

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 05/04/2025	Time of Crash 1323 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 1	Speed Limit 30 Latitude Longitude	State Police Local Police MBTA Police Campus Police Other	
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
Route# Direction Name of Roadway/Street At			Route# Direction Address # CUNNINGHAM ST							
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of Mile Marker Exit Number							
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Route# Intersecting Roadway/Street							
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# 25-122-AC	
License #. St. DOB/Age.			Reg # 8ELY70		Reg Type PC		Reg State MA			
Sex F Lic. Class D 19 19 Lic. Restrictions B 20 CDL Endorsement			Veh Year 2019		Veh Make NISSAN		Veh Config. 1 21			
Operator TOMPKINS, LAUREN			Owner TOMPKINS, LAUREN							
Address 12 MOZART AVE			Address 12 MOZART AVE							
City WILMINGTON State MA Zip 01887-2678			City WILMINGTON State MA Zip 01887-2678							
Insurance Company THE COMMERCE INSURANCE CO			Vehicle Action Prior to Crash 1 22		Damaged Area Code: 2 27 3 27 27					
Vehicle Travel Direction: N 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					
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		X		X		1 1 1 0 0 9 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 # DV7777		Reg Type PC		Reg State MA			
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2018		Veh Make CHEVROLET		Veh Config. 2 21			
Operator RIVERA, ANDREW NORMAN			Owner STONE, NORMAN GEORGE							
Address 1 ARCHSTONE CIR APT 109			Address 2 BALDWIN RD							
City READING State MA Zip 01867-3791			City WILMINGTON State MA Zip 01887-2801							
Insurance Company PROGRESSIVE DIRECT INSURA			Vehicle Action Prior to Crash 1 22		Damaged Area Code: 6 27 7 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) 396963AD-CN			Most Harmful Event 1 24		Type of Test: 0 29					
Viol. 1: Ch/Sec/Sub 89 8 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 99 26 26		Susp. Alcohol: 2 31 Susp. Drug: 2 32					
Please fill out for operator and all occupants involved					Towed from scene? 1 33					
Name (Last First Middle)			Address		DOB/Age		Sex		34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code Medical Facility	
Operator/Occupants			See Above		X		X		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:

The operator of MV 1 stated that while she was traveling straight ahead on Cunningham St, MV 2 failed to stop at the stop signed and pulled out in front of her causing a collision. The operator of MV 1 stated that MV 2 never attempted to stop and crashed into her. MV 1 sustained right front and right-side damage. The vehicle had to be towed from the scene. The operator of MV 1 denied medical attention on scene but stated she may have sprained her right wrist.

The operator of MV 2 stated that he was traveling straight ahead on Jacobs St towards Cunningham St and came to a stop at the stop sign at the intersection of Jacobs St and Cunningham St. The operator of MV 2 stated he saw MV 1 traveling on Cunningham St but thought he had enough time to make the left hand turn onto Cunningham St. The operator of MV 2 stated when he went to make the left-hand turn, MV 1 hit him. MV 2 sustained front

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
SHAUGHNESSY MATTHEW PAUL	33 CUNNINGHAM ST WILMINGTON MA 01887		2

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

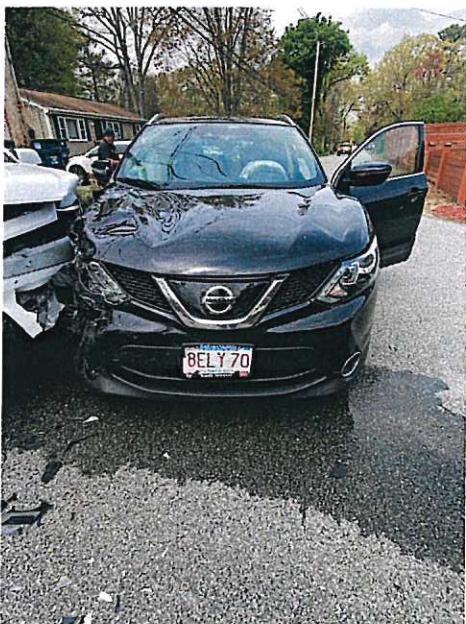
Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 46

