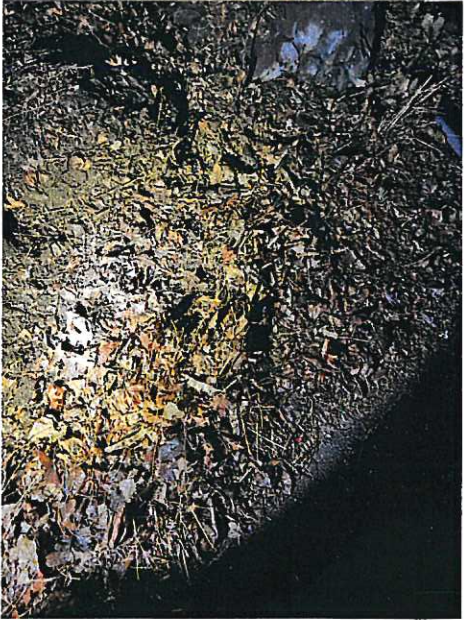
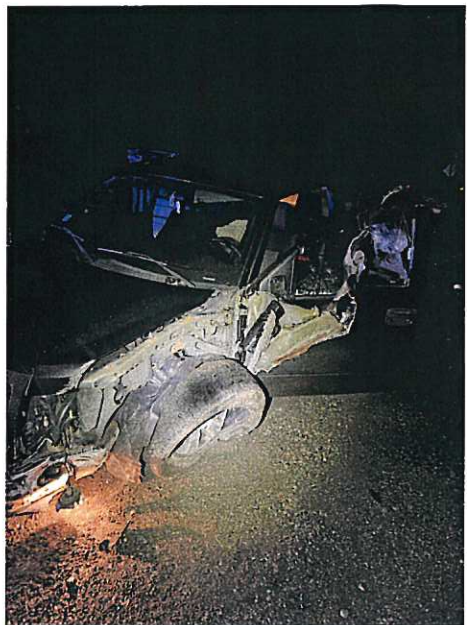
Wilmington Police Department
Images Associated with 25-91-AC



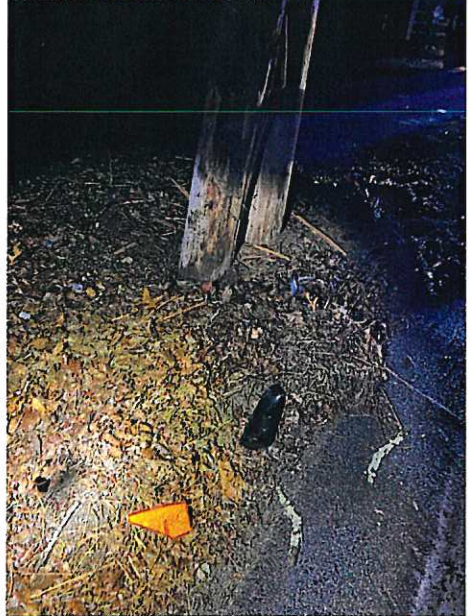
Wilmington Police Department
Images Associated with 25-91-AC



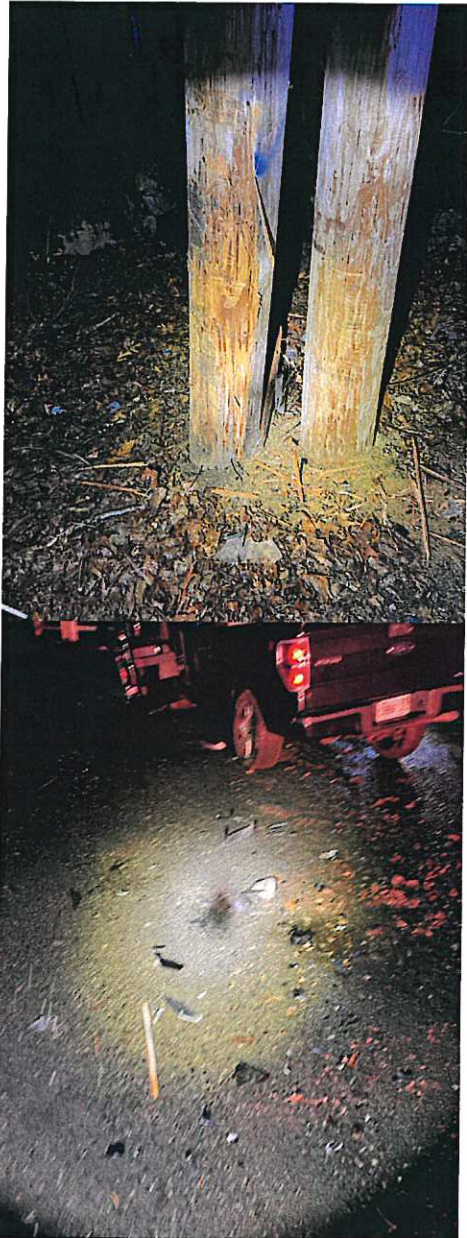
Wilmington Police Department
Images Associated with 25-91-AC



