

| Police Use Only                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |                         | Commonwealth of Massachusetts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                         |                        | RMV Document Number                        |                                                                        |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------|------------------------|--------------------------------------------|------------------------------------------------------------------------|--|--|
| Date of Crash<br>05/25/2025                                                                                                                                                                                                                                                                                                                                                                                                                                    | Time of Crash<br>1629<br>24HR | City/Town<br>Wilmington | Motor Vehicle Crash<br>Police Report                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | Number<br>Vehicles<br>2 | Number<br>Injured<br>0 | Speed Limit<br>30<br>Latitude<br>Longitude | State Police<br>Local Police<br>MBTA Police<br>Campus Police<br>Other: |  |  |
| AT INTERSECTION:                                                                                                                                                                                                                                                                                                                                                                                                                                               |                               |                         | < LOCATION >                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | NOT AT INTERSECTION:    |                        |                                            |                                                                        |  |  |
| 1<br>Route# Direction<br>Name of Roadway/Street<br>At<br>Route# Direction<br>Name of Intersecting Roadway/Street<br>Also at Intersection with<br>Route# Direction<br>Name of Intersecting Roadway/Street                                                                                                                                                                                                                                                       |                               |                         | 2<br>Route# Direction Address #<br>Name of Roadway/Street<br>Feet N S E W of . or<br>Mile Marker Exit Number<br>Feet N S E W of<br>Route# Intersecting Roadway/Street<br>Feet N S E W of<br>Landmark                                                                                                                                                                                                                                                                                                                                              |  |                         |                        |                                            |                                                                        |  |  |
| 2<br>Please Select One of the Following:<br><input checked="" type="checkbox"/> Vehicle 1 #Occupants<br><input type="checkbox"/> Hit/Run<br><input type="checkbox"/> Moped                                                                                                                                                                                                                                                                                     |                               |                         | 3<br>Crash Report ID# 25-139-AC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                         |                        |                                            |                                                                        |  |  |
| 4<br>License: S DOB/Ag<br>Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL<br>Endorsement<br>Operator MCCLOSKEY, JOHN E<br>Address 38 MARLBORO RD<br>City WOBURN State MA Zip 01801-3409<br>Insurance Company THE COMMERCE INSURANCE CO<br>Vehicle Travel Direction: N S E X Responding to Emergency? 2<br>Citation # (If Issued) 452322AD<br>Viol. 1: Ch/Sec/Sub 90 24C Viol. 2: Ch/Sec/Sub 89 4A<br>Viol. 3: Ch/Sec/Sub 90 24E Viol. 4: Ch/Sec/Sub 90 18A |                               |                         | 1<br>Reg # W64648 Reg Type CO Reg State MA<br>Veh Year 2017 Veh Make FORD Veh Config. 1 21<br>Owner INGEGNERI, SARAH<br>Address 204 ARSENAL ST APT 129<br>City WATERTOWN State MA Zip 02472-2788<br>Vehicle Action Prior to Crash 1 22<br>Event Sequence 1 23 23 23 23<br>Most Harmful Event 1 24<br>Driver Contributing Code 10 25 9 25<br>Driver Distracted by 99 26 26<br>Damaged Area Code: 2 27 27 27<br>Test Status: 2 28<br>Type of Test: 97 29<br>BAC Test Result: 1 30<br>Susp. Alcohol: 2 31 Susp. Drug: 1 32<br>Towed from scene? 2 33 |  |                         |                        |                                            |                                                                        |  |  |
| 6<br>Please fill out for operator and all occupants involved                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                         | 1<br>Name (Last First Middle) Address DOB/Ag 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                         |                        |                                            |                                                                        |  |  |
| 7<br>Please Select One of the Following:<br><input checked="" type="checkbox"/> Vehicle 23 #Occupants<br><input type="checkbox"/> Hit/Run<br><input type="checkbox"/> Moped<br><input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.                                                                                                                                                                                                  |                               |                         | 2<br>License # S DOB/Ag<br>Sex M Lic. Class D 19 19 Lic. Restrictions B 20 CDL<br>Endorsement<br>Operator WANG, YUXI<br>Address 635 MAIN ST APT 213<br>City WILMINGTON State MA Zip 01887-3215<br>Insurance Company PROGRESSIVE CASUALTY INSU<br>Vehicle Travel Direction: N S E X Responding to Emergency? 2<br>Citation # (If Issued)<br>Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub<br>Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub                                                                                                                     |  |                         |                        |                                            |                                                                        |  |  |
| 8<br>Please fill out for operator and all occupants involved                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                         | 1<br>Name (Last First Middle) Address DOB/Ag 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                         |                        |                                            |                                                                        |  |  |
| YINA ZHOU                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                               |                         | 635 MAIN ST WILMINGTON, MA 01887                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                         |                        |                                            |                                                                        |  |  |

→ = 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



West Street

Lowell Street  
(Rt. 129)  
Wilmington, MA

316  
Lowell St



### Crash Narrative:

Operator of MV 2 (confirmed by dash camera) stated that he was driving west on Lowell St approaching a red light at the intersection of West Street. A white F-150 appeared to his left in the left turn only lane. The pickup truck drifted into his lane, side swiping MV 2 and removing the mirror from the driver's side of the vehicle. The white F-150 then fled west on Lowell St. Operator of MV 2 notified Wilmington Police and provided a license plate. All occupants of MV 2 stated no injuries. The F-150 was located, where it was involved in a brief pursuit that was terminated. The F-150 was soon after involved in a 3 car crash in Woburn, MA. Operator of MV 1 was taken into custody on multiple MV offenses. Ref. 25-218-AR & 25-140-AC.

### 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

05/25/2025

Date

Wilmington Police Department  
Images Associated with 25-139-AC

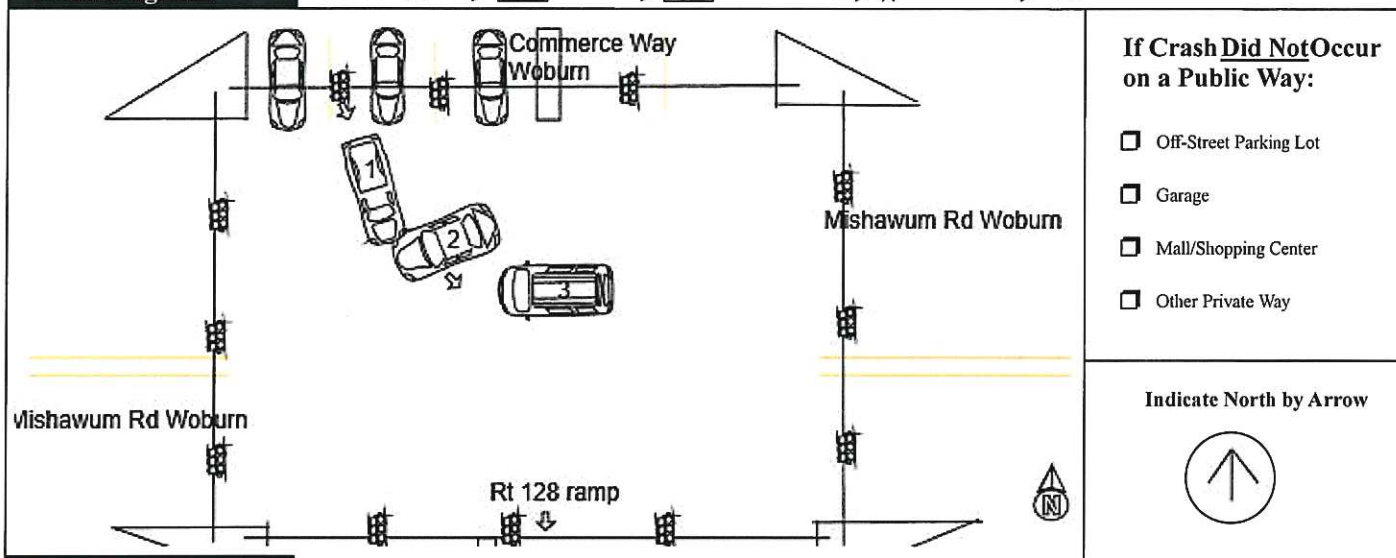


| Police Use Only                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                               |                     | Commonwealth of Massachusetts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |         |                      |                         | RMV Document Number    |                                                            |                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                        |                       |                     |
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| AT INTERSECTION:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                               |                     | < LOCATION >                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |         | NOT AT INTERSECTION: |                         |                        |                                                            |                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                        |                       |                     |
| 1 <u>MISHAWUN RD</u><br>Route# _____ Direction _____ Name of Roadway/Street _____<br>At _____<br>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____<br>Also at Intersection with _____<br>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____                                                                                                                                                                                                                                                                                                                                                      |                               |                     | 2 <u>COMMERCE WAY</u><br>Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____<br>_____ Feet <u>N S E W</u> of _____ • _____ or _____ Mile Marker _____ Exit Number _____<br>_____ Feet <u>N S E W</u> of _____ Route# _____ Intersecting Roadway/Street _____<br>_____ Feet <u>N S E W</u> of _____ Landmark _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |         |                      |                         |                        |                                                            |                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                        |                       |                     |
| 3 Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle <u>1</u> #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                               |                     | Crash Report ID# <u>25-140-AC</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |         |                      |                         |                        |                                                            |                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                        |                       |                     |
| 4 License _____ St _____ DOB/Age _____<br>Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>B</u> <u>20</u> CDL _____<br>Operator <u>MCCLOSKEY, JOHN E</u><br>Last First Middle<br>Address <u>38 MARLBORO RD</u><br>City <u>WOBURN</u> State <u>MA</u> Zip <u>01801-3409</u><br>Insurance Company <u>THE COMMERCE INSURANCE CO</u><br>Vehicle Travel Direction: <u>N S E W</u> Responding to Emergency? <u>2</u><br>Citation # (If Issued) <u>T3549764</u><br>Viol. 1: Ch/Sec/Sub <u>90</u> <u>24</u> Viol. 2: Ch/Sec/Sub <u>90</u> <u>24</u><br>Viol. 3: Ch/Sec/Sub <u>89</u> <u>9</u> Viol. 4: Ch/Sec/Sub _____ |                               |                     | 5 Reg # <u>W64648</u> Reg Type <u>CO</u> Reg State <u>MA</u><br>Veh Year <u>2017</u> Veh Make <u>FORD</u> Veh Config. <u>2</u> <u>21</u><br>Owner <u>INGEGNERI, SARAH</u><br>Last First Middle<br>Address <u>204 ARSENAL ST APT 129</u><br>City <u>WATERTOWN</u> State <u>MA</u> Zip <u>02472-2788</u><br>Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>1</u> <u>27</u> <u>0</u> <u>27</u> <u>27</u><br>Event Sequence <u>1</u> <u>23</u> <u>1</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u><br>Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u><br>Driver Contributing Code <u>10</u> <u>25</u> <u>3</u> <u>25</u> BAC Test Result: <u>1</u> <u>30</u><br>Driver Distracted by <u>99</u> <u>26</u> <u>26</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>99</u> <u>32</u><br>Towed from scene? <u>1</u> <u>33</u> |         |                      |                         |                        |                                                            |                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                        |                       |                     |
| 6 Please fill out for operator and all occupants involved                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                               |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |         |                      |                         |                        |                                                            |                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                        |                       |                     |
| Name (Last First Middle)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                               | Address             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | DOB/Age | Sex                  | 34<br>Seat<br>Pos.      | 35<br>Safety<br>System | 36<br>Airbag<br>Status                                     | 37<br>Eject<br>Code                                                                                                                                                                                 | 38<br>Trap<br>Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 39<br>Injury<br>Status | 40<br>Transp.<br>Code | Medical Facility    |
| Operator                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                               | See Above           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |         |                      | 1                       | 99                     | 3                                                          | 0                                                                                                                                                                                                   | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 10                     | 2                     | Lahey Clinic        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                               |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |         |                      |                         |                        |                                                            |                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                        |                       |                     |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                               |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |         |                      |                         |                        |                                                            |                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                        |                       |                     |
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| 8 License # _____ DOB/Age _____<br>Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions _____ CDL _____<br>Operator <u>BENINATI, MARK ANDREW</u><br>Last First Middle<br>Address <u>10 GRANVILLE AVE APT 3</u><br>City <u>MEDFORD</u> State <u>MA</u> Zip <u>02155-6414</u><br>Insurance Company <u>THE COMMERCE INSURANCE CO</u><br>Vehicle Travel Direction: <u>N S E W</u> Responding to Emergency? <u>2</u><br>Citation # (If Issued) _____<br>Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____<br>Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____                                                           |                               |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |         |                      |                         |                        |                                                            |                                                                                                                                                                                                     | 9 Reg # <u>7487WX</u> Reg Type <u>PC</u> Reg State <u>MA</u><br>Veh Year <u>2014</u> Veh Make <u>TOYOTA</u> Veh Config. <u>1</u> <u>21</u><br>Owner <u>BENINATI, MARK ANDREW</u><br>Last First Middle<br>Address <u>10 GRANVILLE AVE APT 3</u><br>City <u>MEDFORD</u> State <u>MA</u> Zip <u>02155-6414</u><br>Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>1</u> <u>27</u> <u>4</u> <u>27</u> <u>27</u><br>Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u><br>Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u><br>Driver Contributing Code <u>1</u> <u>25</u> <u>25</u> BAC Test Result: <u>1</u> <u>30</u><br>Driver Distracted by <u>0</u> <u>26</u> <u>26</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u><br>Towed from scene? <u>1</u> <u>33</u> |                        |                       |                     |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                               |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |         |                      |                         |                        |                                                            |                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                        |                       |                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                               |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |         |                      |                         |                        |                                                            |                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                        |                       |                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                               |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |         |                      |                         |                        |                                                            |                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                        |                       |                     |

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| 1<br>Route# Direction MISHAWUN RD<br>At<br>Route# Direction COMMERCE WAY<br>Name of Intersecting Roadway/Street<br>Also at Intersection with<br>2<br>Route# Direction<br>Name of Intersecting Roadway/Street                                                                                                                                                                                                                        |                               |                     | 2<br>Route# Direction Address # Name of Roadway/Street<br>Feet N S E W of or Mile Marker Exit Number<br>3<br>Feet N S E W of Route# Intersecting Roadway/Street<br>Landmark                                                                                                                                                                                                                                                                                                                                                              |  |  |                         |                        |                   |          |           |                                                                       |
| 3<br>Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 31 #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped                                                                                                                                                                                                                                                                  |                               |                     | Crash Report ID# 25-140-AC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |                         |                        |                   |          |           |                                                                       |
| 4<br>License # S DOB/Age<br>Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement<br>Operator JACOB, THOMAS GARFIELD<br>Address 261 BARKER AVE APT 19<br>City LOWELL State MA Zip 01850-1243<br>Insurance Company PROGRESSIVE CASUALTY INSU<br>Vehicle Travel Direction: N S E W Responding to Emergency? 2<br>Citation # (If Issued)<br>Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub<br>Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub |                               |                     | Reg # 5XVR59 Reg Type PC Reg State MA<br>Veh Year 2024 Veh Make HONDA Veh Config. 1 21<br>Owner JACOB, THOMAS GARFIELD<br>Address 261 BARKER AVE APT 19<br>City LOWELL State MA Zip 01850-1243<br>Vehicle Action Prior to Crash 1 22<br>Event Sequence 1 23 23 23 23<br>Most Harmful Event 1 24<br>Driver Contributing Code 1 25 25<br>Driver Distracted by 0 26 26<br>Damaged Area Code: 1 27 27 27<br>Test Status: 1 28<br>Type of Test: 29<br>BAC Test Result: 1 30<br>Susp. Alcohol: 2 31 Susp. Drug: 2 32<br>Towed from scene? 1 33 |  |  |                         |                        |                   |          |           |                                                                       |
| 6<br>Please fill out for operator and all occupants involved                                                                                                                                                                                                                                                                                                                                                                        |                               |                     | 1<br>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<br>Operator See Above X X 1 1 99 0 0 8 2 Lahey Clinic                                                                                                                                                                                                                                                                                                      |  |  |                         |                        |                   |          |           |                                                                       |
| 7<br>Please Select One of the Following: <input type="checkbox"/> Vehicle 4 #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped <input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.                                                                                                                                                                                               |                               |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |                         |                        |                   |          |           |                                                                       |
| 8<br>License # St DOB/Age<br>Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement<br>Operator<br>Address<br>City State Zip<br>Insurance Company<br>Vehicle Travel Direction: N S E W Responding to Emergency?<br>Citation # (If Issued)<br>Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub<br>Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub                                                                                                  |                               |                     | Reg # Reg Type Reg State<br>Veh Year Veh Make Veh Config. 21<br>Owner<br>Address<br>City State Zip<br>Vehicle Action Prior to Crash 22<br>Event Sequence 23 23 23 23<br>Most Harmful Event 24<br>Driver Contributing Code 25 25<br>Driver Distracted by 26 26<br>Damaged Area Code: 27 27 27<br>Test Status: 28<br>Type of Test: 29<br>BAC Test Result: 30<br>Susp. Alcohol: 31 Susp. Drug: 32<br>Towed from scene? 33                                                                                                                   |  |  |                         |                        |                   |          |           |                                                                       |
| 9<br>Please fill out for operator and all occupants involved                                                                                                                                                                                                                                                                                                                                                                        |                               |                     | 1<br>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<br>Operator/Occupants See Above X X 1                                                                                                                                                                                                                                                                                                                      |  |  |                         |                        |                   |          |           |                                                                       |

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

### Crash Diagram:



### Crash Narrative:

Vehicle 1 had just been involved in criminal activity and had fled from the police. Police had already broken off pursuit and was following some distance away awaiting additional resources. I partially observed Veh 1, traveling on Commerce Way, get through the line of cars waiting at the red light at Mishawum and Commerce. Due to distance, I did not see chain of events of crash but saw the rear end of pickup lift in air and spin. Operators of Veh 2 and 3 where not really sure what happened as the crash was quick but witnesses stated Veh 1 entered intersection on red, struck veh 2 which spun and hit veh 3. Veh 1 also may have hit Veh 3. Operator of Veh 1 tried to flee on foot but was apprehended. Veh 1,2 and 3 operators were all transported. Vehicles were towed by Murray's Veh 1 operator was arrested see 25-218-AR. I did not physically see if Veh 2 and 3 had green light due to angle but see no signs that there was any improper driving. Veh 1 did have a red light.