Hazmat Information:

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

Patrol Officer Robert M DeGregorio III 223 Wilmington Police Department 05/04/2025
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Images Associated with 25-122-AC



Wilmington Police Department
Images Associated with 25-122-AC



Attachments for 25-122-AC	
Description	Type
LN TOMPKINS OPER CRASH RPT	PDF
Attachment#: 4D53201DACF248CC851B157EE2D92BE6	
CRASH VIDEO	MP4
Attachment#: E229F3F3054B474C973EAF9204127E64	

Wilmington Police Department
Motor Vehicle Crash Report
25-586-OF

Requests for Wilmington Police Department Report, 25-586-OF,
may be made via the department's Public Records Email at
publicrecords@wpd.org

Police Use Only			Commonwealth of Massachusetts				RMV Document Number								
Date of Crash 05/06/2025		Time of Crash 1540 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						2 10			
At						Feet N S E W of or Exit Number						4 11			
Route# Direction Name of Intersecting Roadway/Street						Feet N S E W of SALEM ST						4 11			
Also at Intersection with						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# 25-124-AC									
License # S DOB/Age						Reg # 9RC216 Reg Type PC Reg State MA						1 12			
Sex M Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year 2017 Veh Make MITSUBISHI Veh Config. 1 21						1 12			
Operator BURKE, RICHARD SCOTT						Owner BURKE, RICHARD SCOTT									
Address 6 LOCKWOOD RD						Address 6 LOCKWOOD RD									
City WILMINGTON State MA Zip 01887-1120						City WILMINGTON State MA Zip 01887-1120									
Insurance Company GEICO GENERAL INSURANCE C						Vehicle Action Prior to Crash 6 22						Damaged Area Code: 2 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: 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 0 26 26						Susp. Alcohol: 2 31 Susp. Drug: 2 32			
Please fill out for operator and all occupants involved						Towed from scene? 2 33						1 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 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 # S DOB/Age						Reg # 3CTR33 Reg Type PC Reg State MA						1 14			
Sex F Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year 2022 Veh Make Jeep Veh Config. 1 21						1 14			
Operator SHEEHAN, KERRY ANN						Owner SHEEHAN, KERRY ANN									
Address 3702 POULIOT PL						Address 3702 POULIOT PL									
City WILMINGTON State MA Zip 01887-4586						City WILMINGTON State MA Zip 01887-4586									
Insurance Company PLYMOUTH ROCK ASSURANCE C						Vehicle Action Prior to Crash 1 22						Damaged Area Code: 0 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 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? 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

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 Tuesday, May 6, 2025, Vehicle 2 was traveling north on Middlesex ave continuing onto Salem Street in a straight manner. Vehicle 1 was traveling on Salem Street and in order to continue on that road, needed to cross over Middlesex ave through two traffic Islands and merge onto the roadway. While attempting to merge, Vehicle 1 collided with vehicle 2 causing damage to vehicle 1's front right side. Vehicle 2 had no damage.

All parties refused medical aid and both vehicles were driven from the scene.

Photos attached.

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 Christopher k Miccichi

232

Wilmington Police Department

05/06/2025

Police Officer Name (Please Print)

