| | Police Use Only | Com | monwealth | Ith of Massachusetts | | | | | RMV Document Number | | | | tara Ag | |
|----------------|---|---------------------------|------------------------|----------------------|------------------|--------------------|------------------|---------------|---------------------|------------------|-----------------|--|----------|-------------------------|
| | Date of Crash Time of Crash 04/23/2025 0507 Wilr | City/Town nington | Motor Veh | icle Cra | sh [| Number Vehicles | | - 1 I | Speed : Latitud | | 25 | State Police Local Police MBTA Police | | |
| | 24HR | uting com | Police | Report | | 1 | 1 | | Longitu | | | Campus Police Other: | _ 5 | |
| | AT INTERSECTI | ON: | < LOCA | TION | > | | NO | ГАТ | INT | ER | SECT | TION: | | |
| | SHAWSHE | EN AVE | | | | | , | | | | | | | 2 ¹⁰ |
| 1 | Route# Direction | Name of Roadway/St | reet | Route# Direct | tion A | ddress # | · | | Nan | ne of l | Roadwa | ray/Street | | |
| ¹ 2 | HOPKINS | At | | Feet | NSE | Wof | | | - • | _ | or | | | |
| | | b I Intersecting Roady | way/Street | | | <u> </u> | Mi | ile Mar | ker | | | Exit Number | | 1 ¹¹ |
| | | Also at Intersection v | vith | | NSE | | Route | e# | I | Interse | cting R | Roadway/Street | — | |
| ² 1 | Route# Direction Nam | e of Intersecting Roady | vay/Street | Feet | NSE | W of | | | | | | | | |
| Ľ | Please Select One | | | | | . 0 E | - 1 | 1 1 | - | | ndmark | <u>(</u> | | |
| 3 | of the Following: | #Occupants Hit/ | Run 🔲 Moped | Crash R | eport ID | * 20 |) — 1 | | | | • | | | 1 |
| L | License / S | _ DOB/Ag | _ | # AADHYA | | | | | | | | | 21 | 7 ¹² |
| | [| E E | ndorsement | Year 2024 | | | | | | | | Config. | <u>ן</u> | Ľ |
| 4 | Operator CHITRODA, KETA | First | Middle | er <u>CHITRO</u> | ast | | Fi | rst | | | Mid | MDR ddle | | |
| ⁴ 3 | Address 11 BARTEMUS TR | | | ess 11 BAR | TEM | JS T | RL_ | | | | | | | |
| | City NASHUA State | <u>NH</u> Zip <u>0306</u> | <u>3</u> City | NASHUA | | | 22 | | | | | 27 27 | 27 | |
| | Insurance Company | | | ele Action Prior to | | 1 | | | maged t Statu | | Code: | $\frac{27}{2}$ $\frac{27}{2}$ $\frac{27}{2}$ | | |
| ⁵ 1 | Vehicle Travel Direction: NXEW | Responding to Emer | | t Sequence 20 | | 7 | 23 | | e of T | | ÷ | 1 0 ²⁹ | | |
| | Citation # (If Issued) | | | | 22 ²⁴ | J | 25 | | C Test | - | | 1 30 | | 13 |
| | Viol. 1: Ch/Sec/Sub | Viol. 2: Ch/Sec/Sub | | er Contributing Co | <u>سسا</u> | _الحصي | 25 76 | | | - | 2 31 | | 32 | 22 ¹³ |
| ⁶ 1 | Viol. 3: Ch/Sec/Sub | | | er Distracted by | 0 26 | <u> </u> | 26 36 | Tov 37 | ved fro | om sce 39 | ene? | 1 33 | | |
| | Please fill out for opera Name (Last First Middle) | for and all occupants in | Address | DOB/Age | Sex Pa | at Safety | Airbag | Eject Code | Trap | | Transp. Code | Medical Facility | | |
| | Operator | S | ee Above | \sim | XI | 1 | 3 | 0 | 0 | 8 | 2 | Lahey Clinic | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | ĺ |
| | Please Select One | #Occupants Hit/ | | | | | | | | | | | | l |
| ⁷ 2 | of the Following: | Hit/ | Run 🛄 Moped | Vulneral | ole User | Comple | ete the | vulnera | ble Us | ser sec | tion. | | | |
| • | 19 19 | DOB/Age | | ł <u></u> | | | Reg | , Туре _ | | | Re | - | <u>_</u> | |
| | Sex Lic. Class Lic. R | estrictions C | DL Veh V ndorsement | (ear | Veh | Make | | | | | _ Veh | Config. | ┛┃ | |
| ⁸ 2 | | First | Middle | - | åst | | Fi | rst | | | Mid | ldle | | |
| Ľ | Address | | | ess | | | | | - | | | | | 10 ¹⁴ |
| | City State | - | | 5 5 | | _ | 22 | - | naged | | г | 27 27 | 27 | |
| | Insurance Company | | | le Action Prior to | Crash 3 23 | 23 | 23 | | t Statu | | ŀ | 28 | | |
| | Vehicle Travel Direction: N S E W | | | Harmful Event | 24 | | | Тур | e of Te | est: | | 29 | | |
| ⁹ 2 | Citation # (If Issued) | | | l. | | 25 | 25 | | C Test | F | | 30 | | |
| L | Viol. 1: Ch/Sec/Sub | | | r Contributing Coor | 26 | | 26 | | p. Alco ved fro | £. | | Susp. Drug | 32 | |
| | Viol, 3: Ch/Sec/Sub V Please fill out for operat | | _ | , cristiavited by | 3 | 35 | 36 | 37 | 38 | 39 | 40 | | _ | ļ |
| | Name (Last First Middle) | | Adáress | DOB/Age | Sex Po | s. System | Airbag Status | Eject Code | Trap Code | Injury Status | Transp. Code | Medical Facility | | |
| | Operator/Occupants | Se | ee Above | \succ | X^1 | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | T | T | | T | | | |
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| | | | | | | | | | | | | | | |

Form No. 10364 CRA-65 08/23



Crash Narrative:

On Wednesday, April 23, 2025 at 0507 hours MV1 was traveling South on Shawsheen Ave. When I arrived on scene the operator of MV1 was outside of the vehicle sitting on the curb. MV1 stated they saw an animal crossing the road and swerved to avoid it. MV1 over corrected causing them to lose control. MV1 first jumped the curb then struck Verizon utility pole # 24-65. MV1 sustained heavy front end damage and both front and side airbags deployed.Operator of MV1 stated they were experiencing abdominal pain. MV1 stated they had their seat belt on at the time of the crash. The operator of MV1 was transported by Wilmington Fire to Lahey Clinic in Burlington, MA. The vehicle was towed from the crash by Forrest Towing Company.

| Witnesses: | | | | | | |
|------------------------------------|---------------------|--|-----------------|------------------|---------------------------------|------------|
| Name (Last,First,Middle) | | Address | | | Phone # | Statement |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Property Damage: | | | | | | |
| Owner (Last,First,Middle) | Address | | Phone # | 41-Type | Description of Damaged Property | |
| VERIZON | 28 DIANA LN DRA | CUT MA 01826 | | 4 | UTIILITY POLE | |
| | | | | | | |
| | | | | | | |
| Truck and Bus Information: | | | | /ehicle Section) | Bus Use | 42 |
| Address | | | City | | St Zip | |
| US DOT #: | _State Number | 200 - TO | _ Issuing State | MC/MX | /ICC #: | |
| Interstate 43 Cargo Body 7 | Type Code | GVWR/GCWR | 45 | | | |
| Trailer Reg #: | Reg Туре | Reg State | Reg Year | Trai | iler Length | |
| Hazmat Information: | | | | | | |
| Placard 47 Material 1 digit # | 48 Material Name | | | Material 4 dig | git #Release code | 49 |
| Patrol Officer Joshua I | DeBarros | 2 | 234 1 | Wilmington | Police Department | 04/23/2025 |
| Police Officer Name (Please Print) | Signature | П | | Department | | Date |