### Witnesses:

| Name (Last,First,Middle) | Address                           | Phone # | Statement |
|--------------------------|-----------------------------------|---------|-----------|
| WILSON GAVIN ROBERT      | 7 SAMOSET RD WOBURN MA 01801-6127 |         |           |
| SCHNEIDERMAN STUART      | 2 LIBRARY ST HUDSON NH 03051      |         |           |

### Property Damage:

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

### Truck and Bus Information:

Registration # \_\_\_\_\_ (From Vehicle Section)

Carrier Name \_\_\_\_\_ Bus Use ☐ 42

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

US DOT #: \_\_\_\_\_ State Number \_\_\_\_\_ Issuing State \_\_\_\_\_ MC/MX/ICC #: \_\_\_\_\_

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

Trailer Reg #: \_\_\_\_\_ Reg Type \_\_\_\_\_ Reg State \_\_\_\_\_ Reg Year \_\_\_\_\_ Trailer Length ☐ 46

### Hazmat Information:

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

Sergeant Daniel P Furbush

Police Officer Name (Please Print)

Signature

196

ID/Badge #

Wilmington Police Department

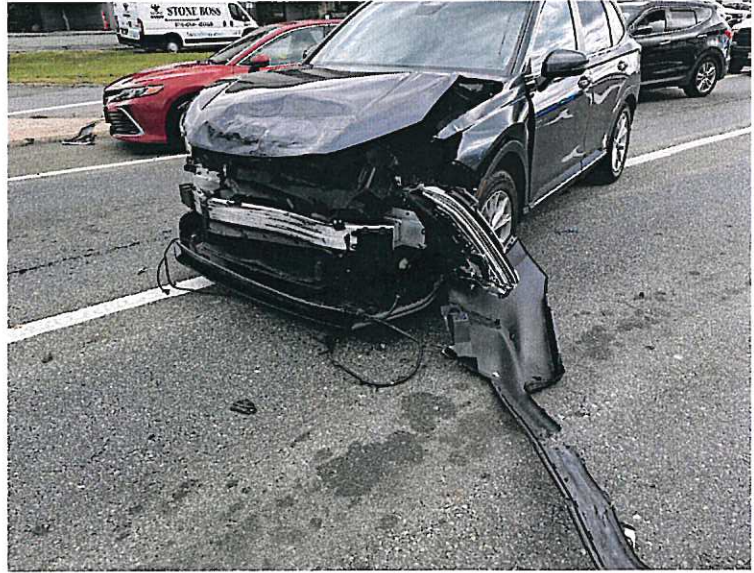
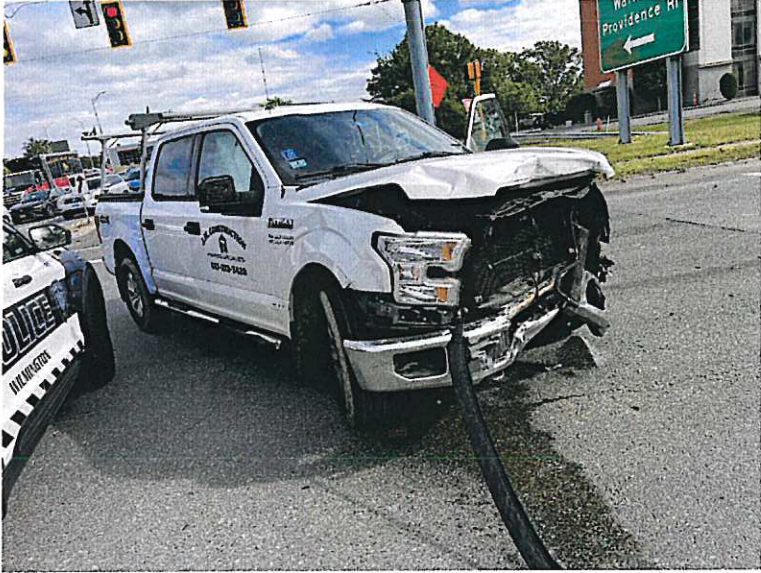
Department

Precinct/Barracks

05/25/2025

Date

Wilmington Police Department  
Images Associated with 25-140-AC



Wilmington Police Department  
Images Associated with 25-140-AC



Wilmington Police Department  
Images Associated with 25-140-AC



## NARRATIVE FOR SERGEANT DANIEL P FURBUSH

Ref: 25-140-AC

Entered: 05/26/2025 @ 2157      Entry ID: 196  
Modified: 05/26/2025 @ 2207      Modified ID: 196  
Approved: 05/30/2025 @ 1200      Approval ID: 180

The following is a supplemental report on the crash at Commerce Way and Mishawum Rd in Woburn.

Based on limited information collected from operators in cars 2 and 3 and from witnesses, it does appear both cars 2 and 3 were coming from the direction of West St. Vehicle 1 was traveling at excessive speed and erratically and was doing so before police tried to intervene. Mass State Police had received several complaints on the way Veh 1 was traveling. Wilmington Police received 2 911 calls including 1 where Veh 1 had struck another vehicle previous to this crash. Wilmington Police will be investigating further to determine if narcotics played a role in the crash. Police had broken off pursuit to the dangerousness of Veh 1's driving. Witnesses and Police had already witnessed Veh 1 passing cars, crossing marked lanes and running red lights. As mentioned, I did not see if Veh 2 and 3 had a green light but I can only assume based on traffic flow and the traffic pattern that they did. I had trouble seeing, due to my distance from the crash, the order of the crash but I could clearly see the red light that Veh 1 drove through. Vehicle 2 was still facing eastbound which was the direction it was traveling based on reports. Vehicle 3 had spun around after the impact and was facing the opposite direction. Vehicle 2 and 3 operators suffered minor injuries and were transported to area hospitals.

Respectfully submitted,

Sgt Daniel Furbush, Badge #196

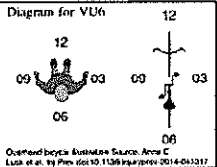
Wilmington Police Department

Attachments for 25-140-AC

| Description                                   | Type |
|-----------------------------------------------|------|
| MA BENINATI OPER RPT                          | PDF  |
| Attachment#: C0AB6A33E4E1457E8EEB8642D9D5FD93 |      |

|                                                               |                               |                               |  |                                                           |  |                                      |                        |                                |          |                                                                                                                             |                                                                       |
|---------------------------------------------------------------|-------------------------------|-------------------------------|--|-----------------------------------------------------------|--|--------------------------------------|------------------------|--------------------------------|----------|-----------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|
| Police Use Only                                               |                               | Commonwealth of Massachusetts |  |                                                           |  | RMV Document Number                  |                        |                                |          |                                                                                                                             |                                                                       |
| Date of Crash<br>05/26/2025                                   | Time of Crash<br>1313<br>24HR | City/Town<br>Wilmington       |  | Motor Vehicle Crash<br>Police Report                      |  | Number<br>Vehicles<br>1              | Number<br>Injured<br>0 | Speed Limit<br>35              | Latitude | Longitude                                                                                                                   | State Police<br>Local Police<br>MBTA Police<br>Campus Police<br>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                                        |  | 3 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 14 #Occupants |  | <input type="checkbox"/> Hit/Run     |                        | <input type="checkbox"/> Moped |          | Crash Report ID# 25-141-AC                                                                                                  |                                                                       |
| License # St. DOB/Age                                         |                               |                               |  | Reg # 4SLH93                                              |  | Reg Type PC                          |                        | Reg State MA                   |          | 1 12                                                                                                                        |                                                                       |
| Sex F Lic. Class 19 19 Lic. Restrictions 1 20 CDL Endorsement |                               |                               |  | Veh Year 2012                                             |  | Veh Make Jeep                        |                        | Veh Config 1 21                |          | 1 12                                                                                                                        |                                                                       |
| Operator DRISCOLL, ABIGAIL LORRAINE                           |                               |                               |  | Owner DRISCOLL, JENNIFER                                  |  |                                      |                        |                                |          | 1 12                                                                                                                        |                                                                       |
| Address 14 EVANS DR                                           |                               |                               |  | Address 14 EVANS DR                                       |  |                                      |                        |                                |          | 1 12                                                                                                                        |                                                                       |
| City WILMINGTON State MA Zip 01887-1518                       |                               |                               |  | City WILMINGTON State MA Zip 01887-1518                   |  |                                      |                        |                                |          | 1 12                                                                                                                        |                                                                       |
| Insurance Company VERMONT MUTUAL INSURANCE                    |                               |                               |  | Vehicle Action Prior to Crash 3 22                        |  | Damaged Area Code: 3 27 27 27        |                        |                                |          | 1 12                                                                                                                        |                                                                       |
| Vehicle Travel Direction: N X E W Responding to Emergency? 2  |                               |                               |  | Event Sequence 4 23 23 23 23                              |  | Test Status: 1 28                    |                        |                                |          | 1 12                                                                                                                        |                                                                       |
| Citation # (If Issued)                                        |                               |                               |  | Most Harmful Event 4 24                                   |  | Type of Test: 0 29                   |                        |                                |          | 1 12                                                                                                                        |                                                                       |
| Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub                       |                               |                               |  | Driver Contributing Code 19 25 25                         |  | BAC Test Result: 1 30                |                        |                                |          | 1 12                                                                                                                        |                                                                       |
| Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub                       |                               |                               |  | Driver Distracted by 99 26 26                             |  | Susp. Alcohol: 2 31 Susp. Drug: 2 32 |                        |                                |          | 4 13                                                                                                                        |                                                                       |
| Please fill out for operator and all occupants involved       |                               |                               |  |                                                           |  |                                      |                        |                                |          | 4 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                                                 |  | X                                    |                        | X                              |          | 1 1 4 0 0 10 1                                                                                                              |                                                                       |
| PAIGE FULLER                                                  |                               |                               |  | 29 MARJORIE RD WILMINGTON, MA 01887-1313                  |  | F                                    |                        | 4                              |          | 1 4 0 0 10 1                                                                                                                |                                                                       |
| MADELYNNE SAINATO                                             |                               |                               |  | 36 CRESENT ST WILMINGTON, MA 01887                        |  | F                                    |                        | 5                              |          | 1 4 0 0 10 1                                                                                                                |                                                                       |
| SHAYLAN BRESNAHAN                                             |                               |                               |  | 2 LEONARD LN WILMINGTON, MA 01887                         |  | F                                    |                        | 3                              |          | 1 4 0 0 10 1                                                                                                                |                                                                       |
| Please Select One of the Following:                           |                               |                               |  | <input type="checkbox"/> Vehicle 2 #Occupants             |  | <input type="checkbox"/> Hit/Run     |                        | <input type="checkbox"/> Moped |          | <input checked="" type="checkbox"/> Vulnerable User Complete the Vulnerable User section.                                   |                                                                       |
| License # St. DOB/Age                                         |                               |                               |  | Reg #                                                     |  | Reg Type                             |                        | Reg State                      |          | 21                                                                                                                          |                                                                       |
| Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement     |                               |                               |  | Veh Year                                                  |  | Veh Make                             |                        | Veh Config                     |          | 21                                                                                                                          |                                                                       |
| Operator                                                      |                               |                               |  | Owner                                                     |  |                                      |                        |                                |          | 21                                                                                                                          |                                                                       |
| Address                                                       |                               |                               |  | Address                                                   |  |                                      |                        |                                |          | 21                                                                                                                          |                                                                       |
| City State Zip                                                |                               |                               |  | City State Zip                                            |  |                                      |                        |                                |          | 21                                                                                                                          |                                                                       |
| Insurance Company                                             |                               |                               |  | Vehicle Action Prior to Crash 22                          |  | Damaged Area Code: 27 27 27          |                        |                                |          | 21                                                                                                                          |                                                                       |
| Vehicle Travel Direction: N S E W Responding to Emergency?    |                               |                               |  | Event Sequence 23 23 23 23                                |  | Test Status: 28                      |                        |                                |          | 21                                                                                                                          |                                                                       |
| Citation # (If Issued)                                        |                               |                               |  | Most Harmful Event 24                                     |  | Type of Test: 29                     |                        |                                |          | 21                                                                                                                          |                                                                       |
| Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub                       |                               |                               |  | Driver Contributing Code 25 25                            |  | BAC Test Result: 30                  |                        |                                |          | 21                                                                                                                          |                                                                       |
| Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub                       |                               |                               |  | Driver Distracted by 26 26                                |  | Susp. Alcohol: 31 Susp. Drug: 32     |                        |                                |          | 21                                                                                                                          |                                                                       |
| Please fill out for operator and all occupants involved       |                               |                               |  |                                                           |  |                                      |                        |                                |          | 21                                                                                                                          |                                                                       |
| 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 1 0 0 0 0                                                                                                               |                                                                       |

Please complete a section for each vulnerable user involved in the crash.

| Vulnerable User                                                                                                                                                                                                                                                                                        |   | Type                                   | Action | Location       |   |                       |    |                 |   |                |    |                    |   |                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|----------------------------------------|--------|----------------|---|-----------------------|----|-----------------|---|----------------|----|--------------------|---|-------------------|
| VU: ROQUE, MATTHEW<br>Last First Middle<br>Address 21 MARJORIE RD<br>City WILMINGTON State MA Zip 01887<br>License # unknown St DOB/Age<br>Traffic Control Device 0<br>Origin/Destination 97<br>Contact Point: 12<br> |   | 9 VU1                                  | 1 VU2  | 9 VU3          |   |                       |    |                 |   |                |    |                    |   |                   |
|                                                                                                                                                                                                                                                                                                        |   | Primary Injury Area: 9 VU7             |        |                |   |                       |    |                 |   |                |    |                    |   |                   |
|                                                                                                                                                                                                                                                                                                        |   | Event Sequence 7 VU8 13 VU8 19 VU8 VU8 |        |                |   |                       |    |                 |   |                |    |                    |   |                   |
|                                                                                                                                                                                                                                                                                                        |   | Contributing Code 11 VU9 VU9           |        |                |   |                       |    |                 |   |                |    |                    |   |                   |
|                                                                                                                                                                                                                                                                                                        |   | Distracted by 1 VU10 VU10              |        |                |   |                       |    |                 |   |                |    |                    |   |                   |
|                                                                                                                                                                                                                                                                                                        |   | Test Status: 1 VU11                    |        |                |   |                       |    |                 |   |                |    |                    |   |                   |
|                                                                                                                                                                                                                                                                                                        |   | Type of Test: 0 VU12                   |        |                |   |                       |    |                 |   |                |    |                    |   |                   |
|                                                                                                                                                                                                                                                                                                        |   | BAC Test Result: 1 VU13                |        |                |   |                       |    |                 |   |                |    |                    |   |                   |
|                                                                                                                                                                                                                                                                                                        |   | Susp. Alcohol: 2 VU14                  |        |                |   |                       |    |                 |   |                |    |                    |   |                   |
|                                                                                                                                                                                                                                                                                                        |   | Susp. Drug: 2 VU15                     |        |                |   |                       |    |                 |   |                |    |                    |   |                   |
|                                                                                                                                                                                                                                                                                                        |   | Medical Facility                       |        |                |   |                       |    |                 |   |                |    |                    |   |                   |
| Vulnerable User                                                                                                                                                                                                                                                                                        | M | Sex                                    | 8      | VU16 Seat Pos. | 6 | VU17 Safety Equipment | 99 | VU18 Eject Code | 0 | VU19 Trap Code | 10 | VU20 Injury Status | 1 | VU21 Transp. Code |

| Vulnerable User                                                                                                                                 |  | Type                           | Action | Location       |  |                       |  |                 |  |                |  |                    |  |                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------|--------|----------------|--|-----------------------|--|-----------------|--|----------------|--|--------------------|--|-------------------|
| VU:<br>Last First Middle<br>Address<br>City State Zip<br>License # St DOB/Age<br>Traffic Control Device<br>Origin/Destination<br>Contact Point: |  | VU1                            | VU2    | VU3            |  |                       |  |                 |  |                |  |                    |  |                   |
|                                                                                                                                                 |  | Primary Injury Area: VU7       |        |                |  |                       |  |                 |  |                |  |                    |  |                   |
|                                                                                                                                                 |  | Event Sequence VU8 VU8 VU8 VU8 |        |                |  |                       |  |                 |  |                |  |                    |  |                   |
|                                                                                                                                                 |  | Contributing Code VU9 VU9      |        |                |  |                       |  |                 |  |                |  |                    |  |                   |
|                                                                                                                                                 |  | Distracted by VU10 VU10        |        |                |  |                       |  |                 |  |                |  |                    |  |                   |
|                                                                                                                                                 |  | Test Status: VU11              |        |                |  |                       |  |                 |  |                |  |                    |  |                   |
|                                                                                                                                                 |  | Type of Test: VU12             |        |                |  |                       |  |                 |  |                |  |                    |  |                   |
|                                                                                                                                                 |  | BAC Test Result: VU13          |        |                |  |                       |  |                 |  |                |  |                    |  |                   |
|                                                                                                                                                 |  | Susp. Alcohol: VU14            |        |                |  |                       |  |                 |  |                |  |                    |  |                   |
|                                                                                                                                                 |  | Susp. Drug: VU15               |        |                |  |                       |  |                 |  |                |  |                    |  |                   |
|                                                                                                                                                 |  | Medical Facility               |        |                |  |                       |  |                 |  |                |  |                    |  |                   |
| Vulnerable User                                                                                                                                 |  | Sex                            |        | VU16 Seat Pos. |  | VU17 Safety Equipment |  | VU18 Eject Code |  | VU19 Trap Code |  | VU20 Injury Status |  | VU21 Transp. Code |