Signature

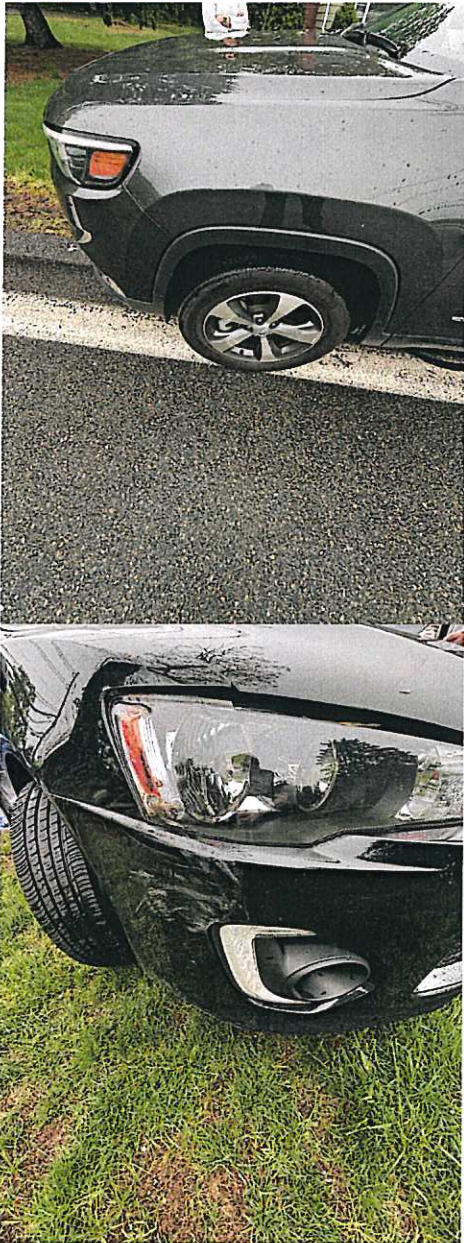
ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department
Images Associated with 25-124-AC



[illegible]

→ = 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



35 Lowell St



Crash Narrative:

MV1 was traveling WB on Lowell street and was turning left into the parking lot of 35 Lowell St when the driver's side rear tire made contact with the front of MV2. MV2 was leaving the parking lot of 35 Lowell ST turning left onto Lowell ST at the time of the crash. Operator of MV1 mentioned taking the left turn tight when entering the parking lot due to being in a rush.

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 Meghan Sousa

Police Officer Name (Please Print)

Signature

214

ID/Badge #

Wilmington Police Department

Department

Precinct/Barracks

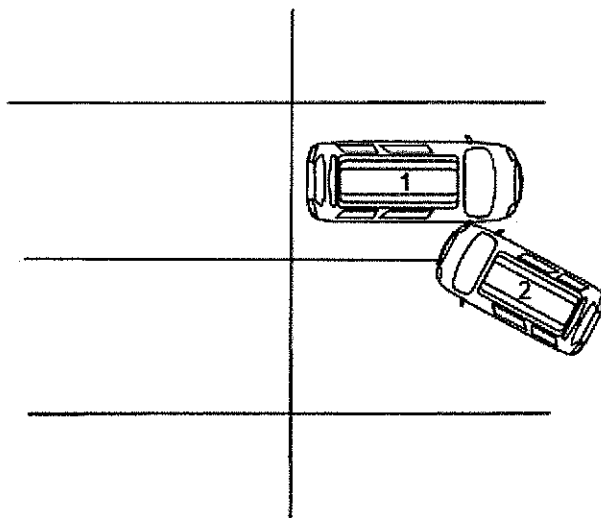
05/08/2025

Date

Attachments for 25-125-AC	
Description	Type
R HOSSEINI OPER CRASH RPT	PDF
Attachment#: 3444D1714BC34DA4AA5BAC73D4FE4FFB	

→ = 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:

Vehicle 1 was parked in the parking lot located at 2 Lowell Street with the operator seated inside. Vehicle 2 was attempting to pull into a parking space adjacent to Vehicle 1 when it understeered and collided with Vehicle 1, scraping along the entire length of its front fender.

