	Pol	ice Use Only	Com	monwealth	of Massa	chuse	tts		RMV	Docum	ent Number	
	Date of Crash	Time of Crash	City/Town	Motor Ve	hicle Cras	h Nun Vehi	iber Numb cles Injure	opeed	Limit_	35	State Police Local Police MBTA Police	
	06/30/2025	1122 Wil	mington	Police	Report	2	0	Latitud	1201111		Campus Police	
		AT INTERSECT	TION:	< LOC	ATION >		NOT	AT INT	FERS	ECTI	ION:	
						470	MQ.	IN ST	r			2
	Route# Dire	ction	Name of Roadway/	Street	Route# Direction				me of R	oadway	/Street	
<sup>1</sup> 1			At		Feet I	N S E W d	of — —	•		or		
	Route# Dire	ction Na	ame of Intersecting Roa	dway/Street	-		Mile	Marker			Exit Number	2
			Also at Intersection	with		N S E W o	Route#		Intersec	ting Roa	adway/Street	<b>F</b>
<sup>2</sup> 1	Route# Dire	ction Na	ame of Intersecting Roa	dway/Street	Feet [	N S E W o	of			Ū	•	
1										dmark		
3	Please Select		#Occupants	it/Run 🔲 Moped	Crash Re	port ID# <b>2</b>	25-1	79-	AC			
	License #		_ DOB/Age	Re	g# <u>3LTW16</u>		Reg	Гуре <b>РС</b>		Reg		
	Sex <b>F</b> Lic.	Class D M Lic.	Restrictions 1 20	CDL Vel	h Year <b>2004</b>	Veh Mal	<sub>æ</sub> Jeep			Veh Co	onfig. <b>1 21</b>	Ľ
	Operator <b>GR</b>	EER, SHERRI		Endorsement Ov Middle	mer STEBBIN	IS, VA	LERIE	KENI	DALI	<b>.</b> Middle	e	
<sup>4</sup> 1		I AST	Filst		dress 8 VOKE	ST	1 13					
	City NORT	H READING Sta	te <u>MA</u> Zip 0186	54-1242 Cit	y NORTH RE	ADING		State MZ	A_Zip	018	864-1242	
	Insurance Comp	pany ARBELLA	MUTUAL INS	URANCE Ve	hicle Action Prior to O	Crash	2 22	Damage		Code: 0	27 27 27 28	
	Vehicle Travel I	Direction: SEW	Responding to Em	ergency? 2 Ev	ent Sequence 1 <sup>2</sup>	3 23	23 23	Test Stat		1	28	
5	Citation # (If Is	sued)		Mo	ost Harmful Event	1 <sup>24</sup>		BAC Te		t: 1	30	
	Viol. 1: Ch/Sec.	/Sub	- Viol. 2: Ch/Sec/Sub -	Dr	iver Contributing Cod	le <b>1</b> <sup>2</sup>	25 25	Susp. Al	cohol: 2	31	Susp. Drug: 2 32	1
6	Viol. 3: Ch/Sec.	/Sub	- Viol. 4: Ch/Sec/Sub -	Dr	iver Distracted by	0 26	26	Towed f	rom scer	ne? 2	33	
<sup>6</sup> 1			erator and all occupants	involved Address	DOB/Age		Safety Airbag	37 38 Eject Trap Code Code	39 Injury T Status	40 Transp. Code	Medical Facility	
	Name (Last First )			See Above			99 4 0	-		1		
	operat			ž.								
												1
											14	-
												4
<sup>7</sup> 1	Please Select of the Follow	One Vehicle 21	#Occupants H	it/Run 🔲 Moped	Ulnerab	le User Co	mplete the V	ulnerable U	Jser sect	tion.		
-	License #	St	DOB/Age.	Re	g#2FSA17		Reg	Туре <b>РС</b>		Reg		
	Sex <u>M</u> Lic.	Class D Lic.	Restrictions <b>1</b>		h Year <u>2020</u>	Veh Mal	ke HOND	A		_ Veh C	Config. <b>1</b> <sup>21</sup>	
	Operator DI	CKSON, STE	VEN POLLAR	Endorsement	vner DICKSO	N, STE	VEN P			Middl	le	
<sup>8</sup> 2	Address 103	B SOUTH ST	First		dress 182 MA							
	City TEWK	SBURY Sta	ate <u>MA</u> Zip 018	7 <b>6-4169</b> Ci	y WILMINGI	ON					887-2019	1
	Insurance Com	pany ARBELLA	MUTUAL INS	URANCE Ve	hicle Action Prior to (	Crash	L <sup>22</sup>	Damage		Code: 1	27 27 27 28	
	Vehicle Travel	Direction: SEW	Responding to Em	ergency? 2 Ev	ent Sequence 1 2	3 23	23 23	Test Sta Type of		1	29	
<sup>9</sup> 2	Citation # (If Is	sued)		M	ost Harmful Event	1 24		BAC Te		t: 1	30	
2	Viol. 1: Ch/Sec	:/Sub	- Viol. 2: Ch/Sec/Sub -	Dr	iver Contributing Coo	10 I 3	25 25	Susp. Al	lcohol:2	2 31	Susp. Drug: 2 32	
	Viol. 3: Ch/Sec	/Sub	_ Viol. 4: Ch/Sec/Sub -	Dr	iver Distracted by	0 26	26	Towed f			33	
	Name (Last First	-	erator and all occupants	involved Address	DOB/Age	34 Seat Sex Pos.	35 36 Safety Airbag System Status	37 38 Eject Trap Code Code	39 Injury Status	40 Transp. Code	Medical Facility	-
		tor/Occupants		See Above	$\mathbf{\mathbf{X}}$			0 0		1		1
	- operation	<b>r</b>							+			1
									+			-
												-