| Vulnerable User                                                                                                                                 |  | Type                           | Action | Location       |  |                       |  |                 |  |                |  |                    |  |                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------|--------|----------------|--|-----------------------|--|-----------------|--|----------------|--|--------------------|--|-------------------|
| VU:<br>Last First Middle<br>Address<br>City State Zip<br>License # St DOB/Age<br>Traffic Control Device<br>Origin/Destination<br>Contact Point: |  | VU1                            | VU2    | VU3            |  |                       |  |                 |  |                |  |                    |  |                   |
|                                                                                                                                                 |  | Primary Injury Area: VU7       |        |                |  |                       |  |                 |  |                |  |                    |  |                   |
|                                                                                                                                                 |  | Event Sequence VU8 VU8 VU8 VU8 |        |                |  |                       |  |                 |  |                |  |                    |  |                   |
|                                                                                                                                                 |  | Contributing Code VU9 VU9      |        |                |  |                       |  |                 |  |                |  |                    |  |                   |
|                                                                                                                                                 |  | Distracted by VU10 VU10        |        |                |  |                       |  |                 |  |                |  |                    |  |                   |
|                                                                                                                                                 |  | Test Status: VU11              |        |                |  |                       |  |                 |  |                |  |                    |  |                   |
|                                                                                                                                                 |  | Type of Test: VU12             |        |                |  |                       |  |                 |  |                |  |                    |  |                   |
|                                                                                                                                                 |  | BAC Test Result: VU13          |        |                |  |                       |  |                 |  |                |  |                    |  |                   |
|                                                                                                                                                 |  | Susp. Alcohol: VU14            |        |                |  |                       |  |                 |  |                |  |                    |  |                   |
|                                                                                                                                                 |  | Susp. Drug: VU15               |        |                |  |                       |  |                 |  |                |  |                    |  |                   |
|                                                                                                                                                 |  | Medical Facility               |        |                |  |                       |  |                 |  |                |  |                    |  |                   |
| Vulnerable User                                                                                                                                 |  | Sex                            |        | VU16 Seat Pos. |  | VU17 Safety Equipment |  | VU18 Eject Code |  | VU19 Trap Code |  | VU20 Injury Status |  | VU21 Transp. Code |

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

### Crash Diagram:

|                                        |                                |          |                                                                                                                                                                                                                                     |
|----------------------------------------|--------------------------------|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Speedway Gas Station (273 Main Street) | Northmost entrance to Speedway |          | <b>If Crash Did Not Occur on a Public Way:</b><br><input type="checkbox"/> Off-Street Parking Lot<br><input type="checkbox"/> Garage<br><input type="checkbox"/> Mall/Shopping Center<br><input type="checkbox"/> Other Private Way |
| Sidewalk                               |                                | Sidewalk | <b>Indicate North by Arrow</b><br>                                                                                                                                                                                                  |

### Crash Narrative:

Vehicle was traveling southbound on Main Street, and was slowing to take a right turn into Speedway Gas Station (273 Main Street). The vehicle operator stated that she observed a bicyclist also traveling southbound on the sidewalk adjacent to the gas station. She stated that she believed she had enough time to clear the driveway before the bicyclist got to the location. The vehicle proceeds to turn right and as they are mostly into the driveway of the gas station the bicyclist collided with the right side of the vehicle. This collision caused the operator of the bicyclist to fall off the bike. Bicyclist was wearing a helmet and declined injuries signing a medical refusal with the Wilmington Fire Department. It should be noted that the bicyclist was operator an Electric Bike and stated it can travel up to 30 MPH. Bicyclist stated that he didn't stop prior to crossing the driveway and road into the side of the vehicle. Minor dent to vehicle right side.

### Witnesses:

| Name (Last,First,Middle) | Address                                | Phone # | Statement |
|--------------------------|----------------------------------------|---------|-----------|
| HANLEY MICHELLE MARIE    | 18 BENNETT CIR BILLERICA MA 01821-5266 |         |           |
|                          |                                        |         |           |

### Property Damage:

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

### Truck and Bus Information:

Registration # \_\_\_\_\_ (From Vehicle Section)

Carrier Name \_\_\_\_\_ Bus Use 42

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

US DOT #: \_\_\_\_\_ State Number \_\_\_\_\_ Issuing State \_\_\_\_\_ MC/MX/ICC #: \_\_\_\_\_

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

Trailer Reg #: \_\_\_\_\_ Reg Type \_\_\_\_\_ Reg State \_\_\_\_\_ Reg Year \_\_\_\_\_ Trailer Length 46

**Hazmat Information:**

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

Patrol Officer Michael R DiLorenzo

Police Officer Name (Please Print)

Signature

217

ID/Badge #

Wilmington Police Department

Department

Precinct/Barracks

05/26/2025

Date

Wilmington Police Department  
Images Associated with 25-141-AC



| Police Use Only                                                                                                                                                                                                                                |                               |                                | Commonwealth of Massachusetts                                                                                                            |              |                      |                     | RMV Document Number |              |                  |                                                                                                                                                                                                                |                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|--------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|--------------|----------------------|---------------------|---------------------|--------------|------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| Date of Crash<br>05/26/2025                                                                                                                                                                                                                    | Time of Crash<br>1334<br>24HR | City/Town<br><b>Wilmington</b> | <b>Motor Vehicle Crash<br/>Police Report</b>                                                                                             |              | Number Vehicles<br>2 | Number Injured<br>1 | Speed Limit<br>20   | Latitude     | Longitude        | State Police <input type="checkbox"/><br>Local Police <input checked="" type="checkbox"/><br>MBTA Police <input type="checkbox"/><br>Campus Police <input type="checkbox"/><br>Other: <input type="checkbox"/> |                     |
| AT INTERSECTION:                                                                                                                                                                                                                               |                               |                                | < LOCATION >                                                                                                                             |              | NOT AT INTERSECTION: |                     |                     |              |                  |                                                                                                                                                                                                                |                     |
| Route# Direction Name of Roadway/Street                                                                                                                                                                                                        |                               |                                | Route# Direction Address # Name of Roadway/Street                                                                                        |              |                      |                     |                     |              |                  |                                                                                                                                                                                                                |                     |
| At                                                                                                                                                                                                                                             |                               |                                |                                                                                                                                          |              |                      |                     |                     |              |                  |                                                                                                                                                                                                                |                     |
| Route# Direction Name of Intersecting Roadway/Street                                                                                                                                                                                           |                               |                                | Feet [N][S][E][W] of Mile Marker Exit Number                                                                                             |              |                      |                     |                     |              |                  |                                                                                                                                                                                                                |                     |
| Also at Intersection with                                                                                                                                                                                                                      |                               |                                | Feet [N][S][E][W] of Route# Intersecting Roadway/Street                                                                                  |              |                      |                     |                     |              |                  |                                                                                                                                                                                                                |                     |
| Route# Direction Name of Intersecting Roadway/Street                                                                                                                                                                                           |                               |                                | Landmark                                                                                                                                 |              |                      |                     |                     |              |                  |                                                                                                                                                                                                                |                     |
| Please Select One of the Following:<br><input checked="" type="checkbox"/> Vehicle 1 #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped                                                                                |                               |                                | Crash Report ID# <b>25-142-AC</b>                                                                                                        |              |                      |                     |                     |              |                  |                                                                                                                                                                                                                |                     |
| License # St DOB/Age                                                                                                                                                                                                                           |                               |                                | Reg # <b>4DGF54</b> Reg Type <b>PC</b> Reg State <b>MA</b>                                                                               |              |                      |                     |                     |              |                  |                                                                                                                                                                                                                |                     |
| Sex <b>M</b> Lic. Class <b>D</b> Lic. Restrictions <b>99</b> CDL Endorsement                                                                                                                                                                   |                               |                                | Veh Year <b>2008</b> Veh Make <b>HONDA</b> Veh Config. <b>1</b> <sup>21</sup>                                                            |              |                      |                     |                     |              |                  |                                                                                                                                                                                                                |                     |
| Operator <b>AYEMERE, SHIELD I</b><br>Last First Middle                                                                                                                                                                                         |                               |                                | Owner <b>AYEMERE, SHIELD I</b><br>Last First Middle                                                                                      |              |                      |                     |                     |              |                  |                                                                                                                                                                                                                |                     |
| Address <b>1 BEVERLY AVE</b>                                                                                                                                                                                                                   |                               |                                | Address <b>1 BEVERLY AVE</b>                                                                                                             |              |                      |                     |                     |              |                  |                                                                                                                                                                                                                |                     |
| City <b>WILMINGTON</b> State <b>MA</b> Zip <b>01887-1716</b>                                                                                                                                                                                   |                               |                                | City <b>WILMINGTON</b> State <b>MA</b> Zip <b>01887-1716</b>                                                                             |              |                      |                     |                     |              |                  |                                                                                                                                                                                                                |                     |
| Insurance Company <b>THE COMMERCE INSURANCE CO</b>                                                                                                                                                                                             |                               |                                | Vehicle Action Prior to Crash <b>1</b> <sup>22</sup> Damaged Area Code: <b>1</b> <sup>27</sup> <sup>27</sup> <sup>27</sup>               |              |                      |                     |                     |              |                  |                                                                                                                                                                                                                |                     |
| Vehicle Travel Direction: <b>N[X]EW</b> Responding to Emergency? <b>2</b>                                                                                                                                                                      |                               |                                | Event Sequence <b>1</b> <sup>23</sup> <sup>23</sup> <sup>23</sup> <sup>23</sup> Test Status: <b>1</b> <sup>28</sup>                      |              |                      |                     |                     |              |                  |                                                                                                                                                                                                                |                     |
| Citation # (If Issued)                                                                                                                                                                                                                         |                               |                                | Type of Test: <b>0</b> <sup>29</sup>                                                                                                     |              |                      |                     |                     |              |                  |                                                                                                                                                                                                                |                     |
| Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub                                                                                                                                                                                                        |                               |                                | Most Harmful Event <b>1</b> <sup>24</sup> BAC Test Result: <b>1</b> <sup>30</sup>                                                        |              |                      |                     |                     |              |                  |                                                                                                                                                                                                                |                     |
| Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub                                                                                                                                                                                                        |                               |                                | Driver Contributing Code <b>19</b> <sup>25</sup> <sup>25</sup> Susp. Alcohol: <b>2</b> <sup>31</sup> Susp. Drug: <b>2</b> <sup>32</sup>  |              |                      |                     |                     |              |                  |                                                                                                                                                                                                                |                     |
| Please fill out for operator and all occupants involved                                                                                                                                                                                        |                               |                                | Driver Distracted by <b>0</b> <sup>26</sup> <sup>26</sup> Towed from scene? <b>1</b> <sup>33</sup>                                       |              |                      |                     |                     |              |                  |                                                                                                                                                                                                                |                     |
| 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    |
| <b>Operator</b>                                                                                                                                                                                                                                | See Above                     | X                              | X                                                                                                                                        | <b>1</b>     | <b>99</b>            | <b>4</b>            | <b>0</b>            | <b>0</b>     | <b>10</b>        | <b>1</b>                                                                                                                                                                                                       |                     |
| Please Select One of the Following:<br><input checked="" type="checkbox"/> Vehicle 2 #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped <input type="checkbox"/> Vulnerable User Complete the Vulnerable User section. |                               |                                |                                                                                                                                          |              |                      |                     |                     |              |                  |                                                                                                                                                                                                                |                     |
| License # St DOB/Age                                                                                                                                                                                                                           |                               |                                | Reg # <b>5CDV45</b> Reg Type <b>PC</b> Reg State <b>MA</b>                                                                               |              |                      |                     |                     |              |                  |                                                                                                                                                                                                                |                     |
| Sex <b>F</b> Lic. Class <b>D</b> Lic. Restrictions <b>99</b> CDL Endorsement                                                                                                                                                                   |                               |                                | Veh Year <b>2024</b> Veh Make <b>KIA</b> Veh Config. <b>1</b> <sup>21</sup>                                                              |              |                      |                     |                     |              |                  |                                                                                                                                                                                                                |                     |
| Operator <b>DIGIROLAMO-DEPIANO, JULIE ELIZABETH</b><br>Last First Middle                                                                                                                                                                       |                               |                                | Owner <b>DIGIROLAMO-DEPIANO, JULIE ELIZABETH</b><br>Last First Middle                                                                    |              |                      |                     |                     |              |                  |                                                                                                                                                                                                                |                     |
| Address <b>62 FOREST ST</b>                                                                                                                                                                                                                    |                               |                                | Address <b>62 FOREST ST</b>                                                                                                              |              |                      |                     |                     |              |                  |                                                                                                                                                                                                                |                     |
| City <b>WILMINGTON</b> State <b>MA</b> Zip <b>01887-2825</b>                                                                                                                                                                                   |                               |                                | City <b>WILMINGTON</b> State <b>MA</b> Zip <b>01887-2825</b>                                                                             |              |                      |                     |                     |              |                  |                                                                                                                                                                                                                |                     |
| Insurance Company <b>ARBELLA MUTUAL INSURANCE</b>                                                                                                                                                                                              |                               |                                | Vehicle Action Prior to Crash <b>10</b> <sup>22</sup> Damaged Area Code: <b>5</b> <sup>27</sup> <sup>4</sup> <sup>27</sup> <sup>27</sup> |              |                      |                     |                     |              |                  |                                                                                                                                                                                                                |                     |
| Vehicle Travel Direction: <b>N[X]EW</b> Responding to Emergency? <b>2</b>                                                                                                                                                                      |                               |                                | Event Sequence <b>1</b> <sup>23</sup> <sup>23</sup> <sup>23</sup> <sup>23</sup> Test Status: <b>1</b> <sup>28</sup>                      |              |                      |                     |                     |              |                  |                                                                                                                                                                                                                |                     |
| Citation # (If Issued)                                                                                                                                                                                                                         |                               |                                | Type of Test: <b>0</b> <sup>29</sup>                                                                                                     |              |                      |                     |                     |              |                  |                                                                                                                                                                                                                |                     |
| Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub                                                                                                                                                                                                        |                               |                                | Most Harmful Event <b>1</b> <sup>24</sup> BAC Test Result: <b>1</b> <sup>30</sup>                                                        |              |                      |                     |                     |              |                  |                                                                                                                                                                                                                |                     |
| Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub                                                                                                                                                                                                        |                               |                                | Driver Contributing Code <b>19</b> <sup>25</sup> <sup>25</sup> Susp. Alcohol: <b>2</b> <sup>31</sup> Susp. Drug: <b>2</b> <sup>32</sup>  |              |                      |                     |                     |              |                  |                                                                                                                                                                                                                |                     |
| Please fill out for operator and all occupants involved                                                                                                                                                                                        |                               |                                | Driver Distracted by <b>0</b> <sup>26</sup> <sup>26</sup> Towed from scene? <b>2</b> <sup>33</sup>                                       |              |                      |                     |                     |              |                  |                                                                                                                                                                                                                |                     |
| 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    |
| <b>Operator/Occupants</b>                                                                                                                                                                                                                      | See Above                     | X                              | X                                                                                                                                        | <b>1</b>     | <b>99</b>            | <b>4</b>            | <b>0</b>            | <b>0</b>     | <b>8</b>         | <b>2</b>                                                                                                                                                                                                       | <b>Lahey Clinic</b> |
|                                                                                                                                                                                                                                                |                               |                                | <b>M</b>                                                                                                                                 | <b>4</b>     | <b>99</b>            | <b>4</b>            | <b>0</b>            | <b>0</b>     | <b>10</b>        | <b>1</b>                                                                                                                                                                                                       |                     |

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

### Crash Diagram:

ie: →

1

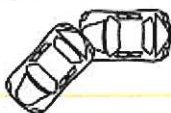
2

→

→

62  
Forrest  
Street

V2



V1

Forrest Street



If Crash Did Not Occur  
on a Public Way:

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

Indicate North by Arrow



### Crash Narrative:

On Monday May 26, 2025 at approximately 2:30pm I was dispatched to the area of 62 Forrest Street for a report of a two car motor vehicle crash. Upon arrival I observed both operators standing outside of their vehicles. I spoke to Op1 who stated he was traveling down Forrest Street (Southbound) and V2 was backing out of her driveway and he attempted to step on the break to stop and he could not avoid the collision. I asked Op1 to estimate his approximate speed to which he stated 25-30 (mph). Officer DiLorenzo and I spoke to Op2 who stated she was backing out of her driveway and shifted the vehicle into drive and that is when the collision happened. Op2 stated she did not see V1 at any point prior to the collision. Both operators and the infant passenger in V2 were evaluated by the Fire Department and Op2 was transported to Lahey Hospital for further evaluation.

