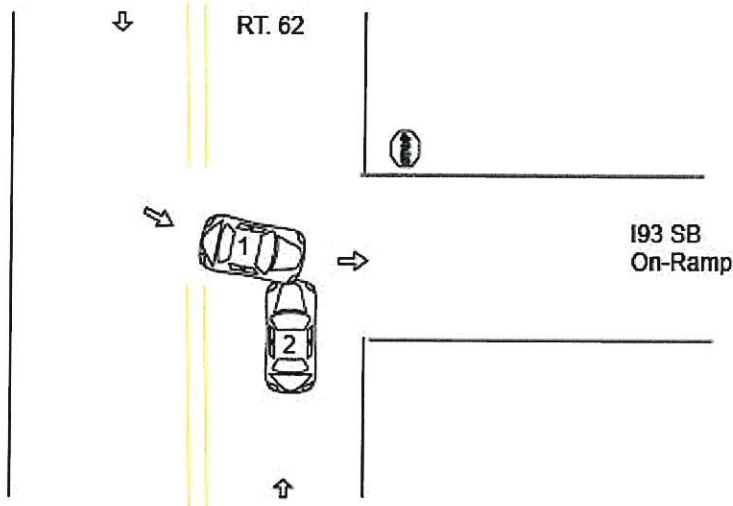


Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 06/02/2025	Time of Crash 0753 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 3	Speed Limit 45	State Police Local Police MBTA Police Campus Police Other			
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:						
1 ROUTE 62 HWY							2 10						
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						
1 I93SBR34 RAMP							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						
2 1							3						
Route# Direction Name of Intersecting Roadway/Street							Route# Intersecting Roadway/Street						
Please Select One of the Following: ☒ Vehicle 1 #Occupants ☐ Hit/Run ☐ Moped							Crash Report ID# 25-151-AC						
License # St DOB/Age							Reg # EV7169 Reg Type PC Reg State MA						
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement							Veh Year 2017 Veh Make CHEVROLET Veh Config. 1 21						
Operator PULVER, DANIEL E							Owner PULVER, DANIEL E						
Address 10 DEERFIELD PL							Address 10 DEERFIELD PL						
City NORTH READING State MA Zip 01864-1557							City NORTH READING State MA Zip 01864-1557						
Insurance Company ALLSTATE INSURANCE COMPAN							Vehicle Action Prior to Crash 4 22 Damaged Area Code: 1 27 3 27 2 27						
Vehicle Travel Direction: N X E W Responding to Emergency? 2							Event Sequence 1 23 23 23 23 Test Status: 1 28						
Citation # (If Issued) 470816AD							Type of Test: 0 29						
Viol. 1: Ch/Sec/Sub 89 8 Viol. 2: Ch/Sec/Sub							BAC Test Result: 1 30						
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub							Driver Contributing Code 4 25 25 Susp. Alcohol: 2 31 Susp. Drug: 2 32						
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub							Driver Distracted by 0 26 26 Towed from scene? 1 33						
Please fill out for operator and all occupants involved							1 13						
Name (Last First Middle) Address DOB/Age Sex 34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code Medical Facility													
Operator See Above													
Please Select One of the Following: ☒ Vehicle 23 #Occupants ☐ Hit/Run ☐ Moped ☐ Vulnerable User Complete the Vulnerable User section.													
License S DOB/Age							Reg # 3XCY36 Reg Type PC Reg State MA						
Sex M Lic. Class D 19 19 Lic. Restrictions B 20 CDL Endorsement							Veh Year 2021 Veh Make Jeep Veh Config. 1 21						
Operator LEMAY, BRIAN J							Owner LEMAY, BRIAN J						
Address 15 FRANKLIN ST							Address 15 FRANKLIN ST						
City TEWKSBURY State MA Zip 01876-4367							City TEWKSBURY State MA Zip 01876-4367						
Insurance Company SAFECO INSURANCE COMPANY							Vehicle Action Prior to Crash 1 22 Damaged Area Code: 1 27 8 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)							Type of Test: 0 29						
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub							BAC Test Result: 1 30						
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub							Driver Contributing Code 1 25 25 Susp. Alcohol: 2 31 Susp. Drug: 2 32						
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub							Driver Distracted by 0 26 26 Towed from scene? 1 33						
Please fill out for operator and all occupants involved							1 14						
Name (Last First Middle) Address DOB/Age Sex 34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code Medical Facility													
Operator/Occupants See Above													

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

Crash Diagram:



If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow



Crash Narrative:

Vehicle 1 (V1) was traveling westbound on Rt. 62 approaching the on-ramp to interstate 93 Southbound. V1 proceeded to take a left turn crossing the eastbound Rt. 62 travel lane to access to on-ramp. Vehicle 2 (V2) was traveling eastbound on Rt. 62 proceeding straight through this area. V1 crossed V2's path and they collided in the eastbound travel lane of the roadway. Airbags deployed in both vehicles. V1's operator declined medical attention and the operator and both juvenile occupants were transported by Wilmington Fire Department to Winchester Hospital for evaluation. Both vehicles sustained heavy damage and were towed by Cains Towing. V1's operator cited for failure to yield.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
SEMENZA MARK A	101 ROCKVALE RD TEWKSBURY MA 01876-2227		

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

06/02/2025

Police Officer Name (Please Print)

Signature

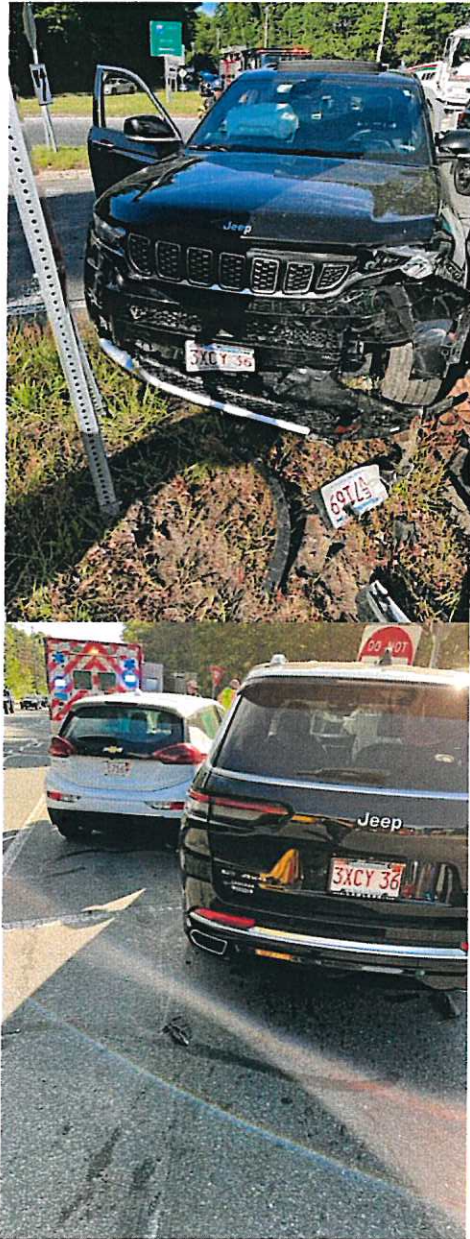
ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department
Images Associated with 25-151-AC



Attachments for 25-151-AC	
Description	Type
BJ LEMAY OPER CRASH RPT	PDF
Attachment#: 7A599A7517CD4342877AD431F2F684B3	
DE PULVER OPER CRASH RPT	PDF
Attachment#: DF40D3984C594C2F96BC860685112B54	

