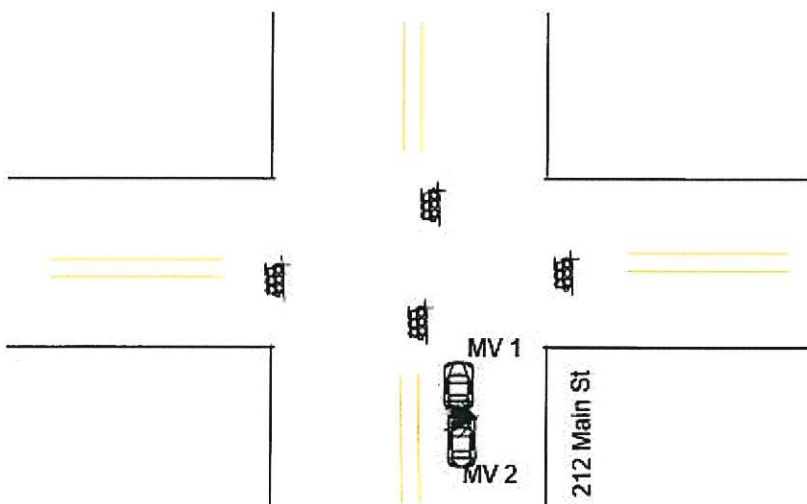


Police Use Only			Commonwealth of Massachusetts				RMV Document Number																
Date of Crash 06/30/2025		Time of Crash 1333 24HR		City/Town Wilmington		Motor Vehicle Crash Police Report		Number Vehicles 2		Number Injured 1		Speed Limit 35 Latitude Longitude		State Police Local Police MBTA Police Campus Police Other									
AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:																	
Route# Direction Name of Roadway/Street At						Route# Direction Address # Name of Roadway/Street 212 MAIN ST																	
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with						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																	
Route# Direction Name of Intersecting Roadway/Street						Landmark																	
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 13 #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped						Crash Report ID# 25-180-AC																	
License # St DOB/Age Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement						Reg # 2GAX47 Reg Type PC Reg State MA Veh Year 2021 Veh Make TESLA Veh Config. 1 21																	
Operator RAWDING, GARY N Last First Middle						Owner RAWDING, GARY N Last First Middle																	
Address 11 ALMA RD						Address 11 ALMA RD																	
City BURLINGTON State MA Zip 01803-1605						City BURLINGTON State MA Zip 01803-1605																	
Insurance Company THE COMMERCE INSURANCE CO						Vehicle Action Prior to Crash 2 22 Damaged Area Code: 1 27 4 27 6 27																	
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? 2						Event Sequence 2 23 23 23 23 Test Status: 1 28																	
Citation # (If Issued)						Most Harmful Event 2 24 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																	
Driver Distracted by 0 26 26						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		9		1			
CHARLES RAWDING		11 MARK ST BURLINGTON, MA 01803		08/09/2013		M		1		1		4		0		0		10		1			
GARY RAWDING		11 MARK ST BURLINGTON, MA 01803		09/13/2011		M		1		1		4		0		0		10		1			
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 Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement						Reg # 3XKD96 Reg Type PC Reg State MA Veh Year 2024 Veh Make Jeep Veh Config. 1 21																	
Operator CAMPBELL, JODI LYNE Last First Middle						Owner CAMPBELL, JODI LYNE Last First Middle																	
Address 5 POND ST						Address 5 POND ST																	
City WILMINGTON State MA Zip 01887-3738						City WILMINGTON State MA Zip 01887-3738																	
Insurance Company LIBERTY MUTUAL INSURANCE						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 2 23 23 23 23 Test Status: 1 28																	
Citation # (If Issued)						Most Harmful Event 2 24 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 19 25 25 Susp. Alcohol: 2 31 Susp. Drug: 2 32																	
Driver Distracted by 7 26 26						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:

The operator of MV 1 stated he was stopped at the redlight in the NB travel lane in the area of 212 Main St. MV 1 stated that as soon as the light turned green, he was hit from behind by MV 2. The operator of MV 2 stated that they looked up and saw the greenlight and just kept driving. MV 2 stated they didnt look down to see if there were any vehicles in front of her an rammed into the back of MV 1. MV 1 sustained rear right, left, center damage. MV 2 sustained center front damage. Operator of MV 1 stated his neck and low back were a little sore but declined medical attention. No other injuries were reported and both vehicle were in operable condition.