### 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 John A Fortes

Police Officer Name (Please Print)

Signature

228

ID/Badge #

Wilmington Police Department

Department

Precinct/Barracks

05/26/2025

Date

Wilmington Police Department  
Images Associated with 25-142-AC



| Police Use Only                                                                                                                                                                                                                                           |                               |                                                | Commonwealth of Massachusetts                                                                                                                                          |         |                         |                        | RMV Document Number                                        |                                                                              |                     |                                                                                                                                       |                        |                       |                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|-------------------------|------------------------|------------------------------------------------------------|------------------------------------------------------------------------------|---------------------|---------------------------------------------------------------------------------------------------------------------------------------|------------------------|-----------------------|------------------|
| Date of Crash<br>05/26/2025                                                                                                                                                                                                                               | Time of Crash<br>2102<br>24HR | City/Town<br>Wilmington                        | Motor Vehicle Crash<br>Police Report                                                                                                                                   |         | Number<br>Vehicles<br>2 | Number<br>Injured<br>0 | Speed Limit <u>35</u><br>Latitude _____<br>Longitude _____ | State Police<br>Local Police<br>MBTA Police<br>Campus Police<br>Other: _____ |                     |                                                                                                                                       |                        |                       |                  |
| AT INTERSECTION:                                                                                                                                                                                                                                          |                               |                                                | < LOCATION >                                                                                                                                                           |         | NOT AT INTERSECTION:    |                        |                                                            |                                                                              |                     |                                                                                                                                       |                        |                       |                  |
| Route# _____ Direction _____ Name of Roadway/Street _____<br>At _____                                                                                                                                                                                     |                               |                                                | Route# <u>220</u> <u>MAIN ST</u><br>Address # _____ Name of Roadway/Street _____<br>_____ Feet <u>N S E W</u> of _____ or _____<br>Mile Marker _____ Exit Number _____ |         |                         |                        |                                                            |                                                                              |                     |                                                                                                                                       |                        |                       |                  |
| Route# _____ Direction _____ Name of Intersecting Roadway/Street _____<br>Also at Intersection with _____                                                                                                                                                 |                               |                                                | _____ Feet <u>N S E W</u> of _____<br>Route# _____ Intersecting Roadway/Street _____<br>_____ Feet <u>N S E W</u> of _____<br>Landmark _____                           |         |                         |                        |                                                            |                                                                              |                     |                                                                                                                                       |                        |                       |                  |
| Route# _____ Direction _____ Name of Intersecting Roadway/Street _____                                                                                                                                                                                    |                               |                                                |                                                                                                                                                                        |         |                         |                        |                                                            |                                                                              |                     |                                                                                                                                       |                        |                       |                  |
| Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle <u>12</u> #Occupants _____ <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped                                                                                |                               |                                                | Crash Report ID# <u>25-143-AC</u>                                                                                                                                      |         |                         |                        |                                                            |                                                                              |                     |                                                                                                                                       |                        |                       |                  |
| License # _____ S _____ DOB/Age _____<br>Sex <u>F</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL _____<br>Endorsement _____                                                                                         |                               |                                                | Reg # <u>2DKG36</u> Reg Type <u>PC</u> Reg State <u>MA</u><br>Veh Year <u>2012</u> Veh Make <u>HYUNDAI</u> Veh Config. <u>1</u> <u>21</u>                              |         |                         |                        |                                                            |                                                                              |                     |                                                                                                                                       |                        |                       |                  |
| Operator <u>MELARAGNI, GIANNA LYNNE</u><br>Last First Middle                                                                                                                                                                                              |                               |                                                | Owner <u>MELARAGNI, GIANNA LYNNE</u><br>Last First Middle                                                                                                              |         |                         |                        |                                                            |                                                                              |                     |                                                                                                                                       |                        |                       |                  |
| Address <u>176 MIDDLESEX AVE</u>                                                                                                                                                                                                                          |                               |                                                | Address <u>176 MIDDLESEX AVE</u>                                                                                                                                       |         |                         |                        |                                                            |                                                                              |                     |                                                                                                                                       |                        |                       |                  |
| City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-2737</u>                                                                                                                                                                                              |                               |                                                | City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-2737</u>                                                                                                           |         |                         |                        |                                                            |                                                                              |                     |                                                                                                                                       |                        |                       |                  |
| Insurance Company <u>THE HANOVER INSURANCE COM</u>                                                                                                                                                                                                        |                               |                                                | Vehicle Action Prior to Crash <u>4</u> <u>22</u> Damaged Area Code: <u>3</u> <u>27</u> <u>27</u> <u>27</u>                                                             |         |                         |                        |                                                            |                                                                              |                     |                                                                                                                                       |                        |                       |                  |
| Vehicle Travel Direction: <u>N S E W</u> Responding to Emergency? <u>2</u>                                                                                                                                                                                |                               |                                                | Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u>                                                                        |         |                         |                        |                                                            |                                                                              |                     |                                                                                                                                       |                        |                       |                  |
| Citation # (If Issued) _____                                                                                                                                                                                                                              |                               |                                                | Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>0</u> <u>29</u>                                                                                                 |         |                         |                        |                                                            |                                                                              |                     |                                                                                                                                       |                        |                       |                  |
| Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____                                                                                                                                                                                                       |                               |                                                | BAC Test Result: <u>1</u> <u>30</u>                                                                                                                                    |         |                         |                        |                                                            |                                                                              |                     |                                                                                                                                       |                        |                       |                  |
| Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____                                                                                                                                                                                                       |                               |                                                | Driver Contributing Code <u>19</u> <u>25</u> <u>25</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u>                                                |         |                         |                        |                                                            |                                                                              |                     |                                                                                                                                       |                        |                       |                  |
| Driver Distracted by <u>0</u> <u>26</u> <u>26</u>                                                                                                                                                                                                         |                               |                                                | Towed from scene? <u>1</u> <u>33</u>                                                                                                                                   |         |                         |                        |                                                            |                                                                              |                     |                                                                                                                                       |                        |                       |                  |
| Please fill out for operator and all occupants involved                                                                                                                                                                                                   |                               |                                                |                                                                                                                                                                        |         |                         |                        |                                                            |                                                                              |                     |                                                                                                                                       |                        |                       |                  |
| Name (Last First Middle)                                                                                                                                                                                                                                  |                               | Address                                        |                                                                                                                                                                        | DOB/Age | Sex                     | 34<br>Seat<br>Pos.     | 35<br>Safety<br>System                                     | 36<br>Airbag<br>Status                                                       | 37<br>Eject<br>Code | 38<br>Trap<br>Code                                                                                                                    | 39<br>Injury<br>Status | 40<br>Transp.<br>Code | Medical Facility |
| Operator                                                                                                                                                                                                                                                  |                               | See Above                                      |                                                                                                                                                                        |         |                         | <u>1</u>               | <u>99</u>                                                  | <u>4</u>                                                                     | <u>0</u>            | <u>0</u>                                                                                                                              | <u>10</u>              | <u>1</u>              |                  |
| ISABELLA MELARAGNI                                                                                                                                                                                                                                        |                               | 176 MIDDLESEX AVE<br>WILMINGTON, MA 01887-2737 |                                                                                                                                                                        |         | F                       | <u>3</u>               | <u>99</u>                                                  | <u>4</u>                                                                     | <u>0</u>            | <u>0</u>                                                                                                                              | <u>10</u>              | <u>1</u>              |                  |
|                                                                                                                                                                                                                                                           |                               |                                                |                                                                                                                                                                        |         |                         |                        |                                                            |                                                                              |                     |                                                                                                                                       |                        |                       |                  |
|                                                                                                                                                                                                                                                           |                               |                                                |                                                                                                                                                                        |         |                         |                        |                                                            |                                                                              |                     |                                                                                                                                       |                        |                       |                  |
| Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle <u>21</u> #Occupants _____ <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped <input type="checkbox"/> Vulnerable User Complete the Vulnerable User section. |                               |                                                |                                                                                                                                                                        |         |                         |                        |                                                            |                                                                              |                     |                                                                                                                                       |                        |                       |                  |
| License # _____ S _____ DOB/Age _____<br>Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL _____<br>Endorsement _____                                                                                         |                               |                                                |                                                                                                                                                                        |         |                         |                        |                                                            |                                                                              |                     | Reg # <u>3WW516</u> Reg Type <u>PC</u> Reg State <u>MA</u><br>Veh Year <u>2017</u> Veh Make <u>RAM</u> Veh Config. <u>1</u> <u>21</u> |                        |                       |                  |
| Operator <u>MCCARTHY, KYLE A</u><br>Last First Middle                                                                                                                                                                                                     |                               |                                                |                                                                                                                                                                        |         |                         |                        |                                                            |                                                                              |                     | Owner <u>MCCARTHY, KYLE A</u><br>Last First Middle                                                                                    |                        |                       |                  |
| Address <u>5 HARVARD AVE</u>                                                                                                                                                                                                                              |                               |                                                |                                                                                                                                                                        |         |                         |                        |                                                            |                                                                              |                     | Address <u>5 HARVARD AVE</u>                                                                                                          |                        |                       |                  |
| City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-2049</u>                                                                                                                                                                                              |                               |                                                |                                                                                                                                                                        |         |                         |                        |                                                            |                                                                              |                     | City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-2049</u>                                                                          |                        |                       |                  |
| Insurance Company <u>GREEN MOUNTAIN INSURANCE</u>                                                                                                                                                                                                         |                               |                                                |                                                                                                                                                                        |         |                         |                        |                                                            |                                                                              |                     | Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>1</u> <u>27</u> <u>27</u> <u>27</u>                            |                        |                       |                  |
| Vehicle Travel Direction: <u>N S E W</u> Responding to Emergency? <u>2</u>                                                                                                                                                                                |                               |                                                |                                                                                                                                                                        |         |                         |                        |                                                            |                                                                              |                     | Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u>                                       |                        |                       |                  |
| Citation # (If Issued) _____                                                                                                                                                                                                                              |                               |                                                |                                                                                                                                                                        |         |                         |                        |                                                            |                                                                              |                     | Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>0</u> <u>29</u>                                                                |                        |                       |                  |
| Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____                                                                                                                                                                                                       |                               |                                                |                                                                                                                                                                        |         |                         |                        |                                                            |                                                                              |                     | BAC Test Result: <u>1</u> <u>30</u>                                                                                                   |                        |                       |                  |
| Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____                                                                                                                                                                                                       |                               |                                                |                                                                                                                                                                        |         |                         |                        |                                                            |                                                                              |                     | Driver Contributing Code <u>19</u> <u>25</u> <u>25</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u>               |                        |                       |                  |
| Driver Distracted by <u>0</u> <u>26</u> <u>26</u>                                                                                                                                                                                                         |                               |                                                |                                                                                                                                                                        |         |                         |                        |                                                            |                                                                              |                     | Towed from scene? <u>2</u> <u>33</u>                                                                                                  |                        |                       |                  |
| Please fill out for operator and all occupants involved                                                                                                                                                                                                   |                               |                                                |                                                                                                                                                                        |         |                         |                        |                                                            |                                                                              |                     |                                                                                                                                       |                        |                       |                  |
| Name (Last First Middle)                                                                                                                                                                                                                                  |                               | Address                                        |                                                                                                                                                                        | DOB/Age | Sex                     | 34<br>Seat<br>Pos.     | 35<br>Safety<br>System                                     | 36<br>Airbag<br>Status                                                       | 37<br>Eject<br>Code | 38<br>Trap<br>Code                                                                                                                    | 39<br>Injury<br>Status | 40<br>Transp.<br>Code | Medical Facility |
| Operator/Occupants                                                                                                                                                                                                                                        |                               | See Above                                      |                                                                                                                                                                        |         |                         | <u>1</u>               | <u>99</u>                                                  | <u>4</u>                                                                     | <u>0</u>            | <u>0</u>                                                                                                                              | <u>10</u>              | <u>1</u>              |                  |
|                                                                                                                                                                                                                                                           |                               |                                                |                                                                                                                                                                        |         |                         |                        |                                                            |                                                                              |                     |                                                                                                                                       |                        |                       |                  |
|                                                                                                                                                                                                                                                           |                               |                                                |                                                                                                                                                                        |         |                         |                        |                                                            |                                                                              |                     |                                                                                                                                       |                        |                       |                  |
|                                                                                                                                                                                                                                                           |                               |                                                |                                                                                                                                                                        |         |                         |                        |                                                            |                                                                              |                     |                                                                                                                                       |                        |                       |                  |

➔ = 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



Main Street

Golden Nozzle Car Wash



### Crash Narrative:

On Monday May 26, 2025 I, Officer Fortes was informed by a party in the Cumberland Farms parking lot that they believed there was a motor vehicle crash on Main Street. I then began driving southbound on Main Street until I observed a vehicle with hazard lights on in front of the Golden Nozzle. I approached and observed three parties standing in the parking lot. Op1 stated she was turning into the parking lot and did not see anyone coming so she proceeded and then the collision occurred. Op2 stated he pulled out of CVS which is next door to the Golden Nozzle and was traveling straight ahead on Main Street (northbound) and did not see V1 turning until the collision occurred. All parties refused medical evaluation from the Fire Department. V1 was towed by A&S Towing back to their yard, V2 was drivable.

### 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 John A Fortes

Police Officer Name (Please Print)

Signature

228

ID/Badge #

Wilmington Police Department

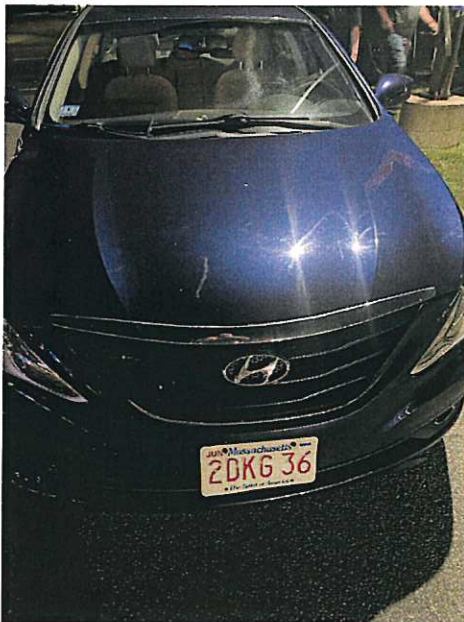
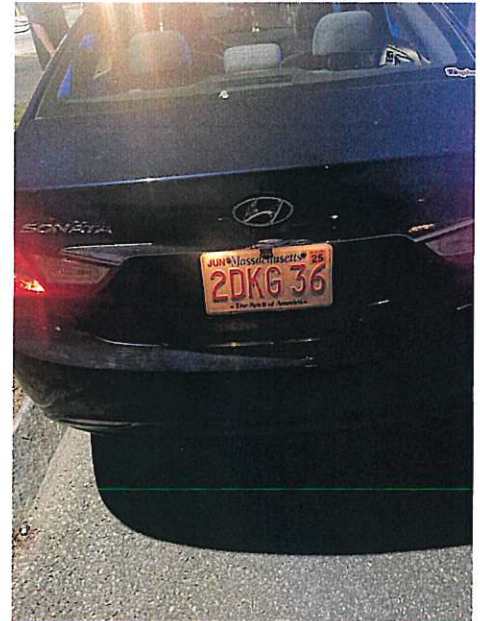
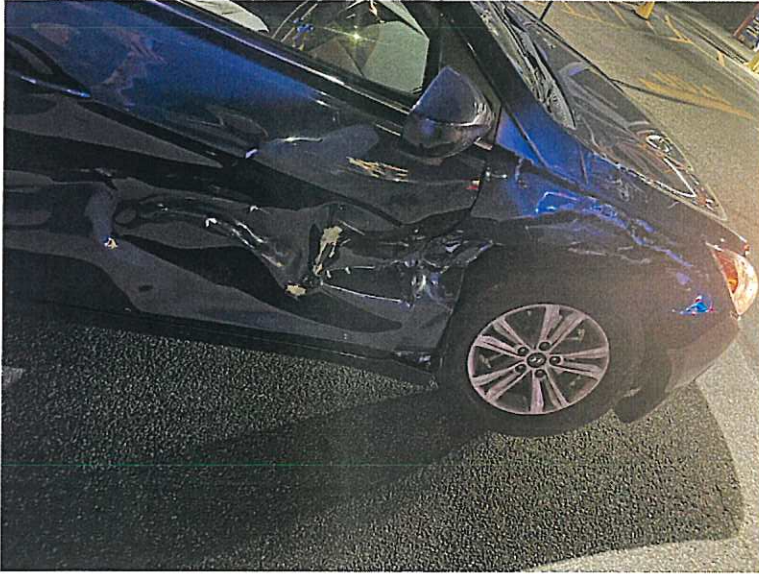
Department

Precinct/Barracks

05/26/2025

Date

Wilmington Police Department  
Images Associated with 25-143-AC



| Attachments for 25-143-AC                     |      |
|-----------------------------------------------|------|
| Description                                   | Type |
| GL MELARAGNI OPER RPT                         | PDF  |
| Attachment#: 4A483440F43C48F394B3C9CFCCE24889 |      |

