

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 04/23/2025	Time of Crash 0507 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report				Number Vehicles 1	Number Injured 1	Speed Limit 25 Latitude Longitude	State Police Local Police MBTA Police Campus Police Other
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:			
Route# Direction SHAWSHEEN AVE			Route# Direction Address # Name of Roadway/Street				2 10			
Route# Direction HOPKINS ST			Feet N S E W of Mile Marker Exit Number				1 11			
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Route# Intersecting Roadway/Street							
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Landmark							
Please Select One of the Following:			<input checked="" type="checkbox"/> Vehicle 1 #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped				Crash Report ID# 25-111-AC			
License # S DOB/Ag			Reg # AADHYA Reg Type PC Reg State NH				7 12			
Sex M Lic. Class 99 19 19 Lic. Restrictions B 20 CDL Endorsement			Veh Year 2024 Veh Make LEXUS Veh Config. 1 21							
Operator CHITRODA, KETAN RAMESHCHANDR			Owner CHITRODA, KETAN RAMESHCHANDR							
Address 11 BARTEMUS TRL APT 204			Address 11 BARTEMUS TRL APT 204							
City NASHUA State NH Zip 03063			City NASHUA State NH Zip 03063							
Insurance Company			Vehicle Action Prior to Crash 1 22				Damaged Area Code: 1 27 2 27 27			
Vehicle Travel Direction: N X E W Responding to Emergency? 2			Event Sequence 20 23 23 23 23				Test Status: 1 28			
Citation # (If Issued)			Most Harmful Event 22 24				Type of Test: 0 29			
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Driver Contributing Code 11 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				22 13			
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 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/Ag			Reg # Reg Type Reg State							
Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement			Veh Year Veh Make Veh Config. 21							
Operator			Owner							
Address			Address							
City State Zip			City State Zip							
Insurance Company			Vehicle Action Prior to Crash 22				Damaged Area Code: 27 27 27			
Vehicle Travel Direction: N S E W Responding to Emergency?			Event Sequence 23 23 23 23				Test Status: 28			
Citation # (If Issued)			Most Harmful Event 24				Type of Test: 29			
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Driver Contributing Code 25 25				BAC Test Result: 30			
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Distracted by 26 26				Susp. Alcohol: 31 Susp. Drug: 32			
Please fill out for operator and all occupants involved			Towed from scene? 33				10 14			
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 3 0 0 8 2							

→ = 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 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 DRACUT MA 01826		4	UTILITY POLE

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 04/23/2025

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

Wilmington Police Department
Images Associated with 25-111-AC



Wilmington Police Department
Images Associated with 25-111-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number																												
Date of Crash 04/23/2025	Time of Crash 1315 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:																												
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street				2 10																												
At			Feet N S E W of or Mile Marker Exit Number				2 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																																
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# 25-112-AC																							
License			DOB/Age			Reg # 3XYF99			Reg Type PC			Reg State MA			1 12																				
Sex M Lic. Class D 19 19			Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2004			Veh Make HONDA			Veh Config. 1 21			1 12																				
Operator LUGUMAMU, DOMINICK E						Owner LUGUMAMU, DOMINICK E																													
Address 38 HIGHLAND ST APT 7						Address 38 HIGHLAND ST APT 7																													
City LOWELL State MA Zip 01852-3349						City LOWELL State MA Zip 01852-3349																													
Insurance Company SAFETY INSURANCE COMPANY						Vehicle Action Prior to Crash 2 22			Damaged Area Code: 6 27 5 27 27																										
Vehicle Travel Direction: X S E W Responding to Emergency? 2						Event Sequence 1 23 23 23 23			Test Status: 1 28																										
Citation # (If Issued)						Most Harmful Event 1 24			Type of Test: 0 29																										
Viol. 1: Ch/Sec/Sub			Viol. 2: Ch/Sec/Sub			Driver Contributing Code 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						1 13																				
Viol. 3: Ch/Sec/Sub			Viol. 4: Ch/Sec/Sub			Towed from scene? 2 33																													
Please fill out for operator and all occupants involved																																			
Name (Last First Middle)			Address			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		
Operator			See Above			X			X			1			1			4			0			0			10			1					
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			B/Age			Reg # 5MWP27			Reg Type PC			Reg State MA																							
Lic. Class D 19 19			Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2008			Veh Make GMC			Veh Config. 1 21																							
Operator						Owner BENOIT, BRIEN JACK																													
Address						Address 3 BERKELEY ST																													
City			State Zip			City NORTH BILLERICA State MA Zip 01862-1941																													
Insurance Company GOVERNMENT EMPLOYEES INSU						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			Viol. 2: Ch/Sec/Sub			Driver Contributing Code 19 25 25			BAC Test Result: 1 30																										
Viol. 3: Ch/Sec/Sub			Viol. 4: Ch/Sec/Sub			Driver Distracted by 99 26 26			Susp. Alcohol: 2 31 Susp. Drug: 2 32																										
Viol. 3: Ch/Sec/Sub			Viol. 4: Ch/Sec/Sub			Towed from scene? 2 33																													
Please fill out for operator and all occupants involved																																			
Name (Last First Middle)			Address			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		
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 → ○ → ○