Wilmington Police Department Images Associated with 25-111-AC





Wilmington Police Department Images Associated with 25-111-AC





| | Pol | lice Use Only | | Com | monweal | th (| of Massa | ssachusetts | | | | | RMV Document Number | | | | | |
|-----------------------|--|-----------------------|-----------------|--|---------------------|--------|-------------------------|--------------|--------------------|------------------------|------------------------|---------------------|---------------------|------------------------|-----------------------|---|---------|-----------------|
| | Date of Crash | Time of Crash 1315 | | City/Town |] Motor V | Veh | icle Cra | sh | | umber chicles | | A | | l Limit | 35 | 5 State Police Local Police MBTA Police | 0800 | |
| | 04/23/2025 | 24HR | E | ington | Poli | ce] | Report | | 2 | | 0 | | Latitu Longi | ide itude | | Campus Police | _ 🖬 | |
| | | AT INTER | SECTIC | DN: | < L(| OCA | TION | > | | | NO | ΤAΊ | ſ IN | TER | SEC | TION: | | 1 |
| | H <u>-</u> uur nur nur nur nur nur nur nur nur nur | | | <u></u> | | | | | | | | | | | | | | 2 ¹⁰ |
| | Route# Dire | ction | | Name of Roadway/S | treet | | Route# Direct | ion | 47 Addi | 0 ress # | <u>M</u> | AIN | | | Roadw | vay/Street | | ┢──┘ |
| 1 | | | | At | | | | | | 1 | | | | | | · | | |
| L | | <u> </u> | | | (2) | | Feet | NS | EW | of | <u></u> . м | ile Ma | • | , | or _ | Exit Number | | • 11 |
| | Route# Dire | ction | | of Intersecting Road Also at Intersection | | [| Feet | NS | EW | of | | | | | | | | 2 " |
| | | | | | | | Feet | | | | Rout | e# | | Inters | ecting l | Roadway/Street | | |
| ² 1 | Route# Dire | ction | Name | of Intersecting Road | way/Street | | - | | | • | | | | La | andmarl | k | | |
| | Please Select | | le 1 1 # | Occupants 🔲 Hit | /Run 🔲 Mo | ned | Crash R | eport | ID# | 25 | -1 | 1: | 2- | AC | 7 | | | |
| 5 | of the Followi | ng: | | | IT | | | | | | | | - | | | | | |
| | License | 19 | 19 | DOB/Age | | | # <u>3XYF99</u> | | | | | | | | | | 21 | 1 ¹² |
| | Sex <u>M</u> Lic. | Class D | Lic. Res | strictions 1 C | CDL Endorsement | | rear 2004 | | | | | | | | Veh | Config. | | |
| ⁴ 1 | 1 | GUMAMU , Last | Fi | irsl | Middle | | er LUGUMAI | .asi | | | F | irsl | | | м | liddle | | |
| 1 | | HIGHLAN | | | | | ess <u>38 HIG</u> | | |) <u>S'</u> | <u>r</u> | | | | | | | |
| | | | | IA Zip 0185: | | City | LOWELL | | | | 22] | | | | - | 1852-334 | 9 27 | |
| | Insurance Comp | - | | URANCE CO | <u>OMPANY</u> | Vehic | le Action Prior to | | | 2 | 22 | | amage st Stat | | Code: | 6 ²⁷ 5 ²⁷ | - 1 | |
| 5 | Vehicle Travel I | Direction: | S E W | Responding to Eme | rgency? 2 | Event | t Sequence 1 | 23 | 23 | 23 | 23 | | pe of | | | 1 0 ²⁹ | | |
| | Citation # (If Iss | sued) | | | | Most | Harmful Event | 1 | 24 | | | - | • | st Res | ult: | 1 ³⁰ | | |
| | Viol. 1: Ch/Sec/ | Sub | Vie | ol. 2: Ch/Sec/Sub | | Drive | r Contributing Coo | de | 1 | 25 | 25 | Su | isp. Al | cohol: | 2 31 | Susp. Drug 2 | 32 | 1 13 |
| ⁶ 1 | Viol. 3: Ch/Sec/ | Sub | Via | ol. 4: Ch/Sec/Sub — | <u> </u> | Drive | r Distracted by | 0 | 26 | 2 | 6 | То | wed fi | iom sc | ene? | 2 33 | | |
| L | Name (Last First M | | for operator | r and all occupants in | 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 | | |
| | Operate | or | | s | ee Above | | $\mathbf{\mathbf{X}}$ | \mathbf{X} | 1 | 1 | 4 | 0 | 0 | 10 | 1 | | | |
| | | | | | | | | ` | | | | | | 1 | | | | |
| | | | | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | | | | |
| ⁷ 1 | Please Select C of the Followin | | e 2 2 # | Occupants 🔲 Hit | /Run 🔲 Moj | ped | Vulnerab | ole Us | er C | Comple | te the | Vulner | able L | Jser se | ction. | | | |
| | License | | · | B/Age | | Reg # | 5MWP27 | | | | Rej | з Туре | PC | | R | eg State MA | | |
| | Lic. (| Class D | Lic, Res | | DL | Veh Y | /ear 2008 | \ | Velı M | ake <u>G</u> | MC | | | | Veh | Config. 1 . | 1 | |
| | Operator | | | | indorsement | Owne | BENOIT | , E | BRI | EN | | | | | | iddle | | |
| ⁸ 1 | Addres | Lası | | ··· | Middle | Addre | ess <u>3 BERK</u> | EL] | EY | ST | Fi | ršl | | | Mi | iddle | | |
| L | City | | : State | 🖵 Zip | | City] | NORTH BI | LL | ER. | ICA | | _ Stat | te MZ | \ z | (ip 01 | 1862-194 | 1 | 1 ¹⁴ |
| | Insurance Comp | any GOVERN | MENT | EMPLOYEE: | <u>s insu</u> | Vehicl | le Action Prior to (| Crash | | 1 | 22 | Da | unageo | d Area | Code: | 2 27 27 | 27 |] |
| | Vehicle Travel D | irection: Xs | EW | Responding to Emer | gency? 2 | Event | Sequence 1 ² | 3 | 23 | 23 | 23 | | st Stat | | | 1 28 | | |
| IG | Citation # (If Iss | ued) | | | | Most | Harmful Event | 1 | 24 | | | | pe of " | | .1a. | 0 ²⁹ | | |
| ⁹ 2 | Viol. 1; Ch/Sec/S | Sub | Vio | ol. 2: Ch/Sec/Sub | | Driver | r Contributing Cod | le | 19 | 25 | 25 | | | st Resu coliol: | | <u> </u> | 32 | |
| | | | | ol. 4: Ch/Sec/Sub | | Drive | r Distracted by | 99 | 26 | 2 | 6 | | | om sc | | 2 33 | | |
| | | Please fill out | | and all occupants in | volved | | | | 3-1 Seat | 35 Safety | 36 Airlug | 37 Eject | 38 Trap | 39 Injury | 40 Transp. | | _ | |
| | Name (Last First M | | utc | | Address ee Above | | DOB/Age | Sex V | Pos. | System | Status 4 | Code | Code O | Status | Code 1 | Medical Facility | | |
| | Operut | pr/Occupa | | ۱ <u> </u> | | | | \triangle | | | - | | | | | | | |
| 1 | | | | | | | ++ | | 3 | 1 | 4 | 0 | 0 | 10 | 1 | | | 1 |
| | | | | | | | | | | | | | | | | | | 1 |
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| L L | | | | • | | | التصعيدية | | • | • | · | | • • | | | | | |

Form No. 10364 CRA-65 08/23



by MV 2. Operator of MV 2 stated that MV 1 slowed down to come to a stop and by the time he noticed it was too late. MV 2 stated that he attempted to swerve out of the way and struck MV 1. Both vehicles were in driveable condition. All involved stated no injuries.