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 06/02/2025	Time of Crash 1426 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 4	Number Injured 0	Speed Limit 45	Latitude	Longitude	State Police Local Police MBTA Police Campus Police Other:
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
1 1			Route# Direction Name of Roadway/Street		2 10					
Route# Direction Name of Intersecting Roadway/Street			At		Route# Direction Address # Name of Roadway/Street					
Route# Direction Name of Intersecting Roadway/Street			Also at Intersection with		Feet N S E W of Mile Marker Exit Number					
2 1			Route# Direction Name of Intersecting Roadway/Street		2 11					
Route# Direction Name of Intersecting Roadway/Street					Feet N S E W of Route# Intersecting Roadway/Street					
					Landmark					
3			Please Select One of the Following:		Crash Report ID# 25-152-AC					
License # St DOB/Age			Reg # 5RJL40 Reg Type PC Reg State MA		1 12					
Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2000 Veh Make TOYOTA Veh Config. 1 21		1 12					
Operator CLARKTRAMONTOZZI, ERICA			Owner COBB, IRENE A		1 12					
Address 10 LOUD RD			Address 10 BURLINGTON AVE APT 2203		1 12					
City HOLBROOK State MA Zip 02343-1906			City WILMINGTON State MA Zip 01887-3943		1 12					
Insurance Company THE COMMERCE INSURANCE CO			Vehicle Action Prior to Crash 1 22		1 12					
Vehicle Travel Direction: N S X W Responding to Emergency? 2			Event Sequence 1 23 23 23 23		1 12					
Citation # (If Issued)			Most Harmful Event 1 24		1 12					
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Driver Contributing Code 1 25 25		1 13					
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Distracted by 0 26 26		1 13					
Please fill out for operator and all occupants involved					1 13					
Name (Last First Middle) Address			DOB/Age Sex		1 13					
Operator			See Above		1 13					
ALEXANDER COBB			10 BURLINGTON AVE WILMINGTON, MA 01887-3943		1 13					
					1 13					
					1 13					
					1 13					
7 1			Please Select One of the Following:		Complete the Vulnerable User section.					
License # St DOB/Age			Reg # 5SKW24 Reg Type PC Reg State MA		1 14					
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2005 Veh Make DODGE Veh Config. 1 21		1 14					
Operator JENKINS, RAVI			Owner JENKINS, SHEETAL		1 14					
Address 16 DENAULT DR			Address 16 DENAULT DR		1 14					
City WILMINGTON State MA Zip 01887-0000			City WILMINGTON State MA Zip 01887-3469		1 14					
Insurance Company SAFETY INSURANCE COMPANY			Vehicle Action Prior to Crash 1 22		1 14					
Vehicle Travel Direction: N S X W Responding to Emergency? 2			Event Sequence 1 23 23 23 23		1 14					
Citation # (If Issued)			Most Harmful Event 1 24		1 14					
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Driver Contributing Code 20 25 5 25		1 14					
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Distracted by 2 26 26		1 14					
Please fill out for operator and all occupants involved					1 14					
Name (Last First Middle) Address			DOB/Age Sex		1 14					
Operator/Occupants			See Above		1 14					
					1 14					
					1 14					
					1 14					

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○

203 Lowell 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:

MV2 was traveling EB on Lowell St in the area of 203 Lowell St. The Operator of MV4 stated MV2 was following behind her and they were talking on the phone. Operator of MV4 noticed that MV2 was about to hit rear of her vehicle and pulled to the side of the road to avoid a collision. MV2 then struck the rear left side of MV4 and continued EB on Lowell St before hitting the rear of MV1 which caused MV1 to hit the rear of MV3. MV1 sustained significant damage and was towed by Caines towing. All operators and passengers reported no injuries and there was no airbag deployment.

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

214

Wilmington Police Department

06/02/2025

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 06/02/2025	Time of Crash 1426 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report				Number Vehicles 4	Number Injured 0	Speed Limit 45	Latitude	Longitude	State Police Local Police MBTA Police Campus Police Other	
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:						
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street										
At			Feet N S E W of or Mile Marker Exit Number										
Route# Direction Name of Intersecting Roadway/Street			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:			☒ Vehicle 31 #Occupants			☐ Hit/Run			☐ Moped			Crash Report ID# 25-152-AC	
License # S DOB/Age			Reg # 2EPL84 Reg Type PC Reg State MA			Veh Year 2017 Veh Make TOYOTA Veh Config. 1 21			Owner BROPHY, NINA L				
Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2017 Veh Make TOYOTA Veh Config. 1 21			Owner BROPHY, NINA L			Address 38 GREEN ST				
Operator BROPHY, NINA L			Address 38 GREEN ST			City STONEHAM State MA Zip 02180-1333			City STONEHAM State MA Zip 02180-1333				
Insurance Company THE COMMERCE INSURANCE CO			Vehicle Action Prior to Crash 1 22			Damaged Area Code: 5 27 27 27			Test Status: 1 28				
Vehicle Travel Direction: N S X W Responding to Emergency? 2			Event Sequence 1 23 23 23 23			Type of Test: 1 29			BAC Test Result: 1 30				
Citation # (If Issued)			Most Harmful Event 1 24			Driver Contributing Code 1 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	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	0	4	0	0	10	1	
Please Select One of the Following:													
☒ Vehicle 41 #Occupants			☐ Hit/Run			☐ Moped			☐ Vulnerable User Complete the Vulnerable User section.				
License # St DOB/Age			Reg # 6JDP79 Reg Type PC Reg State MA			Veh Year 2018 Veh Make VOLVO Veh Config. 1 21			Owner EASTMAN, MICHELLE JANA				
Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2018 Veh Make VOLVO Veh Config. 1 21			Owner EASTMAN, MICHELLE JANA			Address 13 ALCINE LN				
Operator EASTMAN, KEIRA			Address 13 ALCINE LN			City BURLINGTON State MA Zip 01803-1409			City BURLINGTON State MA Zip 01803-1409				
Insurance Company THE HANOVER INSURANCE COM			Vehicle Action Prior to Crash 1 22			Damaged Area Code: 6 27 27 27			Test Status: 1 28				
Vehicle Travel Direction: N S X W Responding to Emergency? 2			Event Sequence 1 23 23 23 23			Type of Test: 1 29			BAC Test Result: 1 30				
Citation # (If Issued)			Most Harmful Event 1 24			Driver Contributing Code 1 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	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	0	4	0	0	10	1	

Attachments for 25-152-AC	
Description	Type
ES CLARK TRAMONTOZZI OPER CRASH RPT	PDF
Attachment#: 7A395BB975CA4BDCA5E767DF90B194C4	

Police Use Only			Commonwealth of Massachusetts				RMV Document Number																																															
Date of Crash 06/03/2025	Time of Crash 1430 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 3	Number Injured 0	Speed Limit 35	Latitude	Longitude	State Police ☐	Local Police ☐	MBTA Police ☐	Campus Police ☐	Other ☐																																								
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:																																																	
Route# Direction Name of Roadway/Street					Route# Direction Address # Name of Roadway/Street																																																	
At					Feet N S E W of Mile Marker or Exit Number																																																	
Route# Direction Name of Intersecting Roadway/Street					Feet N S E W of Route# Intersecting Roadway/Street																																																	
Also at Intersection with					Landmark																																																	
Route# Direction Name of Intersecting Roadway/Street																																																						
Please Select One of the Following:					Crash Report ID# 25-153-AC																																																	
☒ Vehicle 1 #Occupants					☐ Hit/Run																																																	
☐ Moped																																																						
License # St. DOB/Age					Reg # 1KLH52 Reg Type PC Reg State MA																																																	
Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement					Veh Year 2018 Veh Make Jeep Veh Config. 1 21																																																	
Operator NIELSEN, ANNE L					Owner NIELSEN, ANNE L																																																	
Address 14R BOUTWELL ST					Address 14R BOUTWELL ST																																																	
City WILMINGTON State MA Zip 01887-2603					City WILMINGTON State MA Zip 01887-2603																																																	
Insurance Company GEICO GENERAL INSURANCE C					Vehicle Action Prior to Crash 1 22																																																	
Vehicle Travel Direction: N S X 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					Driver Contributing Code 5 25 25																																																	
Viol. 2: Ch/Sec/Sub					Driver Distracted by 0 26 26																																																	
Viol. 3: Ch/Sec/Sub					Towed from scene? 1 33																																																	
Viol. 4: Ch/Sec/Sub																																																						
Please fill out for operator and all occupants involved																																																						
Name (Last First Middle)					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					1					1					3					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					Reg # 7HZF80 Reg Type PC Reg State MA																																																	
Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement					Veh Year 2014 Veh Make HONDA Veh Config. 1 21																																																	
Operator BENOIT, AMY ALEXANDRA					Owner BENOIT, AMY ALEXANDRA																																																	
Address 5 WEDGEWOOD AVE					Address 5 WEDGEWOOD AVE																																																	
City WILMINGTON State MA Zip 01887-3744					City WILMINGTON State MA Zip 01887-3744																																																	
Insurance Company MAIN STREET AMERICA PROTE					Vehicle Action Prior to Crash 2 22																																																	
Vehicle Travel Direction: N S X 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					Driver Contributing Code 1 25 25																																																	
Viol. 2: Ch/Sec/Sub					Driver Distracted by 0 26 26																																																	
Viol. 3: Ch/Sec/Sub					Towed from scene? 2 33																																																	
Viol. 4: Ch/Sec/Sub																																																						
Please fill out for operator and all occupants involved																																																						
Name (Last First Middle)					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					1					1					4					0					0					10					1									

Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 06/03/2025	Time of Crash 1430 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report				Number Vehicles 3	Number Injured 0	Speed Limit 35	Latitude	Longitude	State Police Local Police MBTA Police Campus Police Other		
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:							
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street											
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			Landmark											
Route# Direction Name of Intersecting Roadway/Street														
Please Select One of the Following:			☒ Vehicle 12 #Occupants			☐ Hit/Run			☐ Moped			Crash Report ID# 25-153-AC		
License # St DOB/Age			Reg # NELM82			Reg Type PC			Reg State MA					
Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement			Veh Year 2023			Veh Make Jeep			Veh Config. 1 21					
Operator HUMPHRIES, DONALD			Owner HUMPHRIES, DONALD											
Address 10 MORAN RD			Address 10 MORAN RD											
City BILLERICA State MA Zip 01862			City BILLERICA State MA Zip 01862											
Insurance Company THE STANDARD FIRE INSURAN			Vehicle Action Prior to Crash 2 22			Damaged Area Code: 1 27 5 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			Driver Contributing Code 1 25 25			BAC Test Result: 1 30								
Viol. 2: Ch/Sec/Sub			Driver Distracted by 0 26 26			Susp. Alcohol: 2 31 Susp. Drug: 2 32								
Viol. 3: Ch/Sec/Sub						Towed from scene? 2 33								
Viol. 4: Ch/Sec/Sub														
Please fill out for operator and all occupants involved														
Name (Last First Middle)			Address			DOB/Age			Sex					
Operator			See Above			1			1					
CAMILLE HUMPHRIES			10 MORAN RD NORTH BILLERICA, MA 01862-3003			F			1					
Please Select One of the Following:			☐ Vehicle 4 #Occupants			☐ Hit/Run			☐ Moped			☐ Vulnerable User Complete the Vulnerable User section.		
License # St DOB/Age			Reg #			Reg Type			Reg State					
Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement			Veh Year			Veh Make			Veh Config. 21					
Operator			Owner											
Address			Address											
City State Zip			City State Zip											
Insurance Company			Vehicle Action Prior to Crash 22			Damaged Area Code: 27 27 27								
Vehicle Travel Direction: N S E W Responding to Emergency?			Event Sequence 23 23 23 23			Test Status: 28								
Citation # (If Issued)			Most Harmful Event 24			Type of Test: 29								
Viol. 1: Ch/Sec/Sub			Driver Contributing Code 25 25			BAC Test Result: 30								
Viol. 2: Ch/Sec/Sub			Driver Distracted by 26 26			Susp. Alcohol: 31 Susp. Drug: 32								
Viol. 3: Ch/Sec/Sub						Towed from scene? 33								
Viol. 4: Ch/Sec/Sub														
Please fill out for operator and all occupants involved														
Name (Last First Middle)			Address			DOB/Age			Sex					
Operator/Occupants			See Above			1			1					

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

Crash Diagram:

Burlington Avenue

Forest Street

N

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:

While traveling East on Burlington Avenue (public way), motor vehicle 1 rear ended motor vehicle 3, causing major damage to the center front of motor vehicle 1 (see images). Air bag was deployed from the steering wheel and side of the vehicle. After motor vehicle 1 made contact with motor vehicle 3, motor vehicle 3 then rear ended motor vehicle 2, who was at a complete stop waiting to make a left onto Forest Street. Motor vehicle 3 had minor damage to the center back and front. Motor vehicle 2 had minor damage to the center back (see images). Motor vehicle 1 was towed off scene by Cains Towing. All involved parties were medically evaluated by the Wilmington Fire Department and signed refusals.

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 Zachary A Leighton

Police Officer Name (Please Print)

Signature

227

ID/Badge #

Wilmington Police Department

Department

Precinct/Barracks

06/03/2025

Date

Wilmington Police Department
Images Associated with 25-153-AC



Attachments for 25-153-AC	
Description	Type
AL NIELSEN OPER CRASH RPT	PDF
Attachment#: 4DA86AE62840405198FB3088552607BF	
D HUMPHRIES OPER CRASH RPT	PDF
Attachment#: E1FF70C0EECE4B28A5837BD568EAE02D	

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 06/03/2025	Time of Crash 1543 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 1	Speed Limit 25	State Police Local Police MBTA Police Campus Police Other:	
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street					2 10		
At			Feet N S E W of or Exit Number					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							
Route# Direction Name of Intersecting Roadway/Street			Landmark							
Please Select One of the Following:			☒ Vehicle 12 #Occupants		☐ Hit/Run		☐ Moped		Crash Report ID# 25-154-AC	
License # St. DOB/Age			Reg # 121TN5		Reg Type PC		Reg State MA		1 12	
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2013		Veh Make HYUNDAI		Veh Config. 1 21			
Operator FOSTER, PAUL WILLIAM			Owner COLLINS, BARBARA ANN							
Address 17 TOPLIFF ST			Address 17 TOPLIFF ST							
City BILLERICA State MA Zip 01821-6431			City BILLERICA State MA Zip 01821-6431							
Insurance Company FARMERS PROPERTY & CASUAL			Vehicle Action Prior to Crash 1 22		Damaged Area Code: 1 27 27 27					
Vehicle Travel Direction: ☒ 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			Driver Contributing Code 1 25 25		BAC Test Result: 1 30					
Viol. 2: Ch/Sec/Sub			Driver Distracted by 0 26 26		Susp. Alcohol: 2 31 Susp. Drug: 2 32		1 13			
Viol. 3: Ch/Sec/Sub					Towed from scene? 2 33					
Viol. 4: Ch/Sec/Sub										
Please fill out for operator and all occupants involved										
Name (Last First Middle)			Address		DOB/Age		Sex		34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code Medical Facility	
Operator			See Above		1		1		4 0 0 10 1	
BRENDEN HICKOX			4 HARDEN RD BILLERICA, MA 01821-6150		M 3		0 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			Reg # 4KDE25		Reg Type PC		Reg State MA			
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2008		Veh Make TOYOTA		Veh Config. 1 21			
Operator MATEO LOPEZ, JOAN MIGUEL			Owner GONZALEZ SOTO, JUANA F							
Address 152 CENTER ST			Address 152 CENTER ST NUM APT 2							
City METHUEN State MA Zip 01844-3744			City METHUEN State MA Zip 01844-3744							
Insurance Company GOVERNMENT EMPLOYEES INSU			Vehicle Action Prior to Crash 4 22		Damaged Area Code: 3 27 27 27					
Vehicle Travel Direction: ☐ N ☐ S ☒ 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			Driver Contributing Code 4 25 25		BAC Test Result: 1 30					
Viol. 2: Ch/Sec/Sub			Driver Distracted by 0 26 26		Susp. Alcohol: 2 31 Susp. Drug: 2 32					
Viol. 3: Ch/Sec/Sub					Towed from scene? 1 33					
Viol. 4: Ch/Sec/Sub										
Please fill out for operator and all occupants involved										
Name (Last First Middle)			Address		DOB/Age		Sex		34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code Medical Facility	
Operator/Occupants			See Above		1		1		4 0 0 9 2 Lahey HOSPITAL	

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

ie: → 1 → 2 → ○ → ○

Crash Diagram:

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Indicate North by Arrow

Crash Narrative:

Vehicle 1 (V1) was traveling north on Hopkins St approaching the intersection with Shawsheen Ave. Vehicle 2 (V2) was traveling south on Hopkins St and turned left crossing the northbound travel lanes of Hopkins St to turn into the parking lot of 296 Shawsheen Ave. V1 and V2 collided in the northbound travel lane of Hopkins St. No airbags were deployed. V1's operator and passenger both signed medical refusals. V2's operator was transported by the Wilmington Fire Department to Lahey Hospital with possible injuries. V1 was driven from the scene and V2 was towed by Cains Towing due to being disabled and transport.