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 Robert M DeGregorio III

223

Wilmington Police Department

06/30/2025

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

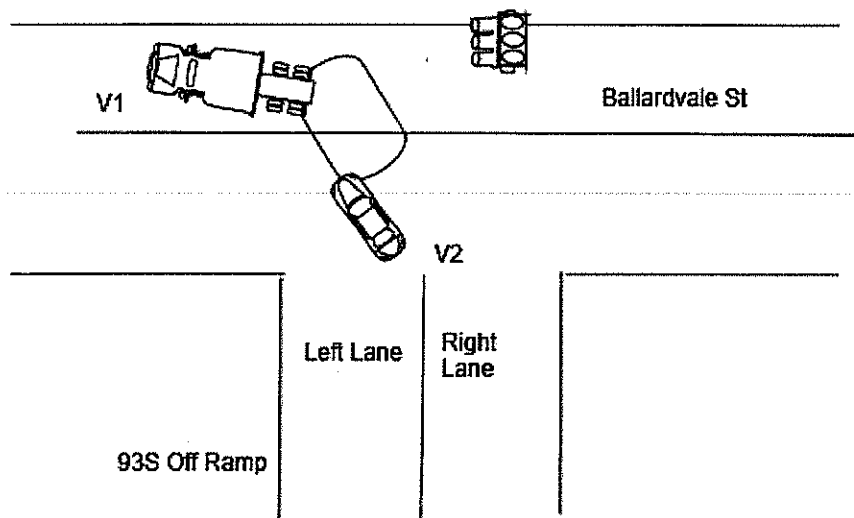
Precinct/Barracks

Date

Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 06/30/2025	Time of Crash 1443 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 ROUTE 125 HWY 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 BALLARDVALE ST 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 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Crash Report ID# 25-181-AC		
License # St DOB/Age							Reg # 3697456 Reg Type AP Reg State IN							
Sex M Lic. Class A 19 19 Lic. Restrictions 20 CDL Endorsement							Veh Year 2025 Veh Make Freightliner Veh Config. 10 21							
Operator SANTOS MENDOZA, NICKY EMILIO							Owner SWIFT TRANSPORTATION OF ARIZONA LLC							
Address 9 PARK ST APT 1							Address 6500 W INDUSTRIAL WAY							
City SALEM State MA Zip 01970-6064							City GARY State IN Zip 46406							
Insurance Company AON RISK SERVICES SW INC							Vehicle Action Prior to Crash 4 22							
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							
Citation # (If Issued)							Most Harmful Event 1 24							
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub							Driver Contributing Code 1 25 25							
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub							Driver Distracted by 0 26 26							
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 99 4 0 0 10 1							
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 # 3TCD55 Reg Type PC Reg State MA							
Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement							Veh Year 2012 Veh Make HONDA Veh Config. 8 21							
Operator SUERO VASQUEZ, LUCRECIA							Owner SUERO VASQUEZ, LUCRECIA							
Address 108 SALEM ST APT 1							Address 108 SALEM ST APT 1							
City LAWRENCE State MA Zip 01843-1516							City LAWRENCE State MA Zip 01843-1516							
Insurance Company THE HANOVER INSURANCE COM							Vehicle Action Prior to Crash 4 22							
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							
Citation # (If Issued)							Most Harmful Event 1 24							
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub							Driver Contributing Code 19 25 25							
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub							Driver Distracted by 0 26 26							
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/Occupants See Above							1 99 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:

On Monday June 30, 2025 at approximately 2:30pm I was dispatched to a two car motor vehicle crash. Upon arrival I observed a tractor trailer unit and a Honda SUV parked on the side of the road. Op1 stated he was turning left onto Ballardvale in the right lane and V2 undercut him and collided with the rear left corner of his trailer. Op1 V2 was the third vehicle in line at the light in the left lane. Op2 stated she was turning left onto Ballardvale in the left lane and V1 did not take a wide enough turn and the collision occurred. Both parties stated they were uninjured and did not want to be evaluated by the Fire Department. Both vehicles were drivable and information was exchanged. Op1 provided a dash camera video which will be included in this report.

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 # **3697456** (From Vehicle Section)

Carrier Name **Swift Transportation**

Bus Use **0** ⁴²

Address **2200 S75TH AVE**

City **PHEONIX**

St **AZ** Zip **85043**

US DOT #: **54283**

State Number

Issuing State

MC/MX/ICC #:

Interstate **0** ⁴³

Cargo Body Type Code

97 ⁴⁴

GVWR/GCWR

2 ⁴⁵

Trailer Reg #: **252583F**

Reg Type **TR**

Reg State **ME**

Reg Year **2022**

Trailer Length

4 ⁴⁶

Hazmat Information:

Placard **2** ⁴⁷

Material 1 digit #

48 ⁴⁸

Material Name

Material 4 digit #

Release code

3 ⁴⁹

Patrol Officer John A Fortes

Police Officer Name (Please Print)

Signature

228

ID/Badge #

Wilmington Police Department

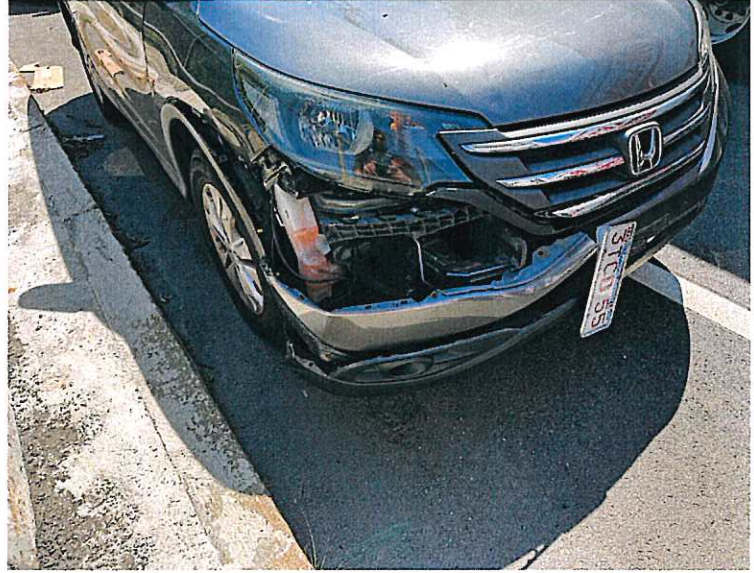
Department

Precinct/Barracks

06/30/2025

Date

Wilmington Police Department
Images Associated with 25-181-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 07/01/2025	Time of Crash 1250 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 1	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		335 MAIN ST					
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			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 12 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Crash Report ID# 25-182-AC	
License # St DOB/Age			Reg # 3NMK47		Reg Type PC		Reg State MA			
Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2022		Veh Make TOYOTA		Veh Config. 1 21			
Operator REED, TRACEY ANNE			Owner REED, THOMAS M							
Address 9 REGIS RD			Address 9 REGIS RD							
City TEWKSBURY State MA Zip 01876-1423			City TEWKSBURY State MA Zip 01876-1423							
Insurance Company THE COMMERCE INSURANCE CO			Vehicle Action Prior to Crash 1 22		Damaged Area Code: 8 27 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: 0 29					
Viol. 1: Ch/Sec/Sub			Driver Contributing Code 99 25 25		BAC Test Result: 1 30					
Viol. 2: Ch/Sec/Sub			Driver Distracted by 99 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 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										
LOGAN REED 9 REGIS RD TEWKSBURY, MA 01876			06/20/2019 M 6 4 4 0 0 10 1							
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 # 5474460		Reg Type PC		Reg State NH			
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2021		Veh Make TOYOTA		Veh Config. 1 21			
Operator RYAN, ANDREW PAUL			Owner RYAN, ANDREW PAUL							
Address 110 MAIN ST APT 1			Address 110 MAIN ST APT 1							
City ATKINSON State NH Zip 03811			City ATKINSON State NH Zip 03811							
Insurance Company STATE FARM INSURANCE			Vehicle Action Prior to Crash 1 22		Damaged Area Code: 3 27 27 27					
Vehicle Travel Direction: N S E X 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 99 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 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