Wilmington Police Department
Images Associated with 25-91-AC



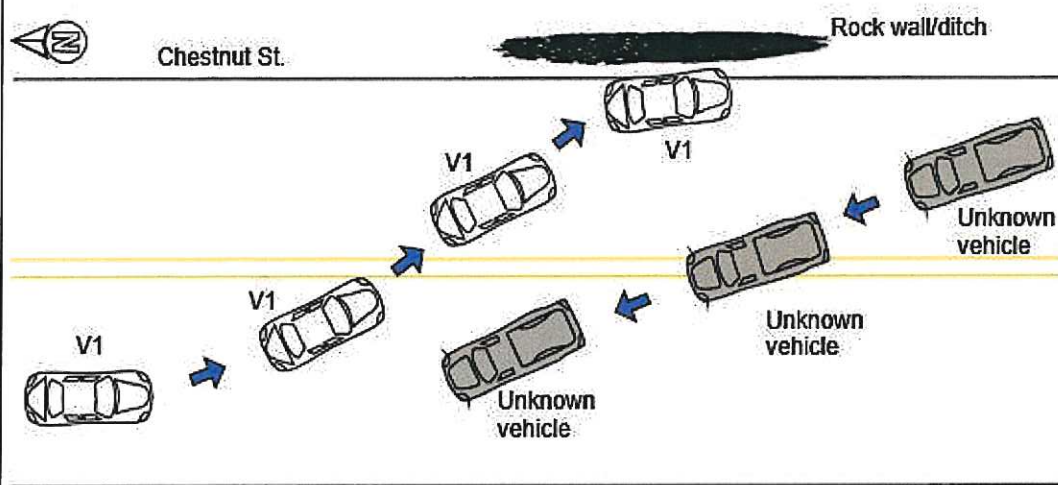
Wilmington Police Department
Images Associated with 25-91-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 03/30/2025	Time of Crash 0219 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 1	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			210 CHESTNUT ST								
At			Feet N S E W of			or 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# 25-92-AC		
License: St DOB/Ag			Reg # 1EKW24			Reg Type PC			Reg State MA					
Sex M Lic. Class D Lic. Restrictions 1 CDL Endorsement			Veh Year 2021			Veh Make CHEVROLET			Veh Config. 1 21					
Operator GOODWIN, DANIEL RAYMOND			Owner GOODWIN, DANIEL RAYMOND											
Address 229 CHESTNUT ST			Address 229 CHESTNUT ST											
City WILMINGTON State MA Zip 01887-3303			City WILMINGTON State MA Zip 01887-3303											
Insurance Company THE STANDARD FIRE INSURAN			Vehicle Action Prior to Crash 1 22			Damaged Area Code: 1 27 7 27 8 27								
Vehicle Travel Direction: N S E W Responding to Emergency? 2			Event Sequence 43 23 23 23 23			Test Status: 3 28								
Citation # (If Issued)			Most Harmful Event 43 24			Type of Test: 2 29								
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Driver Contributing Code 11 25 25			BAC Test Result: 2 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						Towed from scene? 1 33								
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 2 0 0 10 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/Ag			Reg #			Reg Type			Reg State					
Sex Lic. Class Lic. Restrictions 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. 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 O = Pedestrian B = Bicycle
 ie: → 1 → 2 → O → 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:

V1 was travelling south in the area of 210 Chestnut Street when it swerved to avoid an unknown vehicle traveling on the wrong side of the roadway. After swerving to avoid a collision with the unknown vehicle, V1 collided with a ditch on the side of the opposite travel lane and the left side of V1 scraped against a rock wall. After the collision with the ditch and rock wall, V1 ended up rolling over onto the right (passenger) side. The V1 operator was the lone occupant and he was helped out of the vehicle by unknown people who came upon the crash. These good Samaritans left the scene prior to police arrival. The operator sustained no apparent injuries and signed a refusal for medical attention. The operator agreed to a preliminary breath test which resulted in a 0.000 reading. V1 sustained major damaged to the front and left sides and was towed by Cain's Towing to the tow yard in Wilmington.

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 W Powers

231

Wilmington Police Department

03/30/2025

Police Officer Name (Please Print)

Signature

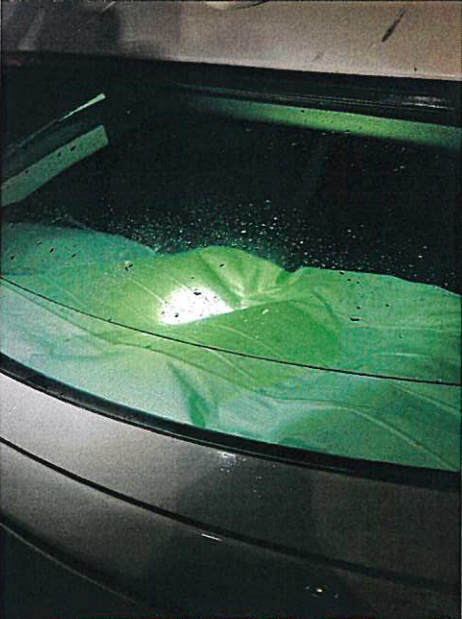
ID/Badge #

Department

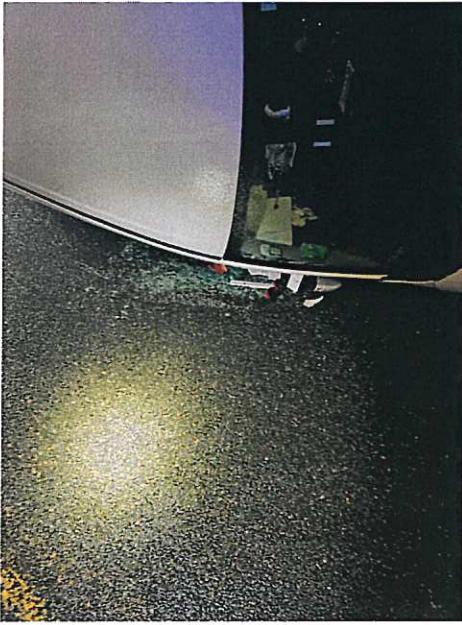
Precinct/Barracks

Date

Wilmington Police Department
Images Associated with 25-92-AC



Wilmington Police Department
Images Associated with 25-92-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number								
Date of Crash 03/30/2025		Time of Crash 1527 24HR		City/Town Wilmington		Motor Vehicle Crash Police Report		Number Vehicles 2		Number Injured 2		Speed Limit 45 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 Mile Marker Exit Number						6 11			
Route# Direction Name of Intersecting Roadway/Street						Feet N S E W of Route# Intersecting Roadway/Street									
Also at Intersection with						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# 25-93-AC									
License # St DOB/Age						Reg # AS59NY Reg Type PC Reg State FL						1 12			
Sex M Lic. Class 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2017 Veh Make MAZDA Veh Config. 1 21									
Operator HOGAN, PETER T						Owner HOGAN, PETER T									
Address 50 MIDDLESEX AVE						Address 50 MIDDLESEX AVE									
City WILMINGTON State MA Zip 01887						City WILMINGTON State MA Zip 01887									
Insurance Company PROGRESSIVE SELECT INSUR						Vehicle Action Prior to Crash 1 22						2 27 1 27 8 27			
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? 2						Event Sequence 42 23 1 23 23 23						1 28			
Citation # (If Issued) 300780AD						Most Harmful Event 1 24						0 29			
Viol. 1: Ch/Sec/Sub 90 24 Viol. 2: Ch/Sec/Sub 89 4A						Driver Contributing Code 10 25 25						1 30			
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 99 26 26						2 31 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 1 0 0 7 2						Lahey Clinic			
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 # St DOB/Age						Reg # VT22460 Reg Type PC Reg State MA									
Sex M Lic. Class 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2011 Veh Make FORD Veh Config. 2 21									
Operator SHEPARD, EDGAR LAWRENCE III						Owner SHEPARD, EDGAR LAWRENCE III									
Address 1 PETTIGLIO TER						Address 1 PETTIGLIO TER									
City WOBURN State MA Zip 01801-1521						City WOBURN State MA Zip 01801-1521						1 14			
Insurance Company SAFETY INSURANCE COMPANY						Vehicle Action Prior to Crash 1 22						1 27 2 27 8 27			
Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? 2						Event Sequence 1 23 23 23 23						1 28			
Citation # (If Issued)						Most Harmful Event 1 24						0 29			
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 1 25 25						1 30			
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 0 26 26						2 31 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 1 0 0 7 2						Lahey Clinic			

