

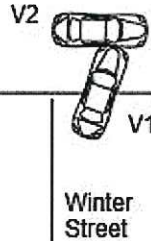
Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 06/22/2025	Time of Crash 0940 24HR	City/Town WILMINGTON	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 40 Latitude Longitude	State Police Local Police MBTA Police Campus Police Other	
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
1 1 Route# Direction MAIN ST At Route# Direction WINTER ST Name of Intersecting Roadway/Street Also at Intersection with 2 1 Route# Direction Name of Intersecting Roadway/Street			2 10 Route# Direction Address # Name of Roadway/Street Feet N S E W of or Exit Number 4 11 Feet N S E W of Route# Intersecting Roadway/Street Landmark							
3 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# 25-174-AC							
License # St DOB/Age Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement Operator LASKY, ROBERTA LEE 4 1 Address 17 WINTER ST City WILMINGTON State MA Zip 01887-1757 Insurance Company AMICA MUTUAL INSURANCE CO 5 Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? 2 Citation # (If Issued) Viol. 1: Cl/Sec/Sub Viol. 2: Cl/Sec/Sub 6 1 Viol. 3: Cl/Sec/Sub Viol. 4: Cl/Sec/Sub			Reg # 999WX3 Reg Type PC Reg State MA Veh Year 2016 Veh Make SUBARU Veh Config. 1 21 Owner LASKY, ROBERTA LEE Address 17 WINTER ST City WILMINGTON State MA Zip 01887-1757 Vehicle Action Prior to Crash 1 22 Event Sequence 1 23 23 23 23 Most Harmful Event 1 24 Driver Contributing Code 19 25 25 Driver Distracted by 0 26 26 1 12 1 13							
Please fill out for operator and all occupants involved			Please fill out for operator and all occupants involved							
Operator See Above			Operator See Above							
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.			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 Sex M Lic. Class D 19 19 Lic. Restrictions B 20 CDL Endorsement Operator CRISANTE, JAKOB A 8 2 Address 96 SAUNDERS ST City NORTH ANDOVER State MA Zip 01845-2414 Insurance Company US GOVERNMENT SELF INSURE Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? 2 Citation # (If Issued) Viol. 1: Cl/Sec/Sub Viol. 2: Cl/Sec/Sub 9 2 Viol. 3: Cl/Sec/Sub Viol. 4: Cl/Sec/Sub			Reg # 0209526 Reg Type PO Reg State MA Veh Year 1991 Veh Make CHEVROLET Veh Config. 97 21 Owner US POSTAL SERVICE MANAGER VME Address 1340 FLORIDA AVE City NEW ORLEANS State LA Zip 70119 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 1 14							
Please fill out for operator and all occupants involved			Please fill out for operator and all occupants involved							
Operator/Occupants See Above			Operator/Occupants See Above							

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○

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 Sunday June 22, 2025 at approximately 10:00am I was dispatched to Main Street by the Tewksbury line for a minor motor vehicle crash. V1 had damage to the front end and V2 had right side damage. Op1 stated she was stopped at the stop line on Winter Street and V2 was driving northbound on Main Street and stuck her while stopped at the stop line. Op2 stated he was driving northbound on Main Street and V1 pulled out of Winter Street onto Main Street and struck him. Information was exchanged and both parties declined medical attention.

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

228

Wilmington Police Department

06/22/2025

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department
Images Associated with 25-174-AC



Attachments for 25-174-AC	
Description	Type
25-174-AC RL LASKY OPER CRASH RPT	PDF
Attachment#: 7DA13DD675084DD9ACE4B47D08D2AE19	