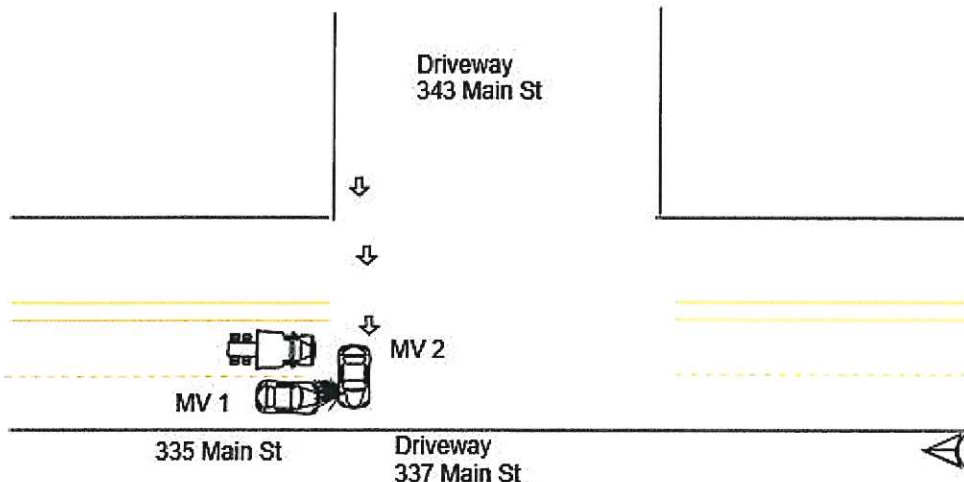
Crash Diagram:

ie: → 1 → 2 → ○ → ○

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:

MV 1 stated they were traveling SB when a motor vehicle came out of no where and hit her vehicle. MV 1 stated that there was a vehicle stopped next to her in the left travel lane but was not sure what kind. The operator of MV 2 stated that a tractor trailer unit stopped for him so he could pull out of the driveway of 343 Main St. MV 2 stated that he slowly pulled out past the tractor trailer unit when he was hit by MV 1. There was a witness to the crash who's statement were consisten with those of MV 2. MV 1 sustained left front damage. The operator of MV 1 complained of a sore ankle. MV 1 was still operable. MV 2 sustained right side damage and was still operable. There were no injuries to report in MV 2.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
DION KAYLYN ROSE	600 CONCORD RD NORTHFIELD NH 03276		

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 Robert M DeGregorio III

223

Wilmington Police Department

07/01/2025

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department
Images Associated with 25-182-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 07/02/2025	Time of Crash 2113 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 25	State Police Local Police MBTA Police Campus Police Other				
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:								
MAIN ST								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										
CHURCH ST								3 11					
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:			<input checked="" type="checkbox"/> Vehicle 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Crash Report ID# 25-184-AC				
License # St DOB/Age			Reg # VE94PX Reg Type PC Reg State MA							1 12			
Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement			Veh Year 2024 Veh Make LEXUS Veh Config. 1 21										
Operator GUTKOSKI, JOHN THEODORE			Owner GUTKOSKI, JOHN THEODORE										
Address 1260 OSGOOD ST APT 4204			Address 1260 OSGOOD ST APT 4204										
City NORTH ANDOVER State MA Zip 01845-1085			City NORTH ANDOVER State MA Zip 01845-1085										
Insurance Company FARMERS PROPERTY & CASUAL			Vehicle Action Prior to Crash 1 22		Damaged Area Code: 8 27 27 27								
Vehicle Travel Direction: N S E X 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 19 25 25		BAC Test Result: 30								
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Distracted by 99 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													
Please Select One of the Following:			<input checked="" type="checkbox"/> Vehicle 2 1 #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 # X83568 Reg Type CO Reg State MA										
Sex M Lic. Class D M 19 19 Lic. Restrictions 20 CDL Endorsement			Veh Year 2024 Veh Make RAM Veh Config. 2 21										
Operator BROWN, VINCENT JAMES			Owner EAN HOLDINGS LLC										
Address 15 MOORE ST			Address 14002 EAST 21ST ST ST APT 1500										
City WILMINGTON State MA Zip 01887-3735			City TULSA State OK Zip 74134-0000							1 14			
Insurance Company SAFECO INSURANCE COMPANY			Vehicle Action Prior to Crash 1 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 99 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								
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
 ie: → 1 → 2 → ○ → ○

Crash Diagram:

Main St

Church St (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:

MV1 WAS HEADING WEST ON RT 62/CHURCH ST, ONTO BURLINGTON AVE. MV2 WAS HEADING NORTH ON ROUTE 38/MAIN ST. BOTH OPERATORS REPORTED THAT THEY HAD THE GREEN SIGNAL. MV1 AND MV2 COLLIDED IN THE MIDDLE OF THE INTERSECTION. THE FRONT LEFT OF MV1 AND THE FRONT RIGHT OF MV2 BOTH SUSTAINED DAMAGE. NO WITNESSES CAME FORWARD AT THE TIME OF THE CRASH. NO AIRBAGS DEPLOYED, NO INJURIES REPORTED. BOTH VEHICLES WERE TOWED BY CAINS TOWING.

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 Kayla M Hanson

Police Officer Name (Please Print)

