

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 04/08/2025	Time of Crash 0738 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 MIDDLESEX AVE Name of Roadway/Street At			Route# Direction Address # Name of Roadway/Street					10		
Route# Direction FEDERAL ST Name of Intersecting Roadway/Street			Feet N S E W of _____ or _____ Mile Marker Exit Number					11		
Also at Intersection with			Feet N S E W of _____ Route# Intersecting Roadway/Street					12		
Route# Direction Name of Intersecting Roadway/Street			Landmark					13		
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# 25-103-AC					14		
License: _____ DOB/Ag _____ S- _____ Lic. Class D 19 19 Lic. Restrictions I 20 CDL _____ Operator _____ Address: _____ City _____ State _____ Zip _____ Insurance Company AMERICAN FAMILY CONNECT P Vehicle Travel Direction: N S X W Responding to Emergency? 2 Citation # (If Issued) 324199AD Viol. 1: Ch/Sec/Sub 89 9 Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____			Reg # 4RGW64 Reg Type PC Reg State MA Veh Year 2009 Veh Make HONDA Veh Config. 1 21 Owner KIERSTEAD, BRIAN PATRICK Address 7 CATHERWOOD ST City TEWKSBURY State MA Zip 01876-2619 Vehicle Action Prior to Crash 1 22 Damaged Area Code: 1 27 2 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 3 25 25 BAC Test Result: 1 30 Driver Distracted by 99 26 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Towed from scene? 2 33					1		
Please fill out for operator and all occupants involved								15		
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								16		
Operator See Above			1 1 4 0 0 10 1					17		
			3 1 4 0 0 10 1					18		
								19		
								20		
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.								21		
License # _____ DOB/Ag _____ Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL _____ Operator HARDING, SARAH LYNNE Address 13 TULANE RD City DANVERS State MA Zip 01923-2324 Insurance Company PROGRESSIVE DIRECT INSURA Vehicle Travel Direction: X S E W Responding to Emergency? 2 Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____			Reg # 4SAC25 Reg Type PC Reg State MA Veh Year 2010 Veh Make MAZDA Veh Config. 1 21 Owner HARDING, SARAH LYNNE Address 13 TULANE RD City DANVERS State MA Zip 01923-2324 Vehicle Action Prior to Crash 4 22 Damaged Area Code: 1 27 8 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					1		
Please fill out for operator and all occupants involved								22		
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								23		
Operator/Occupants See Above			1 1 4 0 0 10 1					24		
								25		
								26		
								27		

Crash Diagram:

<p>Middlesex Ave, Wilmington, MA</p>	<p>Federal St, Wilmington, MA</p>	<p>If Crash <u>Did Not</u> Occur on a Public Way:</p> <p><input type="checkbox"/> Off-Street Parking Lot</p> <p><input type="checkbox"/> Garage</p> <p><input type="checkbox"/> Mall/Shopping Center</p> <p><input type="checkbox"/> Other Private Way</p>
<p>Indicate North by Arrow</p> <div style="border: 1px solid black; width: 50px; height: 50px; margin: auto; display: flex; align-items: center; justify-content: center;"> ↓ </div>		

Crash Narrative:

Operator of MV 1 stated that she was driving East on Middlesex Ave. She stated she made a mistake and ran the red light at the intersection of Federal Street, striking MV 2. MV 2 stated that she had a green light to turn from Federal Street onto Middlesex Ave. As MV 2 crossed the intersection, she said, she was struck by MV 1. Both vehicles were in driveable condition. All involved stated no injuries. MV 1 operator mailed citation 324199AD for Red Light Violation.