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○



Main St.
(Rt. 38)



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:

MV1 travelling northbound on Main St. (Rt. 38). MV2 travelling southbound on Main St. MV1 unexpectedly crossed the double yellow line into the southbound lane of travel, striking MV2 head on. Operator of MV1 was unable to remember how crash occurred and suffered significant head and facial injuries. Operator of MV2 stated that MV1 crossed into his lane abruptly and he was unable to move out of way. Witnesses corroborate story of operator of MV2. Airbags deployed in both vehicles. Both operators suffered significant injuries and were transported to Lahey Hospital by WFD. Both vehicles towed by Forrest Towing. Operator of MV1 cited for Negligent Operation and Marked Lanes (see 25-147-AR)

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
VINCIULLA CHARLES J	154 ROSE HILL WAY WALTHAM MA 02453		
VARGAS-MARTINEZ SOFIA	193 MAIN ST Apt. #2 WILMINGTON MA 01887-2020		

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

Sergeant Kevin P Cavanaugh

195

Wilmington Police Department

03/30/2025

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department
Images Associated with 25-93-AC



Wilmington Police Department
Images Associated with 25-93-AC



Attachments for 25-93-AC	
Description	Type
EL SHEPARD, III OPER CRASH RPT	PDF
Attachment#: 42509BBE29BD4240B36F94A124F0CA37	

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 03/30/2025	Time of Crash 1942 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report				Number Vehicles 2	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 Mile Marker Exit Number				4 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# 25-94-AC							
<input checked="" type="checkbox"/> Vehicle 1 Occupants			<input type="checkbox"/> Hit/Run				<input type="checkbox"/> Moped			
License # St DOB/Age			Reg # 4NPG56 Reg Type PC Reg State MA				1 12			
Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2013 Veh Make NISSAN Veh Config. 1 21							
Operator MITRANO, JACQUELINE M			Owner MITRANO, JACQUELINE M							
Address 5 KIMBALL CT APT 310			Address 5 KIMBALL CT APT 310							
City WOBURN State MA Zip 01801-6943			City WOBURN State MA Zip 01801-6943							
Insurance Company GOVERNMENT EMPLOYEES INSU			Vehicle Action Prior to Crash 1 22				Damaged Area Code: 3 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			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)			DOB/Age Sex				Medical Facility			
Operator			See Above							
Please Select One of the Following:			Complete the Vulnerable User section.							
<input type="checkbox"/> Vehicle 21 Occupants			<input checked="" type="checkbox"/> Hit/Run				<input type="checkbox"/> Moped			
<input type="checkbox"/> Vulnerable User										
License # St DOB/Age			Reg # unknown Reg Type Reg State				21			
Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement			Veh Year Veh Make Veh Config.							
Operator unknown			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)			DOB/Age Sex				Medical Facility			
Operator/Occupants			See Above							

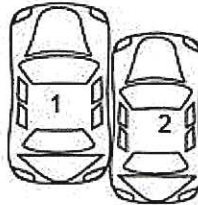
→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ○ = Pedestrian ○ = Bicycle
 ie: → 1 → 2 → ○ → ○

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 March 30, 2025, I, Officer Parsons #236, responded to the area of the 99 Restaurant on Lowell St. for report of a party who had just been in a minor mv accident. Upon my arrival I was met by MS. JACQUELINE MITRANO. MS. MITRANO told me that as she was driving southbound on Main St., just past the intersection of Main St. @ Burlington Ave., she was side swiped by another vehicle. MS. MITRANO said that the vehicle then slowed down and continued driving behind her. MS. MITRANO finally felt that she had a good place to pull over when she reached the restaurant, and pulled into the parking lot. It was at this time that the other car continued driving. MS. MITRANO was unable to get a license plate or describe the vehicle. MS. MITRANO'S car had a large scratch on the passenger's side, and the passenger's side mirror was broken.

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

236

Wilmington Police Department

03/30/2025

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 03/31/2025	Time of Crash 0620 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 1	Number Injured 1	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		17 BOUTWELL 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:			<input checked="" type="checkbox"/> Vehicle 1 Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Crash Report ID# 25-95-AC	
License # S DOB/Age			Reg # 5DGY88 Reg Type PC Reg State MA							
Sex Lic. Class 19 19 Lic. Restrictions I 20 CDL Endorsement			Veh Year 2013 Veh Make Infinity Veh Config. 1 21							
Operator. Last First Middle			Owner ROBITAILLE, JOSEPH A III Last First Middle							
Address			Address 30 HART ST							
City State Zip			City BURLINGTON State MA Zip 01803-1525							
Insurance Company THE COMMERCE INSURANCE CO			Vehicle Action Prior to Crash 1 22		Damaged Area Code: 1 27 11 27 9 27					
Vehicle Travel Direction: N S X W Responding to Emergency? 2			Event Sequence 10 23 23 23 23		Test Status: 1 28					
Citation # (If Issued) T3549276			Most Harmful Event 35 24		Type of Test: 0 29					
Viol. 1: Ch/Sec/Sub 89 4A Viol. 2: Ch/Sec/Sub			Driver Contributing Code 19 25 9 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					Towed from scene? 1 33					
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 3 0 0 8 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							
Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement			Veh Year Veh Make Veh Config. 21							
Operator. Last First Middle			Owner Last First Middle							
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. 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:

On Monday, March 31, 2025, MV1 was traveling on Boutwell Ave at approximately 0620 hours. For reasons unknown MV1 left the roadway first striking the curb, then the mailbox of 15 Boutwell ave and then the rock wall in front of 13 Boutwell ave. After striking the rock wall in front of 13 Boutwell ave MV1 rolled landing on it's roof (see images). MV1 sustained heavy damage causing the airbags to deploy. The operator of MV1 was out of the vehicle and walking by the time I arrived on scene. She appeared to have minor injuries (cuts/scratches). MV1 stated she hit the curb and did not recall what happened after that. MV1 was evaluated and transported to Lahey Clinic in Burlington, MA by WFD. MV1 was towed from the crash scene by Forrest towing. An information exchange form was left with the homeowners of 13 and 15 Boutwell Ave. The Operator of MV1 will receive Massachusetts Uniform Citation T3549276 for violation of MGL Ch. 89/4A, Marked lanes violation.