| Witnesses: | | | | | | | |
|------------------------------------|------------------|-----------|---------------|-----------------|-----------|----------------------------|--------------------------|
| Name (Last,First,Middle) | | Address | | | | Phone # | Statement |
| | | | | | | | |
| | | | | | | | |
| Property Damage: | | | | | | | |
| Owner (Last,First,Middle) | Address | | Phone # | 41-Type | Descri | iption of Damaged Property | |
| | | | | | | | |
| | | | | destination end | | | |
| | | | | 50 | | | |
| Truck and Bus Information: | Registration # | | (From Ve | hicle Section) | | | 1966 Corto C. Albert 196 |
| Carrier Name | | | | incle Section) | | Bus Use | 42 |
| Address | | | City | | | St Zip | |
| US DOT #: | State Number | | Issuing State | MC/MX | (/ICC #:. | | |
| 43 Cargo Body Ty | pe Code | GVWR/GCWR | 45 | | | | |
| Trailer Reg #: | Reg Type | Reg State | Reg Year | Tra | uler Leng | 46 gth | |
| Hazmat Information: | | | 5. | | | | |
| Placard 47 Material 1 digit # | 48 Material Name | e | | Material 4 di | igit # | Release code | 49 |
| Patrol Officer James R | Hill | | 225 W: | ilmingtor | n Pol | ice Department 04/ | 23/2025 |
| Police Officer Name (Please Print) | Signature | | | partment | | Precinct/Barracks Date | |

Form No. 10364 CRA-65 08/23

Wilmington Police Department Images Associated with 25-112-AC





| | Po | lice Use Only | | Cor | wealth | lth of Massachusetts | | | | | | RMV Document Number | | | | |] | |
|----------------|-----------------------------------|---------------|----------------|----------------------|-----------------------|----------------------|---|------------------|--------------------|------------------------|------------------------|---------------------|--------------------|------------------------|-----------------------|--|----------|-------------------------|
| | Date of Crash 04/25/2025 | Time of Crash | | City/Town | Mo | tor Veb | icle Cra | ısh | | lumber | | nber ured | | l Limit | 4(| O State Police Local Police MBTA Police | 0800 | |
| | 04/25/2025 | 24HR | | ington | | Police 2 | Report | | 1 | | 1 | | Latitu Longi | | | Campus Políce | _8 | |
| | | AT INTER | SECTI | ON: | < | LOCA | TION | > | | | NO | T A 3 | ſ IN | TER | SEC | TION: | |] |
| | | | | | | | | | 27 | - | Б. | | וחה | 777 | τæ | ĊŒ | | 2 ¹⁰ |
| 1 | Route# Dire | ction | | Name of Roadwa | y/Street | | Route# Direc | ction | | ress # | | | inin inii | _ | LE Roadv | ST vay/Street | | |
| ¹ 2 | | | | At | | | Feet | NS | EW | of | | | | · — | • OF | | | |
| | Route# Dire | ction | Name | e of Intersecting Ro | oadway/Street | | 1001 | | 1-1- |] 01 | М | ile Ma | rker | | - ··· | Exit Number | • | 1 11 |
| | | | | Also at Intersection | on with | | Feet | NS | EW | of | Rout | | | Inters | ecting | Roadway/Street | | _ |
| ² 1 | Route# Dire | ction | Name | e of Intersecting Ro | oadway/Street | | Feet | NS | EW | of | | | | | | , | | |
| L | Dinana Calaata | 0 | | | | | 1 | | | | _ | | _ | | ındmarl | k | | |
| 3 | Please Select of the Followi | | le 1 <u>.1</u> | #Occupants | Hit/Run | Moped | Crash I | Report | t ID# | 25 | -] | 1: | 3- | AC | | | | |
| | License 7 | | St ¯ | , DOB/Ag | - | Reg # | ¥13185 | | | | Re | д Туре | <u>C0</u> | 1 | R | | | 12 |
| | Endorsement | | | | | Veh Y | zh Year <u>2021</u> Veh Make <u>RAM</u> Veh Config. 2 | | | | | | | | | | 21 | <u> </u> |
| r | Operator MA | NYANG, I | NGOR | PETER | Middle | | wner PURERENEW PLUS CORPORATION | | | | | | | | | | | |
| ⁴ 1 | Address 196 | SUMMER | ST | | | Addr | ess <u>132 A</u> | LTA | MON | TT / | | | | | | , and the second s | | |
| • | City ARLI | NGTON | State | MA Zip 024 | 74-296 | O City | MELROSE | | | | , | | | | | 2176-420 | 04 | |
| | Insurance Comp | any PROGRE | ESSIV | E CASUAL | TY INS | U Vehic | le Action Prior to | Crast | ı | 1 | 22 | | | | Code: | <u> </u> | 27 | |
| 5 | Vehicle Travel I | Direction: XS | EW | Responding to E | mergency? 2 | Event | Sequence 40 | ²³ 43 | 23 | 23 | 23 | | st Stat pe of ' | | | 1 ²⁸ | | |
| | Citation # (If Iss | sued) | | - | | Most | Harmful Event | 43 | 24 | | | | | st Resi | ult: | 0 | | |
| | Viol. 1: Ch/Sec/ | Sub | Vi | iol. 2: Ch/Sec/Sub | | Drive | r Contributing Co | ode | 21 | ²⁵ 1 | .9 ²⁵ | Su | sp. Al | cohol: | 2 31 | Susp. Drug: 2 | 32 | 40 ¹³ |
| ⁶ 1 | Viol. 3: Ch/Sec/ | Sub | Vi | iol. 4: Ch/Sec/Sub | | Drive | r Distracted by | 99 | 26 | | 16 | То | wed fi | rom sc | ene? | 1 33 | | |
| 1 | Name (Last First M | | for operato | or and all occupant | s involved | | DOB/Age | Sax | 34 Seoi Pos. | 35 Safety System | 36 Airbag Status | 37 Ejeet Code | 38 Trap Code | 39 Injury Status | 40 Transp. Code | Medical Facility | <i>.</i> | |
| | Operate | | | | See Above | | \searrow | X | 1 | 1 | 3 | o | 0 | 8 | 0 | | | |
| | | ···· | | | <u>_</u> | | $ \longrightarrow$ | ſ | 1 | | | | | | | | | |
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| | | | | | | | | | | | | | | | | | | |
| ⁷ 1 | Please Select C of the Followi | | e 2 <u></u> t | #Occupants | Hit/Run | Moped | Ulnera | ble Us | ser C | Comple | te the | Vulner | able U | Jser se | ction. | | | |
| | License # | | | DOB/Age | 1 | | | | | | Re | д Туре | | | R | | | |
| | Sex Lic. (| Class 19 1 | Lic. Res | strictions 20 | CDL | Veh Y | 'ear | ······ ' | Veh M | ake | | | | | _ Veh | Config. | 21 | |
| ⁸ 1 | Operator | Last | F | - irst | Middle | _ | сг | Lası | | | F | rsi | | | Mi | iddle | | |
| 1 | Address | | | | | Addre | SS | | | | | | | | | | | 14 |
| | City | | State | Zip | | City_ | | | | | | | | | · . | | | 1 14 |
| | Insurance Comp | апу | | | | Vehic | le Action Prior to | Crash | | | 22 | | - | | Code: | 27 27 28 | 27 | |
| | Vehicle Travel D | birection: NS | EW | Responding to Er | mergency? | Event | Sequence | 23 | 23 | 23 | 23 | | st Stat pe of 1 | | | 29 | | |
| ⁹ 2 | Citation # (If Iss | ued) | | - | | Most | Harmful Event | | 24 | | | BA | - | t Resu | ılt: | 30 | | |
| | Viol. 1: Ch/Sec/S | Sub | Vi | iol. 2: Ch/Sec/Sub | | Drive | r Contributing Co | ide | | 25 | 25 | Su | sp. Ale | cohol: | 31 | | 32 | |
| | Viol. 3: Ch/Sec/S | | | ol. 4: Ch/Sec/Sub | | Drive | Distracted by | | 26 | | 6 | | | om se | | 33 | | |
| | Name (Last First M | | for operato | r and all occupants | s involved Address | | DOB/Age | Sex | 34 Seat Pos. | 35 Safety System | 36 Airbøg Status | 37 Eject Code | 38 Trap Code | 39 Injury Status | 40 Transp. Code | Medical Pacility | | |
| | Operato | or/Occupar | nts | | See Above | | \sim | X | 1 | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| | | | | | | | 1 | | | | | | | | | | | |
| | | | | | | | | | <u> </u> | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |



Vehicle was pouring large amounts of used cooking oil down an embankment and on the

roadway. Vehicle was towed to Forrest Towing by Forrest Towing. Wilmington DPW responded

to address the spill/ coordinate cleanup.

| Witnesses: | | | | | | | |
|------------------------------------|---------------------|-----------|---------------|------------------|------------------|------------------|--|
| Name (Last,First,Middle) | | Address | | | Phone # | | Statement |
| | | | | | | | |
| | | | | ······ | | | |
| | | | | | | | |
| Property Damage: | | | | | | | |
| Owner (Last,First,Middle) | Address | | Phone # | 41-Type | Description of I | Damaged Property | |
| | | | | | - | | |
| | | | | | | | <u>, , , , , , , , , , , , , , , , , , , </u> |
| Truck and Bus Information: | Registration # | | | Vehicle Section) | | | 42 |
| Carrier Name | | | | | | Bus Use | |
| Address | | | City | | St. | Zip | January 1999 - Januar |
| US DOT #: | State Number | | Issuing State | MC/MX | ЛСС #: | | |
| Interstate Cargo Body Ty | pe Code | GVWR/GCWR | 45 | | F | | |
| Trailer Reg #: | Reg Type | Reg State | Reg Year | Tra | iler Length | 40 | |
| Hazmat Information: | | | | | L | | |
| Placard 47 Material 1 digit # | 48 Material Name | <u></u> | | Material 4 di | git # | Release code | 49 |
| Patrol Officer James R | Hill | | 225 | Wilmington | n Police D | epartment | 04/25/2025 |
| Police Officer Name (Please Print) | Signature | | ID/Badge # | Department | Precinct | Barracks | Date |

Wilmington Police Department Images Associated with 25-113-AC



Wilmington Police Department Images Associated with 25-113-AC







| | Pol | ice Use Only | | Com | monwea | lth | of Massa | ıch | use | etts | | | | RM | V Doci | ıment Number | 7 |
|----------------|------------------------------------|-----------------------|------------------|---------------------------------|--|--------|-------------------------|------------|--------------------|------------------------|------------------------|-------------------------------|--------------------|------------------------|-----------------------|---|------------------------|
| | Date of Crash 04/25/2025 | Time of Crash 1926 | | City/Town Motor Ve | | Veh | icle Cras | sh | | umber ehicles | | nber ured | Speed Latitu | l Limit | 25 | State Police Local Police MBTA Police | i |
| | 04/25/2025 | 1920 24HR | 4 | ng con | Pol | ice | Report | | 2 | | 0 | | Lantu Longi | | | Campus Police | J |
| | | AT INTER | SECTIO | N: | < L | JOCA | TION > | > | | | NO | T A] | Γ ΙΝ΄ | TER | SEC' | TION: | |
| | | | | | | | | | ~~ | ~ | | | | | | 13 | 2 ¹⁰ |
| | Route# Direc | ction | Ň | ame of Roadway/S | treet | | Route# Direct | ion | 29 Addr | B ress # | 5 | HAW | | | AV Roadw | ray/Street | |
| ¹ 3 | | | | At | | | Feet | NS | FW |]f | | | | | | | |
| L | Route# Direc | ction | Name of | f Intersecting Road | way/Street | | Peet [| 112 | <u> </u> | Jor | | ile Ma | | , | or _ | Exit Number | - |
| | | | | lso at Intersection | | | Feet [| N S | EW | of | Rout | a# | | Interes | anting E | Roadway/Street | 2 |
| ² 2 | Route# Direc | ction | Name of | f Intersecting Road | way/Street | | Feet | NS | EW | of | Kout | C# | | | | | _ |
| <u> </u> | Please Select (| | 0 | | | | | | | | | - | | | ndmark | (| - |
| 3 | of the Followi | | le 1 <u>3</u> #C | Occupants Hit | t/Run 🛄 M | loped | Crash R | eport | ID# | 25 | -1 | <u> </u> | 4 – | AC | - | | |
| | License | | | DOB/Age | ······································ | Reg | # <u>V33492</u> | | | | Re | д Туре | CO | l | R | | 12 |
| | Sex <u>M</u> Lic. | Class B M | 19 Lic. Restr | ictions 1 | CDL Endorsement | Veh Y | Year 2017 | ` | Veh M | ake <u>F</u> | 'ORI |) | | | Veh | Config. 21 | Ľ. |
| | Operator MI | LLER, G | REGORY | | Middle | Own | er GJ MIL | LEI | R A | ND | | NS irst | INC | <u> </u> | Mi | dille | |
| ⁴ 1 | Address 335 | WOBURN | ST | | | Addr | ress <u>335 WO</u> | BU | RN | ST | | | | | | | |
| | City WILM | INGTON | State M | A Zip 0188 | 7 | City | WILMING | ron | E | | | | | | · · | <u>1887-2107</u> | |
| | Insurance Comp | any THE CO | OMMERC | E INSURA | NCE CO | Vehic | ele Action Prior to | Crash | L . | 1 | 22 | | | | Code: | | |
| 5 | Vehicle Travel D | Direction: NS | s X w F | Responding to Eme | rgency? 2 | Even | t Sequence | 23 | 23 | 23 | 23 | | st Stat pe of | | | 1 28 29 | |
| | Citation # (If Iss | ued) | | | | Most | Harmful Event | 1 | 24 | | | | - | st Resi | alt: | 30 | |
| | Viol. 1: Ch/Sec/S | Sub | Viol | . 2; Ch/Sec/Sub | | Drive | er Contributing Coo | de | 10 | 25 | 25 | Su | ısp. Al | cohol: | 2 31 | Susp. Drug 2 32 | 1 ¹³ |
| 6 | Viol. 3: Ch/Sec/S | Sub | Viol | . 4: Ch/Sec/Sub | | Drive | er Distracted by | 0 | 26 | 2 | 6 | To | wed fi | rom sc | ene? | 2 33 | |
| ⁶ 1 | Name (Last First M | | for operator a | and all occupants in | volved 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 | T |
| | Operate | | | | See Above | | Dogwyge | Ň | 1 | 99 | 4 | 0 | 0 | | 1 | Medical Facility | |
| | JANET ETHIE | R-MILLER | | 335 WOBURN ST WILMINGTON, MA | 01887-2107 | | - F - ~ ~ | F | 3 | 99 | 4 | 0 | 0 | 10 | 1 | | - |
| | LAYNE MILLE | R | | 335 WOBURN ST WILMINGTON, MA | 01887-2107 | | | м | 6 | 1 | 4 | 0 | 0 | 10 | 1 | | - |
| | | | | | | | 1 | | | | | | | | | | - |
| | Dianco Salast C | | | | | | | | L | 1 | | | | | | | - |
| ⁷ 1 | Please Select C of the Followir | | e 2 <u>2</u> #0 | ccupants Hit | /Run | oped | Vulnerab | ole Us | ier C | Comple | te the | Vulner | able U | Jser se | ction. | | |
| | License | | | DOB/Ag | | Reg # | <u> 6JDP79</u> | | | | Re | g Туре | PC | | Re | eg State MA | |
| | Se _ Lic. C | Class D | Lic. Restri | | DL | | Year 2009 | | | | | | | | Veh | Config. | |
| ⁸ 1 | Operator | 1-031 | гиза | | Middle | | er EASTMAI | ast | | | LLI Fi | <u>z j</u> _{irst} | 'ANZ | 4 | Mie | Jdle | |
| | Addı | | | | | | ess 13 ALC | | | 'N | | | | | | | . 14 |
| | City. | | State.' | Zip | | City _ | BURLINGT | <u>lon</u> | 1 | | 22 | | | | · · · | 803-1409 | 1 |
| | Insurance Compa | any THE HZ | NOVER | INSURAN | <u>CE COM</u> | Vehic | ele Action Prior to (| | | L | 22 | | unageo st Stat | | Code: | $1 \frac{27}{10} \frac{27}{27} \frac{27}{27}$ | |
| | Vehicle Travel D | irection: N S | | Responding to Emer | rgency? 2 | Event | t Sequence 1 | 13 | 23 | 23 | 23 | | pe of | | | 29 | |
| ⁹ 2 | Citation # (If Issu | ued) | | | | Most | Harmful Event | 1 | 24 | ael | - 25 | | AC Tes | st Resu | ılt: | 30 | |
| | Viol. 1: Ch/Sec/S | Sub | Viol. | 2: Ch/Sec/Sub — | | Drive | er Contributing Cod | ie | 2 | 25 | 25 71 | 1 0. | | | 2 31 | | |
| | Viol. 3: Ch/Sec/S | | | . 4: Ch/Sec/Sub | | Drive | er Distracted by | 0 | 26 | | 6 | | | rom se | 1 | 2_33 | 1 |
| | Name (Last First Mi | | tor operator a | and all occupants in | 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 | |
| | Operato | or/Occupat | nts | S | ee Above | | $\left \right> \right $ | Х | 1 | 99 | 4 | 0 | 0 | 10 | ı | | |
| ŀ | | | | | | | -T | | 3 | 99 | 4 | 0 | 0 | 10 | 1 | | |
| | | | | | | | | | | | | | | | | | - |
| ľ | | | | | | | | | | | <u> </u> | | | | | | - |
| | | | | | | | | | L | L | | | I | L | | | |