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 06/03/2025

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

Wilmington Police Department
Images Associated with 25-154-AC

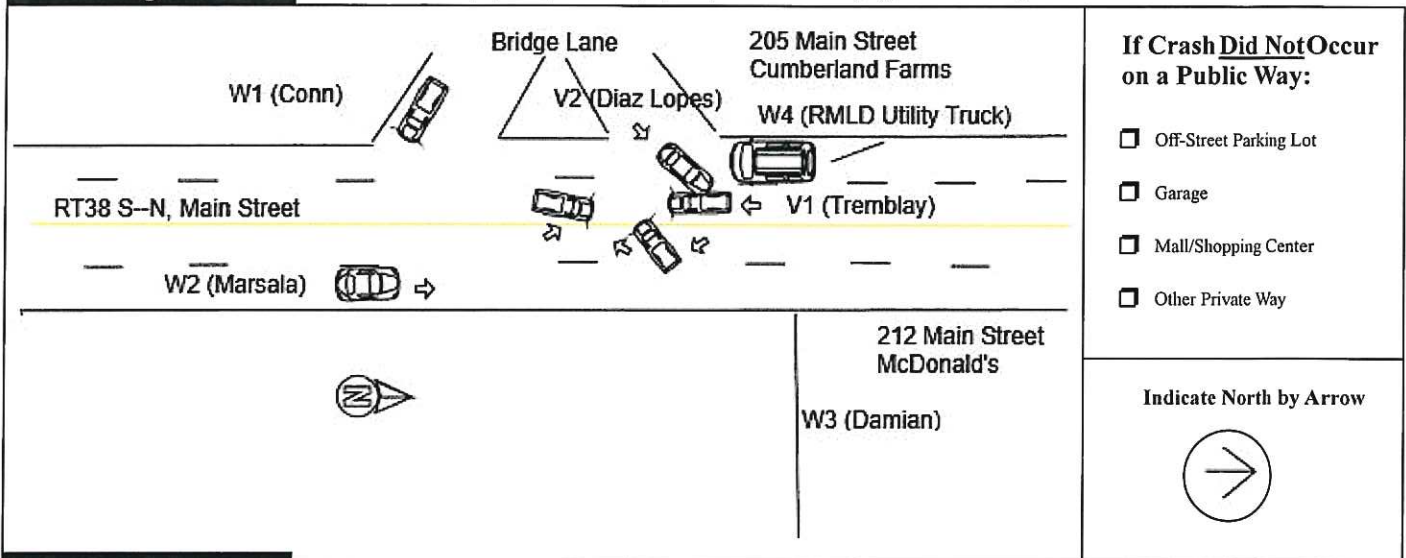


Attachments for 25-154-AC	
Description	Type
JM MATEO LOPEZ OPER CRASH RPT	PDF
Attachment#: AE7CAA46002A4B8B91E3BC3630DD2253	
25-154-AC PW FOSTER CRASH RPT	PDF
Attachment#: EC3ED7AE364543518D50AF84CBB75EB0	

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 06/04/2025	Time of Crash 1226 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 1	Speed Limit 35	State Police Local Police MBTA Police Campus Police Other:	
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
38 S MAIN ST Route# Direction Name of Roadway/Street								2 10		
At										
BRIDGE LN Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Mile Marker Exit Number					3 11		
Also at Intersection with			Feet N S E W of Route# Intersecting Roadway/Street							
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of					Landmark		
Please Select One of the Following:			☒ Vehicle 1 Occupants		☐ Hit/Run		☐ Moped		Crash Report ID# 25-155-AC	
License # St. DOB/Age			Reg # 951RP3		Reg Type PC		Reg State MA		1 12	
Sex F Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement			Veh Year 2019		Veh Make LEXUS		Veh Config. 2		21	
Operator TREMBLAY, JENNIFER LYNN Last First Middle			Owner TREMBLAY, JENNIFER LYNN Last First Middle							
Address 156 HERITAGE DR			Address 156 HERITAGE DR							
City TEWKSBURY State MA Zip 01876-2766			City TEWKSBURY State MA Zip 01876-2766							
Insurance Company PLYMOUTH ROCK ASSURANCE C			Vehicle Action Prior to Crash 1 22		Damaged Area Code: 3 27 4 27 27					
Vehicle Travel Direction: N X E W Responding to Emergency? 2			Event Sequence 1 23 23 23 23		Test Status: 1 28					
Citation # (If Issued)			Most Harmful Event 1 24		Type of Test: 29					
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Driver Contributing Code 1 25 25		BAC Test Result: 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. 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 2 Occupants		☐ Hit/Run		☐ Moped		☐ Vulnerable User Complete the Vulnerable User section.	
License # St. DOB/Age			Reg # 2PHM62		Reg Type PC		Reg State MA			
Sex M Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement			Veh Year 2024		Veh Make KIA		Veh Config. 2		21	
Operator DIAZ LOPEZ, ISRAEL SR Last First Middle			Owner TOWARD INDEPENDENT LIVING AND LEARNING INC Last First Middle							
Address 5 RIVERHURST RD APT 747			Address 20 EASTBROOK RD ST APT 201							
City BILLERICA State MA Zip 01821-6616			City DEDHAM State MA Zip 02026-2087							
Insurance Company BERKSHIRE HATHAWAY SPECIA			Vehicle Action Prior to Crash 5 22		Damaged Area Code: 2 27 27 27					
Vehicle Travel Direction: X S E W Responding to Emergency? 2			Event Sequence 1 23 23 23 23		Test Status: 1 28					
Citation # (If Issued)			Most Harmful Event 1 24		Type of Test: 29					
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Driver Contributing Code 18 25 4 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										
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 8 2		Winchester Hospital			

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

Crash Diagram:



If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow



Crash Narrative:

W4 (RMLD Utility Truck) stopped for traffic RT38S. V2 (Diaz Lopes) attempted to exit Bridge Lane for left turn across two lanes of RT38S traffic. While attempting left turn V2 collided with V1 (Tremblay) which was traveling straight on left portion of lane with right of way. V1 spun sideways post crash. All vehicles drove to McDonald's lot post crash. WFD & additional officers responded. No injuries observed /reported for V1 opr. V2 opr. had complaints of pain (wrist, sternum) from airbag deployment. Transported by EMS for evaluation. Multiple independent witnesses explained that V2 (Diaz Lopes) attempted to cross two lanes of oncoming traffic for left turn causing collision. V2 Opr advised the truck (W4) had stopped, & he attempted to make turn (likely obstructed view). V2 opr attempting unsafe turn, & fail to yield most probable cause of crash. Both vehicles towed by Forrest Towing.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
MARSALA JASON CHRISTOPHER	10 SHANE LN BILLERICA MA 01821-3107		2
CONN DYLAN W	12 POWDERHOUSE CIR WILMINGTON MA 01887-2741		2

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42
 Address _____ City _____ St _____ Zip _____
 US DOT #: _____ State Number _____ Issuing State _____ MC/MX/ICC #: _____
 Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45
 Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 46

Hazmat Information:

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

Patrol Officer Richard DiPerri 173 Wilmington Police Department 06/04/2025
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash
06/05/2025

Time of Crash
1239
24HR

City/Town
Wilmington

Motor Vehicle Crash
Police Report

Number Vehicles
2

Number Injured
0

Speed Limit 45

Latitude _____

Longitude _____

State Police ☐

Local Police ☐

MBTA Police ☐

Campus Police ☐

Other ☐

AT INTERSECTION:

< LOCATION >

NOT AT INTERSECTION:

Route# _____ Direction _____ Name of Roadway/Street _____
At _____

Route# _____ Direction _____ Name of Intersecting Roadway/Street _____
Also at Intersection with _____

Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

Route# 34 Direction _____ Address # _____ Name of Roadway/Street ROUTE 62 HWY

_____ Feet N S E W of _____ • _____ or _____ Exit Number _____

_____ Feet N S E W of _____ Mile Marker _____

_____ Feet N S E W of _____ Route# _____ Intersecting Roadway/Street _____

_____ Feet N S E W of _____ Landmark _____

Please Select One of the Following:

☒ Vehicle 1 #Occupants 1 ☐ Hit/Run ☐ Moped

Crash Report ID# **25-156-AC**

License # _____ St. _____ DOB/Age _____

Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL _____ Endorsement _____

Operator SYCHAMPANAKHONE, BRANDI
Last First Middle

Address 80 ESSEX ST

City LYNN State MA Zip 01902-1711

Insurance Company THE COMMERCE INSURANCE CO

Vehicle Travel Direction: ☒ S E W Responding to Emergency? 2

Citation # (If Issued) _____

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____

Reg # 1FJD92 Reg Type PC Reg State MA

Veh Year 2017 Veh Make Jeep Veh Config. 1 21

Owner SYCHAMPANAKHONE, BRANDI
Last First Middle

Address 80 ESSEX ST

City LYNN State MA Zip 01902-1711

Vehicle Action Prior to Crash 4 22

Event Sequence 1 23 23 23 23

Most Harmful Event 1 24

Driver Contributing Code 4 25 25

Driver Distracted by 0 26 26

Damaged Area Code: 1 27 27 27

Test Status: 28

Type of Test: 29

BAC Test Result: 30

Susp. Alcohol: 31 Susp. Drug: 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
<u>Operator</u>	<u>See Above</u>	<u>X</u>	<u>X</u>	<u>1</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	

Please Select One of the Following:

☒ Vehicle 2 #Occupants 1 ☐ Hit/Run ☐ Moped ☐ Vulnerable User Complete the Vulnerable User section.

License # _____ St. _____ DOB/Age _____

Sex M Lic. Class A 19 19 Lic. Restrictions 20 CDL _____ Endorsement _____

Operator SABATO, FRANCIS PAUL
Last First Middle

Address 11 EMERALD DR

City SALEM State NH Zip 03079

Insurance Company _____

Vehicle Travel Direction: ☐ N ☒ S ☒ 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 # 1JW586 Reg Type CO Reg State RI

Veh Year 2024 Veh Make Peterbilt Veh Config. 6 21

Owner JR VINAGRO CORPORATION
Last First Middle

Address 2208 PLAINFIELD PIKE

City JOHNSTON State RI Zip 02919

Vehicle Action Prior to Crash 1 22

Event Sequence 1 23 23 23 23

Most Harmful Event 1 24

Driver Contributing Code 1 25 25

Driver Distracted by 0 26 26

Damaged Area Code: 2 27 27 27

Test Status: 28

Type of Test: 29

BAC Test Result: 30

Susp. Alcohol: 31 Susp. Drug: 32

Towed from scene? 2 33

Please fill out for operator and all occupants involved

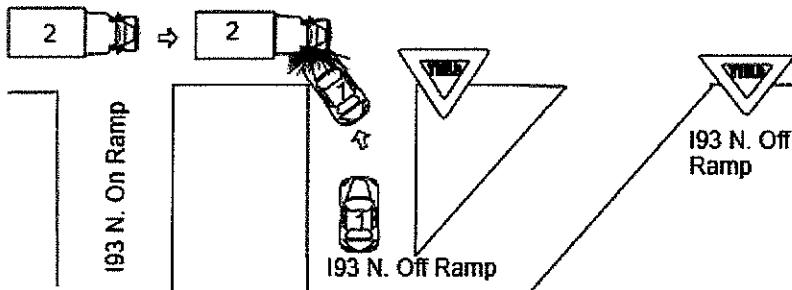
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject. Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<u>Operator/Occupants</u>	<u>See Above</u>	<u>X</u>	<u>X</u>	<u>1</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 O = Pedestrian B = Bicycle

Crash Diagram:

ie: → 1 → 2 → O → B

Rt. 62



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 06/05/25 MV 1 while exiting the I93N off ramp attempted to turned left and crashed into MV 2. MV 2 while travelling eastbound on Rt. 62 by the I93N off ramp was driving straight. No reported injuries. MV 2 operator stated they had dashcam footage of the incident. MV 1 stated MV 2 was travelling "at a high rate of speed" and indicated that is why she did not see the MV. After reviewing the dashcam footage (where speed is indicated as 39mph in a 45mph) it was abundantly clear that speed was not a factor in the crash. The dashcam footage was added to attachments.

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 # **1JW586** (From Vehicle Section)

Carrier Name _____ Bus Use ☐ 42

Address _____ City _____ St _____ Zip _____

US DOT #: **781284** 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 Dillon Halliday

205

Wilmington Police Department

06/05/2025

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Attachments for 25-156-AC	
Description	Type
DASHCAM VIDEO	MP4
Attachment#: 226E840319F6446E97296C2ECC61C192	

Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash 06/05/2025	Time of Crash 1504 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 30	State Police Local Police MBTA Police Campus Police Other
-----------------------------	-------------------------------	-------------------------	--	--	-------------------------	------------------------	-------------------	---

AT INTERSECTION:

< LOCATION >

NOT AT INTERSECTION:

Route#	Direction	Name of Roadway/Street
At		
Route#	Direction	Name of Intersecting Roadway/Street
Also at Intersection with		
Route#	Direction	Name of Intersecting Roadway/Street

62	E	25	BURLINGTON AVE
Route#	Direction	Address #	Name of Roadway/Street
Feet ☐ N ☐ S ☐ E ☐ W of _____ 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 1 Occupants ☐ Hit/Run ☐ Moped

Crash Report ID# 25-157-AC

License #	St.	DOB/Age
Sex F	Lic. Class D	Lic. Restrictions B
CDL Endorsement		
Operator PERRY, PATRICIA STORCH		
Address 25 BURLINGTON AVE		
City WILMINGTON State MA Zip 01887-3902		
Insurance Company ALLSTATE INSURANCE COMPAN		
Vehicle Travel Direction: ☒ N ☒ 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 # 72ZF59	Reg Type PC	Reg State MA
Veh Year 2013	Veh Make GMC	Veh Config. 2
Owner PERRY, STEPHEN GARFIELD JR		
Address 25 BURLINGTON AVE		
City WILMINGTON State MA Zip 01887-3902		
Vehicle Action Prior to Crash 10		
Event Sequence 1 23 23 23 23		
Most Harmful Event 1 24		
Driver Contributing Code 19 25 1 25		
Driver Distracted by 0 26 26		
Damaged Area Code: 0 27 27 27		
Test Status: 1 28		
Type of Test: 29		
BAC Test Result: 30		
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			1	1	4	0	0	10	1	

Please Select One of the Following:

☒ Vehicle 2 Occupants ☐ Hit/Run ☐ Moped ☐ Vulnerable User Complete the Vulnerable User section.

License #	St.	DOB/Age
Sex F	Lic. Class D	Lic. Restrictions B
CDL Endorsement		
Operator PUTNAM, EMILY ELIZABETH		
Address 110 LOWELL RD APT 206		
City NORTH READING State MA Zip 01864-1688		
Insurance Company THE STANDARD FIRE INSURAN		
Vehicle Travel Direction: ☐ N ☐ S ☒ W Responding to Emergency? 1		
Citation # (If Issued)		
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub		
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub		

Reg # 5EPW43	Reg Type PC	Reg State MA
Veh Year 2018	Veh Make KIA	Veh Config. 1
Owner PUTNAM, EMILY ELIZABETH		
Address 110 LOWELL RD APT 206		
City NORTH READING State MA Zip 01864-1688		
Vehicle Action Prior to Crash 2		
Event Sequence 1 23 23 23 23		
Most Harmful Event 1 24		
Driver Contributing Code 1 25 25		
Driver Distracted by 0 26 26		
Damaged Area Code: 8 27 27 27		
Test Status: 1 28		
Type of Test: 29		
BAC Test Result: 30		
Susp. Alcohol: 2 31 Susp. Drug: 2 32		
Towed from scene? 2 33		

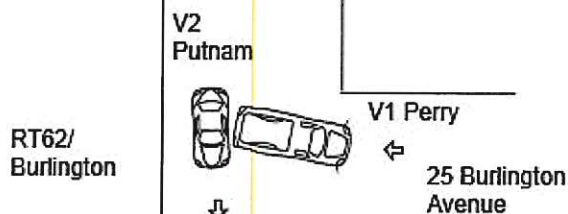
Please fill out for operator and all occupants involved

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			1	1	4	0	0	10	1	

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

ie: → 1 → 2 → ○ → ○

Crash Diagram:



If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow



Crash Narrative:

V1 backed out of driveway at 25 Burlington Avenue and hit V2 on RT62 in minor non-injury collision. V1 damaged on rear right bumper and quarter panel. V2 damage on left side fender and door.