Crash Diagram:

470 Main St

Main St, Wilmington, MA (Route 38)

Not to Scale

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Indicate North by Arrow

←

Crash Narrative:

Operator of MV 1 stated that he was stopped in traffic on Main Street and was rear ended 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	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 James R Hill

Police Officer Name (Please Print)

Signature

225

ID/Badge #

Wilmington Police Department

Department

Precinct/Barracks

04/23/2025

Date

Wilmington Police Department
Images Associated with 25-112-AC



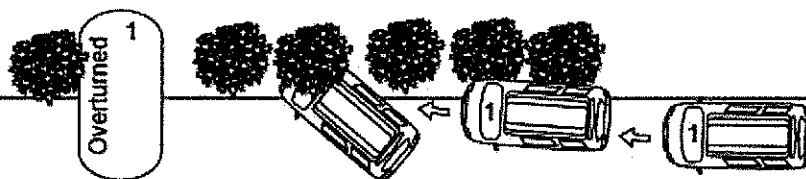
Police Use Only		Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 04/25/2025	Time of Crash 0433 24HR	City/Town Wilmington		Motor Vehicle Crash Police Report		Number Vehicles 1	Number Injured 1	Speed Limit 40	State Police Local Police MBTA Police Campus Police Other:
AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:			
Route# Direction Name of Roadway/Street				Route# Direction Address # Name of Roadway/Street				2 10	
At				Feet N S E W of or Exit Number				1 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					
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# 25-113-AC					
License # St DOB/Ag				Reg # Y13185 Reg Type CO Reg State MA				7 12	
Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement				Veh Year 2021 Veh Make RAM Veh Config. 2 21					
Operator MANYANG, NGOR PETER				Owner PURERENEW PLUS CORPORATION					
Address 196 SUMMER ST				Address 132 ALTAMONT AVE					
City ARLINGTON State MA Zip 02474-2960				City MELROSE State MA Zip 02176-4204					
Insurance Company PROGRESSIVE CASUALTY INSU				Vehicle Action Prior to Crash 1 22				Damaged Area Code: 1 27 7 27 27	
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? 2				Event Sequence 40 23 23 23 23				Test Status: 1 28	
Citation # (If Issued)				Most Harmful Event 43 24				Type of Test: 0 29	
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub				Driver Contributing Code 21 25 19 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				40 13	
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 3 0 0 8 0					
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 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: <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: 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				1 14	
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 → ○ → ○

Area of 271
Ballardvale St,
Wilmington, MA



If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow



Not to
Scale



Crash Narrative:

Operator of MV 1 stated that he was driving on Ballardvale Street headed to make a delivery in Andover. MV 1 stated that he was tired and veered off the road to the right. Operator of MV 1 stated that he struck the curb and lost control of the vehicle. The vehicle then struck some brush, overturned onto its left side, and slid through more brush. MV 1 operator was able to free himself from the overturned vehicle. MV 1 assessed by the Wilmington Fire Department and denied transport to the hospital. MV 1 operator had small lacerations on his left elbow. Operator showed no signs of impairment. 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 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 James R Hill

Police Officer Name (Please Print)