Crash Diagram:	= Direction 1 ie: 1	= Vehicle 1	= Vehicle 2	Q = Pedestrian ► C	්ම් = Bicycle ▶ ඒ	
	Main	4.1			If Crash <u>D</u> on a Public	<u>id Not</u> Occur c Way:
	Stree	eț	N. R. (1999) - 1999 - 1999 - 1999 - 1999		Off-Street I	Parking Lot
					Garage	
					Mall/Shopp	ing Center
		V2	10 DD V1		Other Priva	te way
· · · · · · · · · · · · · · · · · · ·	an a	and the second second			Indicate N	orth by Arrow
		470 Main Street		) B	>	>
Crash Narrative: On Monday June 30, 202		1 11.02.	Tung dias	atched to t	-	
On Monday June 30, 2023 Street for a report of	and the second se				9.5	
parked outside the road						
standing outside his v						y in
the northbound lane and						
time V2 struck her in						514
and he began to move for						
Damage was observed on						
this crash. Both opera						
vehicles were deemed d		ork was exc	changed and	both partie	s left in their	
vehicles without furth	er incident.					
Witnesses: Name (Last,First,Middle)		Address			Phone #	Statement
Name (Last, First, Wildle)						
				1		
Property Damage:				41 T	cription of Damaged Proper	<b></b>
Owner (Last,First,Middle)	Address		Phone #	41-Type Des	scription of Damaged Proper	
Truck and Bus Information	Registration #	0	(From V	ehicle Section)	Bus	42
Carrier Name						
Address			_ City		St Zip	
US DOT #:	State Number		Issuing State		:#:	
Interstate 43 Cargo Body		GVWR/GCWR			46	
Trailer Reg #:	Keg Type	Keg State	Reg iear_	Trailer I	renktu	
Hazmat Information: Placard 47 Material 1 digit	48 Material Nan	ne		Material 4 digit #	Release	code 49

Patrol Officer John A Fortes		228	Wilmington	Police Department	06/30/2025
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