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

173

Wilmington Police Department

06/05/2025

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Attachments for 25-157-AC	
Description	Type
EE PUTNAM OPER CRASH RPT	PDF
Attachment#: 10F79E27B13744EF98DC27C252DA243E	
PS PERRY OPER CRASH RPT	PDF
Attachment#: 8793BAE3E9884E61A0679A92A356035B	

Police Use Only			Commonwealth of Massachusetts				RMV Document Number													
Date of Crash 06/06/2025	Time of Crash 1114 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 30	State Police ☐	Local Police ☐	MBTA Police ☐	Campus Police ☐	Other ☐							
AT INTERSECTION:			< LOCATION >			NOT AT INTERSECTION:														
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street			LOWELL 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			545 Feet N S E W of I93 SB31														
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:			☒ Vehicle 1 #Occupants			☐ Hit/Run			☐ Moped			Crash Report ID# 25-158-AC								
License #			St.			DOB/Age			Reg # 4SLG57			Reg Type PC			Reg State MA					
Sex M			Lic. Class B			Lic. Restrictions 1			CDL Endorsement			Veh Year 2023			Veh Make Infinity			Veh Config. 2		
Operator CARTER, CHRISTOPHER BERTELL			Owner CARTER, CHRISTOPHER BERTELL																	
Address 8412 INWOOD DR			Address 8412 INWOOD DR																	
City WOBURN			State MA			Zip 01801-5163			City WOBURN			State MA			Zip 01801-5163					
Insurance Company THE COMMERCE INSURANCE CO			Vehicle Action Prior to Crash 2			Damaged Area Code: 5			27			27			27					
Vehicle Travel Direction: N S E W			Responding to Emergency? 2			Event Sequence 1			23			23			23					
Citation # (If Issued)			Most Harmful Event 1			24			BAC Test Result: 30											
Viol. 1: Ch/Sec/Sub			Viol. 2: Ch/Sec/Sub			Driver Contributing Code 1			25			25			Susp. Alcohol: 31					
Viol. 3: Ch/Sec/Sub			Viol. 4: Ch/Sec/Sub			Driver Distracted by 0			26			26			Towed from scene? 2					
Please fill out for operator and all occupants involved			Name (Last First Middle)			Address			DOB/Age			Sex			34 Seat Pos.					
Operator			See Above									1			1					
Please Select One of the Following:			☒ Vehicle 2 #Occupants			☐ Hit/Run			☐ Moped			☐ Vulnerable User			Complete the Vulnerable User section.					
License #			St.			DOB/Age			Reg # 6EN850			Reg Type PC			Reg State MA					
Sex M			Lic. Class D			Lic. Restrictions 1			CDL Endorsement			Veh Year 2020			Veh Make TOYOTA			Veh Config. 1		
Operator CHEUNG, PAUL BO LAW			Owner CHEUNG, ALICE SHEK YING																	
Address 38 GROVE AVE			Address 38 GROVE AVE																	
City WILMINGTON			State MA			Zip 01887-2082			City WILMINGTON			State MA			Zip 01887-2082					
Insurance Company PREFERRED MUTUAL INSURANC			Vehicle Action Prior to Crash 1			Damaged Area Code: 1			27			27			27					
Vehicle Travel Direction: N S E W			Responding to Emergency? 1			Event Sequence 1			23			23			23					
Citation # (If Issued) T3549573			Most Harmful Event 1			24			BAC Test Result: 30											
Viol. 1: Ch/Sec/Sub 720			Viol. 2: Ch/Sec/Sub			Driver Contributing Code 19			25			25			Susp. Alcohol: 31					
Viol. 3: Ch/Sec/Sub			Viol. 4: Ch/Sec/Sub			Driver Distracted by 99			26			26			Towed from scene? 1					
Please fill out for operator and all occupants involved			Name (Last First Middle)			Address			DOB/Age			Sex			34 Seat Pos.					
Operator/Occupants			See Above									1			1					
ALICE CHEUNG			38 GROVE AVE WILMINGTON, MA 01887-2082									F			3					

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

ie: → 1 → 2 → ○ → ○

Crash Diagram:

rt 129 brige over rt 93



v1

v2



If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow



Crash Narrative:

v1 stated he was going north on rt 129, slowing and then stopping in traffic. He said v2 came from several feet away, and hit him in rear.

language barrier with V2 driver did not speak English, the passenger spoke some English. she stated that they rear ended v1, but could not provide details.

driver of v2 cited with 720 cmr9 , following to close. citation T3549573

no injury

v1 minor damage

v2 towed front end damage

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use ☐ 42

Address _____ City _____ St _____ Zip _____

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

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

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

Hazmat Information:

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

Patrol Officer Brian D Thornton

190

Wilmington Police Department

06/06/2025

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Attachments for 25-158-AC	
Description	Type
PB CHEUNG OPER CRASH RPT	PDF
Attachment#: 0CDD9EBC8F734E9A866265BD7F71FD48	

Police Use Only			Commonwealth of Massachusetts				RMV Document Number																	
Date of Crash 06/06/2025	Time of Crash 1435 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 1	Number Injured 1	Speed Limit 25	State Police ☐ Local Police ☒ MBTA Police ☐ Campus Police ☐ Other ☐															
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:																			
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street					2 10																
At			Feet N S E W of or Exit Number					1 11																
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Route# Intersecting Roadway/Street																					
Also at Intersection with			Feet N S E W of																					
Route# Direction Name of Intersecting Roadway/Street			Landmark																					
Please Select One of the Following:			☒ Vehicle 1 Occupants		☐ Hit/Run		☐ Moped		Crash Report ID# 25-159-AC															
License # St DOB/Age			Reg # 5LER84		Reg Type PC		Reg State MA		1 12															
Sex M Lic. Class 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2013		Veh Make TOYOTA		Veh Config. 1 21																	
Operator GOLDMAN, LOGAN THOMAS			Owner GOLDMAN-DUNHAM, LINDSAY ANN																					
Address 51 BRIANA LEE CIR			Address 51 BRIANA LEE CIR																					
City TEWKSBURY State MA Zip 01876-1561			City TEWKSBURY State MA Zip 01876-1561																					
Insurance Company ARBELLA MUTUAL INSURANCE			Vehicle Action Prior to Crash 1 22		Damaged Area Code: 1 27 27 27																			
Vehicle Travel Direction: N X E W Responding to Emergency? 99			Event Sequence 22 23 23 23 23		Test Status: 28																			
Citation # (If Issued) T3549574			Most Harmful Event 22 24		Type of Test: 29																			
Viol. 1: Ch/Sec/Sub 89 9 Viol. 2: Ch/Sec/Sub			Driver Contributing Code 19 25 25		BAC Test Result: 30																			
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Distracted by 1 26 26		Susp. Alcohol: 31 Susp. Drug: 32		22 13																	
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Distracted by 1 26 26		Towed from scene? 1 33																			
Please fill out for operator and all occupants involved																								
Name (Last First Middle)			Address		DOB/Age		Sex		34 Seat Pos.		35 Safety System		36 Airbag Status		37 Eject Code		38 Trap Code		39 Injury Status		40 Transp. Code		Medical Facility	
Operator			See Above		X		X		1		1		1		0		0		9		0			
Please Select One of the Following:			☐ Vehicle 2 Occupants		☐ Hit/Run		☐ Moped		☐ 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																					
Address			Address																					
City State Zip			City State Zip																					
Insurance Company			Vehicle Action Prior to Crash 22		Damaged Area Code: 27 27 27																			
Vehicle Travel Direction: N S E W Responding to Emergency?			Event Sequence 23 23 23 23		Test Status: 28																			
Citation # (If Issued)			Most Harmful Event 24		Type of Test: 29																			
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Driver Contributing Code 25 25		BAC Test Result: 30																			
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Distracted by 26 26		Susp. Alcohol: 31 Susp. Drug: 32																			
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Distracted by 26 26		Towed from scene? 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															

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

Crash Diagram:

483 chestnut st

telephone pole

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Indicate North by Arrow

Crash Narrative:

V1 traveling south on Chestnut Street drove off the road and hit a telephone pole. The operator of v1 first stated "I just shut his eyes for a second because he was tired" then admitted "I was trying to call my dad" V1 sustained heavy front right damage. Utility pole also sustained damage. Operator cited for Marked Lane violation.