| Crash Diagram: | | 1 = Vehicle 1 | 2 = Vehicle 2 | Q = Pedestr | ian ග්රි 🗕 🔶 ග්රි | - biyie | |
|---|---|---------------------------|---|-----------------|--|--|---------|
| | | | | | | If Crash <u>Did No</u> on a Public Wa | |
| Route 129, Shawsheen A | ve | | | | | Off-Street Parking | Lot |
| ¢ | | | | | | Garage | |
| | | | | | | | |
| | | | | | | Mall/Shopping Cer | iter |
| + | 200 | 100 | | | - | Other Private Way | |
| | | | | | | Indicate North b | y Arrow |
| Sh | awsheen School Fie | ld / Courts | | | K) | F | |
| Crash Narrative: 71 was in front of m | V2, BOTH VEHICL | ES WERE TRA | AVELING EAST | ON SHAWSI | ieen ave | IN WILMINGTON. | |
| 1 REPORTS THAT MV1 | WAS FOLLOWING H | IM TOO CLOS | SELY. MV2 REP | PORTS THAT | MV1 SLA | AMMED ON HIS | |
| AKES. THE FRONT END | | CONTRACTOR CONTRACTOR NO. | A REAL PROPERTY AND A REAL POINT OF THE REAL POINT | | The Distance of the second secon | | |
| MAGE TO THE FRONT E | ND OF MV2 AND T | HE VEHICLE | WAS LEAKING | COOLANT. | THERE WZ | AS NO DAMAGE TO | |
| 1. NO INJURIES REPO | RTED, NO AIRBAG | S DEPLOYED, | NO TOWS. | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Witnesses: | | Address | | | Phone # | | 54-4 |
| ime (Last,First,Middle) | | Address | | | Phone # | · | Statem |
| | | | | | | | |
| | | | | | | | |
| Property Damage: | | | | | | | |
| vner (Last,First,Middle) | Address | | Phone # | 41-Type | Description of | f Damaged Property | |
| | | | | | | | |
| | | | | | | | |
| | n: Registration # | | | chicle Section) | | | |
| ruck and Bus Informatio | | | (From Ve | | | | |
| | | | (From Ve | | | Bus Use | 42 |
| Carrier Name | | | (| | S | | 42 |
| Carrier Name | | | City | | | St Zip | 42 |
| arrier Name ddress S DOT #: | State Number | | City Issuing State | | | | 42 |
| arrier Name ddress S DOT #: 43 | | | _ City Issuing State 45 | | | St Zip | 42 |
| Carrier Name | State Number y Type Code44 | GVWR/GCWR | City Issuing State 45 | MC/MX | ICC #: | St Zip | 42 |
| IS DOT #: | State Number y Type Code44 | GVWR/GCWR | City Issuing State 45 | MC/MX | ICC #: | St Zip | 42 |
| arrier Name ddress IS DOT #: aterstate 43 Cargo Body Trailer Reg #: | State Number y Type Code Reg Type 48 | GVWR/GCWR Reg State | _ City Issuing State Issuing State 45 Reg Year | MC/MX/ | ICC #: | St Zip | 42 |

| Form No. | 10364 | CRA-65 | 08/23 |
|----------|-------|--------|-------|
|----------|-------|--------|-------|