Signature

225

ID/Badge #

Wilmington Police Department

Department

Precinct/Barracks

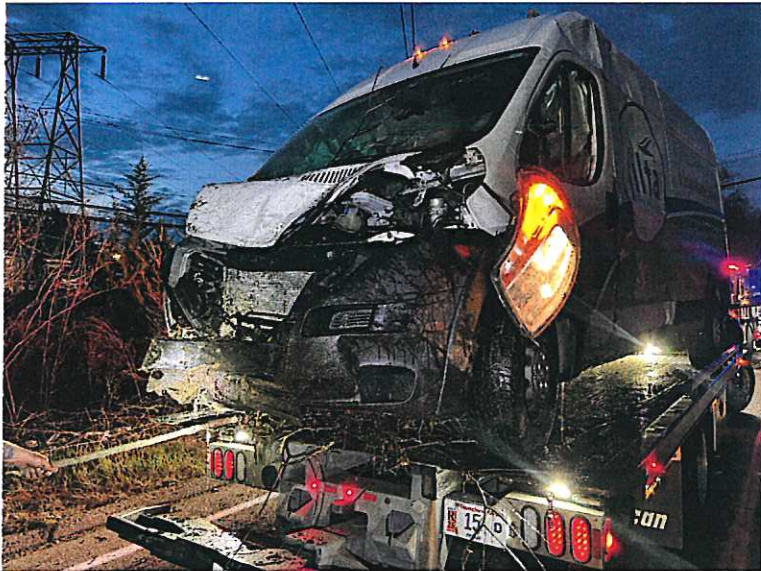
04/25/2025

Date

Wilmington Police Department
Images Associated with 25-113-AC



Wilmington Police Department
Images Associated with 25-113-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number								
Date of Crash 04/25/2025	Time of Crash 1926 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 At			Route# Direction Address # Name of Roadway/Street 298 SHAWSHOEN AVE				Feet N S E W of or Exit Number								
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of				Route# Intersecting Roadway/Street								
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of				Landmark								
Please Select One of the Following:			<input checked="" type="checkbox"/> Vehicle 13 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Crash Report ID# 25-114-AC			
License St. DOB/Age			Reg # V33492				Reg Type CO				Reg State MA				
Sex M Lic. Class B M Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2017				Veh Make FORD				Veh Config. 2 21				
Operator MILLER, GREGORY BRIAN			Owner GJ MILLER AND SONS INC				Last First Middle				Last First Middle				
Address 335 WOBURN ST			Address 335 WOBURN ST				City WILMINGTON				State MA Zip 01887-2107				
City WILMINGTON State MA Zip 01887			Vehicle Action Prior to Crash 1 22				Damaged Area Code: 0 27 27 27				Test Status: 1 28				
Insurance Company THE COMMERCE INSURANCE CO			Event Sequence 1 23 23 23 23				Type of Test: 29				BAC Test Result: 30				
Vehicle Travel Direction: N S X W Responding to Emergency? 2			Most Harmful Event 1 24				Driver Contributing Code 10 25 25				Susp. Alcohol: 2 31 Susp. Drug: 2 32				
Citation # (If Issued)			Driver Distracted by 0 26 26				Towed from scene? 2 33				1 13				
Viol. 1: Ch/Sec/Sub			Viol. 2: Ch/Sec/Sub				Viol. 3: Ch/Sec/Sub				Viol. 4: Ch/Sec/Sub				
Viol. 3: Ch/Sec/Sub			Viol. 4: Ch/Sec/Sub				Viol. 5: Ch/Sec/Sub				Viol. 6: Ch/Sec/Sub				
Please fill out for operator and all occupants involved			Name (Last First Middle)				Address				DOB/Age				
Operator			See Above				DOB/Age				Sex				
JANET ETHIER-MILLER			335 WOBURN ST WILMINGTON, MA 01887-2107				F				3 99 4 0 0 10 1				
LAYNE MILLER			335 WOBURN ST WILMINGTON, MA 01887-2107				M				6 1 4 0 0 10 1				
Please Select One of the Following:			<input checked="" type="checkbox"/> Vehicle 12 #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 # 6JDP79				Reg Type PC				Reg State MA				
Se Lic. Class D 19 19 Lic. Restrictions I 20 CDL Endorsement			Veh Year 2009				Veh Make VOLVO				Veh Config. 1 21				
Operator			Owner EASTMAN, MICHELLE JANA				Last First Middle				Last First Middle				
Address			Address 13 ALCINE LN				City BURLINGTON				State MA Zip 01803-1409				
City State Zip			Vehicle Action Prior to Crash 1 22				Damaged Area Code: 1 27 10 27 27				Test Status: 1 28				
Insurance Company THE HANOVER INSURANCE COM			Event Sequence 1 23 23 23 23				Type of Test: 29				BAC Test Result: 30				
Vehicle Travel Direction: N S X W Responding to Emergency? 2			Most Harmful Event 1 24				Driver Contributing Code 5 25 25				Susp. Alcohol: 2 31 Susp. Drug: 2 32				
Citation # (If Issued)			Driver Distracted by 0 26 26				Towed from scene? 2 33				1 14				
Viol. 1: Ch/Sec/Sub			Viol. 2: Ch/Sec/Sub				Viol. 3: Ch/Sec/Sub				Viol. 4: Ch/Sec/Sub				
Viol. 3: Ch/Sec/Sub			Viol. 4: Ch/Sec/Sub				Viol. 5: Ch/Sec/Sub				Viol. 6: Ch/Sec/Sub				
Please fill out for operator and all occupants involved			Name (Last First Middle)				Address				DOB/Age				
Operator/Occupants			See Above				DOB/Age				Sex				
							1 99 4 0 0 10 1								
							3 99 4 0 0 10 1								

