

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 07/07/2025	Time of Crash 1322 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		Route# Direction Address # Name of Roadway/Street					
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:			☒ Vehicle 1 Occupants		☐ Hit/Run		☐ Moped		Crash Report ID# 25-188-AC	
License #, St, DOB/Age			Reg # 3ZGD35		Reg Type PC		Reg State MA			
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2007		Veh Make HONDA		Veh Config. 1 21			
Operator GHANNAM, TYLER JORDAN			Owner GHANNAM, TYLER JORDAN							
Address 310 BROWN ST			Address 310 BROWN ST							
City TEWKSBURY State MA Zip 01876-4145			City TEWKSBURY State MA Zip 01876-4145							
Insurance Company AMICA MUTUAL INSURANCE CO			Vehicle Action Prior to Crash 1 22		Damaged Area Code: 7 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 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					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										
Please Select One of the Following:			☒ Vehicle 2 Occupants		☐ Hit/Run		☐ Moped		☐ Vulnerable User Complete the Vulnerable User section.	
License #, St, DOB/Age			Reg # 8865		Reg Type PC		Reg State MA			
Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2019		Veh Make KIA		Veh Config. 2 21			
Operator DIORIO, JANET F			Owner DIORIO, JANET F							
Address 4 FACTORY RD			Address 4 FACTORY RD							
City WILMINGTON State MA Zip 01887-3351			City WILMINGTON State MA Zip 01887-3351							
Insurance Company QUINCY MUTUAL FIRE INSURA			Vehicle Action Prior to Crash 4 22		Damaged Area Code: 3 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: 0 29					
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Driver Contributing Code 9 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? 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										

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

Crash Diagram:

335-337
Main St

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 southbound on Main St after leaving Nick Pizza in the outside travel lane when MV 2 exited the AL Prime and turned into his lane. The operator of MV 2 was not injured and the vehicle was operable. MV 1 sustained damage to the left side of the vehicle. The operator of MV 2 stated that they saw 2 vehicles operating on the southbound side but thought they had enough time to pull onto Main St once the first vehicle passed them. The operator pulled onto Main St and struck MV 1. The operator of MV 2 was not injured and the vehicle was operable. MV 2 sustained right front damage.

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

Police Officer Name (Please Print)

Signature

223

ID/Badge #

Wilmington Police Department

Department

Precinct/Barracks

07/07/2025

Date

Wilmington Police Department
Images Associated with 25-188-AC



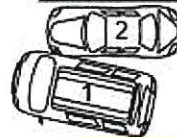
Police Use Only			Commonwealth of Massachusetts				RMV Document Number								
Date of Crash 07/09/2025		Time of Crash 0827 24HR		City/Town Wilmington		Motor Vehicle Crash Police Report		Number Vehicles 2		Number Injured 0		Speed Limit 40 Latitude Longitude		State Police Local Police MBTA Police Campus Police Other:	
AT INTERSECTION:				< LOCATION >				NOT AT INTERSECTION:							
INDUSTRIAL WAY															
Route# Direction Name of Roadway/Street				Route# Direction Address # Name of Roadway/Street											
At															
PROGRESS WAY															
Route# Direction Name of Intersecting Roadway/Street				Feet N S E W of Mile Marker Exit Number											
Also at Intersection with															
Route# Direction Name of Intersecting Roadway/Street				Feet N S E W of Route# Intersecting Roadway/Street											
Please Select One of the Following: ☒ Vehicle 1 #Occupants ☐ Hit/Run ☐ Moped				Crash Report ID# 25-189-AC											
License # S' DOB/Age				Reg # 5313983 Reg Type PC Reg State NH											
Sex M Lic. Class D M Lic. Restrictions 1 20 CDL Endorsement				Veh Year 2023 Veh Make CHEVROLET Veh Config. 1 21											
Operator STRAZDAS, GREGORY S				Owner DAGLE ELECTRICAL CONSTRUCTION CORP											
Address 88 WILDFLOWER RD				Address 6 DANVILLE RD											
City LEOMINSTER State MA Zip 01453-1790				City PLAISTOW State NH Zip 038650006											
Insurance Company ZURICH AMERICAN COMPANY				Vehicle Action Prior to Crash 3 22				Damaged Area Code: 3 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: 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) 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: ☒ Vehicle 21 #Occupants ☐ Hit/Run ☐ Moped ☐ Vulnerable User Complete the Vulnerable User section.															
License # S DOB/Age				Reg # 5EZW23 Reg Type PC Reg State MA											
Sex M Lic. Class D M Lic. Restrictions 20 CDL Endorsement				Veh Year 2025 Veh Make TOYOTA Veh Config. 1 21											
Operator JULAPALLY, VAMSI				Owner JULAPALLY, VAMSI											
Address 8109 INWOOD DR				Address 8109 INWOOD DR											
City WOBURN State MA Zip 01801-5160				City WOBURN State MA Zip 01801-5160											
Insurance Company PROGRESSIVE DIRECT INSURA				Vehicle Action Prior to Crash 9 22				Damaged Area Code: 7 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) 558353AD-CN				Most Harmful Event 1 24				Type of Test: 29							
Viol. 1: Ch/Sec/Sub 89 4A Viol. 2: Ch/Sec/Sub 90 20				Driver Contributing Code 3 25 9 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) 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