Signature

230

ID/Badge #

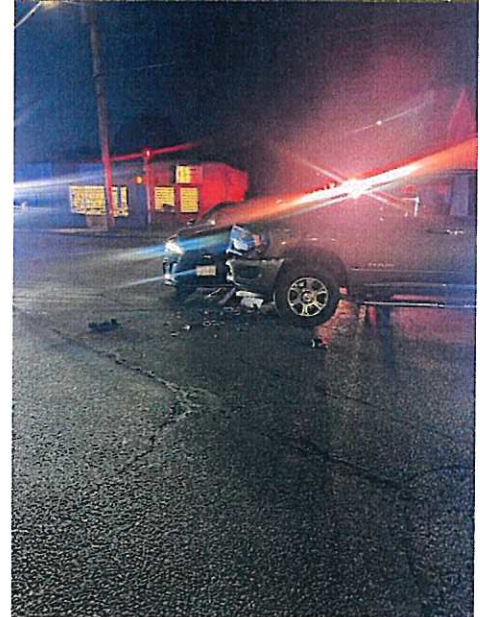
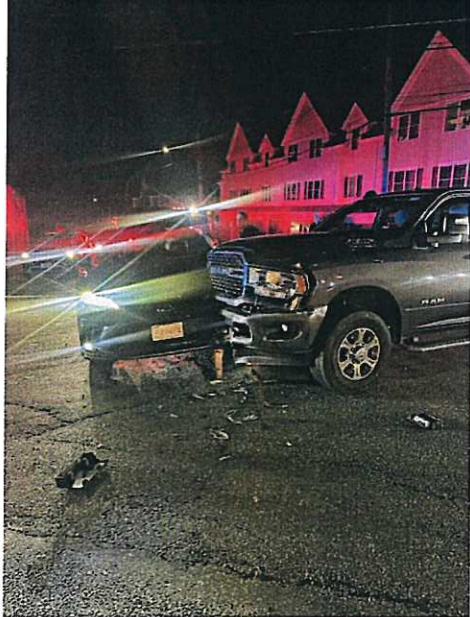
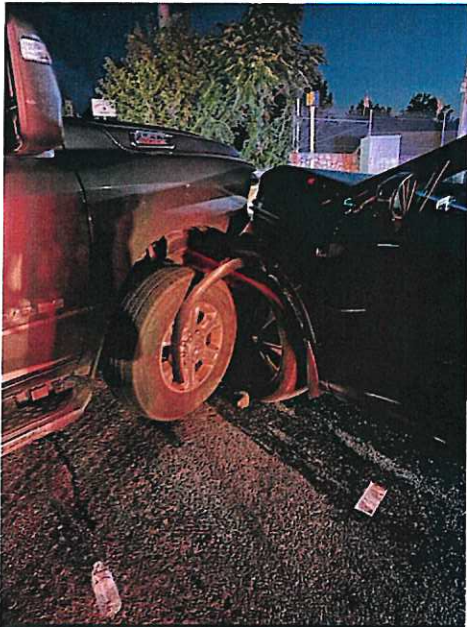
Wilmington Police Department

Department

07/02/2025

Date

Wilmington Police Department
Images Associated with 25-184-AC

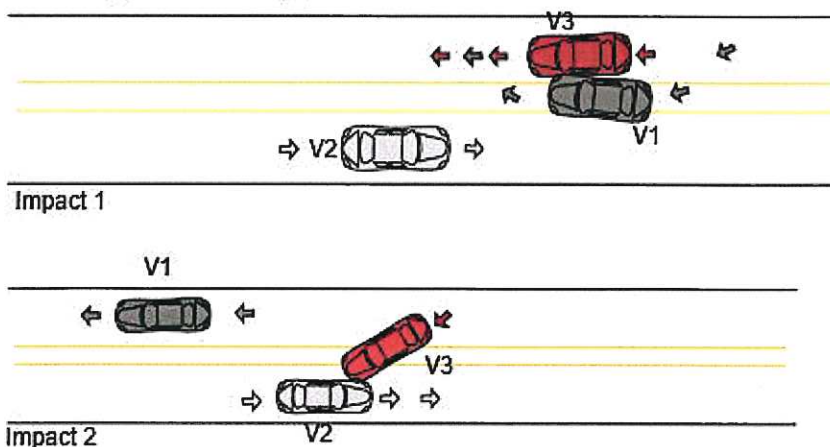


Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 07/02/2025	Time of Crash 1614 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 3	Number Injured 0	Speed Limit 35	State Police Local Police MBTA Police Campus Police Other					
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:							
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street				2 10							
At			Feet N S E W of or Mile Marker 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 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# 25-185-AC		
License # St DOB/Age			Reg # 832EV5 Reg Type PC Reg State MA						1 12					
Sex M Lic. Class D 19 19 Lic. Restrictions C 20 CDL Endorsement			Veh Year 2020 Veh Make TOYOTA Veh Config. 1 21											
Operator DONAGHEY, AARON M			Owner DONAGHEY, AARON M											
Address 16 IRENE AVE			Address 16 IRENE AVE											
City BILLERICA State MA Zip 01821-5015			City BILLERICA State MA Zip 01821-5015											
Insurance Company THE HANOVER INSURANCE COM			Vehicle Action Prior to Crash 1 22			Damaged Area Code: 7 27 2 27 8 27								
Vehicle Travel Direction: N S E X Responding to Emergency? 2			Event Sequence 1 23 23 23 23			Test Status: 1 28								
Citation # (If Issued) 544006AD			Most Harmful Event 1 24			Type of Test: 29								
Viol. 1: Ch/Sec/Sub 89 4A 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			Susp. Alcohol: 2 31 Susp. Drug: 2 32			Towed from scene? 2 33			1 13					
Please fill out for operator and all occupants involved														
Name (Last First Middle)			Address			DOB/Age Sex			Medical Facility					
Operator			See Above			1 1 4 0 0 10 1								
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 # S DOB/Age			Reg # 3AZF52 Reg Type PC Reg State MA											
Sex F Lic. Class D 19 19 Lic. Restrictions B 20 CDL Endorsement			Veh Year 2013 Veh Make LEXUS Veh Config. 1 21											
Operator CHANG, DOOHEE HONG			Owner CHANG, DOOHEE HONG											
Address 29 COUNTY RD			Address 29 COUNTY RD											
City BURLINGTON State MA Zip 01803			City BURLINGTON State MA Zip 01803											
Insurance Company THE COMMERCE INSURANCE CO			Vehicle Action Prior to Crash 1 22			Damaged Area Code: 8 27 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: 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			Susp. Alcohol: 2 31 Susp. Drug: 2 32			Towed from scene? 2 33			1 14					
Please fill out for operator and all occupants involved														
Name (Last First Middle)			Address			DOB/Age Sex			Medical Facility					
Operator/Occupants			See Above			1 1 4 0 0 10 1								
ZACHARY CHANG			29 COUNTY RD BURLINGTON, MA 01803			11/09/2012 M 4 1 4 0 0 10 1								

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

Crash Diagram:

Vicinity of 197 Burlington Ave Wilmington



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 was traveling west on Burlington Ave towards Burlington. V2 was traveling east on Burlington Ave into Wilmington. V3 was traveling west on Burlington Ave towards Burlington. Op1 stated he swerved to avoid hitting a vehicle backing out of a driveway and crashed into V3. Opr2 stated she was struck by V3 after V1 hit V3. Opr3 stated V1 went around her and crashed into her forcing her vehicle into V2. Opr3 stated she spun around once V1 stuck her. No injuries reported or observed in any involved party. There were two impacts: first V1 into V3 then as a result V3 hit V2. Moderate damage to V1, V2, and V3. V1 damage to driver side, driver front, and passenger front. V2 damage to driver side front. V3 damage to both sides and both sides of front. Photos attached. All vehicles operable after the crash.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
SAINT-HILLIEN GUY-ROBERT	145 BENNINGTON ST Apt. #308 REVERE MA 02151		

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 Kathryn C Goodwin

216

Wilmington Police Department

07/02/2025

Police Officer Name (Please Print)

Signature

ID/Badge #

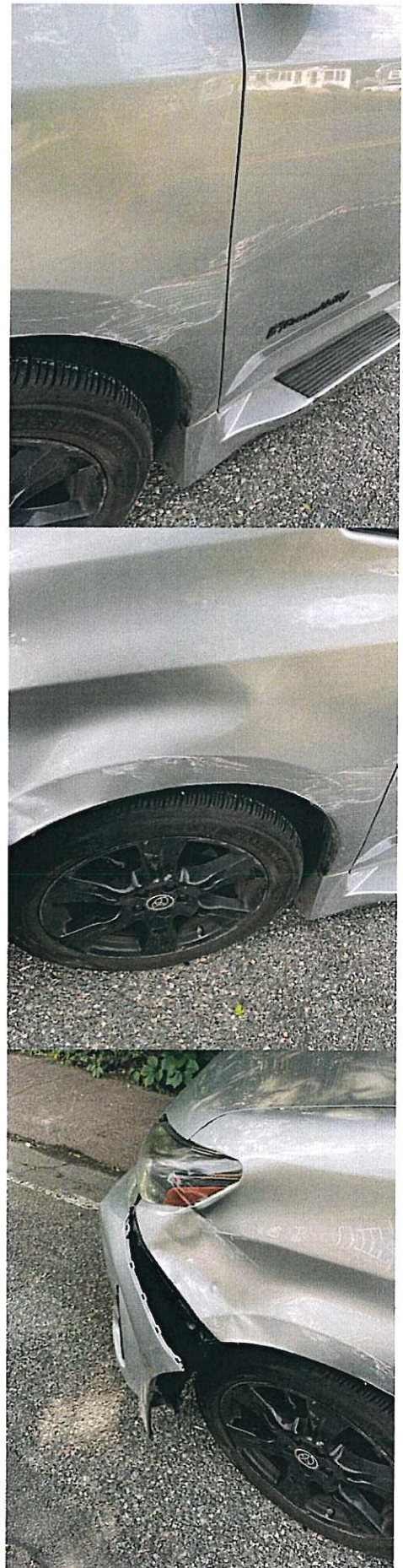
Department

Precinct/Barracks

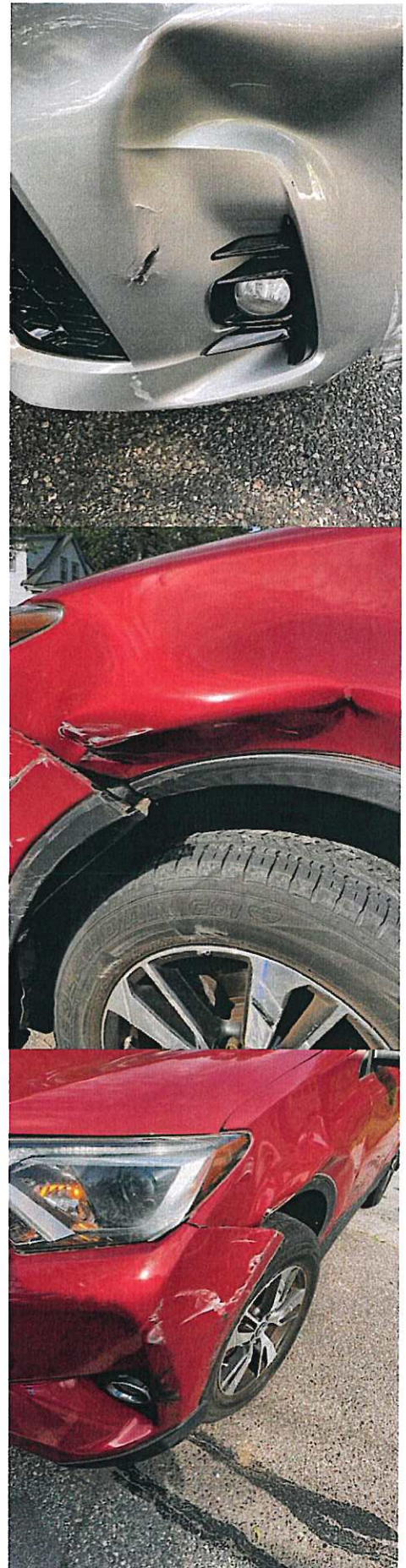
Date

Police Use Only			Commonwealth of Massachusetts										RMV Document Number			
Date of Crash 07/02/2025		Time of Crash 1614 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						2 10				
At						Feet N S E W of . or						3 11				
Route# Direction Name of Intersecting Roadway/Street						Feet N S E W of Route# Intersecting Roadway/Street						1 12				
Also at Intersection with						Feet N S E W of						1 13				
Route# Direction Name of Intersecting Roadway/Street						Landmark						1 14				
Please Select One of the Following:						<input checked="" type="checkbox"/> Vehicle 31 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Crash Report ID# 25-185-AC				
License # St DOB/Age						Reg # 3HE226 Reg Type PC Reg State MA						1 12				
Sex F Lic. Class D 19 19 Lic. Restrictions B 20 CDL Endorsement						Veh Year 2016 Veh Make TOYOTA Veh Config. 1 21						1 12				
Operator APOSTOLOPOULOS, JANICE MARIE						Owner APOSTOLOPOULOS, JANICE MARIE						1 12				