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○

Route 129, Shawsheen Ave



Shawsheen School Field / Courts



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 WAS IN FRONT OF MV2, BOTH VEHICLES WERE TRAVELING EAST ON SHAWSHEEN AVE IN WILMINGTON. MV1 REPORTS THAT MV1 WAS FOLLOWING HIM TOO CLOSELY. MV2 REPORTS THAT MV1 SLAMMED ON HIS BRAKES. THE FRONT END OF MV2 CRASHED INTO THE REAR END OF MV1. THERE WAS SIGNIFICANT DAMAGE TO THE FRONT END OF MV2 AND THE VEHICLE WAS LEAKING COOLANT. THERE WAS NO DAMAGE TO MV1. NO INJURIES REPORTED, NO AIRBAGS DEPLOYED, NO TOWS.

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 Kayla M Hanson

Police Officer Name (Please Print)

Signature

230

ID/Badge #

Wilmington Police Department

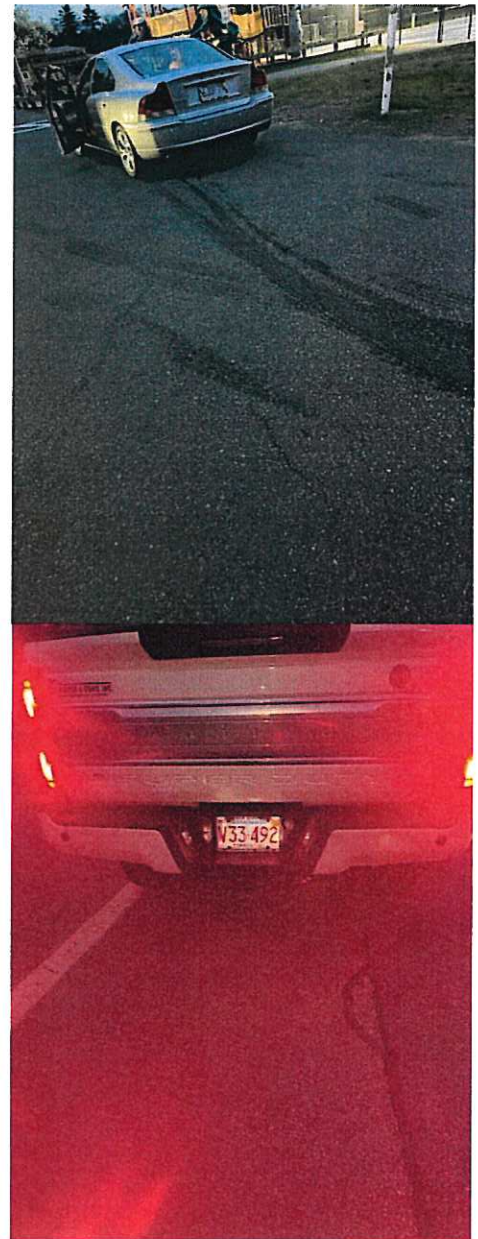
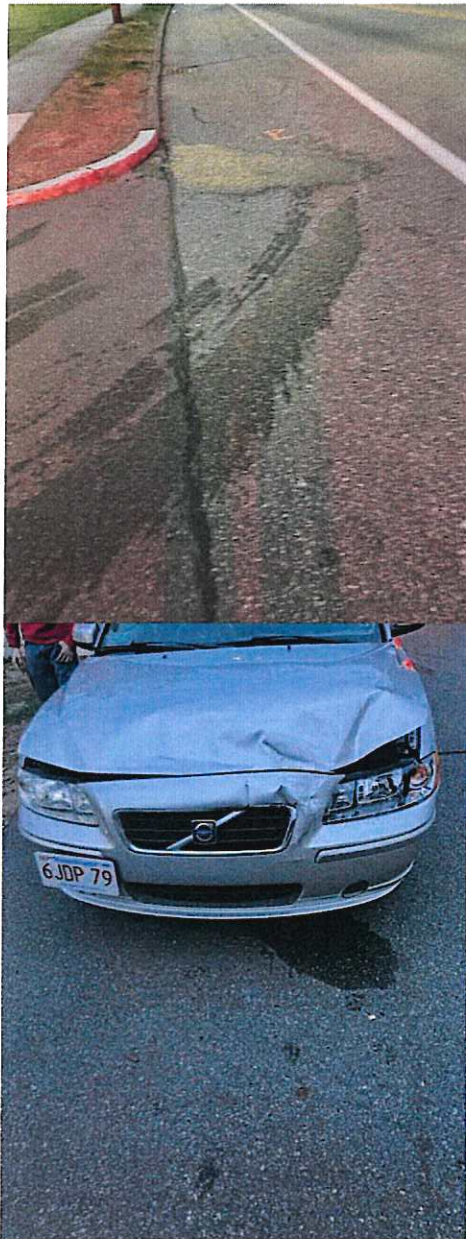
Department

Precinct/Barracks

04/25/2025

Date

Wilmington Police Department
Images Associated with 25-114-AC



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Date of Crash 04/26/2025	Time of Crash 1125 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report				Number Vehicles 1	Number Injured 1	Speed Limit 30	State Police Local Police MBTA Police Campus Police Other																									
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:																												
Route# Direction Name of Roadway/Street			Route# Direction Address # CLARK ST				2 10																												
