

Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash 07/12/2025
Time of Crash 2239
City/Town 24HR
Wilmington

Motor Vehicle Crash
Police Report

Number Vehicles 2
Number Injured 0
Speed Limit 65
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# Direction Address # 39 I93NB HWY
Name of Roadway/Street

Feet ☒ 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# 25-196-AC

License # St DOB/Age
Sex F Lic. Class 19 19 Lic. Restrictions 1 20 CDL Endorsement

Operator CONTRADA, CHRISTIANA
Last First Middle

Address 7 HEATHER DR

City WILMINGTON State MA Zip 01887-1505

Insurance Company PLYMOUTH ROCK ASSURANCE C

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 # 4CMC64 Reg Type PC Reg State MA

Veh Year 2021 Veh Make ROVER Veh Config. 1 21

Owner CONTRADA, CHRISTIANA
Last First Middle

Address 7 HEATHER DR

City WILMINGTON State MA Zip 01887-1505

Vehicle Action Prior to Crash 1 22 Damaged Area Code: 2 27 3 27 27

Event Sequence 1 23 23 23 23 Test Status: 28

Most Harmful Event 1 24 Type of Test: 0 29

Driver Contributing Code 1 25 25 BAC Test Result: 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			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 Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement

Operator unknown
Last First Middle

Address

City State Zip

Insurance Company

Vehicle Travel Direction: ☐ N ☐ S ☐ E ☐ W Responding to Emergency?

Citation # (If Issued)

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

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

Reg # unknown Reg Type Reg State

Veh Year Veh Make Veh Config. 21

Owner
Last First Middle

Address

City State Zip

Vehicle Action Prior to Crash 22 Damaged Area Code: 27 27 27

Event Sequence 23 23 23 23 Test Status: 28

Most Harmful Event 24 Type of Test: 29

Driver Contributing Code 25 25 BAC Test Result: 30

Driver Distracted by 26 26 Susp. Alcohol: 31 Susp. Drug: 32

Towed from scene? 33

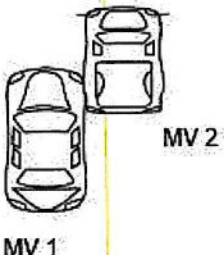
Please fill out for operator and all occupants involved

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			1							

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

Crash Diagram:

ie: → 1 → 2 → O → B

 93 North	If Crash Did Not Occur on a Public Way: ☐ Off-Street Parking Lot ☐ Garage ☐ Mall/Shopping Center ☐ Other Private Way Indicate North by Arrow 
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Crash Narrative:

MV 1 was travelling northbound on Interstate 93 just prior to Exit 31 in the town of Wilmington. I spoke with the operator of MV 1 and she stated that she was travelling on the highway when the operator of MV 2 began to merge into her lane. She attempted to swerve out of the way but was unable to do so. The two cars collided and the operator of MV 1 attempted to stop and exchange information, but the other operator continued to drive and leave 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

Sergeant Shane A Foley

Police Officer Name (Please Print)

Signature

211

ID/Badge #

Wilmington Police Department

Department

Precinct/Barracks

07/12/2025

Date

Wilmington Police Department
Images Associated with 25-196-AC