Wilmington Police Department Images Associated with 25-179-AC







	Polic	ce Use Only	and the second s	Com	monweal	lth o	of Massa	chu	setts			RM	V Docun	nent Number	01000
ų	Date of Crash	Time of Crash		ity/Town			icle Cras	sh	Number Vehicles			d Limit. 1de	35	State Police	
	07/01/2025	1452 24HR		ngton	Poli	ice I	Report		2	0		itude		Campus Police	
		AT INTER	SECTIO	N:	< L	OCA	TION >			NOT	TAT IN	TER	SECT	TION:	
									20	57	LLAR	<b>5</b> 77	т.ъ. с	¢۳	<b>2</b> <sup>1</sup>
	Route# Direct	tion	N	lame of Roadway/	Street		Route# Directi		ddress #	DA				y/Street	_
<sup>1</sup> 1				At			Feet	NSE	Wof				or		
	Route# Direct		Name c	of Intersecting Roa	dway/Street		Feet				e Marker		UI	Exit Number	- - 5 <sup>1</sup>
	Trouten Direct			Also at Intersection			Feet	NSE	W of	Route	<u>#</u>	Interse	ecting Re	oadway/Street	5
2	<b>D</b>		Nama	of Intersecting Roa	dway/Street		Feet 1	NSE	W of	Route		mors		callajibilett	
<sup>2</sup> 1	Route# Direct	tion										La	ndmark		7
3	Please Select O of the Followin		le 1 <u>1</u> #(	Occupants 🔲 H	it/Run 🔲 M	loped	Crash Ro	eport II	# 25	-1	83-	AC	•		
	License #.	_	St	DOB/Age		Reg #	5WCP55			Reg	Туре Р	2	Re	g State MA	
	Sex <u>M</u> Lic. C	-lass 19	19 Lic. Rest	20	CDL									21	1
	Operator ROI		0000	HUNDER STREET	Endorsement	Owne		UEZ	JE	FRE	Y T				_
<sup>4</sup> 1	Address 590	Last	Fir	st	Middle			ast		Fir	st	3	Mide	dle	_
	City LAWRE			IA Zip 0184	41-2470	City	LAWRENCE	2			_ State <u></u>	<b>A</b> 2	Zip <u>01</u>	841-2470	
				URANCE (			le Action Prior to		1	22	Damag	ed Area	Code:	1 27 27 27	
	Vehicle Travel D			Responding to Em		Event	Sequence 1 <sup>2</sup>	23 23	3 23	23	Test St	atus:		28	
5	Citation # (If Iss						-	1 2	24		Туре о		-1 B	29 30	
				d 2. Ch/Sec/Sub -		Drive	r Contributing Cod	de g	25	25		est Res	24	Susp. Drug: 32	<b>1</b>
						Drive	r Distracted by	0 2	26	26		from sc	anaperica:	33 1 33	
<sup>6</sup> 1	VI01. 3: CII/Sec/2			and all occupants					34 35 Seat Safet	36 Airbag	37 38 Eject Tra		40 Transp.		
	Nome (Last First M	liddle)			Address		DOB/Age	Sex	Pos. Syster	n Status	Code Cod	e Status	Code	Medical Facility	-
	Operate	or			See Above		$\sim$	Å	1 0	1	0 0	10	0		_
															_
	Please Select C		u. 21 #	Occupants 🔲 H	lit/Run	loned	Vulneral	le User	· Comp	ete the V	Julnerable	User se	ection.		٦
<sup>7</sup> 1	of the Followin	ng:	tie <u>∠</u> ""	Hand Hand		•									-
L	License #	19	St	_ DOB/Age		100	# 6HR177							21	-
	Sex <u><b>M</b></u> Lic. (	Class D	Lic. Res	trictions	CDL Endorsement		Year <u>2020</u>				DTA		Veh	Config.	
<sup>8</sup> 1	Operator HE	Last	Fi		Middle			ast		NG Fi	rst		Mid	ldle	-
1	Address <u>1</u> C						ess 1 CRAN		T					126-2216	
	-			<b>IA</b> Zip 021.			HYDE PAI		1.754	22			Zip <u>UZ</u> a Code:	2136-3216	
	Insurance Comp	any AMICA		L INSUR			cle Action Prior to		1 3 23	23	Test Si		1 Coue.	28	1
	Vehicle Travel D	Direction: N	EW	Responding to En	nergency? 2		I I		24	23	Туре с	f Test:		29	
<sup>9</sup> 2	Citation # (If Iss	sued)				Most	Harmful Event	1	25	25		est Res		30	
2	Viol. 1: Ch/Sec/	Sub	Vie	ol. 2: Ch/Sec/Sub -		Drive	er Contributing Co	areas filler	26	26	Susp	Alcohol	STORT THE		
	Viol. 3: Ch/Sec/			ol. 4: Ch/Sec/Sub		Drive	er Distracted by	0	all Shares			from s	cene?	1 33	_
	Name (Last First N		ut for operator	r and all occupants	involved Address		DOB/Age	Sex	34 35 Seat Safe Pos. Syste	y Airbag	37 38 Eject Tra Code Co	p Injury ie Status	Transp.	Medical Facility	
		or/Occupa	ints		See Above		$\succ$	Х	1 1	4	0 0	10	0		
															7
								┼─┼		-					$\neg$
				<u> </u>				$\left  \right $							-

Crash Diagram:	= Vehicle 1 2 = Vehicle 2 Q = Pedestrian	ණී = Bicycle ණ	
Crash Diagram: ie: → 1   i: → 1   ie: → 1 <td></td> <td>If Crash <u>Did Not</u> on a Public Way: Off-Street Parking Lot Garage Mall/Shopping Center Other Private Way Indicate North by A</td> <td>t .</td>		If Crash <u>Did Not</u> on a Public Way: Off-Street Parking Lot Garage Mall/Shopping Center Other Private Way Indicate North by A	t .
On 07/01/25 car 1 while travelling NE	on Ballardvale St. in the area of	220 Ballardvale	
St., crossed the double yellow line a			
1. Operator of car 1 stated his MV s	uddenly pulled into car 2's direct	ion and his brakes	
did not work prior to the crash. Bot	h operators refused medical/transp	ort by the	
Wilmington FD/EMS. A&S towing took b	oth MVs to their lot.		
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 #		ehicle Section)	Bus Use 42
Carrier Name				
Address		City		St Zip
US DOT #:	State Number	Issuing State	MC/MX	ЛСС #:
Interstate 43 Cargo Body Ty				46
Trailer Reg #:	Reg Type Reg State	Reg Year	Tra	iler Length
Hazmat Information:				
47 Placard 47 Material 1 digit #	48 Material Name		Material 4 di	git #Release code 49
Patrol Officer Dillon H	alliday	205 V	Vilmington	Police Department 07/01/2025
Police Officer Name (Please Print)	Signature	ID/Badge # D	epartment	Precinct/Barracks Date