Address 2 WOODHILL RD						Address 2 WOODHILL RD						1 12				
City BURLINGTON State MA Zip 01803-1416						City BURLINGTON State MA Zip 01803-1416						1 12				
Insurance Company PROGRESSIVE DIRECT INSURA						Vehicle Action Prior to Crash 1 22						1 12				
Vehicle Travel Direction: N S E W Responding to Emergency? 2						Event Sequence 1 23 1 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 12				
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 0 26 26						1 12				
Please fill out for operator and all occupants involved						Please fill out for operator and all occupants involved						1 12				
Name (Last First Middle) Address DOB/Age Sex						Name (Last First Middle) Address DOB/Age Sex						1 12				
Operator See Above						Operator See Above						1 12				
												1 12				
												1 12				
												1 12				
												1 12				
Please Select One of the Following:						<input type="checkbox"/> Vehicle 4 #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 # Reg Type Reg State						1 12				
Sex Lic. Class D 19 19 Lic. Restrictions B 20 CDL Endorsement						Veh Year Veh Make Veh Config. 21						1 12				
Operator						Owner						1 12				
Address						Address						1 12				
City State Zip						City State Zip						1 12				
Insurance Company						Vehicle Action Prior to Crash 22						1 12				
Vehicle Travel Direction: N S E W Responding to Emergency?						Event Sequence 23 23 23 23						1 12				
Citation # (If Issued)						Most Harmful Event 24						1 12				
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 25 25						1 12				
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 26 26						1 12				
Please fill out for operator and all occupants involved						Please fill out for operator and all occupants involved						1 12				
Name (Last First Middle) Address DOB/Age Sex						Name (Last First Middle) Address DOB/Age Sex						1 12				
Operator/Occupants See Above						Operator/Occupants See Above						1 12				
												1 12				
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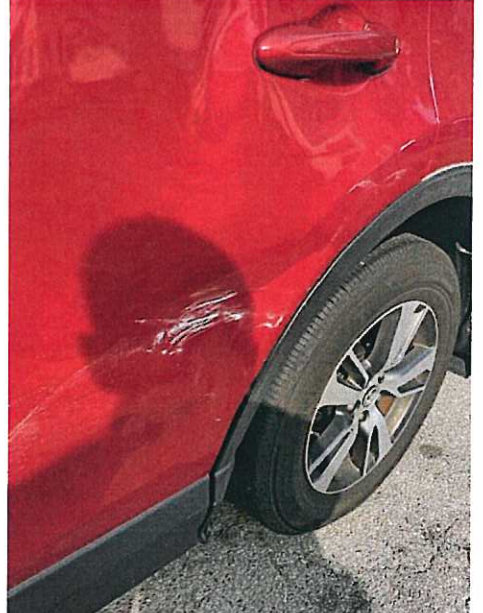
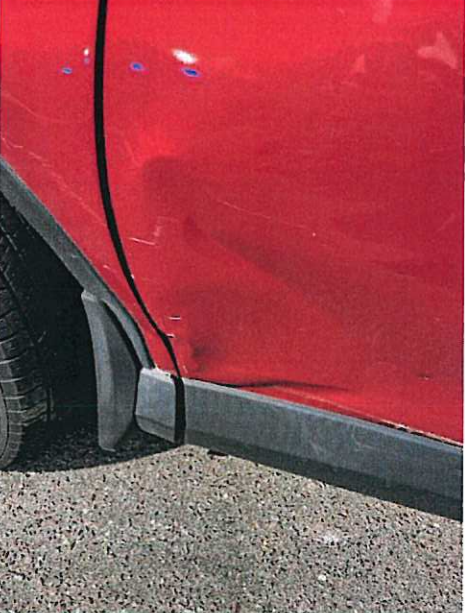
Wilmington Police Department
Images Associated with 25-185-AC



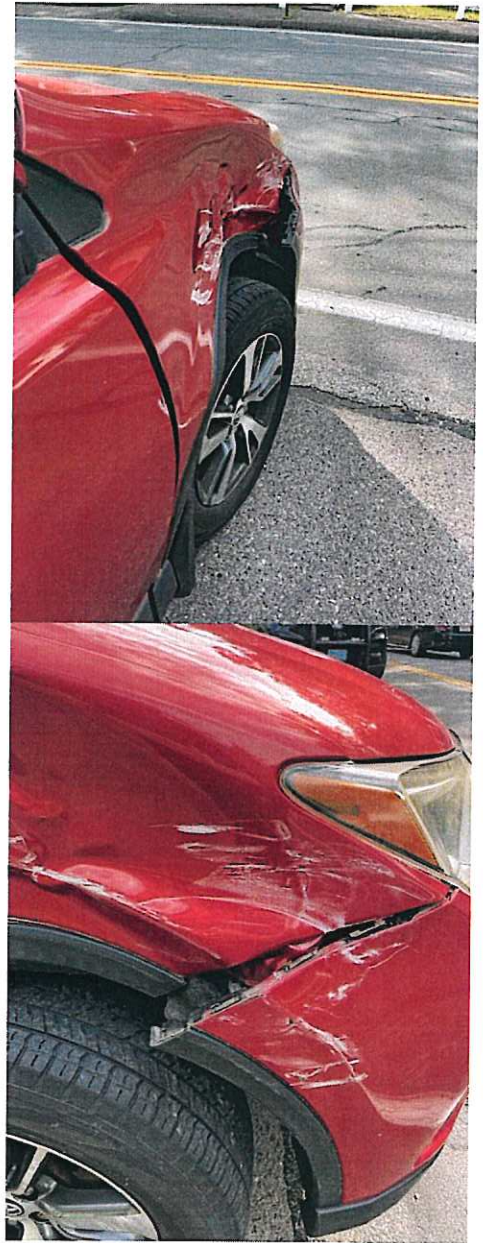
Wilmington Police Department
Images Associated with 25-185-AC