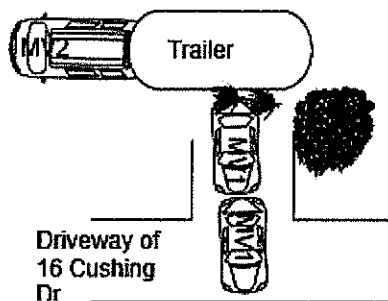
| Police Use Only                                                 |                               |                         | Commonwealth of Massachusetts                             |  |                                      |                     | RMV Document Number            |          |                                                                                |                                                                       |
|-----------------------------------------------------------------|-------------------------------|-------------------------|-----------------------------------------------------------|--|--------------------------------------|---------------------|--------------------------------|----------|--------------------------------------------------------------------------------|-----------------------------------------------------------------------|
| Date of Crash<br>05/27/2025                                     | Time of Crash<br>0740<br>24HR | City/Town<br>Wilmington | Motor Vehicle Crash<br>Police Report                      |  | Number Vehicles<br>2                 | Number Injured<br>1 | Speed Limit<br>20              | Latitude | Longitude                                                                      | State Police<br>Local Police<br>MBTA Police<br>Campus Police<br>Other |
| AT INTERSECTION:                                                |                               |                         | < LOCATION >                                              |  | NOT AT INTERSECTION:                 |                     |                                |          |                                                                                |                                                                       |
| Route# Direction Name of Roadway/Street                         |                               |                         | Route# Direction Address # Name of Roadway/Street         |  |                                      |                     |                                |          |                                                                                |                                                                       |
| At                                                              |                               |                         | Feet N S E W of or Mile Marker Exit Number                |  |                                      |                     |                                |          |                                                                                |                                                                       |
| Route# Direction Name of Intersecting Roadway/Street            |                               |                         | Feet N S E W of Route# Intersecting Roadway/Street        |  |                                      |                     |                                |          |                                                                                |                                                                       |
| Also at Intersection with                                       |                               |                         | Feet N S E W of Landmark                                  |  |                                      |                     |                                |          |                                                                                |                                                                       |
| Route# Direction Name of Intersecting Roadway/Street            |                               |                         |                                                           |  |                                      |                     |                                |          |                                                                                |                                                                       |
| 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# 25-144-AC                                                     |                                                                       |
| License # St DOB/Age                                            |                               |                         | Reg # 2YXM26                                              |  | Reg Type PC                          |                     | Reg State MA                   |          |                                                                                |                                                                       |
| Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement |                               |                         | Veh Year 2014                                             |  | Veh Make Jeep                        |                     | Veh Config. 1 21               |          |                                                                                |                                                                       |
| Operator FOX, ALEXIS GILLIAN                                    |                               |                         | Owner FOX, STEVEN JEFFREY                                 |  |                                      |                     |                                |          |                                                                                |                                                                       |
| Address 16 CUSHING DR                                           |                               |                         | Address 61 LANCASTER DR                                   |  |                                      |                     |                                |          |                                                                                |                                                                       |
| City WILMINGTON State MA Zip 01887-2000                         |                               |                         | City TEWKSBURY State MA Zip 01876-1322                    |  |                                      |                     |                                |          |                                                                                |                                                                       |
| Insurance Company SAFETY INSURANCE COMPANY                      |                               |                         | Vehicle Action Prior to Crash 10 22                       |  | Damaged Area Code 6 27 27 27         |                     |                                |          |                                                                                |                                                                       |
| Vehicle Travel Direction: N S X W Responding to Emergency? 2    |                               |                         | Event Sequence 1 23 10 23 23                              |  | Test Status: 1 28                    |                     |                                |          |                                                                                |                                                                       |
| Citation # (If Issued)                                          |                               |                         | Most Harmful Event 10 24                                  |  | Type of Test: 0 29                   |                     |                                |          |                                                                                |                                                                       |
| Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub                         |                               |                         | Driver Contributing Code 18 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         |                               |                         |                                                           |  |                                      |                     |                                |          |                                                                                |                                                                       |
| Name (Last First Middle)                                        |                               |                         | Address                                                   |  | DOB/Age                              |                     | Sex                            |          | Medical Facility                                                               |                                                                       |
| Operator                                                        |                               |                         | See Above                                                 |  | 1                                    |                     | 99                             |          | 4                                                                              |                                                                       |
|                                                                 |                               |                         |                                                           |  |                                      |                     |                                |          |                                                                                |                                                                       |
|                                                                 |                               |                         |                                                           |  |                                      |                     |                                |          |                                                                                |                                                                       |
|                                                                 |                               |                         |                                                           |  |                                      |                     |                                |          |                                                                                |                                                                       |
|                                                                 |                               |                         |                                                           |  |                                      |                     |                                |          |                                                                                |                                                                       |
| Please Select One of the Following:                             |                               |                         | <input checked="" type="checkbox"/> Vehicle 24 #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 # W78558                                              |  | Reg Type CO                          |                     | Reg State MA                   |          |                                                                                |                                                                       |
| Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement |                               |                         | Veh Year 2022                                             |  | Veh Make FORD                        |                     | Veh Config. 8 21               |          |                                                                                |                                                                       |
| Operator FRANCUCCI, MARCO ANTONIO                               |                               |                         | Owner DOMENIC LANDSCAPING INC                             |  |                                      |                     |                                |          |                                                                                |                                                                       |
| Address 158 CONCORD RD APT M11                                  |                               |                         | Address 3 EDWARDS RD                                      |  |                                      |                     |                                |          |                                                                                |                                                                       |
| City BILLERICA State MA Zip 01821-4652                          |                               |                         | City BURLINGTON State MA Zip 01803-4204                   |  |                                      |                     |                                |          |                                                                                |                                                                       |
| Insurance Company UTICA NATIONAL INSURANCE                      |                               |                         | Vehicle Action Prior to Crash 1 22                        |  | Damaged Area Code: 7 27 27 27        |                     |                                |          |                                                                                |                                                                       |
| Vehicle Travel Direction: X S E W Responding to Emergency? 2    |                               |                         | Event Sequence 1 23 23 23 23                              |  | Test Status: 1 28                    |                     |                                |          |                                                                                |                                                                       |
| Citation # (If Issued)                                          |                               |                         | Most Harmful Event 1 24                                   |  | Type of Test: 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         |                               |                         |                                                           |  |                                      |                     |                                |          |                                                                                |                                                                       |
| Name (Last First Middle)                                        |                               |                         | Address                                                   |  | DOB/Age                              |                     | Sex                            |          | Medical Facility                                                               |                                                                       |
| Operator/Occupants                                              |                               |                         | See Above                                                 |  | 1                                    |                     | 1                              |          | 4                                                                              |                                                                       |
| JOSHUA DERAS                                                    |                               |                         | 3 EDWARDS RD BURLINGTON, MA 01803                         |  | M 3                                  |                     | 1                              |          | 4                                                                              |                                                                       |
| CARLOS DERAS                                                    |                               |                         | 3 EDWARDS RD BURLINGTON, MA 01803                         |  | M 4                                  |                     | 1                              |          | 4                                                                              |                                                                       |
| BRANDON CHILOTILO                                               |                               |                         | 3 EDWARDS RD BURLINGTON, MA 01803                         |  | M 5                                  |                     | 1                              |          | 4                                                                              |                                                                       |

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

# Crash Diagram:

ie: → 1 → 2 → ○ → ○

Cushing Dr



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 27th, 2025, MV1 was reversing out of the driveway of 16 Cushing Drive when it struck the trailer being pulled by MV2. MV1 stated that the bush and tree on the corner of the driveway obstructed their view and they did not see MV2 and the trailer behind them. MV2 stated they were trailing on Cushing Drive using the Cul de sac to turn around on Cushing Drive when the trailer was struck by MV1. MV1 had minor damage to the left rear bumper and MV2 sustained no damage however, the trailer being towed by MV2 had minor damage to the left side. MV1 stated that the resident of 14 Cushing Drive had ring video camera footage of the accident which was provided to this Officer (see attachments). Both vehicles and the trailer were able to be driven from the scene and all occupants refused medical treatment from WFD.

## 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 # **W78558** (From Vehicle Section)

Carrier Name **Domenic Landscaping inc** Bus Use **0** <sup>42</sup>

Address **3 EDWARDS RD** City **BURLINGTON** St **MA** Zip **01803**

US DOT #: **3209658** State Number \_\_\_\_\_ Issuing State \_\_\_\_\_ MC/MX/ICC #: \_\_\_\_\_

Interstate **43** Cargo Body Type Code **0** <sup>44</sup> GVWR/GCWR **1** <sup>45</sup>

Trailer Reg #: **844130** Reg Type **TR** Reg State **MA** Reg Year **2011** Trailer Length **1** <sup>46</sup>

### Hazmat Information:

Placard **2** <sup>47</sup> Material 1 digit # **48** Material Name \_\_\_\_\_ Material 4 digit # \_\_\_\_\_ Release code **49**

Patrol Officer **Joshua I DeBarros** 234 **Wilmington Police Department** 05/27/2025  
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department  
Images Associated with 25-144-AC



|                                               |             |
|-----------------------------------------------|-------------|
| Attachments for 25-144-AC                     |             |
| <b>Description</b>                            | <b>Type</b> |
| CUSHING DR ACCIDENT                           | MP4         |
| Attachment#: DCC0EDA9947B42F8B95B425AF524EDE1 |             |

| Police Use Only                                                                                                                                                                                                                             |                               |                         | Commonwealth of Massachusetts                                    |  |                         |                        | RMV Document Number    |                                                                                                 |                    |                        |                       |                  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-------------------------|------------------------------------------------------------------|--|-------------------------|------------------------|------------------------|-------------------------------------------------------------------------------------------------|--------------------|------------------------|-----------------------|------------------|
| Date of Crash<br>05/27/2025                                                                                                                                                                                                                 | Time of Crash<br>1051<br>24HR | City/Town<br>Wilmington | Motor Vehicle Crash<br>Police Report                             |  | Number<br>Vehicles<br>2 | Number<br>Injured<br>0 | Speed Limit<br>25      | State Police<br>Local Police<br>MBTA Police<br>Campus Police<br>Other: <input type="checkbox"/> |                    |                        |                       |                  |
| AT INTERSECTION:                                                                                                                                                                                                                            |                               |                         | < LOCATION >                                                     |  | NOT AT INTERSECTION:    |                        |                        |                                                                                                 |                    |                        |                       |                  |
| Route# Direction Name of Roadway/Street<br>At                                                                                                                                                                                               |                               |                         | Route# Direction Address # Name of Roadway/Street<br>108 GLEN RD |  |                         |                        |                        | 2 10                                                                                            |                    |                        |                       |                  |
| Route# Direction Name of Intersecting Roadway/Street<br>Also at Intersection with                                                                                                                                                           |                               |                         | Feet N S E W of Mile Marker Exit Number                          |  |                         |                        |                        | 3 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# 25-145-AC                                       |  |                         |                        |                        |                                                                                                 |                    |                        |                       |                  |
| License # St. DOB/Age                                                                                                                                                                                                                       |                               |                         | Reg # 1732BT Reg Type PC Reg State MA                            |  |                         |                        |                        | 1 12                                                                                            |                    |                        |                       |                  |
| Sex M Lic. Class 19 19 Lic. Restrictions 1 20 CDL Endorsement                                                                                                                                                                               |                               |                         | Veh Year 2010 Veh Make HONDA Veh Config 1 21                     |  |                         |                        |                        | 1 12                                                                                            |                    |                        |                       |                  |
| Operator LANDRY, JAMES R<br>Last First Middle                                                                                                                                                                                               |                               |                         | Owner LANDRY, JAMES R<br>Last First Middle                       |  |                         |                        |                        |                                                                                                 |                    |                        |                       |                  |
| Address 26 NEW MEXICO RD                                                                                                                                                                                                                    |                               |                         | Address 26 NEW MEXICO RD                                         |  |                         |                        |                        |                                                                                                 |                    |                        |                       |                  |
| City TEWKSBURY State MA Zip 01876-4180                                                                                                                                                                                                      |                               |                         | City TEWKSBURY State MA Zip 01876-4180                           |  |                         |                        |                        |                                                                                                 |                    |                        |                       |                  |
| Insurance Company PREFERRED MUTUAL INSURANC                                                                                                                                                                                                 |                               |                         | Vehicle Action Prior to Crash 1 22                               |  |                         |                        |                        | Damaged Area Code: 3 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 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                                           |  |                         |                        |                        | 1 13                                                                                            |                    |                        |                       |                  |
| Name (Last First Middle) Address                                                                                                                                                                                                            |                               |                         | DOB/Age Sex                                                      |  | 34<br>Seat<br>Pos.      | 35<br>Safety<br>System | 36<br>Airbag<br>Status | 37<br>Eject<br>Code                                                                             | 38<br>Trap<br>Code | 39<br>Injury<br>Status | 40<br>Transp.<br>Code | Medical Facility |
| Operator See Above                                                                                                                                                                                                                          |                               |                         | 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 # St. DOB/Age                                                                                                                                                                                                                       |                               |                         | Reg # 3ET697 Reg Type PC Reg State MA                            |  |                         |                        |                        |                                                                                                 |                    |                        |                       |                  |
| Sex F Lic. Class 19 19 Lic. Restrictions 1 20 CDL Endorsement                                                                                                                                                                               |                               |                         | Veh Year 2014 Veh Make HONDA Veh Config 1 21                     |  |                         |                        |                        |                                                                                                 |                    |                        |                       |                  |
| Operator FALANGA, ANNE C<br>Last First Middle                                                                                                                                                                                               |                               |                         | Owner FALANGA, ANNE C<br>Last First Middle                       |  |                         |                        |                        |                                                                                                 |                    |                        |                       |                  |
| Address 27 ST PAUL ST                                                                                                                                                                                                                       |                               |                         | Address 27 ST PAUL ST                                            |  |                         |                        |                        |                                                                                                 |                    |                        |                       |                  |
| City WILMINGTON State MA Zip 01887-1803                                                                                                                                                                                                     |                               |                         | City WILMINGTON State MA Zip 01887-1803                          |  |                         |                        |                        |                                                                                                 |                    |                        |                       |                  |
| Insurance Company PROGRESSIVE CASUALTY INSU                                                                                                                                                                                                 |                               |                         | Vehicle Action Prior to Crash 1 22                               |  |                         |                        |                        |                                                                                                 |                    |                        |                       |                  |
| Vehicle Travel Direction: X S E W Responding to Emergency? 2                                                                                                                                                                                |                               |                         | Event Sequence 1 23 23 23 23                                     |  |                         |                        |                        |                                                                                                 |                    |                        |                       |                  |
| Citation # (If Issued)                                                                                                                                                                                                                      |                               |                         | Most Harmful Event 1 24                                          |  |                         |                        |                        |                                                                                                 |                    |                        |                       |                  |
| Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub                                                                                                                                                                                                     |                               |                         | Driver Contributing Code 4 25 25                                 |  |                         |                        |                        |                                                                                                 |                    |                        |                       |                  |
| Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub                                                                                                                                                                                                     |                               |                         | Driver Distracted by 0 26 26                                     |  |                         |                        |                        |                                                                                                 |                    |                        |                       |                  |
| Please fill out for operator and all occupants involved                                                                                                                                                                                     |                               |                         | Towed from scene? 2 33                                           |  |                         |                        |                        |                                                                                                 |                    |                        |                       |                  |
| Name (Last First Middle) Address                                                                                                                                                                                                            |                               |                         | DOB/Age Sex                                                      |  | 34<br>Seat<br>Pos.      | 35<br>Safety<br>System | 36<br>Airbag<br>Status | 37<br>Eject<br>Code                                                                             | 38<br>Trap<br>Code | 39<br>Injury<br>Status | 40<br>Transp.<br>Code | Medical Facility |
| Operator/Occupants See Above                                                                                                                                                                                                                |                               |                         | X                                                                |  | 1                       | 1                      | 4                      | 0                                                                                               | 0                  | 10                     | 1                     |                  |
|                                                                                                                                                                                                                                             |                               |                         |                                                                  |  |                         |                        |                        |                                                                                                 |                    |                        |                       |                  |
|                                                                                                                                                                                                                                             |                               |                         |                                                                  |  |                         |                        |                        |                                                                                                 |                    |                        |                       |                  |
|                                                                                                                                                                                                                                             |                               |                         |                                                                  |  |                         |                        |                        |                                                                                                 |                    |                        |                       |                  |
|                                                                                                                                                                                                                                             |                               |                         |                                                                  |  |                         |                        |                        |                                                                                                 |                    |                        |                       |                  |

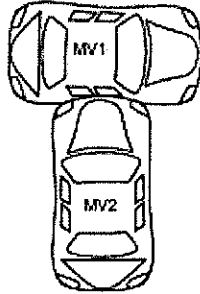
→ = Direction    1 = Vehicle 1    2 = Vehicle 2    ○ = Pedestrian    ○ = Bicycle

### Crash Diagram:

ie: → 1 → 2 → ○ → ○

Glen Rd

Brattle St



### If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow



### Crash Narrative:

MV1 was traveling EB on Glen Rd when MV2 was exiting Brattle St and struck the passenger side of MV1. MV1 had minor damage to the passenger side and MV2 has damage to the center front. Both operators reported no injuries and neither vehicle required a tow.