Witnesses:

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

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
BLUTSTEIN JESSICA DANA	13 BOUTWELL ST WILMINGTON MA 01887		97	ROCK WALL
STONE KATHRYN M	6 BOND ST WILMINGTON MA 01887-3763		97	MAILBOX

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 Joshua I DeBarros 234 Wilmington Police Department 03/31/2025
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Images Associated with 25-95-AC



Wilmington Police Department
Images Associated with 25-95-AC



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	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 Mile Marker Exit Number											
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of CANAL ST											
Also at Intersection with			Route# Intersecting Roadway/Street											
Route# Direction Name of 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 # St DOB/Age			Reg # P1151026			Reg Type AP		Reg State IL						
Sex M Lic. Class A 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 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			Driver Contributing Code 3 25 19 25			BAC Test Result: 1 30								
Viol. 2: Ch/Sec/Sub			Driver Distracted by 0 26 26			Susp. Alcohol: 2 31 Susp. Drug: 2 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	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	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			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	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
 ie: → 1 → 2 → ○ → ○

Crash Diagram:

Crash Narrative:

operator of veh 1 stated he ignored no truck sign and proceeded eastbound on Canal St.
 making contact with trees at 27 Burt RD and the lawn at 24 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			FRONT LAWN
PIANTEDOSI DIANE MARIE	27 BURT RD WILMINGTON MA 01887-360			TREES

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 _____ Issuing State **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



Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 04/01/2025	Time of Crash 1311 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 25	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 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			Landmark							
Route# Direction Name of Intersecting Roadway/Street										
Please Select One of the Following:			<input checked="" type="checkbox"/> Vehicle 12 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Crash Report ID# 25-97-AC	
License # St. DOB/Age			Reg # 5LGY88		Reg Type PC		Reg State MA			
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2020		Veh Make NISSAN		Veh Config. 1 21			
Operator AYLWARD, BRIAN AARON			Owner AYLWARD, BRIAN AARON							
Address 142 MAIN ST APT 12			Address 142 MAIN ST APT 12							
City NORTH READING State MA Zip 01864-2231			City NORTH READING		State MA Zip 01864-2231					
Insurance Company PROGRESSIVE DIRECT INSURA			Vehicle Action Prior to Crash 3 22		Damaged Area Code: 7 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			Driver Contributing Code 4 25 25		BAC Test Result: 1 30					
Viol. 2: Ch/Sec/Sub			Driver Distracted by 99 26 26		Susp. Alcohol: 2 31 Susp. Drug: 2 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		Medical Facility	
Operator			See Above		1		1		1	
BRIAN AYLWARD			142 MAIN ST NORTH READING, MA 01864-2231		M 3		1 2		0 0 10 1	
Please Select One of the Following:			<input checked="" type="checkbox"/> Vehicle 11 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		<input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.	
License # S. DOB/Age			Reg # 5MDA77		Reg Type PC		Reg State MA			
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2010		Veh Make HYUNDAI		Veh Config. 1 21			
Operator MABROUK RASHED, ELSAYED ABDELGHAFAR			Owner MABROUK RASHED, ELSAYED ABDELGHAFAR							
Address 19 CREESY ST APT 7			Address 19 CREESY ST APT 7							
City MARBLEHEAD State MA Zip 01945-3441			City MARBLEHEAD		State MA Zip 01945-3441					
Insurance Company SAFETY INSURANCE COMPANY			Vehicle Action Prior to Crash 1 22		Damaged Area Code: 2 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			Driver Contributing Code 1 25 25		BAC Test Result: 1 30					
Viol. 2: Ch/Sec/Sub			Driver Distracted by 0 26 26		Susp. Alcohol: 2 31 Susp. Drug: 2 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		Medical Facility	
Operator/Occupants			See Above		1		1		1	

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

Crash Diagram:

ie: → 1 → 2 → OXOX → B

430 Salem Street

Rear Driveway to 430 Salem Street

Woburn St/Andover 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:

Vehicle 1 (V1) was exiting the rear driveway of 430 Salem Street taking a right onto Woburn Street to travel northbound. Vehicle 2 (V2) was traveling northbound on Woburn Street. Vehicle 1 failed to yield to the right of way of V2. V1 and V2 collided in the roadway. V1 sustained side airbag deployment and left side damage. V1 sustained front right damage and had no airbag deployment. All parties signed a medical refusal with the Wilmington Fire Department. A&S Towing took V1 due to the damage sustained. V2 was 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