Wilmington Police Department
Images Associated with 25-185-AC



Wilmington Police Department
Images Associated with 25-185-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 07/03/2025	Time of Crash 0931 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 1	Number Injured 0	Speed Limit 30	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			Route# Direction Address # Name of Roadway/Street					2 10		
At			Feet N S E W of or Mile Marker 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:			<input checked="" type="checkbox"/> Vehicle 1 Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Crash Report ID# 25-186-AC	
License # St DOB/Age			Reg # 257717		Reg Type AP		Reg State KS		1 12	
Sex M Lic. Class A 19 19 Lic. Restrictions 1 20 CDL H Endorsement			Veh Year 2025		Veh Make Freightliner		Veh Config. 10 21		1 12	
Operator PREST, JASON WELLINGTON			Owner HARCROS CHEMICALS INC							
Address 53 S JEWETT ST FL APT 1			Address 5200 SPEAKER RD							
City MANCHESTER State NH Zip 03103			City KANSAS CITY State KS Zip 661061048							
Insurance Company ZURICH AMERICAN INS			Vehicle Action Prior to Crash 1 22		Damaged Area Code: 0 27 27 27					
Vehicle Travel Direction: X S E W Responding to Emergency? 2			Event Sequence 22 23 23 23 23		Test Status: 1 28					
Citation # (If Issued)			Most Harmful Event 22 24		Type of Test: 0 29					
Viol. 1: Ch/Sec/Sub			Driver Contributing Code 19 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				22 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.	
Operator			See Above		X		X		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			Reg #		Reg Type		Reg State			
Sex Lic. Class A 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		34 Seat Pos.	
Operator/Occupants			See Above		X		X		1 1 4 0 0 10 1	

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

Crash Diagram:

Wires Down Across Rd

Woburn St

Hathaway Rd

Wires Down Across Rd

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

N
↓

Crash Narrative:

The operator of MV 1 stated that when he turned onto Hathaway Rd there was a low hanging wire, hanging well below 14ft. The operator proceeded slowly and continued to watch the wires through his drivers side mirror. The operator stated he saw the wires shake but did not see them break and fall in the roadway. It should be noted that the Wilmington Police Department has contacted Verizon about low hanging wires in that area over the past few months.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
FLORES GENE D	3 HATHAWAY RD WILMINGTON MA 01887-1410		

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
VERIZON	200 BALLARDVALE ST WILMINGTON MA 0			DAMAGED CABLE/FIBER OPTIC

Truck and Bus Information:

Registration # **257717** (From Vehicle Section)

Carrier Name **Harcros Chemicals Inc** Bus Use 42

Address **5200 SPEAKER RD** City **KANSAS CITY** St **KS** Zip **61048**

US DOT #: **980774** State Number _____ Issuing State **KS** MC/MX/ICC #: _____

Interstate 0⁴³ Cargo Body Type Code 44 GVWR/GCWR 45

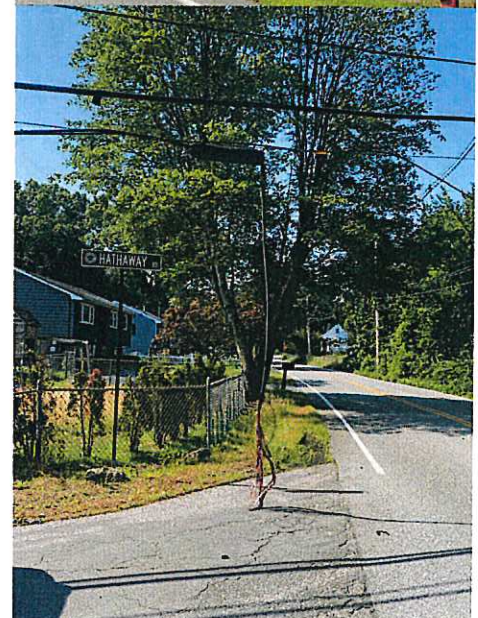
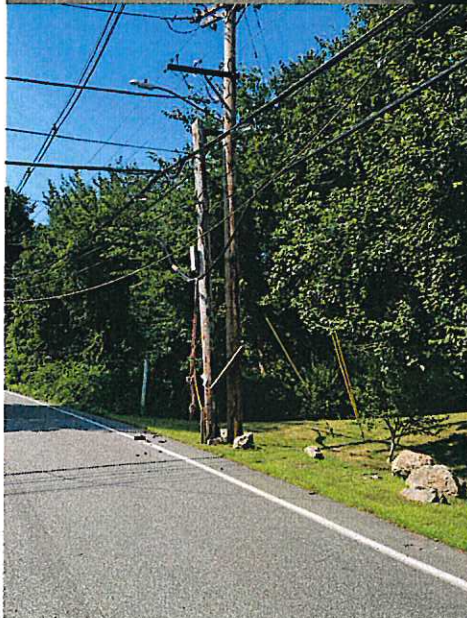
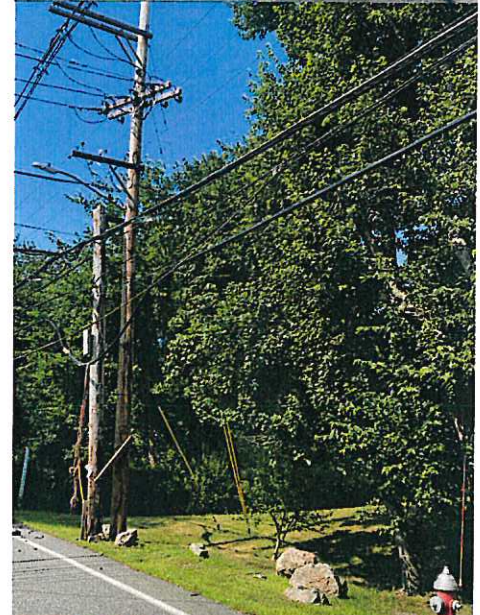
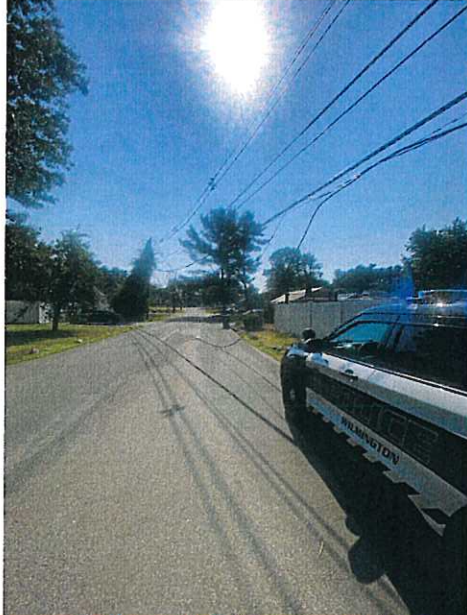
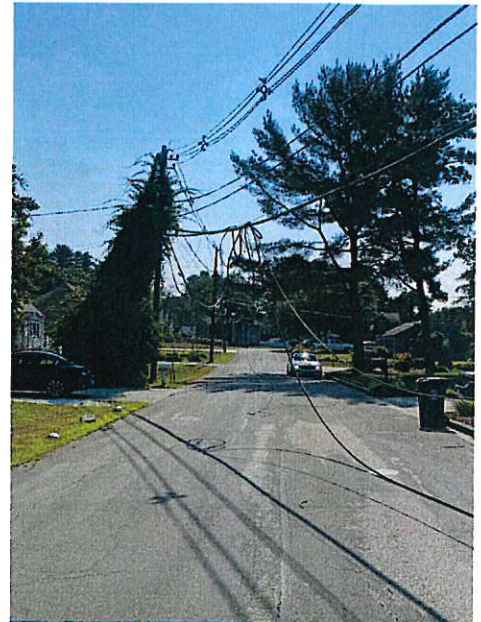
Trailer Reg #: **754127** Reg Type **TL** Reg State **KS** Reg Year _____ Trailer Length 46