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 Brian Tavares 206 Wilmington Police Department 05/09/2025
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 05/10/2025	Time of Crash 0258 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 2	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 At			Route# Direction Address # Name of Roadway/Street 257 MIDDLESEX AVE							
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of Mile Marker Exit Number							
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Route# Intersecting Roadway/Street							
			Landmark							
Please Select One of the Following:			<input checked="" type="checkbox"/> Vehicle 1 Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Crash Report ID# 25-127-AC	
License # S DOB/Age			Reg # 3TJD34		Reg Type PC		Reg State MA			
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2002		Veh Make HONDA		Veh Config. 1 21			
Operator SMOLINSKY, ANTONIO JOSEPH			Owner SMOLINSKY, RUSSELL E							
Address 20 BIGGAR AVE			Address 20 BIGGAR AVE							
City WILMINGTON State MA Zip 01887-4001			City WILMINGTON State MA Zip 01887-4001							
Insurance Company THE COMMERCE INSURANCE CO			Vehicle Action Prior to Crash 1 22		Damaged Area Code: 1 27 2 27 8 27					
Vehicle Travel Direction: X S E W Responding to Emergency? 2			Event Sequence 2 23 23 23 23		Test Status: 1 28					
Citation # (If Issued) 411253AD-CN			Most Harmful Event 2 24		Type of Test: 0 29					
Viol. 1: Ch/Sec/Sub 90 18 Viol. 2: Ch/Sec/Sub			Driver Contributing Code 7 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					
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Distracted by 0 26 26		Towed from scene? 1 33					
Please fill out for operator and all occupants involved										
Name (Last First Middle) Address DOB/Age Sex			34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code Medical Facility							
Operator See Above			1 1 1 0 0 9 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 # S DOB/Age			Reg # 3GVP75		Reg Type PC		Reg State MA			
Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement			Veh Year 2022		Veh Make HONDA		Veh Config. 1 21			
Operator Driverless M.V.			Owner MIKALIXEN, ALIETE PROCOP							
Address			Address 257 MIDDLESEX AVE							
City State Zip			City WILMINGTON State MA Zip 01887-2115							
Insurance Company GOVERNMENT EMPLOYEES INSU			Vehicle Action Prior to Crash 11 22		Damaged Area Code: 7 27 8 27 27					
Vehicle Travel Direction: N S X W Responding to Emergency? 2			Event Sequence 2 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 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					
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			34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code Medical Facility							
Operator/Occupants See Above			1							

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☒ Other Private Way

Indicate North by Arrow

Crash Narrative:

The operator of MV 1 stated he was leaving the area of Glen Rd and headed home via Middlesex Ave when he lost control of the vehicle. The operator stated that he was speeding traveling about 10 to 15 mph over the speed limit. The operator said something along the lines of due to the wet road conditions and his speed it what likely caused the crash. MV 1 hit the corner of the house on 257 Middlesex Ave causing damage to the fence, the external air conditioning unit, the house and its foundation, the external utilities, and a recycling bin. MV 1 also caused damage to the left side of MV 2. The operator of MV 1 sustained minor injury to his left eye, and lips from the airbag impact. The operator of MV 1 also stated his head was bothering him. The operator signed a refusal and declined transport to an area hospital. The registered owner of MV 2 who is also the home owner was notified of all damages.

Witnesses:

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

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
MIKALIXEN ALIETE PROCOP	257 MIDDLESEX AVE WILMINGTON MA 01		97	DAMAGE TO LEFT SIDE OF VEHICLE
MIKALIXEN ALIETE PROCOP	257 MIDDLESEX AVE WILMINGTON MA 01		97	DAMAGE TO HOUSE, FENCE AND UTILITIES

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use ☐ 42

Address _____ City _____ St _____ Zip _____

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

Interstate ☐ 43 Cargo Body Type Code ☐ 44 GVWR/GCWR ☐ 45

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

Hazmat Information:

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

Patrol Officer Robert M DeGregorio III 223 Wilmington Police Department 05/10/2025

Police Officer Name (Please Print)