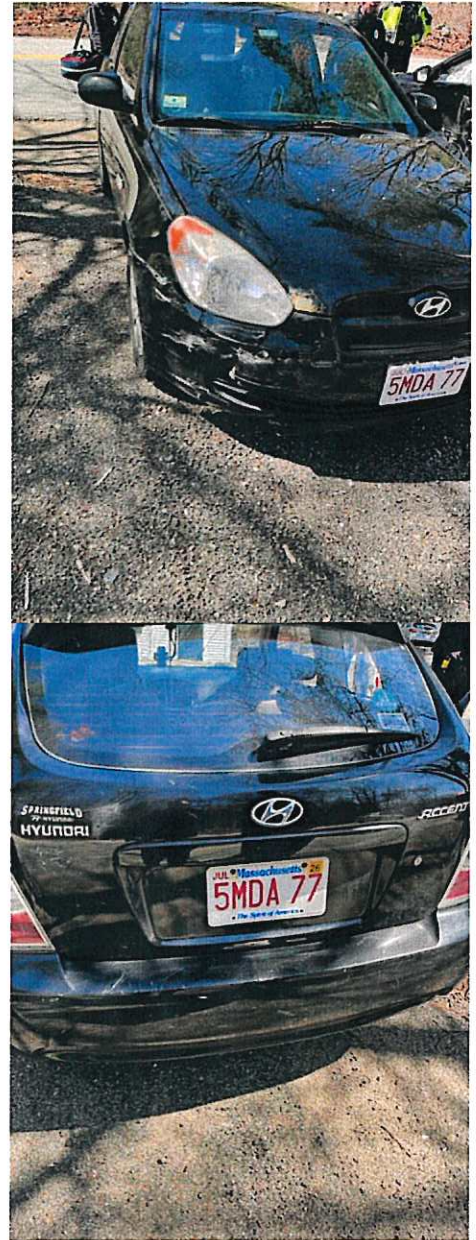
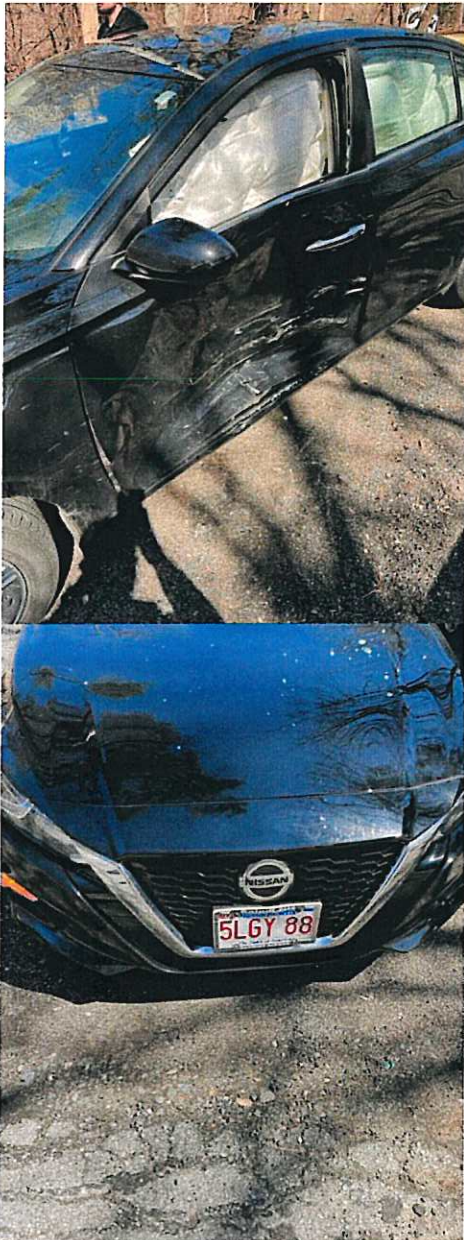
Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length ☐ 46

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 04/01/2025
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Images Associated with 25-97-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 04/03/2025	Time of Crash 0603 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 5	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		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 1 #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped		Crash Report ID# 25-98-AC					
License # St DOB/Age			Reg # 355MS2 Reg Type PC Reg State MA		Veh Year 1999 Veh Make TOYOTA Veh Config. 1					
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 1999 Veh Make TOYOTA Veh Config. 1		Owner STROB, ANTHONY J					
Operator STROB, ANTHONY J			Address 12 FAULKNER AVE		City WILMINGTON State MA Zip 01887-3526					
Insurance Company SAFETY INSURANCE COMPANY			Vehicle Action Prior to Crash 1 22		Damaged Area Code: 2 27 27 27					
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input 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: 0 29					
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Driver Contributing Code 97 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					Towed from scene? 2 33					
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										
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 # 1NJ217 Reg Type CO Reg State RI		Veh Year 2023 Veh Make RAM Veh Config. 2					
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2023 Veh Make RAM Veh Config. 2		Owner JR VINAGRO CORPORATION					
Operator RODRIGUEZ SOTO, EDINSON I			Address 2208 PLAINFIELD PIKE		City JOHNSTON State RI Zip 02919					
Insurance Company ZURICH AMERICAN			Vehicle Action Prior to Crash 2 22		Damaged Area Code: 6 27 27 27					
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input 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: 0 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					Towed from scene? 2 33					
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

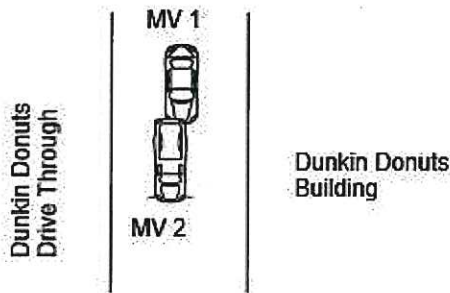
Crash Diagram:

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



357 Middlesex Ave

Crash Narrative:

The operator of MV 1 stated that while he was stopped in the drive through of Dunkin Donuts, his foot slipped of the brake and hit the gas peddal causing him to crash into the back of MV 2. The operator of MV 1 was not injured and the vehicle was in driveable condition. The vehicle sustained damage to the right front bumper and hood. The operator of MV 2 stated that while he was stopped in line at the Dunkin Donuts drive through, the operator of MV 1 crashed into the back of his work truck. The operator of MV 2 was not injured and the vehicle was in driveable condition. The truck sustained damage to the rear left bumper.

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

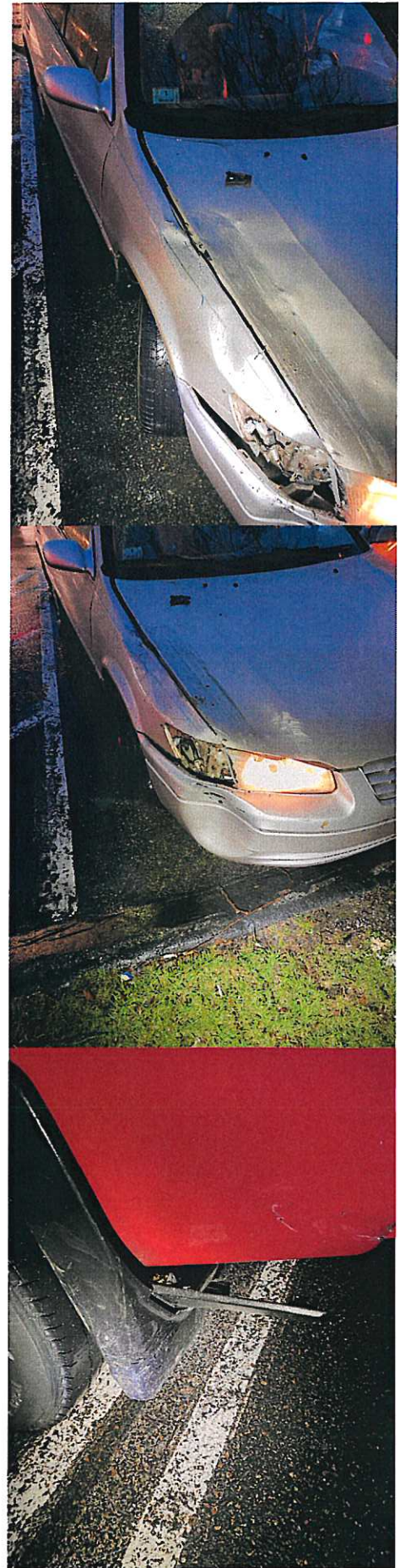
Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length ☐ 46