Crash Diagram:

ie: → 1 → 2 → ○ → ○

68 Industrial Way



Progress
Way

Industrial Way



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:

Motor Vehicle 1 (MV1) was traveling southbound on Industrial Way and was preparing to make a right turn into the driveway of 68 Industrial Way. Motor Vehicle 2 (MV2), also traveling southbound on Industrial Way, attempted to pass MV1 on the right side, crossing over the fog line. As MV1 initiated the right turn, a collision occurred between the front right side of MV1 and the front left side of MV2. The operator of MV1 stated that the vehicle's right turn signal was activated at the time of the incident. No injuries were reported. MV1 sustained damage to the front right side, while MV2 sustained front left damage and MV1 was towed 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

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 Brian Tavares

Police Officer Name (Please Print)

Signature

206

ID/Badge #

Wilmington Police Department

Department

Precinct/Barracks

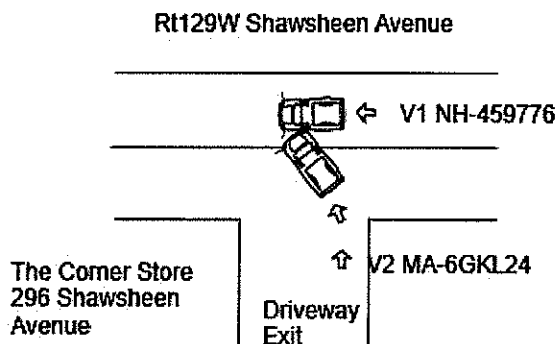
07/09/2025

Date

[illegible]

→ = 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:

V1 NH-4595776 was traveling straight on Shawsheen Avenue (RT129W) towards intersection(s) of Shawsheen Ave, Hopkins St & lake Street. V2 MA-6GKL24 attempted left hand turn/ merge into westbound lane & collided with V1 (ROW). No injuries observed or reported. V1 damaged on right side fender, and along driver's side doors. V2 damaged on right front bumper. Failure to yield by V2 Ma-6GKL24 by attempting left turn as V2 approached driveway exit most probable cause in collision.

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 Richard DiPerri 173 Wilmington Police Department 07/10/2025
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 07/10/2025	Time of Crash 1348 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 2	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 At			Route# Direction Address # Name of Roadway/Street 34 ROUTE 62 HWY							
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							
			Landmark							
Please Select One of the Following: ☒ Vehicle 1 Occupants ☐ Hit/Run ☐ Moped			Crash Report ID# 25-191-AC							
License # St DOB/Age Sex F Lic. Class D 19 19 Lic. Restrictions B 20 CDL Endorsement			Reg # 5CJ497 Reg Type PC Reg State MA							
Operator GUEVLIIOGLU, LARA Last First Middle			Veh Year 2016 Veh Make Jeep Veh Config. 1 21							
Address 375 CANAL ST APT 604			Owner GUEVLIIOGLU, LARA Last First Middle							
City SOMERVILLE State MA Zip 02145-4339			Address 375 CANAL ST APT 604							
Insurance Company LIBERTY MUTUAL FIRE INSUR			City SOMERVILLE State MA Zip 02145-4339							
Vehicle Travel Direction: ☒ S ☐ E ☐ W Responding to Emergency? 2			Vehicle Action Prior to Crash 1 22							
Citation # (If Issued)			Event Sequence 1 23 23 23 23							
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Most Harmful Event 1 24							
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Contributing Code 5 25 19 25							
			Driver Distracted by 99 26 26							
			Towed from scene? 2 33							
Please fill out for operator and all occupants involved										
Name (Last First Middle) Address			DOB/Age Sex							
Operator See Above			1 99 4 0 0 10 1							
Please Select One of the Following: ☒ Vehicle 21 Occupants ☐ Hit/Run ☐ Moped ☐ Vulnerable User Complete the Vulnerable User section.										
License # St DOB/Age Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement			Reg # IG602 Reg Type PC Reg State RI							
Operator VARGAS, CANDELARIO Last First Middle			Veh Year 2010 Veh Make TOYOTA Veh Config. 1 21							
Address 43 GLENBRIDGE AVE FL APT 1			Owner VARGAS, CANDELARIO Last First Middle							
City PROVIDENCE State RI Zip 02909			Address 43 GLENBRIDGE AVE FL APT 1							
Insurance Company TRAVELERS			City PROVIDENCE State RI Zip 02909							
Vehicle Travel Direction: ☒ S ☐ E ☐ W Responding to Emergency? 2			Vehicle Action Prior to Crash 2 22							
Citation # (If Issued)			Event Sequence 1 23 23 23 23							
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Most Harmful Event 1 24							
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Contributing Code 1 25 25							
			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							
Operator/Occupants See Above			1 99 4 0 0 10 1							