Witnesses:

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

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
READING MUNICIPAL LIGHT DEPT	230 ASH ST READING MA 01867		4	UTILITY POLE

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use ☐ 42

Address _____ City _____ St _____ Zip _____

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

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

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

Hazmat Information:

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

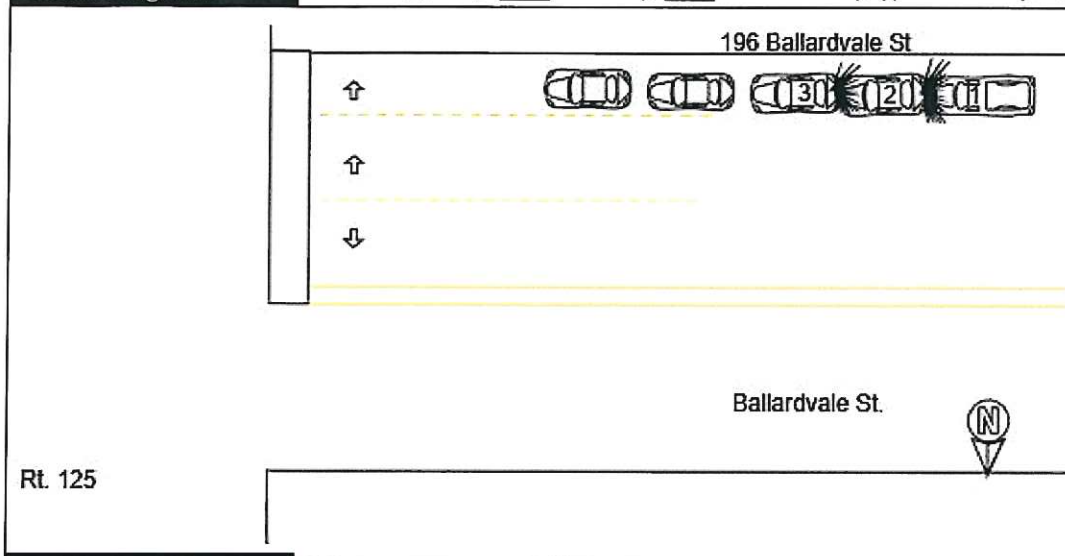
Sergeant Matthew D Stavro 180 Wilmington Police Department 06/06/2025
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 06/06/2025	Time of Crash 1441 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 3	Number Injured 0	Speed Limit 35	State Police Local Police MBTA Police Campus Police Other:	
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street					10		
At			Feet N S E W of Mile Marker Exit Number					2		
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Route# Intersecting Roadway/Street					11		
Also at Intersection with			Landmark					8		
Route# Direction Name of Intersecting Roadway/Street										
Please Select One of the Following:			☒ Vehicle 1 Occupants		☐ Hit/Run		☐ Moped		Crash Report ID# 25-160-AC	
License # St. DOB/Age			Reg # KCF9923		Reg Type PC		Reg State OH		12	
Sex M Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement			Veh Year 2016		Veh Make TOYOTA		Veh Config. 2		21	
Operator STOTZ, JACOB A			Owner STOTZ, JACOB A							
Address 149 N SEFFNER AVE			Address 149 N SEFFNER AVE							
City MARION State OH Zip 43302			City MARION State OH Zip 43302							
Insurance Company PROGRESSIVE INS. CO.			Vehicle Action Prior to Crash 1		Damaged Area Code: 1 27 27 27					
Vehicle Travel Direction: N S X W Responding to Emergency? 2			Event Sequence 1 23 23 23 23		Test Status: 3 28					
Citation # (If Issued) T3549753			Most Harmful Event 1 24		Type of Test: 2 29					
Viol. 1: Ch/Sec/Sub 90 24 Viol. 2: Ch/Sec/Sub 90 24			Driver Contributing Code 10 25 99 25		BAC Test Result: 5 30					
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Distracted by 0 26 26		Susp. Alcohol: 1 31 Susp. Drug: 32				13	
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Towed from scene? 1 33							
Please fill out for operator and all occupants involved										
Name (Last First Middle) Address DOB/Age Sex			34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code		Medical Facility					
Operator See Above			1 1 4 0 0 10 1							
Please Select One of the Following:			☒ Vehicle 2 Occupants		☐ Hit/Run		☐ Moped		☐ Vulnerable User Complete the Vulnerable User section.	
License # St. DOB/Age			Reg # 3NLM47		Reg Type PC		Reg State MA		14	
Sex F Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement			Veh Year 2020		Veh Make NISSAN		Veh Config. 1		21	
Operator REARDON, AMANDA LEE			Owner REARDON, AMANDA LEE							
Address 80 PINNACLE ST			Address 80 PINNACLE ST							
City TEWKSBURY State MA Zip 01876-1303			City TEWKSBURY State MA Zip 01876-1303							
Insurance Company QUINCY MUTUAL FIRE INSURA			Vehicle Action Prior to Crash 2		Damaged Area Code: 1 27 5 27 27					
Vehicle Travel Direction: N S X W Responding to Emergency? 2			Event Sequence 1 23 1 23 23 23		Test Status: 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: 31 Susp. Drug: 32					
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Towed from scene? 2 33							
Please fill out for operator and all occupants involved										
Name (Last First Middle) Address DOB/Age Sex			34 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							

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 06/06/2025	Time of Crash 1441 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report				Number Vehicles 3	Number Injured 0	Speed Limit 35 Latitude Longitude	State Police Local Police MBTA Police Campus Police Other
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:			
Route# Direction Name of Roadway/Street At			Route# Direction Address # Name of Roadway/Street 196 BALLARDVALE ST				2 10			
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of Mile Marker Exit Number				8 11			
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Route# Intersecting Roadway/Street				Landmark			
Please Select One of the Following: ☒ Vehicle 3.1 #Occupants ☐ Hit/Run ☐ Moped			Crash Report ID# 25-160-AC							
License # St DOB/Age Sex F Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement			Reg # 5GDC27 Reg Type PC Reg State MA				1 12			
Operator GUZMAN AGUDELO, MARIA CAMILA Last First Middle			Veh Year 2017 Veh Make FORD Veh Config. 1				21			
Address 33 ALDER ST			Owner GUZMAN AGUDELO, MARIA CAMILA Last First Middle				Address 33 ALDER ST			
City DRACUT State MA Zip 01826-2301			City DRACUT State MA Zip 01826-2301				22			
Insurance Company THE COMMERCE INSURANCE CO			Vehicle Action Prior to Crash 2				27 27 27			
Vehicle Travel Direction: N S X W Responding to Emergency? 2			Event Sequence 1 23 23 23 23				28			
Citation # (If Issued)			Most Harmful Event 1 24				29			
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Driver Contributing Code 1 25 25				30			
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Distracted by 0 26 26				31 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 Sent Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code Medical Facility										
Operator See Above			1 1 4 0 0 10 1							
Please Select One of the Following: ☐ Vehicle 4 #Occupants ☐ Hit/Run ☐ Moped ☐ Vulnerable User Complete the Vulnerable User section.										
License # St DOB/Age Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement			Reg # Reg Type Reg State				21			
Operator Last First Middle			Veh Year Veh Make Veh Config.				21			
Address			Owner Last First Middle				Address			
City State Zip			City State Zip				22			
Insurance Company			Vehicle Action Prior to Crash				27 27 27			
Vehicle Travel Direction: N S E W Responding to Emergency?			Event Sequence 23 23 23 23				28			
Citation # (If Issued)			Most Harmful Event 24				29			
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Driver Contributing Code 25 25				30			
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Distracted by 26 26				31 32			
Please fill out for operator and all occupants involved			Towed from scene? 33				1 14			
Name (Last First Middle) Address DOB/Age Sex 34 Sent Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code Medical Facility										
Operator/Occupants See Above			1							