Hazmat Information:

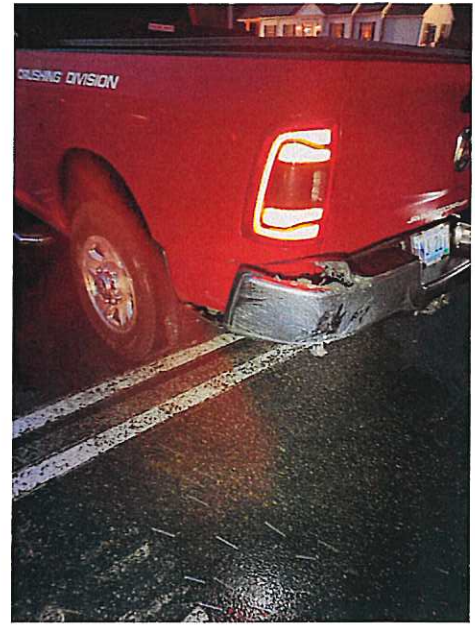
Placard ☐ 47 Material 1 digit # ☐ 48 Material Name _____ Material 4 digit # _____ Release code ☐ 49

Patrol Officer Robert M DeGregorio III 223 Wilmington Police Department 04/03/2025
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Images Associated with 25-98-AC



Wilmington Police Department
Images Associated with 25-98-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number																												
Date of Crash 04/04/2025	Time of Crash 0906 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 2	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																																
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																																
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# 25-99-AC																							
License # S DOB/Age			Reg # 6GK986			Reg Type PC			Reg State MA																										
Sex F Lic. Class D 19 19 Lic. Restrictions B 20 CDL Endorsement			Veh Year 2024			Veh Make SUBARU			Veh Config. 1 21																										
Operator COHEN, ARETHA RACHEL			Owner COHEN, ARETHA RACHEL																																
Address 26 DOBSON ST			Address 26 DOBSON ST																																
City WILMINGTON State MA Zip 01887-1851			City WILMINGTON State MA Zip 01887-1851																																
Insurance Company GOVERNMENT EMPLOYEES INSU			Vehicle Action Prior to Crash 1 22			Damaged Area Code: 1 27 2 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			Driver Contributing Code 1 25 25			BAC Test Result: 1 30																													
Viol. 2: Ch/Sec/Sub			Driver Distracted by 0 26 26			Susp. Alcohol: 2 31 Susp. Drug: 2 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			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:			<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.																							
License # S DOB/Age			Reg # SCANDI			Reg Type PC			Reg State MA																										
Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2017			Veh Make NISSAN			Veh Config. 1 21																										
Operator RUFO, SUSAN MATARA			Owner RUFO, SUSAN MATARA																																
Address 11 CORAL ST			Address 11 CORAL ST																																
City WILMINGTON State MA Zip 01887-1956			City WILMINGTON State MA Zip 01887-1956																																
Insurance Company SAFETY INSURANCE COMPANY			Vehicle Action Prior to Crash 1 22			Damaged Area Code: 8 27 7 27 27																													
Vehicle Travel Direction: <input type="checkbox"/> N <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			Driver Contributing Code 4 25 25			BAC Test Result: 1 30																													
Viol. 2: Ch/Sec/Sub			Driver Distracted by 0 26 26			Susp. Alcohol: 2 31 Susp. Drug: 2 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			4			0			0			10			1					

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○

Dobson St

Gardner Ave

MV 2

MV 1

Dobson St

North Arrow

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Indicate North by Arrow

North Arrow

Crash Narrative:

Operator of MV 1 stated she was traveling straight down Dobson St when MV 2 pulled off Gardner Ave in front of her causing a collision. Operator of MV 1 stated that MV 2 did not come to a stop at the intersection. Operator of MV 1 stated she had no injuries and that the vehicle was in drivable condition.

The operator of MV 2 stated that while she was traveling straight ahead on Gardner Ave she began to cross over the intersection of Gardner Ave and Dobson St and was hit by MV 1. It should be noted that the intersection of Gardner Ave and Dobson St is a T-intersection.

The operator of MV 2 stated she cannot remember if she stopped at the intersection or not.

The operator of MV 2 stated she had no injuries. MV 2 was not operable and was towed from the scene by Cain's 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 Robert M DeGregorio III