At			Feet N S E W of Mile Marker Exit Number				1 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:			<input checked="" type="checkbox"/> Vehicle 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Crash Report ID# 25-115-AC																							
License St DOB/Age			Reg # 91SE69 Reg Type PC Reg State MA						7 12																										
Sex F Lic. Class D Lic. Restrictions B CDL Endorsement			Veh Year 2020 Veh Make HYUNDAI Veh Config. 1 21																																
Operator GALLAGHER, SYLVIA R			Owner GALLAGHER, SYLVIA R																																
Address 9 SEAFORD ST			Address 9 SEAFORD ST																																
City WILMINGTON State MA Zip 01887-2521			City WILMINGTON State MA Zip 01887-2521																																
Insurance Company THE COMMERCE INSURANCE CO			Vehicle Action Prior to Crash 1 22			Damaged Area Code: 2 27 1 27 8 27																													
Vehicle Travel Direction: X S E W Responding to Emergency? 2			Event Sequence 35 23 23 23 23			Test Status: 1 28																													
Citation # (If Issued)			Most Harmful Event 35 24			Type of Test: 0 29																													
Viol. 1: Ch/Sec/Sub			Driver Contributing Code 19 25 20 25			BAC Test Result: 1 30																													
Viol. 2: Ch/Sec/Sub			Driver Distracted by 5 26 26			Susp. Alcohol: 2 31 Susp. Drug: 2 32			30 13																										
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			See Above			X			X			1			0			1			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 D Lic. Restrictions B 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:

If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow



Clark Street



Crash Narrative:

On Saturday April 26, 2025 I, Officer Fortes at approximately 11:25am was dispatched to 19 Clark Street for a report of a single car motor vehicle crash with injuries. Upon arrival 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 evaluation. 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)	Address	Phone #	Statement

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
ABRAHAM VAUGHN PAUL	19 CLARK ST WILMINGTON MA 01887		97	FRONT VINYL, SIDING OF FRONT DOOR,STAIRS
ABRAHAM VAUGHN PAUL	19 CLARK ST WILMINGTON MA 01887		97	BUSHES

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 John A Fortes

Police Officer Name (Please Print)

Signature

228

ID/Badge #

Wilmington Police Department

Department

Precinct/Barracks

04/26/2025

Date

Wilmington Police Department
Images Associated with 25-115-AC



Wilmington Police Department
Images Associated with 25-115-AC

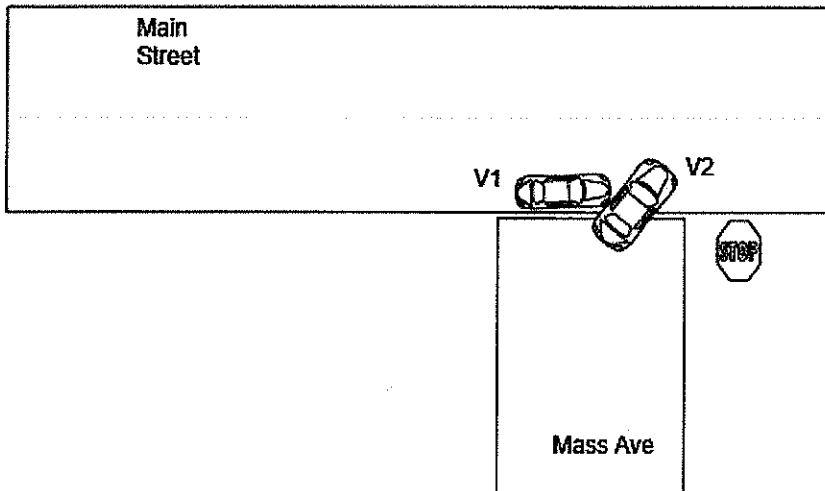


Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 04/26/2025	Time of Crash 1503 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 35	Latitude	Longitude	State Police Local Police MBTA Police Campus Police Other
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
1 MAIN ST					2 10					
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street							
At										
2 MASS AVE					3 11					
Route# Direction Name of Intersecting Roadway/Street			Route# Direction Address # Name of Roadway/Street							
Also at Intersection with										
2 Route# Direction Name of Intersecting Roadway/Street					3 11					
Route# Direction Name of Intersecting Roadway/Street					Landmark					
Please Select One of the Following:			<input checked="" type="checkbox"/> Vehicle 11 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Crash Report ID# 25-116-AC	
License			Si		DOB/Ag		Reg # RW545G		Reg Type PC Reg State MA	
Sex F Lic. Class D 19 19			Lic. Restrictions B 20		CDL Endorsement		Veh Year 2016		Veh Make FORD Veh Config. 1 21	
Operator BRITTO, TANEIA L							Owner BRITTO, TANEIA L			
Address 46 CHARME RD							Address 46 CHARME RD			
City BILLERICA State MA Zip 01821-2126							City BILLERICA State MA Zip 01821-2126			