Signature

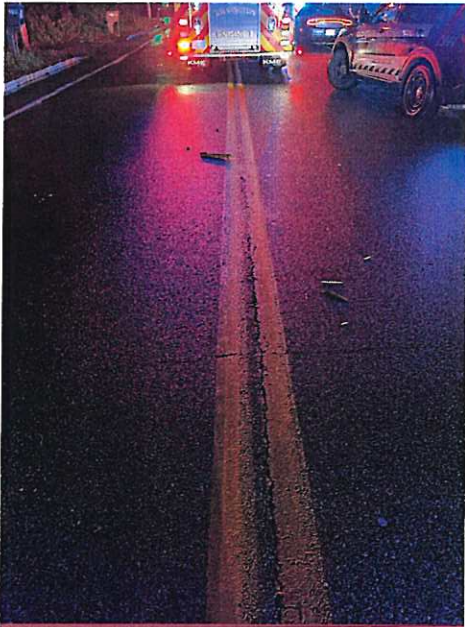
ID/Badge #

Department

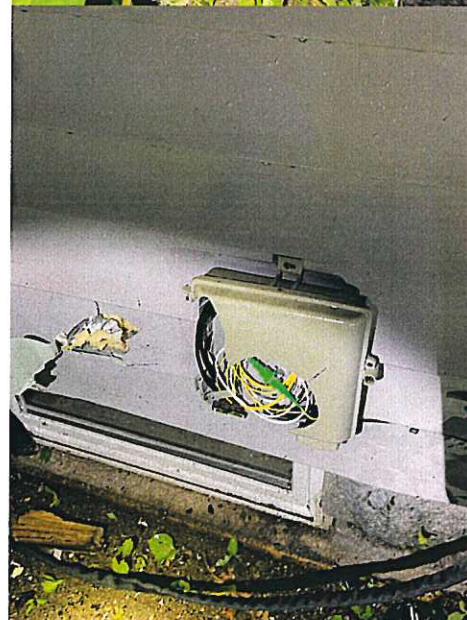
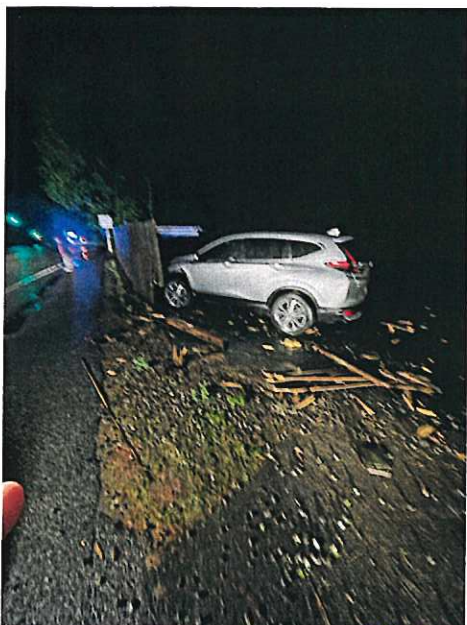
Precinct/Barracks

Date

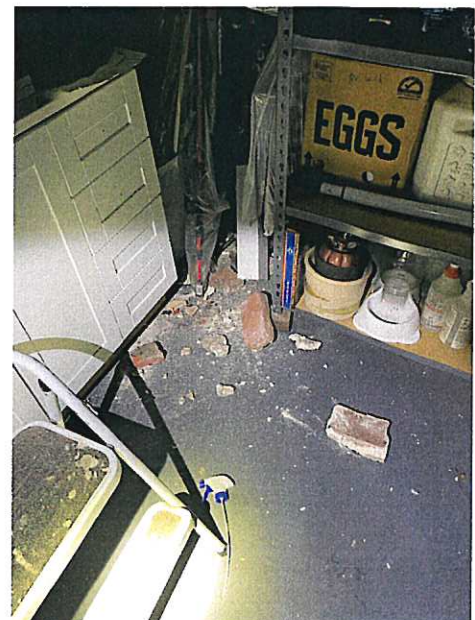
Wilmington Police Department
Images Associated with 25-127-AC



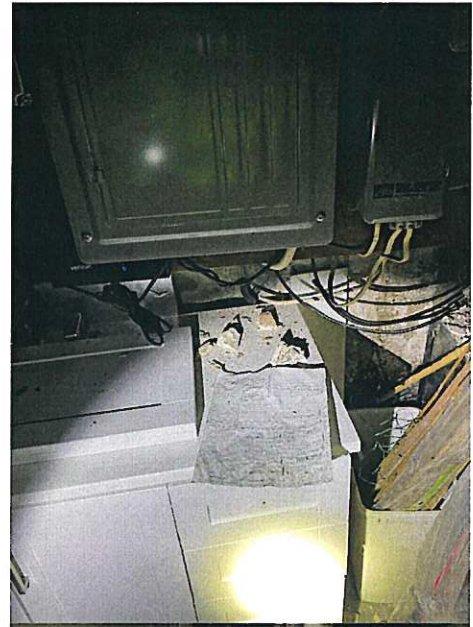
Wilmington Police Department
Images Associated with 25-127-AC