### 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

05/27/2025

Date

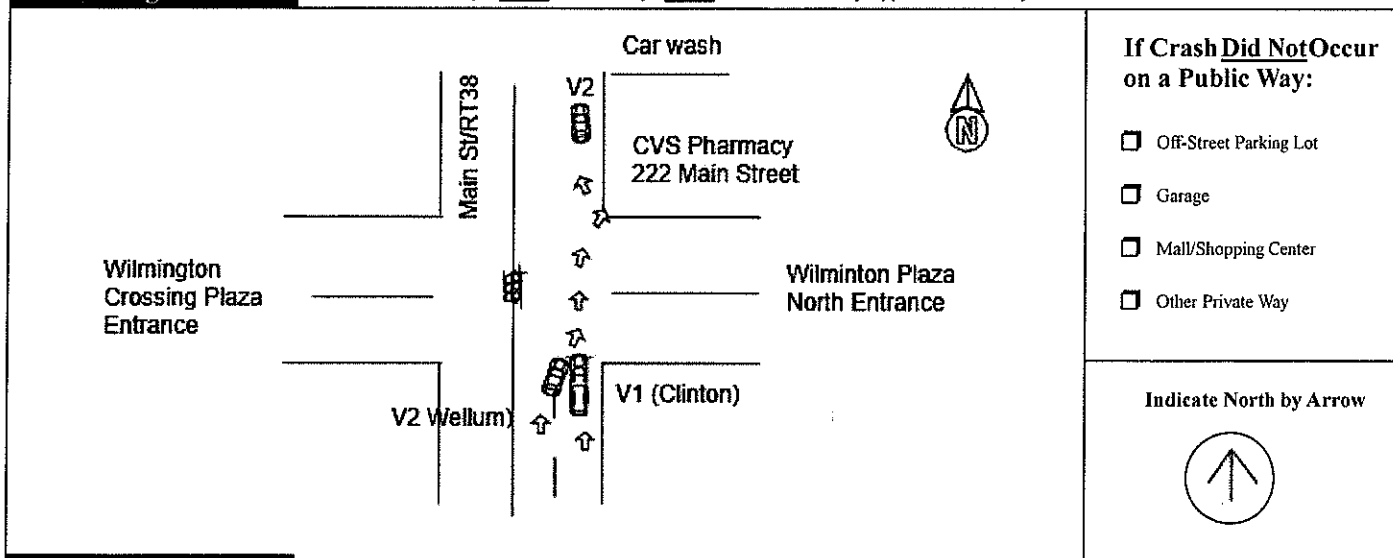
|                                               |             |
|-----------------------------------------------|-------------|
| Attachments for 25-145-AC                     |             |
| <b>Description</b>                            | <b>Type</b> |
| JR LANDRY OPER RPT                            | PDF         |
| Attachment#: 468B47D2DFC641878C5B287EC789949D |             |

| Police Use Only                                                                                                                                                          |                               |                         | Commonwealth of Massachusetts                                                                                                                                                                            |  |  |                                      | RMV Document Number     |                        |                   |                                                                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--------------------------------------|-------------------------|------------------------|-------------------|------------------------------------------------------------------------|
| Date of Crash<br>05/29/2025                                                                                                                                              | Time of Crash<br>1050<br>24HR | City/Town<br>Wilmington | Motor Vehicle Crash<br>Police Report                                                                                                                                                                     |  |  |                                      | Number<br>Vehicles<br>2 | Number<br>Injured<br>0 | Speed Limit<br>35 | State Police<br>Local Police<br>MBTA Police<br>Campus Police<br>Other: |
| AT INTERSECTION:                                                                                                                                                         |                               |                         | < LOCATION >                                                                                                                                                                                             |  |  |                                      | NOT AT INTERSECTION:    |                        |                   |                                                                        |
| Route# Direction Name of Roadway/Street<br>At                                                                                                                            |                               |                         | Route# Direction Address # Name of Roadway/Street<br>38 N 222 MAIN ST                                                                                                                                    |  |  |                                      | 2 10                    |                        |                   |                                                                        |
| Route# Direction Name of Intersecting Roadway/Street<br>Also at Intersection with                                                                                        |                               |                         | Feet N S E W of Mile Marker Exit Number                                                                                                                                                                  |  |  |                                      | 3 11                    |                        |                   |                                                                        |
| Route# Direction Name of Intersecting Roadway/Street                                                                                                                     |                               |                         | Feet N S E W of Route# Intersecting Roadway/Street<br>WILMINGTON PLAZA NORTH ENT.                                                                                                                        |  |  |                                      | 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# 25-146-AC           |                         |                        |                   |                                                                        |
| License # St DOB/Age                                                                                                                                                     |                               |                         | Reg # 5514150 Reg Type PC Reg State NH                                                                                                                                                                   |  |  | 1 12                                 |                         |                        |                   |                                                                        |
| Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement                                                                                                            |                               |                         | Veh Year 2018 Veh Make GMC Veh Config. 2 21                                                                                                                                                              |  |  | 1 12                                 |                         |                        |                   |                                                                        |
| Operator CLINTON, MARK A<br>Last First Middle                                                                                                                            |                               |                         | Owner CLINTON, GERALD J<br>Last First Middle                                                                                                                                                             |  |  | 1 12                                 |                         |                        |                   |                                                                        |
| Address 1535 OCEAN BLVD APT 1                                                                                                                                            |                               |                         | Address 1535 OCEAN BLVD APT A1                                                                                                                                                                           |  |  | 1 12                                 |                         |                        |                   |                                                                        |
| City RYE State NH Zip 03870                                                                                                                                              |                               |                         | City RYE State NH Zip 03870                                                                                                                                                                              |  |  | 1 12                                 |                         |                        |                   |                                                                        |
| Insurance Company SAFETY                                                                                                                                                 |                               |                         | Vehicle Action Prior to Crash 1 22                                                                                                                                                                       |  |  | Damaged Area Code: 8 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 1 23 23 23 23                                                                                                                                                                             |  |  | Test Status: 1 28                    |                         |                        |                   |                                                                        |
| Citation # (If Issued)                                                                                                                                                   |                               |                         | Most Harmful Event 1 24                                                                                                                                                                                  |  |  | Type of Test: 29                     |                         |                        |                   |                                                                        |
| Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub                                                                                                                                  |                               |                         | Driver Contributing Code 1 25 25                                                                                                                                                                         |  |  | BAC Test Result: 30                  |                         |                        |                   |                                                                        |
| Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub                                                                                                                                  |                               |                         | Driver Distracted by 0 26 26                                                                                                                                                                             |  |  | Susp. Alcohol: 2 31 Susp. Drug: 2 32 |                         |                        |                   |                                                                        |
| Please fill out for operator and all occupants involved                                                                                                                  |                               |                         | Driver Distracted by 0 26 26                                                                                                                                                                             |  |  | Towed from scene? 2 33               |                         |                        |                   |                                                                        |
| Name (Last First Middle) Address DOB/Age Sex 34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code Medical Facility |                               |                         |                                                                                                                                                                                                          |  |  |                                      |                         |                        |                   |                                                                        |
| Operator See Above                                                                                                                                                       |                               |                         | 1 1 4 0 0 10 1                                                                                                                                                                                           |  |  |                                      |                         |                        |                   |                                                                        |
|                                                                                                                                                                          |                               |                         |                                                                                                                                                                                                          |  |  |                                      |                         |                        |                   |                                                                        |
|                                                                                                                                                                          |                               |                         |                                                                                                                                                                                                          |  |  |                                      |                         |                        |                   |                                                                        |
|                                                                                                                                                                          |                               |                         |                                                                                                                                                                                                          |  |  |                                      |                         |                        |                   |                                                                        |
| 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 # P1097 Reg Type PC Reg State MA                                                                                                                                                                     |  |  |                                      |                         |                        |                   |                                                                        |
| Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement                                                                                                            |                               |                         | Veh Year 2009 Veh Make HONDA Veh Config. 1 21                                                                                                                                                            |  |  |                                      |                         |                        |                   |                                                                        |
| Operator WELLUM, STEPHANIE<br>Last First Middle                                                                                                                          |                               |                         | Owner WELLUM, GLYN R<br>Last First Middle                                                                                                                                                                |  |  |                                      |                         |                        |                   |                                                                        |
| Address 15 GARNET RD                                                                                                                                                     |                               |                         | Address 15 GARNET RD                                                                                                                                                                                     |  |  |                                      |                         |                        |                   |                                                                        |
| City BILLERICA State MA Zip 01821-2113                                                                                                                                   |                               |                         | City BILLERICA State MA Zip 01821-2113                                                                                                                                                                   |  |  |                                      |                         |                        |                   |                                                                        |
| Insurance Company PLYMOUTH ROCK ASSURANCE C                                                                                                                              |                               |                         | Vehicle Action Prior to Crash 5 22                                                                                                                                                                       |  |  | Damaged Area Code: 2 27 27 27        |                         |                        |                   |                                                                        |
| Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? 2                         |                               |                         | Event Sequence 1 23 23 23 23                                                                                                                                                                             |  |  | Test Status: 1 28                    |                         |                        |                   |                                                                        |
| Citation # (If Issued) T3549633                                                                                                                                          |                               |                         | Most Harmful Event 1 24                                                                                                                                                                                  |  |  | Type of Test: 29                     |                         |                        |                   |                                                                        |
| Viol. 1: Ch/Sec/Sub 89 4A Viol. 2: Ch/Sec/Sub                                                                                                                            |                               |                         | Driver Contributing Code 97 25 25                                                                                                                                                                        |  |  | BAC Test Result: 30                  |                         |                        |                   |                                                                        |
| Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub                                                                                                                                  |                               |                         | Driver Distracted by 0 26 26                                                                                                                                                                             |  |  | Susp. Alcohol: 2 31 Susp. Drug: 2 32 |                         |                        |                   |                                                                        |
| Please fill out for operator and all occupants involved                                                                                                                  |                               |                         | Driver Distracted by 0 26 26                                                                                                                                                                             |  |  | Towed from scene? 2 33               |                         |                        |                   |                                                                        |
| Name (Last First Middle) Address DOB/Age Sex 34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code Medical Facility |                               |                         |                                                                                                                                                                                                          |  |  |                                      |                         |                        |                   |                                                                        |
| Operator/Occupants See Above                                                                                                                                             |                               |                         | 1 1 4 0 0 10 1                                                                                                                                                                                           |  |  |                                      |                         |                        |                   |                                                                        |
|                                                                                                                                                                          |                               |                         |                                                                                                                                                                                                          |  |  |                                      |                         |                        |                   |                                                                        |
|                                                                                                                                                                          |                               |                         |                                                                                                                                                                                                          |  |  |                                      |                         |                        |                   |                                                                        |
|                                                                                                                                                                          |                               |                         |                                                                                                                                                                                                          |  |  |                                      |                         |                        |                   |                                                                        |

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

ie: → 1 → 2 → ○ → ○

### Crash Diagram:



### Crash Narrative:

Crash witnessed first-hand by this officer traveling behind involved vehicles. Both vehicles traveling north on RT38 Main Street while approaching intersection of Wilmington Plaza & Wilmington Crossing Plaza. Nearest address was 222 Main Street for CVS at the north entrance of Wilmington Plaza. V1 (Clinton) traveling in right portion of the split lane and V2 was traveling in the left portion (turning lane to Wilmington Crossing). I observed V2 (Wellum) signaled right and make an improper right turn from the wrong lane to the north entrance of Wilmington plaza. V2 then drove into V1 (Clinton) which had right of way in the right lane. Post collision, V2 (Wellum) veered right briefly jumping curb re-entered roadway and then pulled over in nearby business. No injuries observed or reported. V1 damaged on left front fender/end. V2 damaged on right front fender/end. V2 opr Wellum admitted fault & was cited for unsafe lane change.

### 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 Richard DiPerri

Police Officer Name (Please Print)

Signature

173

ID/Badge #

Wilmington Police Department

Department

Precinct/Barracks

05/29/2025

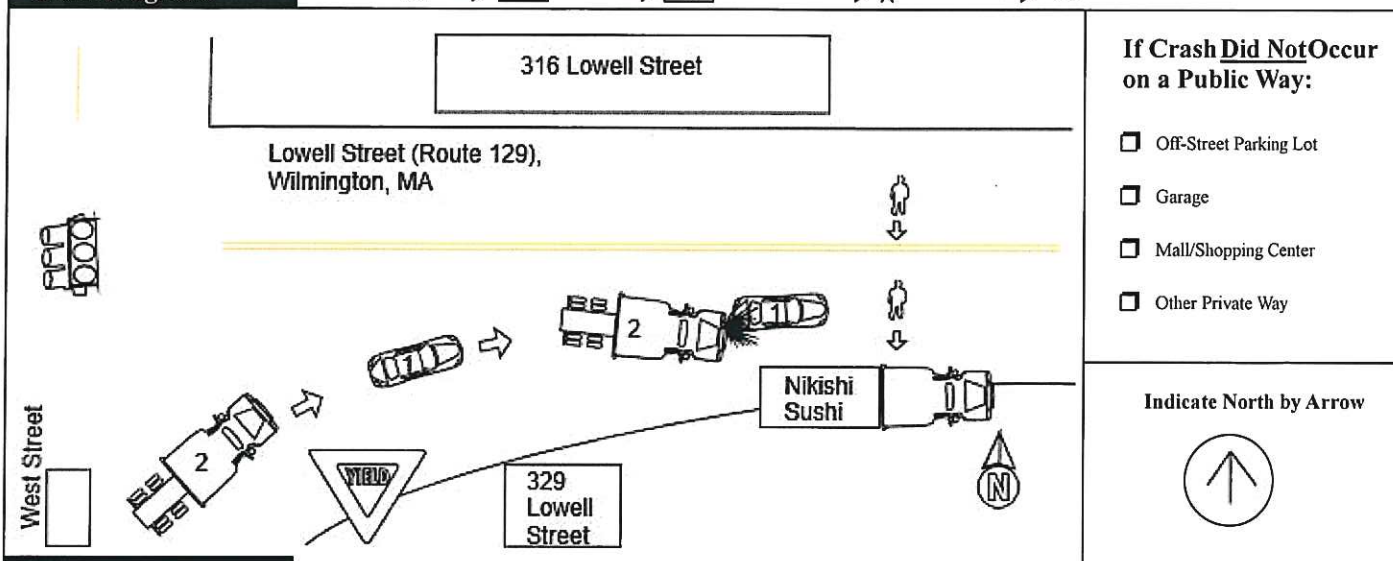
Date

|                                               |             |
|-----------------------------------------------|-------------|
| Attachments for 25-146-AC                     |             |
| <b>Description</b>                            | <b>Type</b> |
| S WELLUM OPER RPT                             | PDF         |
| Attachment#: 18CF58AB80D5481BB8FD685B0781E613 |             |

| Police Use Only                                                 |                               |                         | Commonwealth of Massachusetts                             |  |                                      |                     | RMV Document Number            |                                                                        |                                                                                                                                          |                                                                                               |                  |
|-----------------------------------------------------------------|-------------------------------|-------------------------|-----------------------------------------------------------|--|--------------------------------------|---------------------|--------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|------------------|
| Date of Crash<br>05/30/2025                                     | Time of Crash<br>0704<br>24HR | City/Town<br>Wilmington | Motor Vehicle Crash<br>Police Report                      |  | Number Vehicles<br>2                 | Number Injured<br>0 | Speed Limit<br>30              | State Police<br>Local Police<br>MBTA Police<br>Campus Police<br>Other: | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> |                                                                                               |                  |
| AT INTERSECTION:                                                |                               |                         | < LOCATION >                                              |  | NOT AT INTERSECTION:                 |                     |                                |                                                                        |                                                                                                                                          |                                                                                               |                  |
| Route# Direction Name of Roadway/Street                         |                               |                         | Route# Direction Address # Name of Roadway/Street         |  | 2 10                                 |                     |                                |                                                                        |                                                                                                                                          |                                                                                               |                  |
| At                                                              |                               |                         | Feet N S E W of Mile Marker Exit Number                   |  | 10 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# 25-147-AC                                                                                                               |                                                                                               |                  |
| License # St. DOB/Age                                           |                               |                         | Reg # 2VCV65 Reg Type PC Reg State MA                     |  | 1 12                                 |                     |                                |                                                                        |                                                                                                                                          |                                                                                               |                  |
| Sex M Lic. Class 19 19 Lic. Restrictions 1 20 CDL Endorsement   |                               |                         | Veh Year 2017 Veh Make HONDA Veh Config. 1 21             |  |                                      |                     |                                |                                                                        |                                                                                                                                          |                                                                                               |                  |
| Operator ZURCHER, MARK PLANTON                                  |                               |                         | Owner ZURCHER, MARK PLANTON                               |  |                                      |                     |                                |                                                                        |                                                                                                                                          |                                                                                               |                  |
| Address 490 WEST ST                                             |                               |                         | Address 490 WEST ST                                       |  |                                      |                     |                                |                                                                        |                                                                                                                                          |                                                                                               |                  |
| City READING State MA Zip 01867-2243                            |                               |                         | City READING State MA Zip 01867-2243                      |  |                                      |                     |                                |                                                                        |                                                                                                                                          |                                                                                               |                  |
| Insurance Company SAFETY INSURANCE COMPANY                      |                               |                         | Vehicle Action Prior to Crash 2 22                        |  | Damaged Area Code: 5 27 4 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: Cl/Sec/Sub Viol. 2: Cl/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                           |                                                                        |                                                                                                                                          |                                                                                               |                  |
| Please fill out for operator and all occupants involved         |                               |                         |                                                           |  |                                      |                     |                                |                                                                        |                                                                                                                                          |                                                                                               |                  |
| Name (Last First Middle)                                        |                               |                         | Address                                                   |  | DOB/Age                              |                     | Sex                            |                                                                        | 34 Seat Pos. 1 1 4 0 0 10 1                                                                                                              | 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                              |                                                                        |                                                                                                                                          |                                                                                               |                  |
|                                                                 |                               |                         |                                                           |  |                                      |                     |                                |                                                                        |                                                                                                                                          |                                                                                               |                  |
|                                                                 |                               |                         |                                                           |  |                                      |                     |                                |                                                                        |                                                                                                                                          |                                                                                               |                  |
|                                                                 |                               |                         |                                                           |  |                                      |                     |                                |                                                                        |                                                                                                                                          |                                                                                               |                  |
|                                                                 |                               |                         |                                                           |  |                                      |                     |                                |                                                                        |                                                                                                                                          |                                                                                               |                  |
| 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 # 1UY799 Reg Type AP Reg State RI                     |  | 1 14                                 |                     |                                |                                                                        |                                                                                                                                          |                                                                                               |                  |
| Sex M Lic. Class A 19 19 Lic. Restrictions 1 20 CDL Endorsement |                               |                         | Veh Year 2025 Veh Make Peterbilt Veh Config. 8 21         |  |                                      |                     |                                |                                                                        |                                                                                                                                          |                                                                                               |                  |
| Operator BAILEY, KEVIN MICHAEL                                  |                               |                         | Owner ARI FLEET                                           |  |                                      |                     |                                |                                                                        |                                                                                                                                          |                                                                                               |                  |
| Address 194 TIRRELL HILL RD                                     |                               |                         | Address 115 LYDIA ANN RD                                  |  |                                      |                     |                                |                                                                        |                                                                                                                                          |                                                                                               |                  |
| City GOFFSTOWN State NH Zip 03045                               |                               |                         | City SMITHFIELD State RI Zip 02917                        |  |                                      |                     |                                |                                                                        |                                                                                                                                          |                                                                                               |                  |
| Insurance Company OLD REPUBLIC                                  |                               |                         | Vehicle Action Prior to Crash 6 22                        |  | Damaged Area Code: 8 27 1 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: Cl/Sec/Sub Viol. 2: Cl/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 |                     | 10 14                          |                                                                        |                                                                                                                                          |                                                                                               |                  |
| Please fill out for operator and all occupants involved         |                               |                         |                                                           |  |                                      |                     |                                |                                                                        |                                                                                                                                          |                                                                                               |                  |
| Name (Last First Middle)                                        |                               |                         | Address                                                   |  | DOB/Age                              |                     | Sex                            |                                                                        | 34 Seat Pos. 1 1 4 0 0 10 1                                                                                                              | 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                              |                                                                        |                                                                                                                                          |                                                                                               |                  |
|                                                                 |                               |                         |                                                           |  |                                      |                     |                                |                                                                        |                                                                                                                                          |                                                                                               |                  |
|                                                                 |                               |                         |                                                           |  |                                      |                     |                                |                                                                        |                                                                                                                                          |                                                                                               |                  |
|                                                                 |                               |                         |                                                           |  |                                      |                     |                                |                                                                        |                                                                                                                                          |                                                                                               |                  |

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

### Crash Diagram:



### Crash Narrative:

Operator of MV 1 stated that he had merged right onto Lowell Street from West Street. A pedestrian ran from the parking lot of 316 Lowell Street, across Lowell Street to a box truck parked at Mr. Ticket (329 Lowell St). MV 1 stated that he pressed hard on his brake and was rear ended by MV 2. Operator of MV 2 stated that he was merging from West Street right onto Lowell Street and was looking to his left to make sure he had room to merge. When he looked to his right he saw the pedestrian running in front of MV 1 and pressed hard on his brake, but could not stop in time. MV 2 stated that he attempted to swerve to the right to avoid the collision. Both operators stated no injuries. Both vehicles were in driveable condition. MV 2 noted the box truck said Nikishi Sushi on the side and the pedestrian did not stay on scene.