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use _____

Address _____ City _____ St _____ Zip _____

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

Interstate	43	Cargo Body Type Code	44	GVWR/GCWR	45
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Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length _____

Hazmat Information:

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

Patrol Officer James R Hill

Police Officer Name (Please Print)

Signature _____

225

ID/Badge #

Wilmington Police Department

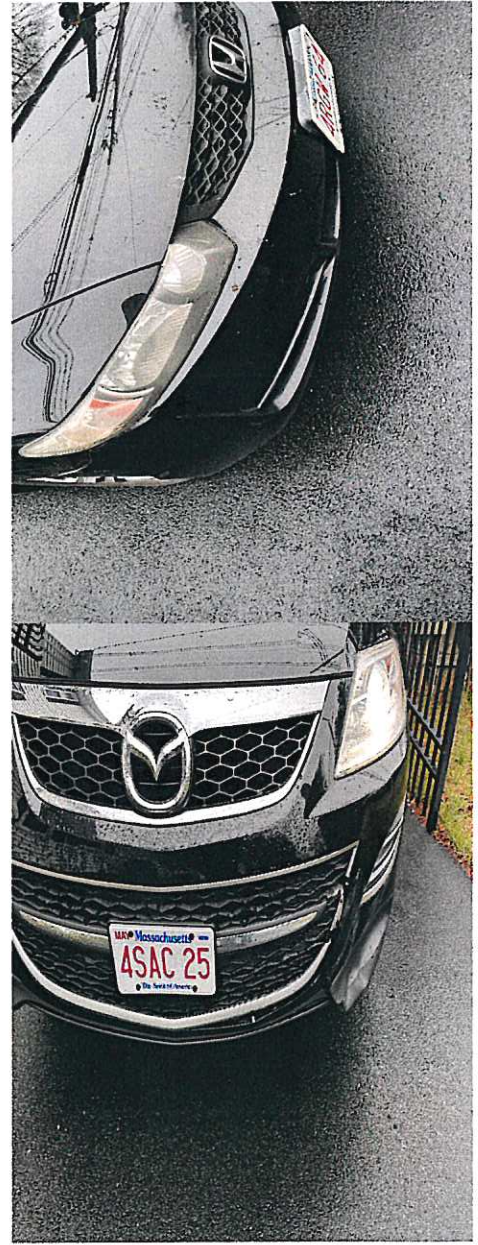
Department

Precinct/Barracks

04/08/2025

Date _____

Wilmington Police Department
Images Associated with 25-103-AC



Attachments for 25-103-AC	
Description	Type
ON KIERSTEAD OPER CRASH RPT	PDF
Attachment#: 617AB5D015B7430A9E14908B1A628E06	

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 04/11/2025	Time of Crash 1652 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 35	Latitude	Longitude	State Police Local Police MBTA Police Campus Police Other
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
1 Route# Direction MIDDLESEX AVE At			2 Route# Direction Address # Name of Roadway/Street							
Route# Direction HIGH ST Name of Intersecting Roadway/Street			Feet N S E W of Mile Marker Exit Number							
Also at Intersection with			Feet N S E W of Route# Intersecting Roadway/Street							
2 Route# Direction Name of 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# 25-104-AC							
License S. OB/Ag			Reg # 5GHY92 Reg Type PC Reg State MA							
Sex Lic. Class D 19 19 Lic. Restrictions I 20 CDL Endorsement			Veh Year 2013 Veh Make SUBARU Veh Config. 1 21							
Operator Last First Middle			Owner CASEY, JANETTE MARIE Last First Middle							
4 Address			Address 15 TENTH ST							
City Stat Zi			City TEWKSBURY State MA Zip 01876-3331							
Insurance Company SAFETY INSURANCE COMPANY			Vehicle Action Prior to Crash 4 22 Damaged Area Code 8 27 27 27							
Vehicle Travel Direction: N S X 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: 29							
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Driver Contributing Code 4 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							
6 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			1 1 4 0 0 10 1							
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.										
License S. OB/Ag			Reg # 4KJK26 Reg Type PC Reg State MA							
Sex F Lic. Class D 19 19 Lic. Restrictions B 20 CDL Endorsement			Veh Year 2024 Veh Make FORD Veh Config. 1 21							
Operator FLANAGAN, KIMBERLY BETH Last First Middle			Owner FLANAGAN, KIMBERLY BETH Last First Middle							
8 Address 10 GOWING RD			Address 10 GOWING RD							
City WILMINGTON State MA Zip 01887-1504			City WILMINGTON State MA Zip 01887-1504							
Insurance Company GARRISON PROPERTY & CASUA			Vehicle Action Prior to Crash 1 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: 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							
9 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			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:

V1 was on Middlesex Ave turning left onto Route 62 towards the I93 ramps. V2 was traveling straight across the intersection from High Street to Middlesex Ave. V1opr stated she had a green light, turned left, and crashed into V2. No injuries reported or observed in either operator. V2 driver side door was stuck shut due to the crash. Minor damage to V1 driver side front. Moderate damage to V2 driver side.

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 Kathryn C Goodwin

Police Officer Name (Please Print)

Signature

216

ID/Badge #

Wilmington Police Department

Department

Precinct/Barracks

04/11/2025

Date

Wilmington Police Department
Images Associated with 25-104-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 04/11/2025	Time of Crash 1911 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 25	Latitude	Longitude	State Police Local Police MBTA Police Campus Police Other
AT INTERSECTION:			< LOCATION >			NOT AT INTERSECTION:					
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street								
At			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 13 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped		
			Crash Report ID# 25-105-AC								
License # St DOB/Age			Reg # 8PG537 Reg Type PC Reg State MA								
Sex Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement			Veh Year 2003 Veh Make TOYOTA Veh Config. 1 21								
Operator Last First Middle			Owner BOTTE, ERNEST A III Last First Middle								
Address			Address 38 BURNAP ST								
City State 2			City WILMINGTON State MA Zip 01887-3712								
Insurance Company THE COMMERCE INSURANCE CO			Vehicle Action Prior to Crash 1 22			Damaged Area Code: 2 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: 29					
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Driver Contributing Code 1 25 25			BAC Test Result: 1 30					
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Distracted by 0 26 26			Susp. Alcohol: 2 31 Susp. Drug: 2 32					
Please fill out for operator and all occupants involved						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			M 3 1 4 0 0 10 1								
			F 6 1 4 0 0 10 1								
Please Select One of the Following:			<input checked="" type="checkbox"/> Vehicle 21 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped		
			<input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.								
License # St DOB/Age			Reg # 5BJR42 Reg Type PC Reg State MA								
Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement			Veh Year 2005 Veh Make TOYOTA Veh Config. 1 21								
Operator DEJESUS, CARLOS H Last First Middle			Owner DEJESUS, CARLOS H Last First Middle								
Address 10 WASHINGTON ST APT 34			Address 10 WASHINGTON ST APT 34								
City METHUEN State MA Zip 01844			City METHUEN State MA Zip 01844								
Insurance Company THE STANDARD FIRE INSURAN			Vehicle Action Prior to Crash 4 22			Damaged Area Code: 3 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: 29					
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Driver Contributing Code 4 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						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/Occupants See Above			M 1 1 2 0 0 10 1								

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○

235 Main Street

island divider green light

green light

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 south on Main street when it approached the intersection at 235 Main Street. Vehicle 1 attempted to drive straight through as it reportedly had a green light. Vehicle 2 was traveling north on Main Street when it prepared to turn left at the intersection into the parking lot. The operator of vehicle 2 stated that his light had a left turn green arrow displaying and that vehicle 1 should not have had a green light when it crossed the intersection. Witnesses to the crash stated that both vehicles had a green light and that vehicle 2 should have yielded to vehicle 1 as it had the right of way. Witnesses also stated that vehicle 2 turned left so sharply that it had almost drove over the middle island divider at the entrance. Vehicle 1 ended up colliding with the right side of vehicle 2 as it passed through the intersection. Vehicle 2 suffered airbag deployment and both vehicles had to be towed from the scene. No injuries were reported.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
DAMPLO MICHAEL PETER	2 ELWOOD RD WILMINGTON MA 01887-2834		
BISHOP RYAN M	4 COCHRANE RD WILMINGTON MA 01887-2842		

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 222 Wilmington Police Department 04/11/2025

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