Wilmington Police Department Images Associated with 25-114-AC





| | Police Use Only | Com | monwealth | of Massa | of Massachusetts | | | | | RMV Document Number | | | | |
|----------------|---|------------------------|-------------------|----------------------------|------------------------|------------------------|-----------|---------------------|--------------------|------------------------|-----------------------|---|----|-------------------------|
| | | City/Town | Motor Veh | icle Cras | sh [| Number Vehicles | | | • | Limit_ | 30 | State Police Local Police MBTA Police | | 1 |
| | 04/26/2025 1125 Wilm: 24HR | ington | Police | Report | 1 | | 1 | P | Latitud Longit | | | Campus Police | _6 | |
| | AT INTERSECTIO |)N: | < LOCA | TION > | > | | NO | Г АТ | INI | rers | SECI | ΓΙΟN: | |] |
| | | | | | | | | | | - | | | | 2 10 |
| . | Route# Direction | Name of Roadway/St | reet | Route# Directi | ion Ad |) dress # | <u>C1</u> | AR | | | Roadwa | ay/Street | | ╞──┘ |
| | | At | | | NEEL | | | | | | | | | |
| E | Route# Direction Name | of Intersecting Roady | vav/Street | reet | NSEV | of | Mi | le Mar | ker • | | or _ | Exit Number | | _ 11 |
| | | Also at Intersection w | - | Feet [1 | NSEN | V of | | | | | | 1 10 | | 1 |
| <u>5</u> | | - CT | | Feet | NSE | V of | Route | Ħ | 1 | interse | cting R | toadway/Street | | |
| ² 2 | Route# Direction Name | of Intersecting Roady | vay/Street | | | | | | | Lar | ndmark | | | |
| ³ 3 | Please Select One of the Following: | Occupants Hit/ | Run 🔲 Moped | Crash Re | eport ID# | 25 | -1 | 15 | 5-2 | AC | , | | | |
| 3 | License St | DOB/Age | | <u>↓ 91se69</u> | | | Rei | Tuna | PC | | Po | u State MA | | |
| | | 20 | - | Year 2020 | | | | | | | | | 21 | 7 ¹² |
| | Operator GALLAGHER, SYL | E: | ndorsement | er <u>GALLAGI</u> | | | | | | | _ (0) | | J | J |
| ⁴ 1 | Address 9 SEAFORD ST | ítsi | Middle | ess 9 SEAF | ast | | Fi | rst | | | Mid | idle | | |
| | City WILMINGTON State N | VTA 7in 01887 | | WILMINGT | | V 4 | | State | . MZ | 7 | 01 | .887-25 | 21 | |
| | Insurance Company THE COMMERC | - | - | le Action Prior to (| | 1 | 22 | | | | · | 2 27 1 27 8 | | |
| | | Responding to Emerg | | | | 23 | 23 | | at Statu | | | 1 ²⁸ | | |
| 5 | | Responding to Enter | | t Sequence 35 ² | 35 ²⁴ | | | Тур | e of T | lest: | - | o ²⁹ | | ļ |
| L | Citation # (If Issued) | | | L | | ²⁵ 2 | A 25 | | | t Resul | | 1 30 | | 30 ¹³ |
| | Viol. 1: Ch/Sec/SubVio | | | er Contributing Cod | 5 ²⁶ | و الشرور | 26 | | | ohol: | t | Susp. Drug: 2 | 32 | 30 |
| ⁶ 2 | Viol. 3: Ch/Sec/Sub — Vie Please fill out for operator | | | r Distracted by | 3 | 35 | | 37 | 38 | 39 39 | 40 | 1 | | ļ |
| L | Name (Last First Middle) | | Address | DOB/Age | Sea Sex Pos | | | Eject Code | Trap Code | Injury Status | Transp. Code | Medical Facility | y | |
| | Operator | Se | ee Above | \succ | <u>X 1</u> | 0 | 1 | 0 | 0 | 8 | 2 | Lahey Clinic | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | ····· | | |
| | Please Select One | Occupants | | | | | | l | l | | | | | |
| ⁷ 1 | of the Following: | Occupants Hit/ | Run 🛄 Moped | Vulnerab | le User | Comple | te the v | /ulnera | ble U | ser sec | 2100. | | | |
| L | License # St 19 19 | DOB/Age | Reg # | l | | | Reg | Туре | | | Re | | 21 | |
| | Sex Lic, Class | | DL Veh Y | /ear | Veh N | /lake | | | | | _ Veh (| Config. | | |
| ⁸ 2 | Operator | rst | Middle Owne | er | st | | Fir | st | | | Mide | die | — | |
| 2 | Address | | | 255 | | | | | | | | | — | 14 |
| | City State | Zip | City_ | | | | 22 | | | | <u>۳</u> | 251 251 | | 1 |
| | Insurance Company | | Vehic | le Action Prior to C | -1 | | 22 | | naged t Statu | Алеа (| Code: | 27 27 28 | 27 | |
| | Vehicle Travel Direction: N S E W | Responding to Emerg | ency? Event | Sequence | | 23 | 23 | | e of T | | ╞ | 29 | | |
| ⁹ 2 | Citation # (If Issued) | | Most | Harmful Event | 24 | | | BA | C Test | Resul | lt: | 30 | | |
| | Viol. 1: Ch/Sec/Sub Vio | ol, 2: Ch/Sec/Sub | Drive | r Contributing Cod | | 25 | 25 | Sus | p, Alc | ohol: | 31 | Susp. Drug | 32 | |
| | Viol. 3: Ch/Sec/Sub | ol. 4: Ch/Sec/Sub | Drive | r Distracted by | 26 | | 6 | | _ | om scei | L | 33 | | |
| | Please fill out for operator Name (Last First Middle) | and all occupants inv | rolved Address | DOB/Age | 34 Seat Sex Pos. | 35 Safety System | | 37 Eject Code | 38 Trap Code | 39 Injury Status | 40 Transp. Code | Medical Facility | , | |
| | Operator/Occupants | Se | e Above | \searrow | X_1 | | | | | | | | | |
| | | | | | | 1 | | | | \neg | | | | |
| | | | -,ü | + | | - | | | -+ | | | . <u> </u> | | |
| | | | | | | + | | | | | | | | |
| l | | | | | | | | | | | | | | ļ |



I observed MA REG 91SE69 off the road, in the front bushes, and against the house of 19 Clark Street. Op1 stated she went to Dunkin Donuts down the street and was reaching for a sip of her coffee and lost control and traveled off the roadway. Op1 was evaluated and transported by the Wilmington Fire Department to Lahey Clinic for further evaulation. The homeowner was notified of the damage to his property. A&S Towing removed the vehicle from against the house and towed it back to their yard.

| Witnesses: | | | | | | |
|---|-----------------------|-------------|---------------|----------------|---------------------------------|-------------------|
| Name (Last,First,Middle) | Ad | ldress | | | Phone # | Statement |
| | н | | | | | |
| | | | | | | |
| | | | | | | |
| Property Damage: | | | | | | |
| Owner (Last,First,Middle) | Address | | Phone # | 41-Type | Description of Damaged Property | / |
| ABRAHAM VAUGHN PAUL | 19 CLARK ST WILMINGTO | ON MA 01887 | | 97 | FRONT VINYL, SIDING OF | FRONT DOOR, STAIR |
| BRAHAM VAUGHN PAUL | 19 CLARK ST WILMINGTO | ON MA 01887 | | 97 | BUSHES | |
| Carrier Name | | | | | | |
| US DOT #: | State Number | | Issuing State | MC/MX | /ICC #: | |
| Interstate 43 Cargo Body Ty | 12-10-2010 | VWR/GCWR | 45 | | 46 | |
| Trailer Reg #: | Reg Type | Reg State | Reg Year | Tra | iler Length | |
| Hazmat Information: Placard 47 Material 1 digit # | 48 Material Name | | | Material 4 dig | git #Release co | 49 |
| | | | | | | |

