

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 06/30/2025	Time of Crash 1122 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 2	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 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:			<input checked="" type="checkbox"/> Vehicle 1 Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Crash Report ID# 25-179-AC	
License # St DOB/Age			Reg # 3LTW16		Reg Type PC		Reg State MA			
Sex F Lic. Class D M Lic. Restrictions 1 CDL Endorsement			Veh Year 2004		Veh Make Jeep		Veh Config. 1			
Operator GREER, SHERRI LYNN			Owner STEBBINS, VALERIE KENDALL							
Address 8 VOKE ST			Address 8 VOKE ST							
City NORTH READING State MA Zip 01864-1242			City NORTH READING		State MA Zip 01864-1242					
Insurance Company ARBELLA MUTUAL INSURANCE			Vehicle Action Prior to Crash 2		Damaged Area Code: 0 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 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)			DOB/Age		Sex		34 Seat Pos.		35 Safety System	
Operator			See Above		1		99		4	
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 # 2FSA17		Reg Type PC		Reg State MA			
Sex M Lic. Class D M Lic. Restrictions 1 CDL Endorsement			Veh Year 2020		Veh Make HONDA		Veh Config. 1			
Operator DICKSON, STEVEN POLLARD JR			Owner DICKSON, STEVEN P							
Address 103 SOUTH ST			Address 182 MAIN ST							
City TEWKSBURY State MA Zip 01876-4169			City WILMINGTON		State MA Zip 01887-2019					
Insurance Company ARBELLA MUTUAL INSURANCE			Vehicle Action Prior to Crash 1		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 Viol. 2: Ch/Sec/Sub			Driver Contributing Code 19 25 25		BAC Test Result: 1 30					
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Distracted by 0 26 26		Susp. Alcohol: 2 31 Susp. Drug: 2 32					
Please fill out for operator and all occupants involved										
Name (Last First Middle)			DOB/Age		Sex		34 Seat Pos.		35 Safety System	
Operator/Occupants			See Above		1		99		4	

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○

Main
Street

V2  V1

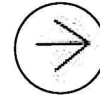
470 Main
Street



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 Monday June 30, 2025 at approximately 11:23am I was dispatched to the area of 470 Main Street for a report of a two car motor vehicle crash. Upon arrival I observed two vehicles parked outside the roadway with Op1 being evaluated by the Fire Department and Op2 standing outside his vehicle. Op1 stated she was in heavy traffic and moved up slightly in the northbound lane and then applied breaks due to the traffic ahead of her and at this time V2 struck her in the rear. Op2 stated he was in heavy traffic and saw V1 move forward and he began to move forward and stepped on the gas too heavy and struck V1 in the rear. Damage was observed on V2 passenger side, Op2 stated that was prior damage not part of this crash. Both operators signed medical refusals with the Fire Department and both vehicles were deemed drivable. Paperwork was exchanged and both parties left in their vehicles without further incident.

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

06/30/2025

Date

Wilmington Police Department
Images Associated with 25-179-AC



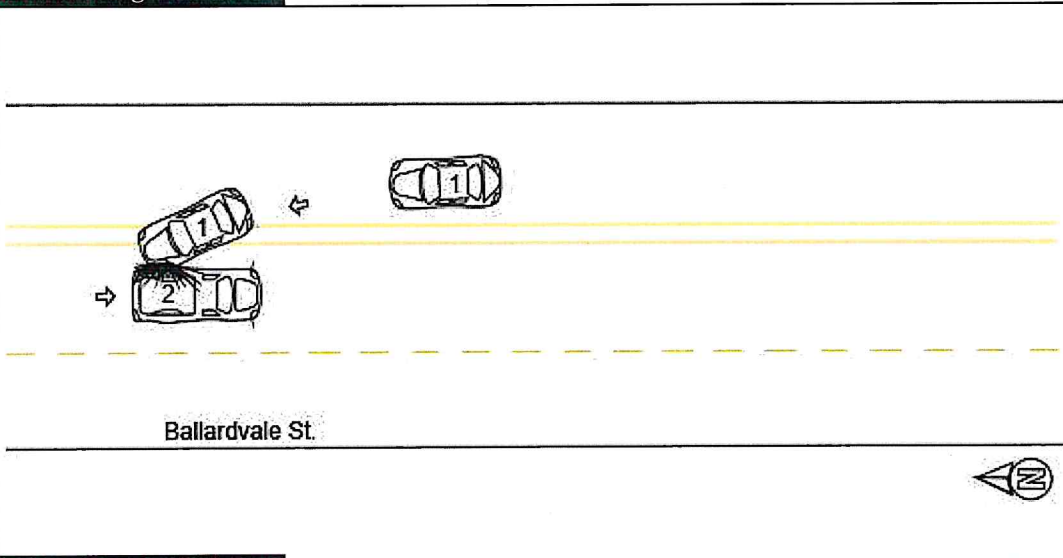
Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 07/01/2025	Time of Crash 1452 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 35	Latitude	Longitude	State Police Local Police MBTA Police Campus Police Other:
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street		220 BALLARDVALE ST					
At			Feet N S E W of		Mile Marker Exit Number					
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of		Route# Intersecting Roadway/Street					
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# 25-183-AC	
License #, St, DOB/Age			Reg # 5WCP55		Reg Type PC		Reg State MA			
Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement			Veh Year 2010		Veh Make HONDA		Veh Config. 1 21			
Operator RODRIGUEZ, JEFFREY T			Owner RODRIGUEZ, JEFFREY T							
Address 590 BROADWAY APT 108			Address 590 BROADWAY APT 108							
City LAWRENCE State MA Zip 01841-2470			City LAWRENCE State MA Zip 01841-2470							
Insurance Company PILGRIM INSURANCE COMPANY			Vehicle Action Prior to Crash 1 22		Damaged Area Code: 1 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: 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 9 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					
Please fill out for operator and all occupants involved					Towed from scene? 1 33					
Name (Last First Middle)			DOB/Age		Sex		34 Seat Pos.		35 Safety System	
Operator			See Above		1		0		1	
							0		0	
							10		0	
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 # 6HR177		Reg Type PC		Reg State MA			
Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement			Veh Year 2020		Veh Make TOYOTA		Veh Config. 1 21			
Operator HERMIDA, IRVING			Owner HERMIDA, IRVING							
Address 1 CRANE ST			Address 1 CRANE ST							
City HYDE PARK State MA Zip 02136-3216			City HYDE PARK State MA Zip 02136-3216							
Insurance Company AMICA MUTUAL INSURANCE CO			Vehicle Action Prior to Crash 1 22		Damaged Area Code: 7 27 27 27					
Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? 2			Event Sequence 1 23 23 23 23		Test Status: 28					
Citation # (If Issued)			Most Harmful Event 1 24		Type of Test: 29					
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Please fill out for operator and all occupants involved					Towed from scene? 1 33					
Name (Last First Middle)			DOB/Age		Sex		34 Seat Pos.		35 Safety System	
Operator/Occupants			See Above		1		1		4	
							0		0	
							10		0	

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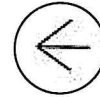
→ ○ → ○



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 07/01/25 car 1 while travelling NB on Ballardvale St. in the area of 220 Ballardvale St., crossed the double yellow line and crashed into car 2. Front airbags went off in car 1. Operator of car 1 stated his MV suddenly pulled into car 2's direction and his brakes did not work prior to the crash. Both operators refused medical/transport by the Wilmington FD/EMS. A&S towing took both 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

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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 Dillon Halliday

205

Wilmington Police Department

07/01/2025

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date