223

Wilmington Police Department

04/04/2025

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

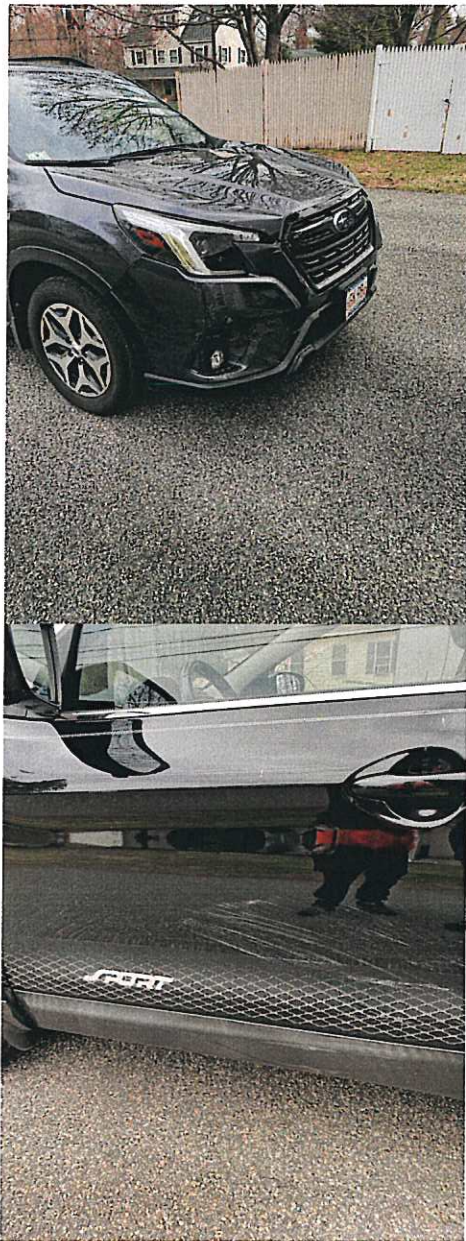
Precinct/Barracks

Date

Wilmington Police Department
Images Associated with 25-99-AC



Wilmington Police Department
Images Associated with 25-99-AC

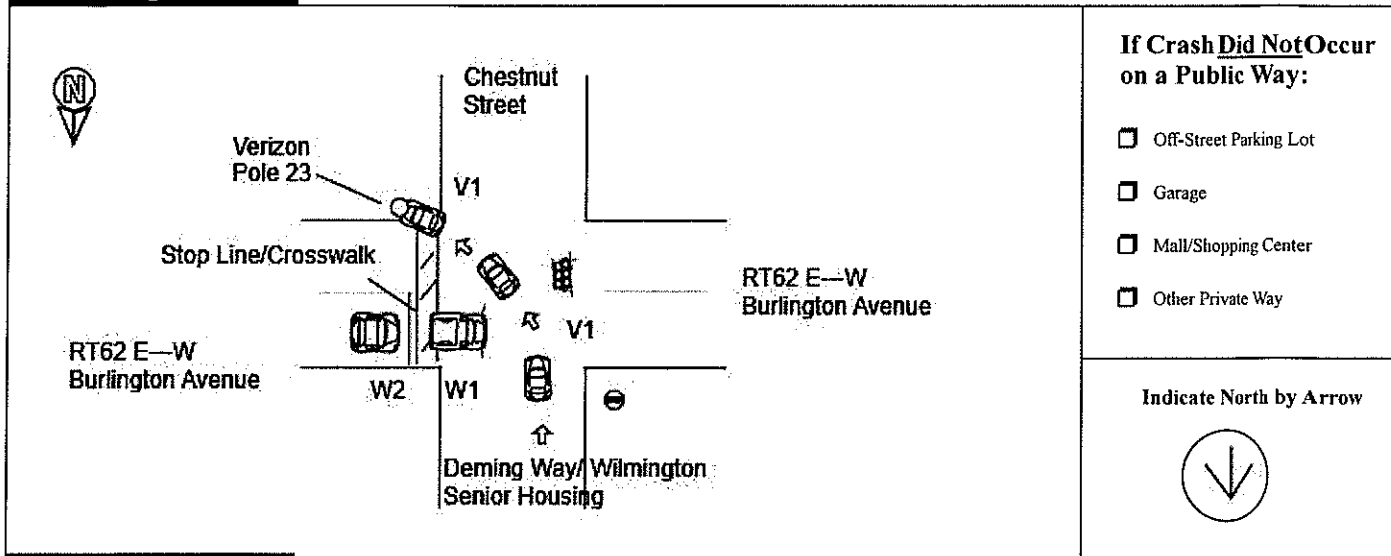


Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 04/04/2025	Time of Crash 1230 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report				Number Vehicles 1	Number Injured 0	Speed Limit 30 Latitude Longitude	State Police Local Police MBTA Police Campus Police Other:			
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:						
1 BURLINGTON AVE Route# Direction Name of Roadway/Street At			2 Route# Direction Address # Name of Roadway/Street Feet N S E W of or Mile Marker Exit Number										
62 E CHESTNUT ST Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			1 Feet N S E W of Route# Intersecting Roadway/Street Feet N S E W of Landmark										
2 1 DEMING WAY Route# Direction Name of Intersecting Roadway/Street													
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 12 #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped			Crash Report ID# 25-100-AC										
License # S DOB/Age Sex E Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement			Reg # 6PLE51 Reg Type PC Reg State MA Veh Year 2021 Veh Make MITSUBISHI Veh Config. 2 21										
Operator JUNEK, DOLLY HELENA Last First Middle Address 14 DEMING WAY			Owner JUNEK, DOLLY HELENA Last First Middle Address 14 DEMING WAY										
City WILMINGTON State MA Zip 01887-3638			City WILMINGTON State MA Zip 01887-3638										
Insurance Company ARBELLA MUTUAL			Vehicle Action Prior to Crash 4 22 Damaged Area Code: 1 27 27 27										
Vehicle Travel Direction: N S X W Responding to Emergency? 2			Event Sequence 22 23 23 23 23 Test Status: 1 28										
Citation # (If Issued)			Most Harmful Event 22 24 Type of Test: 29										
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			BAC Test Result: 30										
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Contributing Code 12 25 9 25 Susp. Alcohol: 2 31 Susp. Drug: 2 32										
Driver Distracted by 0 26 26			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	1	0	0	10	1	
KAREN MCCONNELL		956 MAIN ST WOBURN, MA 01801			F	3	1	1	0	0	10	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 Last First Middle			Owner Last First Middle										
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			BAC Test Result: 30										
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Contributing Code 25 25 Susp. Alcohol: 31 Susp. Drug: 32										
Driver Distracted by 26 26			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:

W1 (Rodrigues) was waiting to go through intersection but stopped in place for red light change just past crosswalk. W2 (Pingree) confirmed same. W1 & W2 stated V1 who took wide turn around W1 (Rodrigues) & then collided with VZ Pole 23 near corner of RT62/Chestnut Street. W1 & W2 then walked with V1 Opr (Junek) & Pass (McConnell) to bench near Deming Way. WFD/Action Medics responded. No injuries observed/reported. EMS transport refused. V1 opr Junek stated she made left turn from Deming way, and needed to go around W1 car encroaching into intersection. V1 stated she made wide turn (too far), & hit pole. Mrs. Junek was unclear on what happened initially stating she thought W1 (stopped) was moving. Pole 23 hit with force and split opposite side. W1 & 2 stated V1 was not speeding during turn. Given damage to V1 and Pole, speculation was V1 (Junek) hit gas instead of brakes. Mrs. Junek unsure, and said this may have happened when she saw she was about to hit pole.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
PINGREE TIEGAN ROSELYN	950 MANNS HILL RD LITTLETON NH 03561		2
CAETANO FARIA RODRIGUES RAFELLA	5 KIMBALL CT Apt. #314 WOBURN MA 01801		2