### Witnesses:

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

### Property Damage:

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

### Truck and Bus Information:

Registration # 1UY799 (From Vehicle Section)

Carrier Name Bay Crane

Bus Use 0 <sup>42</sup>

Address 15 INDUSTRIAL WAY City WILMINGTON St MA Zip 01887

US DOT #: 2064149 State Number \_\_\_\_\_ Issuing State \_\_\_\_\_ MC/MX/ICC #: \_\_\_\_\_

Interstate 43 Cargo Body Type Code 0 <sup>44</sup> GVWR/GCWR 3 <sup>45</sup>

Trailer Reg #: \_\_\_\_\_ Reg Type \_\_\_\_\_ Reg State \_\_\_\_\_ Reg Year \_\_\_\_\_ Trailer Length 46

### Hazmat Information:

Placard 2 <sup>47</sup> 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

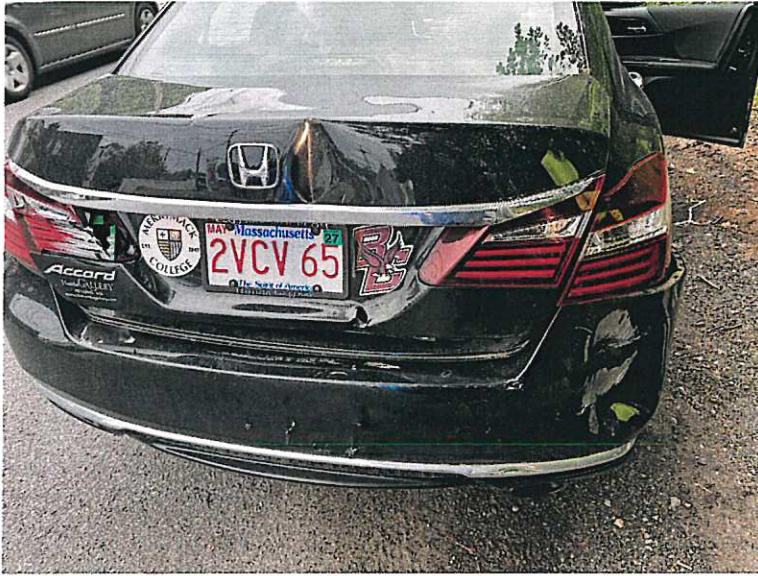
Department

Precinct/Barracks

05/30/2025

Date

Wilmington Police Department  
Images Associated with 25-147-AC

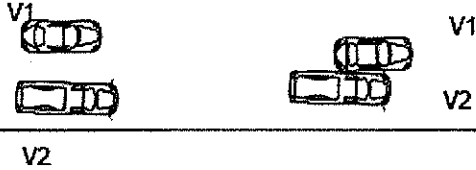


| Police Use Only                                              |                               |                         | Commonwealth of Massachusetts                             |  |                      |                                                | RMV Document Number |          |                                              |                                                                       |  |                                                                                |  |  |
|--------------------------------------------------------------|-------------------------------|-------------------------|-----------------------------------------------------------|--|----------------------|------------------------------------------------|---------------------|----------|----------------------------------------------|-----------------------------------------------------------------------|--|--------------------------------------------------------------------------------|--|--|
| Date of Crash<br>05/30/2025                                  | Time of Crash<br>0806<br>24HR | City/Town<br>Wilmington | Motor Vehicle Crash<br>Police Report                      |  | Number Vehicles<br>2 | Number Injured<br>0                            | Speed Limit<br>35   | Latitude | Longitude                                    | State Police<br>Local Police<br>MBTA Police<br>Campus Police<br>Other |  |                                                                                |  |  |
| AT INTERSECTION:                                             |                               |                         | < LOCATION >                                              |  | NOT AT INTERSECTION: |                                                |                     |          |                                              |                                                                       |  |                                                                                |  |  |
| Route# Direction Name of Roadway/Street                      |                               |                         | Route# Direction Address # Name of Roadway/Street         |  |                      | 474 MAIN ST                                    |                     |          |                                              |                                                                       |  |                                                                                |  |  |
| At                                                           |                               |                         | Feet N S E W of                                           |  |                      | Mile Marker Exit Number                        |                     |          |                                              |                                                                       |  |                                                                                |  |  |
| Route# Direction Name of Intersecting Roadway/Street         |                               |                         | Route# Direction Address # Name of Roadway/Street         |  |                      | Feet N S E W of                                |                     |          |                                              |                                                                       |  |                                                                                |  |  |
| Also at Intersection with                                    |                               |                         | Route# Intersecting Roadway/Street                        |  |                      | Landmark                                       |                     |          |                                              |                                                                       |  |                                                                                |  |  |
| Route# Direction Name of Intersecting Roadway/Street         |                               |                         | Route# Direction Address # Name of Roadway/Street         |  |                      | Landmark                                       |                     |          |                                              |                                                                       |  |                                                                                |  |  |
| Please Select One of the Following:                          |                               |                         | <input checked="" type="checkbox"/> Vehicle 1 #Occupants  |  |                      | <input type="checkbox"/> Hit/Run               |                     |          | <input type="checkbox"/> Moped               |                                                                       |  | Crash Report ID# 25-148-AC                                                     |  |  |
| License # St. DOB/Age                                        |                               |                         | Reg # 5ETF93 Reg Type PC Reg State MA                     |  |                      | Veh Year 2013 Veh Make CHEVROLET Veh Config. 1 |                     |          | Owner MCNALLY, PATRICK JAMES                 |                                                                       |  |                                                                                |  |  |
| Sex M Lic. Class D Lic. Restrictions 1 CDL Endorsement       |                               |                         | Veh Year 2013 Veh Make CHEVROLET Veh Config. 1            |  |                      | Owner MCNALLY, PATRICK JAMES                   |                     |          | Address 2 RIVER ST                           |                                                                       |  |                                                                                |  |  |
| Operator MCNALLY, PATRICK JAMES                              |                               |                         | Address 2 RIVER ST                                        |  |                      | City WILMINGTON State MA Zip 01887-2040        |                     |          | City WILMINGTON State MA Zip 01887-2040      |                                                                       |  |                                                                                |  |  |
| Insurance Company ARBELLA MUTUAL INSURANCE                   |                               |                         | Vehicle Action Prior to Crash 1                           |  |                      | Damaged Area Code: 3 27 27 27                  |                     |          | Test Status: 1 28                            |                                                                       |  |                                                                                |  |  |
| Vehicle Travel Direction: N X E W Responding to Emergency? 2 |                               |                         | Event Sequence 1 23 23 23 23                              |  |                      | Type of Test: 0 29                             |                     |          | BAC Test Result: 1 30                        |                                                                       |  |                                                                                |  |  |
| Citation # (If Issued)                                       |                               |                         | Most Harmful Event 1 24                                   |  |                      | Driver Contributing Code 19 25 25              |                     |          | Susp. Alcohol: 2 31 Susp. Drug: 2 32         |                                                                       |  |                                                                                |  |  |
| Viol. 1: Ch/Sec/Sub 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                                          |                                                                       |  |                                                                                |  |  |
| Operator                                                     |                               |                         | See Above                                                 |  |                      | 1 99                                           |                     |          | 4 0 0 10 1                                   |                                                                       |  |                                                                                |  |  |
|                                                              |                               |                         |                                                           |  |                      |                                                |                     |          |                                              |                                                                       |  |                                                                                |  |  |
|                                                              |                               |                         |                                                           |  |                      |                                                |                     |          |                                              |                                                                       |  |                                                                                |  |  |
|                                                              |                               |                         |                                                           |  |                      |                                                |                     |          |                                              |                                                                       |  |                                                                                |  |  |
|                                                              |                               |                         |                                                           |  |                      |                                                |                     |          |                                              |                                                                       |  |                                                                                |  |  |
| Please Select One of the Following:                          |                               |                         | <input checked="" type="checkbox"/> Vehicle 23 #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 # V91344 Reg Type CO Reg State MA                     |  |                      | Veh Year 2014 Veh Make ISUZU Veh Config. 8     |                     |          | Owner MARIOS GARDEN MAINTENANCE & DESIGN INC |                                                                       |  |                                                                                |  |  |
| Sex M Lic. Class D Lic. Restrictions 1 CDL Endorsement       |                               |                         | Veh Year 2014 Veh Make ISUZU Veh Config. 8                |  |                      | Owner MARIOS GARDEN MAINTENANCE & DESIGN INC   |                     |          | Address 959 BROADWAY APT 2                   |                                                                       |  |                                                                                |  |  |
| Operator MARROQUIN VENTURA, MARIO ALEXANDER                  |                               |                         | Address 959 BROADWAY APT 2                                |  |                      | City CHELSEA State MA Zip 02150-2214           |                     |          | City CHELSEA State MA Zip 02150-2214         |                                                                       |  |                                                                                |  |  |
| Insurance Company NATIONAL CONTINENTAL INSU                  |                               |                         | Vehicle Action Prior to Crash 1                           |  |                      | Damaged Area Code: 8 27 27 27                  |                     |          | Test Status: 1 28                            |                                                                       |  |                                                                                |  |  |
| Vehicle Travel Direction: N X E W Responding to Emergency? 2 |                               |                         | Event Sequence 1 23 23 23 23                              |  |                      | Type of Test: 0 29                             |                     |          | BAC Test Result: 1 30                        |                                                                       |  |                                                                                |  |  |
| Citation # (If Issued)                                       |                               |                         | Most Harmful Event 1 24                                   |  |                      | Driver Contributing Code 19 25 25              |                     |          | Susp. Alcohol: 2 31 Susp. Drug: 2 32         |                                                                       |  |                                                                                |  |  |
| Viol. 1: Ch/Sec/Sub 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                                          |                                                                       |  |                                                                                |  |  |
| Operator/Occupants                                           |                               |                         | See Above                                                 |  |                      | 1 99                                           |                     |          | 4 0 0 10 1                                   |                                                                       |  |                                                                                |  |  |
| JOHANNA PINEDA-TEJADA                                        |                               |                         | 10 YEAMANS ST<br>REVERE, MA 02151-3406                    |  |                      | F 2 99                                         |                     |          | 4 0 0 10 1                                   |                                                                       |  |                                                                                |  |  |
| GERSON MIJANGO VELASCO                                       |                               |                         | 89 LINDEN ST<br>EVERETT, MA 02149-2113                    |  |                      | M 3 99                                         |                     |          | 4 0 0 10 1                                   |                                                                       |  |                                                                                |  |  |

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

### Crash Diagram:

474 Main Street



### 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 May 30, 2025 at approximately 8:08am I was dispatched to the area of 474 Main Street for a report of a minor motor vehicle crash. Upon arrival I observed Op1 and Op2 standing outside their vehicles. Op1 stated he was driving on Main Street (Southbound) and V2 turned onto Main Street from Burlington Ave and he had to swerve to avoid a collision then swerve back in and during that swerve the collision occurred. Op2 stated the vehicles were merging into the lane on Main Street and V1 increased speed and attempted to get around him and in the process the collision occurred. Neither party was injured and declined to be evaluated. Waiting on possible video footage

### 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 John A Fortes

Police Officer Name (Please Print)