Wilmington Police Department
Images Associated with 25-127-AC



Wilmington Police Department
Images Associated with 25-127-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 05/10/2025	Time of Crash 1019 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 5	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 Exit Number											
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of			Route# Intersecting Roadway/Street								
Also at Intersection with			Feet N S E W of			Landmark								
Route# Direction Name of Intersecting Roadway/Street														
Please Select One of the Following:			<input checked="" type="checkbox"/> Vehicle 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Crash Report ID# 25-128-AC		
License # St DOB/Age			Reg # VT15780 Reg Type PC Reg State MA											
Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2019 Veh Make FORD Veh Config. 1 21											
Operator GERALDO, DAMARIS			Owner GALTAN, JORGE ELIECER											
Address 95 FREMONT AVE APT 2			Address 95 FREMONT AVE APT 2											
City EVERETT State MA Zip 02149-5022			City EVERETT State MA Zip 02149-5022											
Insurance Company UNITED SERVICES AUTOMOBIL			Vehicle Action Prior to Crash 1 22			Damaged Area Code: 3 27 27 27								
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? 2			Event Sequence 2 23 23 23 23			Test Status: 1 28								
Citation # (If Issued)			Most Harmful Event 2 24			Type of Test: 0 29								
Viol. 1: Ch/Sec/Sub			Driver Contributing Code 19 25 25			BAC Test Result: 1 30								
Viol. 2: Ch/Sec/Sub			Driver Distracted by 99 26 26			Susp. Alcohol: 99 31 Susp. Drug: 99 32								
Viol. 3: Ch/Sec/Sub						Towed from scene? 2 33								
Viol. 4: Ch/Sec/Sub														
Please fill out for operator and all occupants involved														
Name (Last First Middle)		Address		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility	
Operator		See Above				1	99	5	3	0	99	1		
Please Select One of the Following:														
<input checked="" type="checkbox"/> Vehicle 20 #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 # 2NKR88 Reg Type PC Reg State MA														
Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement														
Veh Year 2022 Veh Make HONDA Veh Config. 1 21														
Operator Driverless M.V.														
Owner BOSCO, JULIA ROSE														
Address 15 ALDEN AVE														
City REVERE State MA Zip 02151-1720														
Insurance Company ARBELLIA MUTUAL INSURANCE														
Vehicle Action Prior to Crash 11 22														
Damaged Area Code: 7 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 2 23 23 23 23														
Test Status: 3 28														
Type of Test: 0 29														
Citation # (If Issued)														
BAC Test Result: 1 30														
Viol. 1: Ch/Sec/Sub														
Driver Contributing Code 1 25 25														
Susp. Alcohol: 2 31 Susp. Drug: 2 32														
Viol. 2: Ch/Sec/Sub														
Driver Distracted by 0 26 26														
Towed from scene? 2 33														
Viol. 3: Ch/Sec/Sub														
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				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:

The operator of MV 2 stated she noticed the damage on the left side of her vehicle after leaving 99 Fordham Rd. The operator of MV 2 stated she noticed the damage when she got home and confirmed it happened at 99 Fordham Rd after listening to a voicemail left by the Wilmington Police Department. A witness observed MV 1 leaving it's parking space to the left of MV 2 and stated that when MV 1 hit MV 2 the entire vehicle moved. The witness identified MV 1 and it's registration.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
CAMELO DERRICK ENRIQUE	500 GREAT RD LITTLETON MA 01460		

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

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

Hazmat Information:

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

Patrol Officer Robert M DeGregorio III

Police Officer Name (Please Print)

Signature

223

ID/Badge #

Wilmington Police Department

Department

05/10/2025

Date

Wilmington Police Department
Images Associated with 25-128-AC



Wilmington Police Department
Images Associated with 25-128-AC