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
VERIZON	28 DIANE LN DRACUT MA 01826		4	VERIZON POLE 23

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

04/05/2025

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department
Images Associated with 25-100-AC



Attachments for 25-100-AC	
Description	Type
RMV MED AFFAIRS FORM	PDF
Attachment#: 408F35E9B3A844D38CCAEC2932FE6FA6	
HD JUNEK OPER CRASH RPT	PDF
Attachment#: B98071C4329348ABA91372A1A2656C61	

Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 04/05/2025	Time of Crash 1627 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 1	Number Injured 0	Speed Limit 25	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			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 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped		
						Crash Report ID#			25-101-AC		
License # St. DOB/Age			Reg # 346GT9 Reg Type PC Reg State MA								
Sex Lic. Class 19 19 Lic. Restrictions 1 CDL Endorsement			Veh Year 2014 Veh Make Jeep Veh Config 1 21								
Operator Last First Middle			Owner DRISCOLL, ROBERT JOHN Last First Middle								
Address			Address 14 EVANS DR								
City State Zi			City WILMINGTON State MA Zip 01887-1518								
Insurance Company VERMONT MUTUAL INSURANCE			Vehicle Action Prior to Crash 1 22			Damaged Area Code: 1 27 27 27					
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? 2			Event Sequence 20 23 23 23 23			Test Status: 28					
Citation # (If Issued)			Most Harmful Event 22 24			Type of Test: 29					
Viol. 1: Clt/Sec/Sub Viol. 2: Ch/Sec/Sub			Driver Contributing Code 20 25 25			BAC Test Result: 30					
Viol. 3: Ch/Sec/Sub Viol. 4: Clt/Sec/Sub			Driver Distracted by 4 26 26			Susp. Alcohol: 31 Susp. Drug: 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 4 0 0 10 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 Last First Middle			Owner Last First Middle								
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: Clt/Sec/Sub			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 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:

On April 5, 2025, I, Officer Parsons #236 responded to the area of 2 Gunderson Rd. for report of a single motor vehicle crash, into a pole. Upon my arrival, I saw MV#1 still up against the pole. The pole number was 333/10. MR. MATTHEW DRISCOLL, identified himself as the operator and did not report any injuries. MR. DRISCOLL said he looked down to change the radio station, and then felt that he hit the curb, and by that time it was too late, and crashed into the pole. MR. DRISCOLL was evaluated by Wilmington Fire, and his father signed a refusal form. MV#1 was towed by Forest Towing. RMLD was notified that the pole appeared to be undamaged but was leaning slightly. RMLD arrived on scene, and did not notify WPD with any issues regarding damage to the pole.

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 236 Wilmington Police Department 04/05/2025

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

Wilmington Police Department
Images Associated with 25-101-AC



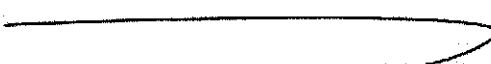


Attachments for 25-100-AC

Description	Type
RMV MED AFFAIRS FORM	PDF
Attachment#: 408F35E9B3A844D38CCAEC2932FE6FA6	
HD JUNEK OPER CRASH RPT	PDF
Attachment#: B98071C4329348ABA91372A1A2656C61	

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 04/05/2025	Time of Crash 1742 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 1	Speed Limit 40	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		316 LOWELL ST					
At			Feet N S E W of		or 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# 25-102-AC	
License # St. DOB/Age			Reg # BHD138		Reg Type PC		Reg State MA			
Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2015		Veh Make NISSAN		Veh Config. 1 21			
Operator VARGAS MARTINEZ, SOFIA			Owner VARGAS MARTINEZ, SOFIA							
Address 193 MAIN ST APT 2			Address 193 MAIN ST APT 2							
City WILMINGTON State MA Zip 01887-2020			City WILMINGTON State MA Zip 01887-2020							
Insurance Company PROGRESSIVE DIRECT INSURA			Vehicle Action Prior to Crash 2 22		Damaged Area Code: 5 27 6 27 27					
Vehicle Travel Direction: N S E X 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			Driver Contributing Code 1 25 25		BAC Test Result: 1 30					
Viol. 2: Ch/Sec/Sub			Susp. Alcohol: 2 31 Susp. Drug: 2 32		Towed from scene? 1 33					
Viol. 3: Ch/Sec/Sub			Driver Distracted by 0 26 26							
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 2 1 #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 # 1EFG29		Reg Type PC		Reg State MA			
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2016		Veh Make MAZDA		Veh Config. 1 21			
Operator LOPEZ, VAUGHN LEE			Owner WINANS, STEPHANIE LEIGH							
Address 485 FOLEY ST APT 1710			Address 5 SHERBORN CT APT 3							
City SOMERVILLE State MA Zip 02145-1315			City MEDFORD State MA Zip 02155							
Insurance Company GOVERNMENT EMPLOYEES INSU			Vehicle Action Prior to Crash 9 22		Damaged Area Code: 2 27 1 27 27					
Vehicle Travel Direction: N S E X 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			Driver Contributing Code 19 25 25		BAC Test Result: 1 30					
Viol. 2: Ch/Sec/Sub			Susp. Alcohol: 2 31 Susp. Drug: 2 32		Towed from scene? 2 33					
Viol. 3: Ch/Sec/Sub			Driver Distracted by 0 26 26							
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:

193 Exit 31 South on ramp  193 Exit 31 South off ramp	Lowell St 	If Crash Did Not Occur on a Public Way: <input type="checkbox"/> Off-Street Parking Lot <input type="checkbox"/> Garage <input type="checkbox"/> Mall/Shopping Center <input type="checkbox"/> Other Private Way Indicate North by Arrow 
--	--	--

Crash Narrative:

At approximately 5:42PM V1 was traveling westbound on Lowell St when they came to a stop behind a vehicle that was attempting to turn left onto I93. V2 was traveling behind V1 when they stuck V1 from behind when they tried to pass on the right. All operators declined medical transport. V2 was able to be driven from the scene. V1 was towed.

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 Caleb A Wiig

Police Officer Name (Please Print)

Signature

237

ID/Badge #

Wilmington Police Department

Department

Precinct/Barracks

04/05/2025

Date

Wilmington Police Department
Images Associated with 25-102-AC