Police Use Only			Commonwealth of Massachusetts				RMV Document Number								
Date of Crash 06/24/2025		Time of Crash 1507 24HR		City/Town Wilmington		Motor Vehicle Crash Police Report		Number Vehicles 1		Number Injured 0		Speed Limit 10 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 586 MAIN ST						2 10			
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with						Feet N S E W of Mile Marker Exit Number						1 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: <input checked="" type="checkbox"/> Vehicle 1 #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped						Crash Report ID# 25-175-AC									
License # St DOB/Age Sex F Lic. Class D 19 19 Lic. Restrictions N 20 CDL Endorsement						Reg # 3XYG13 Reg Type PC Reg State MA Veh Year 2016 Veh Make HYUNDAI Veh Config. 1 21						7 12			
Operator MATZKE, MADELEINE LOUISE Last First Middle						Owner MATZKE, MADELEINE LOUISE Last First Middle									
Address 184 TAFT RD						Address 184 TAFT RD									
City WILMINGTON State MA Zip 01887-2821						City WILMINGTON State MA Zip 01887-2821									
Insurance Company STATE FARM MUTUAL AUTOMOB						Vehicle Action Prior to Crash 1 22 Damaged Area Code: 1 27 8 27 27									
Vehicle Travel Direction: N X E W Responding to Emergency? 2						Event Sequence 35 23 23 23 23 Test Status: 1 28									
Citation # (If Issued)						Most Harmful Event 35 24 Type of Test: 0 29									
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 97 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						30 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						1 1 4 0 0 10 1									
Please Select One of the Following: <input type="checkbox"/> Vehicle 2 #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped <input type="checkbox"/> 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 Veh Year Veh Make Veh Config. 21									
Operator Last First Middle						Owner Last First Middle									
Address						Address									
City State Zip						City State Zip						1 14			
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															
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 ○ = Pedestrian ○ = Bicycle
 ie: → 1 → 2 → ○ → ○

Crash Diagram:

The diagram shows a street intersection. A yellow line labeled 'Lowell St' runs vertically on the left. A yellow line labeled 'Main St' runs vertically on the right. A horizontal line represents '586 Main St'. A car icon labeled 'Vehicle 1' is parked at the intersection. Below the car is a box labeled 'Shell Gas Pumps'. A north arrow points down, labeled 'Indicate North by Arrow'.

If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow



Crash Narrative:

On Tuesday, June 24, 2025 at approximately 3:00PM, Vehicle 1 was pulling into the parking spot at 586 Main Street. The operator of Vehicle 1 stated she confused the brake and the gas pedal and drove past the parking spot and into the building. The collision caused damage to the front of vehicle 1 and broke the window of 586 Main Street.

The operator was evaluated and refused transport.

Photos attached.

Vehicle was driven from the scene.

Witnesses:

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

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
NOURIA	586 MAIN ST WILMINGTON MA 01887	978-657-0223	97	WINDOW

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 Christopher k Miccichi

232

Wilmington Police Department

06/24/2025

Police Officer Name (Please Print)

Signature

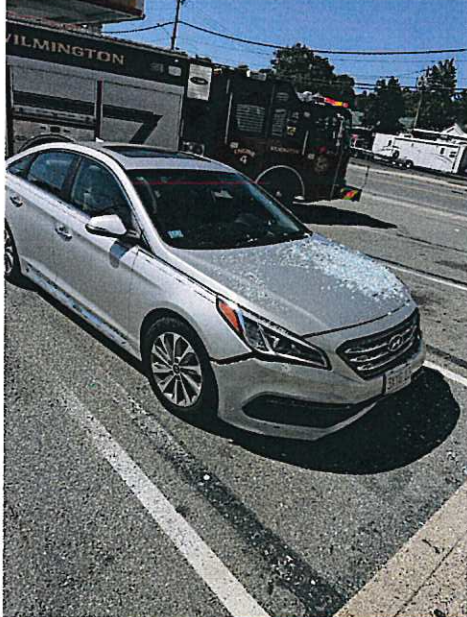
ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department
Images Associated with 25-175-AC