Hazmat Information:

Placard 1⁴⁷ Material 1 digit # 8⁴⁸ Material Name _____ Material 4 digit # **1789** Release code 3⁴⁹

Patrol Officer Robert M DeGregorio III 223 Wilmington Police Department 07/03/2025
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Images Associated with 25-186-AC



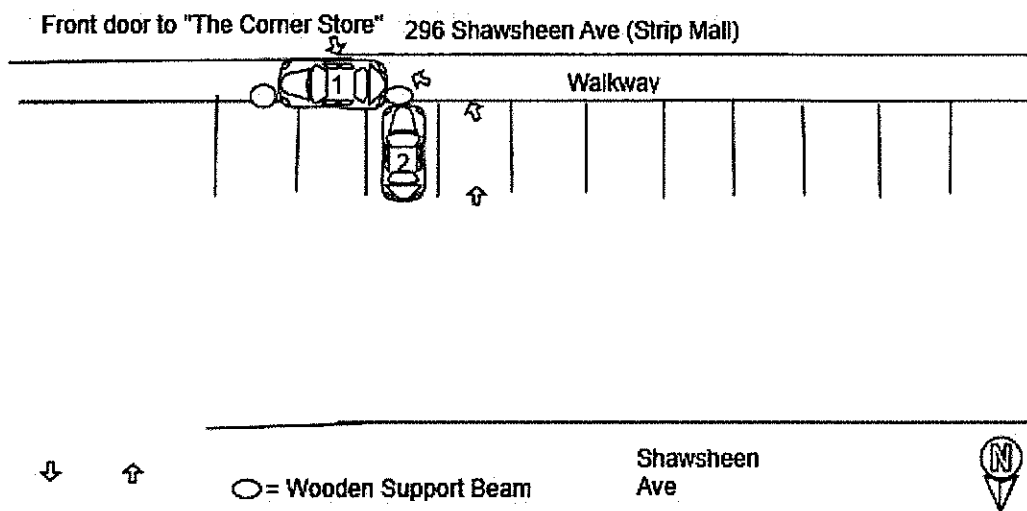
Wilmington Police Department
Images Associated with 25-186-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 07/04/2025	Time of Crash 1310 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 15	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			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# 25-187-AC	
License # St. DOB/Age			Reg # 4NJE82		Reg Type PC		Reg State MA			
Sex F Lic. Class D Lic. Restrictions 1 CDL Endorsement			Veh Year 2023		Veh Make MAZDA		Veh Config. 1			
Operator REYNOLDS, EILEEN FRANCES			Owner REYNOLDS, EILEEN FRANCES							
Address 15 MEMORY LN			Address 15 MEMORY LN							
City BILLERICA State MA Zip 01821-5006			City BILLERICA State MA Zip 01821-5006							
Insurance Company PROGRESSIVE DIRECT INSURA			Vehicle Action Prior to Crash 1		Damaged Area Code: 1 27 7 27 3 27					
Vehicle Travel Direction: N X E W Responding to Emergency? 2			Event Sequence 2 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 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					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 4 0 0 10 1							
Please Select One of the Following:			<input checked="" type="checkbox"/> Vehicle 20 #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 # LV99608		Reg Type RV		Reg State MA			
Sex Lic. Class Lic. Restrictions CDL Endorsement			Veh Year 2022		Veh Make LINCOLN		Veh Config. 1			
Operator Driverless M.V.			Owner ELITE LIVERY SERVICE OF BOSTON LIMITED PARTNE							
Address			Address 2802 POULIOT PL							
City State Zip			City WILMINGTON State MA Zip 01887-4569							
Insurance Company ARBELLA			Vehicle Action Prior to Crash 11		Damaged Area Code: 2 27 27 27					
Vehicle Travel Direction: N S E W Responding to Emergency? 2			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? 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/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:

Vehicle 1 (V1) was traveling through the parking lot of 296 Shawsheen Ave and began to pull into the parking spot directly next to Vehicle 2 (V2). Operator of V1 stated that she intended to press the break, however she pressed the accelerator by mistake. This caused the vehicle to accelerate forward jumping the cement curbing, side swiping V2 and then striking the building. The vehicle then turns left and began traveling along the walkway. V1 struck 2 wooden support beams out front of the store causing them to break and fall down. The vehicle came to rest on the front walkway blocking the door to "The Corner Store". V2 was parked unoccupied at the time of the crash. V2 sustained front right side damage. V1 sustained front, right and left side damage. No airbags deployed in either vehicle. V1's operator signed a medical refusal with the Wilmington Fire Department. V1 was towed by Forrest Towing. The front entrance to the store was cautioned taped off.

Witnesses:

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

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
CASTELLANO JAMES VINCENT	8 SARAFINAS WAY WILMINGTON MA 0188		97	STOREFRONT/ WOODEN SUPPORT BEAM

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

07/04/2025

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date