Insurance Company FARMERS PROPERTY & CASUAL							Vehicle Action Prior to Crash 1 22		Damaged Area Code: 1 27 2 27 8 27	
Vehicle Travel Direction: N X E W			Responding to Emergency? 2				Event Sequence 1 23 23 23 23		Test Status: 1 28	
Citation # (If Issued)							Most Harmful Event 1 24		Type of Test: 0 29	
Viol. 1: Ch/Sec/Sub			Viol. 2: Ch/Sec/Sub				Driver Contributing Code 1 25 25		BAC Test Result: 1 30	
Viol. 3: Ch/Sec/Sub			Viol. 4: Ch/Sec/Sub				Susp. Alcohol: 2 31 Susp. Drug: 2 32		1 13	
Viol. 3: Ch/Sec/Sub			Viol. 4: Ch/Sec/Sub				Driver Distracted by 0 26 26		Towed from scene? 2 33	
Please fill out for operator and all occupants involved										
Name (Last First Middle)			Address		DOB/Age		Sex		Medical Facility	
Operator			See Above		1 99 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/Ag		Reg # 1JNC56		Reg Type PC Reg State MA	
Sex F Lic. Class D 19 19			Lic. Restrictions 1 20		CDL Endorsement		Veh Year 2020		Veh Make Infinity Veh Config. 1 21	
Operator VIEIRA, JENNIFER SHACKELFORD							Owner VIEIRA, JENNIFER SHACKELFORD			
Address 17 BROAD ST							Address 17 BROAD ST			
City WILMINGTON State MA Zip 01887-1944							City WILMINGTON State MA Zip 01887-1944			
Insurance Company THE COMMERCE INSURANCE CO							Vehicle Action Prior to Crash 3 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: 1 28	
Citation # (If Issued)							Most Harmful Event 1 24		Type of Test: 0 29	
Viol. 1: Ch/Sec/Sub			Viol. 2: Ch/Sec/Sub				Driver Contributing Code 19 25 25		BAC Test Result: 1 30	
Viol. 3: Ch/Sec/Sub			Viol. 4: Ch/Sec/Sub				Susp. Alcohol: 2 31 Susp. Drug: 2 32		1 14	
Viol. 3: Ch/Sec/Sub			Viol. 4: Ch/Sec/Sub				Driver Distracted by 99 26 26		Towed from scene? 2 33	
Please fill out for operator and all occupants involved										
Name (Last First Middle)			Address		DOB/Age		Sex		Medical Facility	
Operator/Occupants			See Above		1 99 4		0 0 10 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 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 in front 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 in front of her and the collision occurred.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
GREEN HAYLEY SHANNON	17 PRESIDENTIAL DR WILMINGTON MA 01887-2813		

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 John A Fortes

Police Officer Name (Please Print)