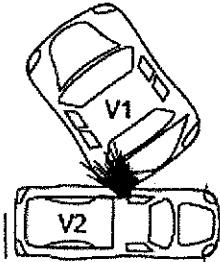
Police Use Only		Commonwealth of Massachusetts										RMV Document Number					
Date of Crash 06/25/2025		Time of Crash 0734 24HR		City/Town Wilmington		Motor Vehicle Crash Police Report				Number Vehicles 2		Number Injured 0		Speed Limit _____ Latitude _____ Longitude _____		State Police <input type="checkbox"/> Local Police <input type="checkbox"/> MBTA Police <input type="checkbox"/> Campus Police <input type="checkbox"/> Other: <input type="checkbox"/>	
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:									
Route# _____ Direction _____ Name of Roadway/Street _____ At _____						Route# _____ Direction _____ Address # <u>260</u> Name of Roadway/Street <u>FORDHAM RD</u> ____ Feet <u>N S E W</u> of _____ or _____ Mile Marker _____ Exit Number _____ ____ Feet <u>N S E W</u> of _____ Route# _____ Intersecting Roadway/Street _____ ____ Feet <u>N S E W</u> of _____ Landmark _____											
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____																	
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____																	
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle <u>12</u> #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped						Crash Report ID# <u>25-176-AC</u>											
License # _____ St _____ DOB/Age _____ Sex <u>F</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL _____ Endorsement _____ Operator <u>BORNHORST, KATHLEEN E</u> Address <u>37 BIRCH ST</u> City <u>LEOMINSTER</u> State <u>MA</u> Zip <u>01453-2509</u> Insurance Company <u>PROGRESSIVE DIRECT INSURA</u> Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input checked="" type="checkbox"/> E <input checked="" type="checkbox"/> W Responding to Emergency? <u>2</u> Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____						Reg # <u>2SMZ32</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2020</u> Veh Make <u>TOYOTA</u> Veh Config. <u>1</u> <u>21</u> Owner <u>BORNHORST, STACY ANN</u> Address <u>37 BIRCH ST</u> City <u>LEOMINSTER</u> State <u>MA</u> Zip <u>01453-2509</u> Vehicle Action Prior to Crash <u>10</u> <u>22</u> Damaged Area Code: <u>6</u> <u>27</u> <u>27</u> <u>27</u> Event Sequence <u>2</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u> Most Harmful Event <u>2</u> <u>24</u> Type of Test: <u>0</u> <u>29</u> Driver Contributing Code <u>1</u> <u>25</u> <u>25</u> BAC Test Result: <u>1</u> <u>30</u> Driver Distracted by <u>7</u> <u>26</u> <u>26</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u> Towed from scene? <u>2</u> <u>33</u>											
Please fill out for operator and all occupants involved																	
Name (Last First Middle) Address DOB/Age Sex 34 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																	
KAYDEN COTE 37 BIRCH ST LEOMINSTER, MA 01453 08/18/2020 M 6 4 4 0 0 10 1																	
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle <u>20</u> #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped <input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.																	
License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____ Endorsement _____ Operator <u>Driverless M.V.</u> Address _____ City _____ State _____ Zip _____ Insurance Company _____ Vehicle Travel Direction: <u>N</u> <u>S</u> <u>E</u> <u>W</u> Responding to Emergency? <u>2</u> Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____						Reg # <u>W91384</u> Reg Type <u>CO</u> Reg State <u>MA</u> Veh Year <u>2022</u> Veh Make <u>FORD</u> Veh Config. <u>2</u> <u>21</u> Owner <u>ENTERPRISE FM TRUST</u> Address <u>600 CORPORATE PARK DR</u> City <u>SAINT LOUIS</u> State <u>MO</u> Zip <u>63105-4204</u> Vehicle Action Prior to Crash <u>11</u> <u>22</u> Damaged Area Code: <u>7</u> <u>27</u> <u>27</u> <u>27</u> Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u> Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>0</u> <u>29</u> Driver Contributing Code <u>1</u> <u>25</u> <u>25</u> BAC Test Result: <u>1</u> <u>30</u> Driver Distracted by <u>0</u> <u>26</u> <u>26</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u> Towed from scene? <u>2</u> <u>33</u>											
Please fill out for operator and all occupants involved																	
Name (Last First Middle) Address DOB/Age Sex 34 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

Crash Diagram:

ie: → 1 → 2 → ○ → ○

Parking lot of 260
Fordham RD



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:

At approximately 7:34AM V1 was backing out of a parking spot at 260 Fordham RD when it stuck V2 which was parked and un occupied. V1 stated they over corrected and were having difficulty seeing because of the sun outside when they came into contact with V2 which was parked behind them. V1 had damage to the rear left side quarter panel. V2 had damage to the left side rear door. No injuries were observed or reported by V1 operator or juvenile passenger . V1 was able to drive from the scene and V2 remained in the 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 # _____ (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 Caleb A Wiig 237 Wilmington Police Department 06/25/2025
Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Images Associated with 25-176-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 06/26/2025	Time of Crash 1902 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 ADAMS ST			Route# Direction Address # Name of Roadway/Street		Route# Direction Address # Name of Roadway/Street					
At					Feet N S E W of or Exit Number					
Route# Direction CHURCH ST			Route# Direction Address # Name of Roadway/Street		Feet N S E W of or Exit Number					
Name of Intersecting Roadway/Street					Route# Intersecting Roadway/Street					
Also at Intersection with					Feet N S E W of					
Route# Direction Name of Intersecting Roadway/Street					Landmark					
Please Select One of the Following:			<input checked="" type="checkbox"/> Vehicle 12 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Crash Report ID# 25-177-AC	
License # S: DOB/Age			Reg # 8715VH Reg Type PC Reg State MA		Veh Year 2015 Veh Make NISSAN Veh Config. 1 21					
Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2015 Veh Make NISSAN Veh Config. 1 21		Owner PIRES, ANTONIO AGILIO					
Operator PIRES, SINDY BELINDA			Address 138 ANDOVER ST		Address 138 ANDOVER ST					
City WILMINGTON State MA Zip 01887-1241			City WILMINGTON State MA Zip 01887-1241		Vehicle Action Prior to Crash 1 22					
Insurance Company LM GENERAL INSURANCE COMP			Event Sequence 1 23 23 23 23		Damaged Area Code: 1 27 27 27					
Vehicle Travel Direction: N S E W Responding to Emergency? 2			Most Harmful Event 1 24		Test Status: 28					
Citation # (If Issued)			Driver Contributing Code 1 25 25		Type of Test: 29					
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Driver Distracted by 0 26 26		BAC Test Result: 30					
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub					Susp. Alcohol: 31 Susp. Drug: 32					
Please fill out for operator and all occupants involved					Towed from scene? 1 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 3 0 0 9 2		Lahey Clinic					
LEANDRO PIRES 138 ANDOVER ST WILMINGTON, MA 01887			03/12/2011 M 3 1 3 0 0 10 2		Lahey Clinic					
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 # S: DOB/Age			Reg # 471ZAC Reg Type PC Reg State MA		Veh Year 2020 Veh Make Jeep Veh Config. 1 21					
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2020 Veh Make Jeep Veh Config. 1 21		Owner BRENNAN, EDWIN JOHN					
Operator BRENNAN, EDWIN JOHN			Address 30 WASHINGTON AVE		Address 30 WASHINGTON AVE					
City WILMINGTON State MA Zip 01887-2307			City WILMINGTON State MA Zip 01887-2307		Vehicle Action Prior to Crash 1 22					
Insurance Company QUINCY MUTUAL FIRE INSURA			Event Sequence 1 23 23 23 23		Damaged Area Code: 2 27 27 27					
Vehicle Travel Direction: X S E W Responding to Emergency? 2			Most Harmful Event 1 24		Test Status: 28					
Citation # (If Issued)			Driver Contributing Code 4 25 25		Type of Test: 29					
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Driver Distracted by 0 26 26		BAC Test Result: 30					
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub					Susp. Alcohol: 31 Susp. Drug: 32					
Please fill out for operator and all occupants involved					Towed from scene? 1 33					
Name (Last First Middle) Address DOB/Age Sex			34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code		Medical Facility					
Operator/Occupants See Above			1 1 4 0 0 10 1							

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

ie: → 1 → 2 → O → B

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 Thursday June 26, 2025, MV #1 was traveling west on Church St. proceeding through the intersection of Church St. and Adams St. Just as MV#1 went past the intersection, MV#2, traveling north on Adams St. crossed into MV#1's lane of traffic and the two cars crashed. Operator of MV#1 then exited the car and then laid down on the ground by the passenger's side door. Operator of MV#2 did report any injuries. Operator of MV#1 was transported to Lahey by Reading Fire. Passenger of MV#1 was also transported to Lahey with Operator MV#1. Passenger is a juvenile. Both cars had extensive front end damage. Both cars were towed by Cain's. Operator of MV#2 said that it was difficult to see the flow of traffic due to the Fun on the Fourth festivities and corresponding traffic build up. Witnesses said they saw MV#2 continuously "inch" out into the intersection, prior to the crash.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
GROSSI NICK	10 BURLINGTON AVE Apt. #1112 WILMINGTON MA 0188		
ARCHAMBAULT BRAEDEN	23 CORBETT ST ANDOVER MA 01810		

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 Dale H Parsons

Police Officer Name (Please Print)

Signature

236

ID/Badge #

Wilmington Police Department

Department

Precinct/Barracks

06/26/2025

Date

Attachments for 25-177-AC	
Description	Type
25-177-AC EJ BRENNAN OPER CRASH RPT	PDF
Attachment#: 1865CBAE7A82430B94333F562ADF7F6B	