Wilmington Police Department Images Associated with 25-115-AC













Wilmington Police Department Images Associated with 25-115-AC











| | Police Use Only | Com | monwealth | Ith of Massachusetts | | | | | RMV Document Number | | | | |
|----------------|--|-------------------------------------|-------------------------|----------------------|------------------------|------------------------|--------------|----------------------------------|------------------------|-----------------------|---|------|----|
| | | City/Town | Motor Vel | nicle Cra | sh [| Number Vehicles | | nd Dpor | d Limit | t <u>35</u> | 5 State Police Local Police MBTA Police | 80 | |
| | 04/26/2025 1503 Wilm: 24HR | ington | Police | Report | 2 | | 0 | Lam | ude gitude | | Campus Police | - | |
| | AT INTERSECTIO | DN: | < LOCA | ATION | > | | NOT | ΓAT IN | TER | SEC | TION: | | |
| | | | | | | | | | | | | 2 | 10 |
| 6 | Route# Direction MAIN ST | Name of Roadway/St | reet | Route# Direc | tion Ad | dress # | | N | lame of | Roadw | vay/Street | | J |
| ¹ 1 | | At | | Fast | NSEV | Vof | | | | | | | |
| | Route# Direction MASS AVE Name | of Intersecting Roady | vay/Street | | | . 01 | Mil | e Marker | • | <u> </u> | Exit Number | | П |
| | | Also at Intersection w | vith | Feet | NSEV | V of | Route | <u> </u> | Inters | ecting 1 | Roadway/Street | _ 3 | |
| ² 2 | Route# Direction Name | of Intersecting Roady | vav/Street | Feet | NSEV | V of | route | | mors | coung i | liouunayionool | | |
| 2 | | | - | <u> </u> | | | | | | andmarl | k | | |
| 3 | of the Following: Vehicle 11_# | Occupants Hit/ | Run 🛄 Moped | Crash F | Report ID# | 25 | -1 | 16- | -AC | | | | |
| | License Si |)B/Ag | Reg | # <u>RW545G</u> | | | Reg | Туре РС | 2 | R | eg State MA | | 12 |
| | Sex F Lic. Class D 19 19 Lic. Res | strictions B ²⁰ C | DL Veh ndorsement | Year 2016 | Veh M | Make E | 'ORD | | | Veh | a Config. 1 | 1 1 | |
| | Operator BRITTO, TANEIA | L | | 1er <u>BRITTO</u> | , TA1 | VEI7 | L | | | | | | |
| ⁴ 2 | Address 46 CHARME RD | រំទេវ | | ress 46 CHZ | ARME | RD | Fitz | si | | Mi | iddle | _ | |
| L | City BILLERICA State | A Zip 01821 | L-2126 City | BILLERI | CA | | | _ State M | A _2 | Zip 01 | 1821-212 | 6 | |
| | Insurance Company FARMERS PRO | OPERTY & C | CASUAL Vehi | cle Action Prior to | Crash | 1 | 22 | Damage | ed Area | i Code: | 1 27 2 27 8 | 27 | |
| <u>د</u> | Vehicle Travel Direction: NXEW | Responding to Emerge | gency? <u>2</u> Ever | t Sequence 1 | 23 23 | 23 | 23 | Test Sta | | | 1 28 | | |
| ⁵ 1 | Citation # (If Issued) | | Mos | t Harmful Event | 1 24 | E | | Type of BAC Te | | | 0 ²⁹ | | |
| | Viol. 1: Ch/Sec/Sub Vio | ol. 2: Ch/Sec/Sub | Driv | er Contributing Co | de 1 | 25 | 25 | Susp. A | | | <u>p</u> | 32 1 | 13 |
| 6 | Viot. 3: Ch/Sec/Sub Vio | ol. 4: Ch/Sec/Sub | Driv | er Distracted by | 0 ²⁶ | | 6 | Towed | | | 2 33 | | |
| ⁶ 2 | Please fill out for operator | r and all occupants inv | | | 34 Seal | | 36 Airbag | 37 38 Eject Trap | 39 Injary | 40 Transp. | | | |
| | Nome (Lost First Middle) | Se | Address ee Above | DOB/Age | Sex Pos. | System | | Code Code | Status | Code 1 | Medical Facility | | |
| | | | | \succ | | | | | - | <u> </u> | | | |
| | | | | | | | | | | | | | |
| | | | | · | | | | | | | | | |
| | | | | | | | | | | | | | |
| ⁷ 3 | Please Select One Vehicle 21_# | Occupants Hit/ | Run 🛄 Moped | Ulneral Vulneral | ble User | Comple | te the V | ulnerable | User se | ction. | | | |
| | License / St |)OB/Age | _ Reg | 1JNC56 | | | Reg | Туре РС | 2 | Re | eg State MA | | |
| | Sex F Lic, Class D Lic. Resi | | DL Veh | Year 2020 | Veh N | lake I | nfi | nity | | Veh | Config. 1 | 1 | |
| | Operator VIEIRA, JENNIF | | idorsement LFORD Own | er VIEIRA | , JEN | NIF | ER | SHAC | KEL | FOR | D | | |
| ⁸ 2 | Address 17 BROAD ST | rsl | Middle Addr | ess 17 BRC | AD S | r | Firs | 4 | | Mie | ddle | | |
| | City WILMINGTON State M | IA Zip 01887 | -1944 City. | WILMING' | ron | | | State M | A _ 2 | 2ip 01 | <u>1887-194</u> | 4 1 | 14 |
| | Insurance Company THE COMMERC | E INSURAN | ICE CO Vehic | cle Action Prior to | Crash | 3 | 22 | Damage | ed Area | Code: | <u>-</u> | 27 | |
| | Vehicle Travel Direction: NXEW | Responding to Emerg | ency? <u>2</u> Even | t Sequence 1 | 23 23 | 23 | 23 | Test Sta | | | $\frac{1}{28}$ | | |
| ⁹ 2 | Citation # (If Issued) | | Most | Harmful Event | 1 ²⁴ | | | Type of BAC Te | | ılt: | 0 ²² 30 | | |
| 2 | Viol. 1: Ch/Sec/Sub Vio | ol. 2; Ch/Sec/Sub | Drive | er Contributing Co | de 19 | 25 | 25 | Susp. A | | | Susp. Drug 2 | 52 | |
| | Viol. 3: Ch/Sec/Sub Vio | ol. 4; Ch/Sec/Sub | Drive | er Distracted by | 99 ²⁶ | 2 | 6 | Towed f | | | 2 33 | | |
| | Please fill out for operator Name (Last First Middle) | and all occupants inv | rolved Address | DOB/Age | 34 Seat Sex Pos. | 35 Safety System | Airbag | 37 38 Eject Trap Code Code | 39 Injury Status | 40 Transp. Code | Medical Facility | | |
| | Operator/Occupants | Se | e Above | | | 99 | 4 0 | | 1 | 1 | | | |
| | | · · · | | $\langle \rangle$ | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | <u> </u> | | | | | | | |
| | | | | | | | | | | | | | |



| On Saturday April 26, 2025 at approximately 3:15pm I, Officer Fortes was dispatched to |
|--|
| Main Street at Mass Ave for a two car motor vehicle crash. Upon arrival I observed both |
| operators standing outside of their vehicles on Mass Ave. Op1 stated she was traveling |
| down Main Street and V2 pulled out of Mass Ave infront of her and she did not have enough |
| time to stop and collided with the vehicle. Op2 stated she was pulling out of Mass Ave and |
| saw V1 had a right directional on and thought she was turning onto Mass Ave so she turned |
| onto Main Street and collided with the vehicle. Both parties were evaluated by the |
| Wilmington Fire Department and refused transport. Both vehicles were drivable and both |
| parties cleared the scene after an information exchange. A witness identified herself and |
| stated she saw V1 traveling straight ahead on Main Street and V2 pulled infront of her and |
| |

the collision occured.

| Witnesses: | | | | | | |
|---|---------------------|----------------|-------------------|--------------------------|--------------------------------------|------------------------|
| Name (Last,First,Middle) | | Address | | | Phone # | Statement |
| GREEN HAYLEY SHANNON | 17 PRESIDENT | TAL DR WILMING | TON MA 01887-2 | 813 | | |
| | | | | | | |
| Property Damage: | | | | | | |
| Owner (Last, First, Middle) | | | | 41-Type | Description of Damaged P | roperty |
| | | | | | | |
| | | | | | | |
| Truck and Bus Informatio | | | | 1 Vehicle Section) | St | Bus Use 42 |
| US DOT #: | State Number | | Issuing State | MC/MX/ | ICC #: | |
| Interstate Cargo Boo | ly Type Code | GVWR/GCWR | 45 | | 40 | |
| Trailer Reg #: | Reg Type | Reg State | Reg Year | TTrail | er Length | |
| Hazmat Information: Placard 47 Material I digi | t # Material Nat | ne | | Material 4 dig | It#Re | lease code |
| Patrol Officer John A Police Officer Name (Please Print) | Fortes Signature | | 228 ID/Badge # | Wilmington Department | Police Departme Precinct/Barracks | ent 04/26/2025 Date |