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

Crash Diagram:



If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow



Crash Narrative:

On 06/06/25 Car 1 while travelling Eastbound in the area of 196 Ballardvale St. crashed into the rear of Car 2, causing Car 2 to crash into the rear of Car 1. Car 1 and Car 2 were stopped in traffic, or slowly moving forward with traffic. Operator of Car 1 stated the crash "just happened". All reported no injuries. Operator of car 1 arrested for OUI Liquor and Neg. Op. MV ref. report 25-229-AR. Car 1 towed to A&S towing with 12hr hold. Wilmington ACO retrieved dog from truck and brought to Lowell Humane Society. Witness stated Car 1 entered Habit Burger Parking lot (where she works) and struck curb, nearly hit parked MVs and nearly crashed into oncoming traffic when exiting parking lot. Witness stated he was driving aggressively and caused her great concern for others safety. Stated she did not see the crash.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
BATES KARIANN ELIZABETH	20 BRENTHAM RD Apt. #20 NORTH BILLERICA MA 0186		

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

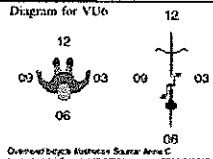
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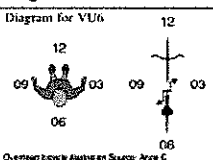
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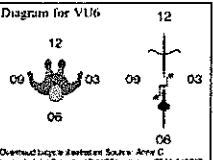
Patrol Officer Dillon Halliday 205 Wilmington Police Department 06/06/2025
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 06/06/2025	Time of Crash 1543 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 1	Number Injured 0	Speed Limit 35	Latitude	Longitude	State Police Local Police MBTA Police Campus Police Other
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:				
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street			193 MAIN ST					
At			Feet N S E W of			or Exit Number					
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of			Route# Intersecting Roadway/Street					
Also at Intersection with			Feet N S E W of			Landmark					
Route# Direction Name of Intersecting Roadway/Street											
Please Select One of the Following:			☒ Vehicle 1 #Occupants			☐ Hit/Run			☐ Moped		
			Crash Report ID# 25-161-AC								
License # St DOB/Age			Reg # 3PA986 Reg Type PC Reg State MA								
Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2016 Veh Make HONDA Veh Config 1 21								
Operator PROCHORSKI, TERESA G			Owner PROCHORSKI, TERESA G								
Address 164 LAKE ST			Address 164 LAKE ST								
City WILMINGTON State MA Zip 01887-1654			City WILMINGTON State MA Zip 01887-1654								
Insurance Company SAFETY INSURANCE COMPANY			Vehicle Action Prior to Crash 4 22			Damaged Area Code: 7 27 27 27					
Vehicle Travel Direction: ☒ S ☐ E ☐ W Responding to Emergency? 99			Event Sequence 4 23 23 23 23			Test Status: 1 28					
Citation # (If Issued) 4783117AD			Most Harmful Event 4 24			Type of Test: 0 29					
Viol. 1: Ch/Sec/Sub 89 9 Viol. 2: Ch/Sec/Sub			Driver Contributing Code 4 25 25			BAC Test Result: 1 30					
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Distracted by 0 26 26			Susp. Alcohol: 2 31 Susp. Drug: 2 32					
Please fill out for operator and all occupants involved						Towed from scene? 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:			☐ Vehicle 2 #Occupants			☐ Hit/Run			☐ Moped		
			☒ Vulnerable User Complete the Vulnerable User section.								
License # St DOB/Age			Reg # Reg Type Reg State								
Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement			Veh Year Veh Make Veh Config 21								
Operator			Owner								
Address			Address								
City State Zip			City State Zip								
Insurance Company			Vehicle Action Prior to Crash 22			Damaged Area Code: 27 27 27					
Vehicle Travel Direction: ☐ N ☐ S ☐ E ☐ W Responding to Emergency?			Event Sequence 23 23 23 23			Test Status: 28					
Citation # (If Issued)			Most Harmful Event 24			Type of Test: 29					
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Driver Contributing Code 25 25			BAC Test Result: 30					
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Distracted by 26 26			Susp. Alcohol: 31 Susp. Drug: 32					
Please fill out for operator and all occupants involved						Towed from scene? 33					
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								

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

Vulnerable User		Type 2 VU1	Action 2 VU2	Location 9 VU3				
VU: <u>SILBERMAN, JOHN A</u> Last First Middle Address <u>29 LAKE ST</u> City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-3727</u> License # <u>S62924220</u> St <u>MA</u> DOB/Age <u>08/31/1957</u>								
Traffic Control Device 0 VU4 Origin/Destination 97 VU5 Contact Point: 12 VU6		Primary Injury Area: 1 VU7 Event Sequence 13 VU8 VU8 VU8 VU8 Contributing Code 1 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					
	Sex	VU16 Seat Pos.	VU17 Safety Equipment	VU18 Eject Code	VU19 Trap Code	VU20 Injury Status	VU21 Transp. Code	Medical Facility
Vulnerable User		M	97	6	1	0	8	0

Vulnerable User		Type VU1	Action VU2	Location VU3				
VU: _____ Last First Middle Address _____ City _____ State _____ Zip _____ License # _____ St _____ DOB/Age _____								
Traffic Control Device VU4 Origin/Destination VU5 Contact Point: VU6		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					
	Sex	VU16 Seat Pos.	VU17 Safety Equipment	VU18 Eject Code	VU19 Trap Code	VU20 Injury Status	VU21 Transp. Code	Medical Facility
Vulnerable User								

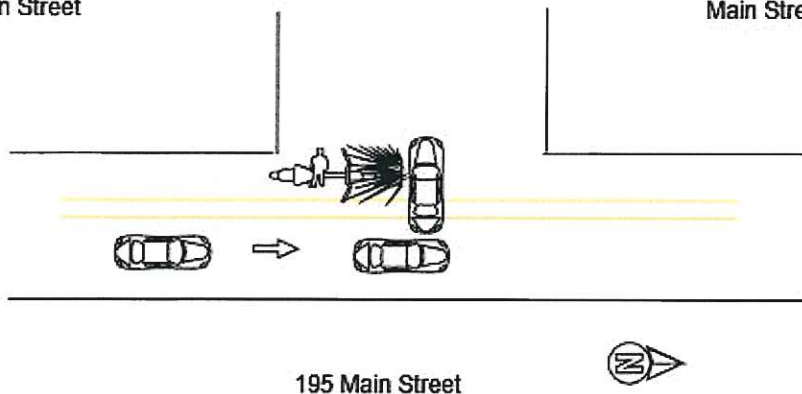
Vulnerable User		Type VU1	Action VU2	Location VU3				
VU: _____ Last First Middle Address _____ City _____ State _____ Zip _____ License # _____ St _____ DOB/Age _____								
Traffic Control Device VU4 Origin/Destination VU5 Contact Point: VU6		Primary Injury Area: VU7 Event Sequence VU8 VU8 VU8 VU8 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					
	Sex	VU16 Seat Pos.	VU17 Safety Equipment	VU18 Eject Code	VU19 Trap Code	VU20 Injury Status	VU21 Transp. Code	Medical Facility
Vulnerable User								

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

Crash Diagram:

Dunkin Donuts 193
Main Street

Rocco's
Restaurant 193
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:

While traveling North on Main Street, motor vehicle 1 was waiting to take a left into the parking lot of 193-195 Main Street. While making the left turn into the parking lot, the bicyclist was traveling in the same direction and made contact with the vehicle. The operator of the bicyclist was fully ejected off from his bike and sustained minor injuries on his face, elbow and lower leg. The operator of the bicyclist was medically evaluated by the Wilmington Fire Department and signed a refusal to be transported. The operator of motor vehicle 1 had no injuries and had minor damage to the left side of the vehicle (see images). The operator of motor vehicle 1 was issued Massachusetts Uniform Citation # 483117AD for failure to yield.

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 Zachary A Leighton 227 Wilmington Police Department 06/06/2025
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Images Associated with 25-161-AC