Signature

228

ID/Badge #

Wilmington Police Department

Department

Precinct/Barracks

05/30/2025

Date

| Police Use Only                                                                                                                                                                                                                                          |                               |                         | Commonwealth of Massachusetts                                       |  |                                                        |                        | RMV Document Number |                                                                       |                  |                  |               |              |                  |                 |                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-------------------------|---------------------------------------------------------------------|--|--------------------------------------------------------|------------------------|---------------------|-----------------------------------------------------------------------|------------------|------------------|---------------|--------------|------------------|-----------------|------------------|
| Date of Crash<br>05/30/2025                                                                                                                                                                                                                              | Time of Crash<br>1630<br>24HR | City/Town<br>Wilmington | Motor Vehicle Crash<br>Police Report                                |  | Number<br>Vehicles<br>2                                | Number<br>Injured<br>0 | Speed Limit<br>40   | State Police<br>Local Police<br>MBTA Police<br>Campus Police<br>Other |                  |                  |               |              |                  |                 |                  |
| AT INTERSECTION:                                                                                                                                                                                                                                         |                               |                         | < LOCATION >                                                        |  | NOT AT INTERSECTION:                                   |                        |                     |                                                                       |                  |                  |               |              |                  |                 |                  |
| 1<br>Route# Direction <u>CONCORD ST</u><br>Name of Roadway/Street                                                                                                                                                                                        |                               |                         | 2<br>Route# Direction Address # Name of Roadway/Street              |  | 2 10                                                   |                        |                     |                                                                       |                  |                  |               |              |                  |                 |                  |
| At                                                                                                                                                                                                                                                       |                               |                         | Feet <u>N S E W</u> of or Mile Marker Exit Number                   |  | 3 11                                                   |                        |                     |                                                                       |                  |                  |               |              |                  |                 |                  |
| Route# Direction <u>I93NBR33 RAMP</u><br>Name of Intersecting Roadway/Street                                                                                                                                                                             |                               |                         | Feet <u>N S E W</u> of Route# Intersecting Roadway/Street           |  |                                                        |                        |                     |                                                                       |                  |                  |               |              |                  |                 |                  |
| Also at Intersection with                                                                                                                                                                                                                                |                               |                         | Feet <u>N S E W</u> of Landmark                                     |  |                                                        |                        |                     |                                                                       |                  |                  |               |              |                  |                 |                  |
| 2<br>Route# Direction Name of Intersecting Roadway/Street                                                                                                                                                                                                |                               |                         |                                                                     |  |                                                        |                        |                     |                                                                       |                  |                  |               |              |                  |                 |                  |
| 3<br>Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle <u>1</u> #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped                                                                                 |                               |                         | Crash Report ID# <u>25-149-AC</u>                                   |  |                                                        |                        |                     |                                                                       |                  |                  |               |              |                  |                 |                  |
| License # St. DOB/Age                                                                                                                                                                                                                                    |                               |                         | Reg # <u>5ERN33</u> Reg Type <u>PC</u> Reg State <u>MA</u>          |  | 1 12                                                   |                        |                     |                                                                       |                  |                  |               |              |                  |                 |                  |
| Sex <u>M</u> Lic. Class <u>D</u> 19 19 Lic. Restrictions <u>1</u> 20 CDL Endorsement                                                                                                                                                                     |                               |                         | Veh Year <u>2004</u> Veh Make <u>TOYOTA</u> Veh Config. <u>1</u> 21 |  |                                                        |                        |                     |                                                                       |                  |                  |               |              |                  |                 |                  |
| Operator <u>REYES FERNANDEZ, CARLOS ALEXANDER</u>                                                                                                                                                                                                        |                               |                         | Owner <u>REYES FERNANDEZ, CARLOS ALEXANDER</u>                      |  |                                                        |                        |                     |                                                                       |                  |                  |               |              |                  |                 |                  |
| 4<br>Address <u>9 BARON PARK LN APT 6</u>                                                                                                                                                                                                                |                               |                         | Address <u>9 BARON PARK LN APT 6</u>                                |  |                                                        |                        |                     |                                                                       |                  |                  |               |              |                  |                 |                  |
| City <u>BURLINGTON</u> State <u>MA</u> Zip <u>01803-5455</u>                                                                                                                                                                                             |                               |                         | City <u>BURLINGTON</u> State <u>MA</u> Zip <u>01803-5455</u>        |  |                                                        |                        |                     |                                                                       |                  |                  |               |              |                  |                 |                  |
| Insurance Company <u>PROGRESSIVE CASUALTY INSU</u>                                                                                                                                                                                                       |                               |                         | Vehicle Action Prior to Crash <u>1</u> 22                           |  | Damaged Area Code: <u>1</u> 27 <u>2</u> 27 <u>2</u> 27 |                        |                     |                                                                       |                  |                  |               |              |                  |                 |                  |
| Vehicle Travel Direction: <u>N S X W</u> Responding to Emergency? <u>2</u>                                                                                                                                                                               |                               |                         | Event Sequence <u>1</u> 23 <u>23</u> 23 <u>23</u> 23                |  | Test Status: <u>1</u> 28                               |                        |                     |                                                                       |                  |                  |               |              |                  |                 |                  |
| Citation # (If Issued)                                                                                                                                                                                                                                   |                               |                         | Most Harmful Event <u>1</u> 24                                      |  | Type of Test: <u>0</u> 29                              |                        |                     |                                                                       |                  |                  |               |              |                  |                 |                  |
| Viol. 1: Ch/Sec/Sub                                                                                                                                                                                                                                      |                               |                         | Driver Contributing Code <u>99</u> 25 <u>25</u>                     |  | BAC Test Result: <u>1</u> 30                           |                        |                     |                                                                       |                  |                  |               |              |                  |                 |                  |
| Viol. 2: Ch/Sec/Sub                                                                                                                                                                                                                                      |                               |                         | Driver Distracted by <u>0</u> 26 <u>26</u>                          |  | Susp. Alcohol: <u>2</u> 31 Susp. Drug: <u>2</u> 32     |                        |                     |                                                                       |                  |                  |               |              |                  |                 |                  |
| Viol. 3: Ch/Sec/Sub                                                                                                                                                                                                                                      |                               |                         |                                                                     |  | Towed from scene? <u>1</u> 33                          |                        |                     |                                                                       |                  |                  |               |              |                  |                 |                  |
| Viol. 4: Ch/Sec/Sub                                                                                                                                                                                                                                      |                               |                         |                                                                     |  |                                                        |                        |                     |                                                                       |                  |                  |               |              |                  |                 |                  |
| 2<br>Please fill out for operator and all occupants involved                                                                                                                                                                                             |                               |                         |                                                                     |  |                                                        |                        |                     |                                                                       |                  |                  |               |              |                  |                 |                  |
| Name (Last First Middle)                                                                                                                                                                                                                                 |                               |                         | Address                                                             |  | DOB/Age                                                |                        | Sex                 | 34 Seat Pos.                                                          | 35 Safety System | 36 Airbag Status | 37 Eject Code | 38 Trap Code | 39 Injury Status | 40 Transp. Code | Medical Facility |
| Operator                                                                                                                                                                                                                                                 |                               |                         | See Above                                                           |  | X                                                      |                        | X                   | 1                                                                     | 1                | 1                | 0             | 0            | 10               | 1               |                  |
|                                                                                                                                                                                                                                                          |                               |                         |                                                                     |  |                                                        |                        |                     |                                                                       |                  |                  |               |              |                  |                 |                  |
|                                                                                                                                                                                                                                                          |                               |                         |                                                                     |  |                                                        |                        |                     |                                                                       |                  |                  |               |              |                  |                 |                  |
|                                                                                                                                                                                                                                                          |                               |                         |                                                                     |  |                                                        |                        |                     |                                                                       |                  |                  |               |              |                  |                 |                  |
|                                                                                                                                                                                                                                                          |                               |                         |                                                                     |  |                                                        |                        |                     |                                                                       |                  |                  |               |              |                  |                 |                  |
| 7<br>Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle <u>25</u> #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 # <u>IC88NL</u> Reg Type <u>PC</u> Reg State <u>MA</u>          |  | 1 14                                                   |                        |                     |                                                                       |                  |                  |               |              |                  |                 |                  |
| Sex <u>F</u> Lic. Class <u>D</u> 19 19 Lic. Restrictions <u>I</u> 20 CDL Endorsement                                                                                                                                                                     |                               |                         | Veh Year <u>2017</u> Veh Make <u>TOYOTA</u> Veh Config. <u>1</u> 21 |  |                                                        |                        |                     |                                                                       |                  |                  |               |              |                  |                 |                  |
| Operator <u>PRICE, KATE ELIZABETH</u>                                                                                                                                                                                                                    |                               |                         | Owner <u>PRICE, BETHANN W</u>                                       |  |                                                        |                        |                     |                                                                       |                  |                  |               |              |                  |                 |                  |
| 8<br>Address <u>3 GEORGE ST</u>                                                                                                                                                                                                                          |                               |                         | Address <u>3 GEORGE ST</u>                                          |  |                                                        |                        |                     |                                                                       |                  |                  |               |              |                  |                 |                  |
| City <u>ANDOVER</u> State <u>MA</u> Zip <u>01810</u>                                                                                                                                                                                                     |                               |                         | City <u>ANDOVER</u> State <u>MA</u> Zip <u>01810-2517</u>           |  |                                                        |                        |                     |                                                                       |                  |                  |               |              |                  |                 |                  |
| Insurance Company <u>QUINCY MUTUAL FIRE INSURA</u>                                                                                                                                                                                                       |                               |                         | Vehicle Action Prior to Crash <u>4</u> 22                           |  | Damaged Area Code: <u>7</u> 27 <u>3</u> 27 <u>2</u> 27 |                        |                     |                                                                       |                  |                  |               |              |                  |                 |                  |
| Vehicle Travel Direction: <u>N X E W</u> Responding to Emergency? <u>2</u>                                                                                                                                                                               |                               |                         | Event Sequence <u>1</u> 23 <u>23</u> 23 <u>23</u> 23                |  | Test Status: <u>1</u> 28                               |                        |                     |                                                                       |                  |                  |               |              |                  |                 |                  |
| Citation # (If Issued)                                                                                                                                                                                                                                   |                               |                         | Most Harmful Event <u>1</u> 24                                      |  | Type of Test: <u>0</u> 29                              |                        |                     |                                                                       |                  |                  |               |              |                  |                 |                  |
| Viol. 1: Ch/Sec/Sub                                                                                                                                                                                                                                      |                               |                         | Driver Contributing Code <u>99</u> 25 <u>25</u>                     |  | BAC Test Result: <u>1</u> 30                           |                        |                     |                                                                       |                  |                  |               |              |                  |                 |                  |
| Viol. 2: Ch/Sec/Sub                                                                                                                                                                                                                                      |                               |                         | Driver Distracted by <u>0</u> 26 <u>26</u>                          |  | Susp. Alcohol: <u>2</u> 31 Susp. Drug: <u>2</u> 32     |                        |                     |                                                                       |                  |                  |               |              |                  |                 |                  |
| Viol. 3: Ch/Sec/Sub                                                                                                                                                                                                                                      |                               |                         |                                                                     |  | Towed from scene? <u>1</u> 33                          |                        |                     |                                                                       |                  |                  |               |              |                  |                 |                  |
| Viol. 4: Ch/Sec/Sub                                                                                                                                                                                                                                      |                               |                         |                                                                     |  |                                                        |                        |                     |                                                                       |                  |                  |               |              |                  |                 |                  |
| 9<br>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                                                                     | 99               | 2                | 0             | 0            | 10               | 1               |                  |
|                                                                                                                                                                                                                                                          |                               |                         |                                                                     |  |                                                        |                        | F                   | 3                                                                     | 99               | 2                | 0             | 0            | 10               | 1               |                  |
|                                                                                                                                                                                                                                                          |                               |                         |                                                                     |  |                                                        |                        | M                   | 6                                                                     | 99               | 2                | 0             | 0            | 10               | 1               |                  |
|                                                                                                                                                                                                                                                          |                               |                         |                                                                     |  |                                                        |                        | M                   | 5                                                                     | 99               | 2                | 0             | 0            | 10               | 1               |                  |

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

### Crash Diagram:

ie: → 1 → 2 → ○ → ○

|  |                                                                                                                                                                                                                                                                                                                                           |
|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  | <p><b>If Crash Did Not Occur on a Public Way:</b></p> <p><input type="checkbox"/> Off-Street Parking Lot</p> <p><input type="checkbox"/> Garage</p> <p><input type="checkbox"/> Mall/Shopping Center</p> <p><input type="checkbox"/> Other Private Way</p> <p><b>Indicate North by Arrow</b></p> <div style="text-align: center;"> </div> |
|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

### Crash Narrative:

Vehicle 1 (V1) was traveling eastbound on Concord St in the right most lane, continuing to travel straight through the intersection with the I93NB Ramps. Vehicle 2 (V2) was traveling westbound on Concord St in the left most lane, and turned left to access the I93NB ramp. V1 and V2 collided in the middle of the intersection on the eastbound travel lanes side. V1's operator stated that he had a green light at the time of the collision, V2's operator also stated that she had a green light at the time, and stated she also had a solid green left arrow. Traffic signals appeared to cycle correctly and were unable to determine actual light statges at the time of the collision. All involved parties signed medical refusals with the Wilmington Fire Department. V1 sustained center/right front damage and the front airbag deployed. V2 sustained right side damage, flat rear left tire and broken rear left side window (from passengers arm striking it). Bth towed by Forrest.

### Witnesses:

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

### Property Damage:

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

### Truck and Bus Information:

Registration # \_\_\_\_\_ (From Vehicle Section)

Carrier Name \_\_\_\_\_ Bus Use 42

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

US DOT #: \_\_\_\_\_ State Number \_\_\_\_\_ Issuing State \_\_\_\_\_ MC/MX/ICC #: \_\_\_\_\_

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

Trailer Reg #: \_\_\_\_\_ Reg Type \_\_\_\_\_ Reg State \_\_\_\_\_ Reg Year \_\_\_\_\_ Trailer Length 46

#### Hazmat Information:

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

Patrol Officer Michael R DiLorenzo

217

Wilmington Police Department

05/30/2025

Police Officer Name (Please Print)

Signature

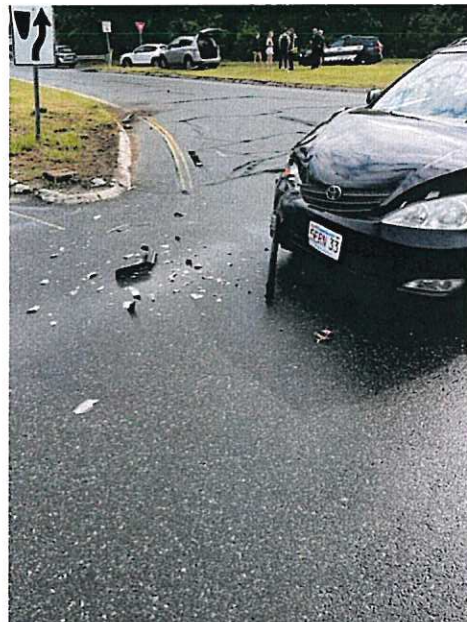
ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department  
Images Associated with 25-149-AC



Police Use Only

Date of Crash

05/31/2025

Time of Crash

1640

24HR

City/Town

Wilmington

Commonwealth of Massachusetts

Motor Vehicle Crash

Police Report

RMV Document Number

Speed Limit

25

Latitude

Longitude

State Police

Local Police

MBTA Police

Campus Police

Other:

Number Vehicles

2

Number Injured

0

AT INTERSECTION:

< LOCATION >

NOT AT INTERSECTION:

Route#

Direction

Name of Roadway/Street

At

Route#

Direction

Name of Intersecting Roadway/Street

Also at Intersection with

Route#

Direction

Name of Intersecting Roadway/Street

Route#

Direction

Address #

Name of Roadway/Street

Feet 

N

S

E

W

 of  •  or

Mile Marker

Exit Number

Feet 

N

S

E

W

 of

Route#

Intersecting Roadway/Street

Feet 

N

S

E

W

 of

Landmark

Please Select One of the Following:

☒ Vehicle 11

#Occupants

☐ Hit/Run

☐ Moped

Crash Report ID# 25-150-AC

License #

St

DOB/Age

Sex

M

Lic. Class

D

Lic. Restrictions

20

CDL

Endorsement

Operator

STAUDE, JAY SCOTT JR

Address

7 TOWANDA RD

City

TEWKSBURY

State

MA

Zip

01876-2344

Insurance Company

PROGRESSIVE DIRECT INSURA

Vehicle Travel Direction:

N

X

E

W

Responding to Emergency? 2

Citation # (If Issued)

Viol. 1: Ch/Sec/Sub

Viol. 2: Ch/Sec/Sub

Viol. 3: Ch/Sec/Sub

Viol. 4: Ch/Sec/Sub

Reg #

FH2097

Reg Type

PC

Reg State

MA

Veh Year

2024

Veh Make

CHEVROLET

Veh Config.

1

21

Owner

STAUDE, JAY SCOTT JR

Address

7 TOWANDA RD

City

TEWKSBURY

State

MA

Zip

01876-2344

Vehicle Action Prior to Crash

2

22

Damaged Area Code:

4

27

27

27

Event Sequence

1

23

23

23

23

Test Status:

1

28

Most Harmful Event

1

24

Type of Test:

1

29

Driver Contributing Code

1

25

25

BAC Test Result:

1

30

Driver Distracted by

0

26

26

Susp. Alcohol:

2

31

Susp. Drug:

2

32

Towed from scene?

2

33

Please fill out for operator and all occupants involved

Name (Last First Middle)

Address

DOB/Age

Sex

34 Seat Pos.

35 Safety System

36 Airbag Status

37 Eject Code

38 Trap Code

39 Injury Status

40 Transp. Code

Medical Facility

Operator

See Above

X

X

1

1

4

0

0

10

1

Please Select One of the Following:

☒ Vehicle 21

#Occupants

☐ Hit/Run

☐ Moped

☐ Vulnerable User

Complete the Vulnerable User section.

License #

St

DOB/Age

Sex

M

Lic. Class

D

Lic. Restrictions

1

20

CDL

Endorsement

Operator

SALARZAI, SHAFIOULLAH

Address

171 CHAPEL ST APT 2

City

LOWELL

State

MA

Zip

01852

Insurance Company

LIBERTY MUTUAL FIRE INSUR

Vehicle Travel Direction:

N

X

E

W

Responding to Emergency? 2

Citation # (If Issued)

Viol. 1: Ch/Sec/Sub

Viol. 2: Ch/Sec/Sub

Viol. 3: Ch/Sec/Sub

Viol. 4: Ch/Sec/Sub

Reg #

2TJH38

Reg Type

PC

Reg State

MA

Veh Year

2017

Veh Make

TOYOTA

Veh Config.

1

21

Owner

SALARZAI, SHAFIOULLAH

Address

171 CHAPEL ST APT 2

City

LOWELL

State

MA

Zip

01852

Vehicle Action Prior to Crash

1

22

Damaged Area Code:

99

27

27

27

Event Sequence

1

23

23

23

23

Test Status:

1

28

Most Harmful Event

1

24

Type of Test:

1

29

Driver Contributing Code

18

25

19

25

BAC Test Result:

1

30

Driver Distracted by

0

26

26

Susp. Alcohol:

2

31

Susp. Drug:

2

32

Towed from scene?

2

33

Please fill out for operator and all occupants involved

Name (Last First Middle)

Address

DOB/Age

Sex

34 Seat Pos.

35 Safety System

36 Airbag Status

37 Eject Code

38 Trap Code

39 Injury Status

40 Transp. Code

Medical Facility

Operator/Occupants

See Above

X

X

1

1

4

0

0

10

1

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

### Crash Diagram:

ie: → 1 → 2 → ○ → ○

282 Main St

red light

Indicate North by Arrow

**If Crash Did Not Occur on a Public Way:**

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

### Crash Narrative:

Vehicle 1 was facing south and was stopped in front of the red light by the intersection in front of 282 Main Street intending to turn left into the parking lot. Vehicle 2 was traveling south on Main Street coming from behind vehicle 1 intending to continue on straight. The operator of vehicle 2 stated that due to the heavy rain obstructing his view, he could not tell if vehicle 1 was stopped or moving. The operator of vehicle 1 stated that the red light at the intersection as well as his brake lights should have made it obvious that he was stopped. Vehicle 2 attempted to brake and move over to the right lane at the last second but collided with the right side rear of vehicle 1. Vehicle 2 continued on straight until turning into the parking lot of 285 Main St as Vehicle 1 pulled off into 282 Main Street. Both vehicles suffered minor damage with no airbag deployment and neither operator was injured. Neither vehicle was towed from the scene.

### Witnesses:

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

### Property Damage:

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

### Truck and Bus Information:

Registration # \_\_\_\_\_ (From Vehicle Section)

Carrier Name \_\_\_\_\_ Bus Use ☐ 42

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

US DOT #: \_\_\_\_\_ State Number \_\_\_\_\_ Issuing State \_\_\_\_\_ MC/MX/ICC #: \_\_\_\_\_

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

Trailer Reg #: \_\_\_\_\_ Reg Type \_\_\_\_\_ Reg State \_\_\_\_\_ Reg Year \_\_\_\_\_ Trailer Length ☐ 46

#### Hazmat Information:

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

Patrol Officer Thomas Lawrenson      222      Wilmington Police Department      05/31/2025  
 Police Officer Name (Please Print)      Signature      ID/Badge #      Department      Precinct/Barracks      Date