Wilmington Police Department Images Associated with 25-116-AC





| | Pol | ice Use Only | | Commonwealth of Massachusetts RMV Document Number | | | | | | | | | | | | | | | |
|----------------|------------------------------------|-----------------------|-------------|---|------------|---------------|---------|---------------|-------------------|------------|--------------------|------------------------|--------------------------|---------------------|--|------------------------|-----------------------|---|-------------------|
| | Date of Crash 04/26/2025 | Time of Crash 2153 | 1 | City/Town ington Motor Vel | | | | | icle Cra | e Crash | | | | | Speed Limit <u>30</u> State Police Local Police MBTA Police Campus Police | | | 8 | |
| | 04/20/2023 | 24HR | FT | ing coi | Police | | | | | | 2 | | 0 | | | itude | | Campus Police | 5 |
| | | AT INTER | SECTI | ON: | | < | L | OCA | TION | > | | | NO | T A' | Γ IN | TER | ISEC | TION: | |
| | | | | | | | | | | | 91 | | s | ALE | m | ST | | | 2 ¹⁰ |
| 1 | Route# Direc | ction | | Name of Roa | | eet | | | Route# Dire | ction | Add | ress # | | | | | Roady | vay/Street | |
| '4 | | | | / | 4t | | | | Feet | NS | EW | of | | | _ • | • — | • or | | _ |
| | Route# Direc | ction | Nam | e of Intersection | | | et | | | NG | Inhi | a . | M | lile Ma | uker | | | Exit Number | 3 11 |
| | | | | Also at Inter | section wi | th | | | | N S | | _ | Rou | te# | | Inters | ecting | Roadway/Street | |
| ² 3 | Route# Direc | ction | Name | e of Intersection | ng Roadwa | ay/Stree | et | | reet | 1413 | Em | jot | | | | 1 - | undmar | ٠ | |
| L | Please Select (| | a 13 | #Occupants | | 200 | Mo | had | Crash | Renor | + 1D# | 25 | _1 | 11 | 7_ | | | Λ | |
| 3 | of the Followi | ng: | | | | | | - | | | | | | | | | | | _ |
| L | License # | 19 | S. 19 | OB/Age | 20 | | | | <u>3333CG</u> | | | | | | | | | 21 | - 1 ¹² |
| | Sex <u>M</u> Lic. (| Class D M | Lic. Re | strictions B | | DL dorseme | | | ear <u>2006</u> | | | | <u>IMC</u> | | | | Vel | a Config. 2 | |
| ⁴ 1 | | OY, EDW | | First | | Middle | | | TROY, | Lost | | | I | irst | | | м | liddle | - |
| L _ | | EATHER | | M7 ~ 0 | 1910 | _100 | | | ess <u>9 HEA'</u> | | K I | JK _ | | | | | | 1010-1007 | - |
| | - | /ER any LIBERI | | - | | | | | ANDOVER | | _ | 1 | 22 | | | | | 1810-1907 | |
| | | Direction: NS | | Responding | | | | | Sequence | 23 42 | | 23 | 23 | | st Sta | | . 0000 | 2 1 ²⁸ | |
| 5 | | ued) | | Responding | to Emerge | ency: | | | Harmful Event | 42 1 | 24 | · • | | Ту | pe of | Test: | | 0 29 | |
| | | Sub | | - | /Cub | | | | r Contributing C | | 1 | 25 | 25 | 5 | | st Rest | <u> </u> | $\begin{bmatrix} 30 \\ 1 \end{bmatrix}$ | 1 13 |
| | | Sub | | | | | | | Distracted by | 0 | 26 | | 26 | _ ⁰⁰ | | lcohol: rom sc | | Susp. Drug. 2 32 | ╵╠┷──┘ |
| ⁶ 2 | VIOL 5. CHACOL | Please fill out | | | | | | | 1 | | 34 Seat | 35 Safety | 36 Airbag | 37 Eject | 38 Trap | 39 Injury | 40 Transp. | <u> </u> | |
| L | Name (Last First M | | | | | Address | | | DOB/Age | Sex | Pos. | System | Status | Code | Code | Status | Code | Medical Facility | _ |
| | Operato | | | 9 HEATHER | | e Above | | | | \vdash | 1 | 1 | 4 | | 0 | 10 | 1 | · · · · · · · · · · · · · · · · · · · | _ |
| | ALEXANDRA T | ROY | | ANDOVER, | | -1907 | | | | F | 3 | 1 | 4 | 0 | 0 | 10 | 1 | | |
| | EDWARD TROY | | | ANDOVER, | | -1907 | | | | м | 6 | 1 | 4 | 0 | 0 | 10 | 1 | | _ |
| | | | | | | | | | | | | | | | | | | | |
| ⁷ 3 | Please Select O of the Followin | | 21_# | #Occupants | Hit/R | un | | ped | Vulnera | able Us | ser (| Comple | te the | Vulner | able L | Jser se | ction. | | |
| | License # | | | DOB/Age | | ×. , | 1 | leg # | 382568 | 3 | | | Re | g Type | PC | | R | eg State NH | - |
| | | Class D | 9 | strictions 99 | 20 | L | | - | ear <u>2008</u> | | | | | • • • • | | | | Config. 1 ²¹ | |
| | Operator | <u> </u> | 4 | <u> </u> | End | lorseme | nt | | BRILL, | | | | 'YNI | NE | | | | ٽــــــا ٽ | _ |
| ⁸ 1 | Addres | Last | F | first | | Middle | | Addre | ss 60 MA | Lasi EN | ST | | F | irst | | | Mi | ddle | _ |
| L | City | | State | _ Zip | | | | City I | HOOKSET | т | | | | Stat | te NI | 1 z | ip 0 : | 31061605 | 1 1 |
| | Insurance Compa | my CO-OPE | RATO | VE INS | SURAN | ICE | | Vehicl | e Action Prior to | Crash | L | 4 | 22 | Da | mage | d Area | Code: | | |
| | Vehicle Travel Di | irection: NS | ЕX | Responding | to Emerge | ency? 2 | | Event | Sequence 1 | 23 | 23 | 23 | 23 | | st Stat | | | $\frac{1}{2}$ | |
| ⁹ 2 | Citation # (If Issu | ied) | | | | | | Most I | Jannful Event | 1 | 24 | | | • | pe of î \C Tes | test: st Resu | ılt: | 0 ²⁵ 1 ³⁰ | |
| 2 | Viol. 1; Ch/Sec/S | ub | Vi | ol. 2: Ch/Sec/ | Sub —— | | | Driver | Contributing Co | ode | 4 | ²⁵ 1 | 8 ²⁵ | | | cohol: | | Susp. Drug 2 32 | |
| | Viol, 3: Ch/Sec/S | ub | Vi | ol. 4: Ch/Sec/ | Sub | | | Driver | Distracted by | 0 | 26 | 2 | 6 | To | wed fr | 10in 50 | ene? | 2 33 | |
| Ī | Name (Last First Mic | Please fill out f | for operato | r and all occu | | lved | | | DOB/Age | Sex | 34 Sent Pos, | 35 Safety System | 36 Airbag Status : | 37 Eject Code | 38 Trap Code | 39 Injury Status | 40 Transp. Code | Medical Facility | T |
| - | | r/Occupan | ts | | | Above | | | Ň | X | 1 | 99 | 4 | | 0 | | 1 | | - |
| ŀ | - | | | | | | <u></u> | | | | | | | | | | | | |
| ŀ | | | | | | | | | | | | | | | | | | | |
| ŀ | | | | | | | | | | - | | | | | | | | ··· · <u>··</u> · · · · | - |
| L | Form No. 10364 CRA-65 | 08/23 | | | | | | | | I | | | | | | | | •••••••••••••••••••••••••••••••••••••• | |



Crash Narrative:

| At approximately 9:53PM, V1 stated they were traveling east bound on Salem St when V2 | |
|--|--|
| turned into their lane and they were unable to avoid hitting V2. V1 said they had to | |
| swerve off the road to avoid hitting another vehicle traveling behind V2. V2 stated they | |
| were traveling west on Salem St when they went to make a left turn onto Cunningham St and | |
| was struck by V1. V2 said they used a left turn signal and did not see V1 because of their | |
| windshield getting obscured. A third vehicle was traveling behind V2 (not involved). Both | |
| occupants of the third vehicle stated V2 cut off V1. All occupants involved declined | |
| medical treatment and were able to drive away of their own power. | |

| Witnesses: | | | | | | | |
|--|---------------------|-----------------|---------------|--------------------------|---------------------------|---|----------|
| Name (Last,First,Middle) | Address | | | Phone # | Phone # | | |
| MACDONALD BRIAN GARY | 2003 MAIN ST | Apt. #2 TEWKSBU | RY MA 01876-3 | 043 | | | |
| FAUCHER DEANA ANN | | 125 HAMPSH | IRE ST LOWELL | MA 01850-1 | .679 | | |
| Property Damage: | | - 1 | | | | · · · | |
| Owner (Last, First, Middle) | Address | | Phone # | 41-Type | Description of Dat | maged Property | |
| | | | | | | | |
| | | | | | | | |
| Truck and Bus Informatio | regionation | | | Vehicle Section) | St | Bus Use | 42 |
| US DOT #: | State Number | | Issuing State | MC/MX/ | /ICC #: | | |
| 43 | y Type Code | GVWR/GCWR | 45 | | | | |
| Trailer Reg #: | Reg Type | Reg State | Reg Year | Trai | ler Length | 46 | |
| Hazmat Information: Placard 47 Material 1 digi | t # Material Nam | ie | | Material 4 dig | ;it # | Release code | 49 |
| Patrol Officer Caleb Police Officer Name (Please Print) | A Wiig Signature | | | Wilmington Department | Police Dep Precinct/Ba | the second se | /26/2025 |

Wilmington Police Department Images Associated with 25-117-AC





Wilmington Police Department Images Associated with 25-117-AC