Signature

228

ID/Badge #

Wilmington Police Department

Department

Precinct/Barracks

04/26/2025

Date

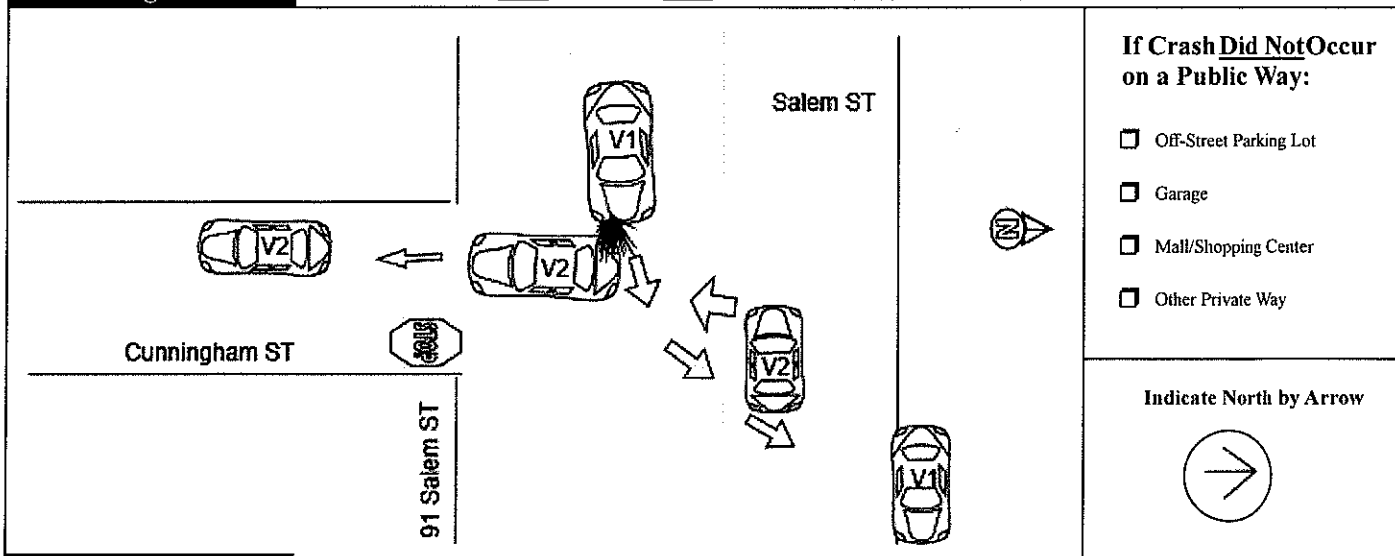
Wilmington Police Department
Images Associated with 25-116-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 04/26/2025	Time of Crash 2153 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit 30	State Police Local Police MBTA Police Campus Police Other:				
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:							
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street				10							
At			Feet N S E W of Mile Marker Exit Number				11							
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Route# Intersecting Roadway/Street				11							
Also at Intersection with			Feet N S E W of				11							
Route# Direction Name of Intersecting Roadway/Street			Landmark				11							
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# 25-117-AC		
License # S. OB/Age			Reg # 3333CG Reg Type PC Reg State MA			12			12					
Sex M Lic. Class D M Lic. Restrictions B 20 CDL Endorsement			Veh Year 2006 Veh Make GMC Veh Config. 2 21			12			12					
Operator TROY, EDWARD			Owner TROY, EDWARD			12			12					
Address 9 HEATHER DR			Address 9 HEATHER DR			12			12					
City ANDOVER State MA Zip 01810-1907			City ANDOVER State MA Zip 01810-1907			12			12					
Insurance Company LIBERTY MUTUAL FIRE INSUR			Vehicle Action Prior to Crash 1 22			Damaged Area Code: 2 27 27 27			12					
Vehicle Travel Direction: N S X W Responding to Emergency? 2			Event Sequence 1 23 23 23 23			Test Status: 1 28			12					
Citation # (If Issued)			Most Harmful Event 1 24			Type of Test: 0 29			12					
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Driver Contributing Code 1 25 25			BAC Test Result: 1 30			12					
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Distracted by 0 26 26			Susp. Alcohol: 2 31 Susp. Drug: 2 32			12					
Please fill out for operator and all occupants involved			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			13					
ALEXANDRA TROY			9 HEATHER DR ANDOVER, MA 01810-1907			F 3 1 4 0 0 10 1			13					
EDWARD TROY			9 HEATHER DR ANDOVER, MA 01810-1907			M 6 1 4 0 0 10 1			13					
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 # S. OB/Age			Reg # 3825683 Reg Type PC Reg State NH			14			14					
Sex Lic. Class D M Lic. Restrictions 99 20 CDL Endorsement			Veh Year 2008 Veh Make HONDA Veh Config. 1 21			14			14					
Operator			Owner BRILL, NANCY LYNNE			14			14					
Address			Address 60 MAIN ST			14			14					
City State Zip			City HOOKSETT State NH Zip 031061605			14			14					
Insurance Company CO-OPERATIVE INSURANCE			Vehicle Action Prior to Crash 4 22			Damaged Area Code: 3 27 27 27			14					
Vehicle Travel Direction: N S E X Responding to Emergency? 2			Event Sequence 1 23 23 23 23			Test Status: 1 28			14					
Citation # (If Issued)			Most Harmful Event 1 24			Type of Test: 0 29			14					
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Driver Contributing Code 4 25 18 25			BAC Test Result: 1 30			14					
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Distracted by 0 26 26			Susp. Alcohol: 2 31 Susp. Drug: 2 32			14					
Please fill out for operator and all occupants involved			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 99 4 0 0 10 1			14					

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

Crash Diagram:



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 #	Statement
MACDONALD BRIAN GARY	2003 MAIN ST Apt. #2 TEWKSBURY MA 01876-3043		
FAUCHER DEANA ANN	125 HAMPSHIRE ST LOWELL MA 01850-1679		

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

04/26/2025

Date

Wilmington Police Department
Images Associated with 25-117-AC



Wilmington Police Department
Images Associated with 25-117-AC