→ = 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:

Both vehicles were exiting Interstate 93 north bound and attempting to merge onto Route 62 eastbound. V2 was stopped/slowng in traffic in front of V1. V1 rear ended V2. No injuries were reported and no airbags deployed. V1 sustained front end damage and V2 sustained rear end damage. Both vehicles were 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

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 07/10/2025
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Images Associated with 25-191-AC

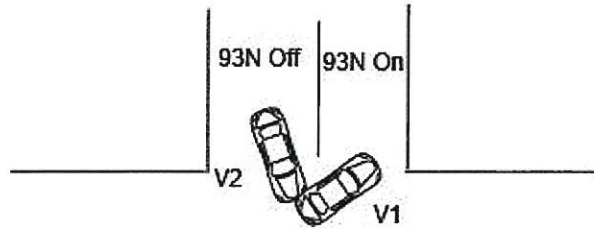


Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 07/10/2025	Time of Crash 2223 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 45	State Police Local Police MBTA Police Campus Police Other		
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
Route# Direction ROUTE 62 HWY			Route# Direction Address # Name of Roadway/Street		Route# Direction Address # Name of Roadway/Street					
At					Feet NSEW of or Mile Marker Exit Number					
Route# Direction I93NBR34 RAMP			Route# Direction Address # Name of Roadway/Street		Route# Direction Address # Name of Roadway/Street					
Name of Intersecting Roadway/Street					Feet NSEW of Intersecting Roadway/Street					
Also at Intersection with					Landmark					
Route# Direction Name of Intersecting Roadway/Street										
Please Select One of the Following:			☒ Vehicle 12 #Occupants		☐ Hit/Run		☐ Moped		Crash Report ID# 25-192-AC	
License #. St. DOB/Age.			Reg # 895GZ9		Reg Type PC		Reg State MA			
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2016		Veh Make MERCEDES-BENZ		Veh Config. 1 21			
Operator SCOPPA, ANTHONY CHARLES			Owner SCOPPA, ANTHONY CHARLES							
Address 2 MERRIMACK MEADOWS LN			Address 2 MERRIMACK MEADOWS LN							
City TEWKSBURY State MA Zip 01876-1072			City TEWKSBURY State MA Zip 01876-1072							
Insurance Company THE COMMERCE INSURANCE CO			Vehicle Action Prior to Crash 4 22		Damaged Area Code: 6 27 27 27					
Vehicle Travel Direction: NSE 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 1 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					
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		Medical Facility	
Operator			See Above		1 99		4 0		10 1	
TAYLOR SCOPPA			2 MERRIMACK MEADOWS LN TEWKSBURY, MA 01876		F 3		1 4		0 10 1	
Please Select One of the Following:			☒ Vehicle 21 #Occupants		☐ Hit/Run		☐ Moped		☐ Vulnerable User Complete the Vulnerable User section.	
License #. St. DOB/Age.			Reg # 8694SG		Reg Type PC		Reg State MA			
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2019		Veh Make HONDA		Veh Config. 1 21			
Operator LECCSE, DAVID C			Owner LECCSE, DAVID C							
Address 22 ARLENE AVE			Address 22 ARLENE AVE							
City WILMINGTON State MA Zip 01887-1130			City WILMINGTON State MA Zip 01887-1130							
Insurance Company ARBELLA MUTUAL INSURANCE			Vehicle Action Prior to Crash 4 22		Damaged Area Code: 8 27 27 27					
Vehicle Travel Direction: NSE 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 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					
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		Medical Facility	
Operator/Occupants			See Above		1 1		4 0		10 1	

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○



RT62



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:

Op1 stated he was turning onto I-93N from Rt 62 and V2 struck his rear end side by turning onto Rt 62 before he cleared his turn. Op2 stated he was coming off the ramp at I-93N turning onto 62 when V1 was driving fast down Rt 62 and the collision occurred while he was turning onto Rt 62. All parties were offered medical and declined. A paperwork exchange was completed and both vehicles were driveable.

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

07/10/2025

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department
Images Associated with 25-192-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 07/11/2025	Time of Crash 0804 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 30 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 187 MIDDLESEX AVE Address # Name of Roadway/Street							
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							
			Landmark							
Please Select One of the Following: ☒ Vehicle 1 #Occupants ☐ Hit/Run ☐ Moped			Crash Report ID# 25-193-AC							
License #. St. DOB/Age. Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement			Reg # 4DHS69 Reg Type PC Reg State MA							
Operator ROY, LESLIE SE Last First Middle			Veh Year 2022 Veh Make BMW Veh Config. 1 21							
Address 304 WOBURN ST			Owner ROY, LESLIE SE Last First Middle							
City WILMINGTON State MA Zip 01887-2108			Address 304 WOBURN ST							
Insurance Company GOVERNMENT EMPLOYEES INSU			City WILMINGTON State MA Zip 01887-2108							
Vehicle Travel Direction: N S X W Responding to Emergency? 2			Vehicle Action Prior to Crash 2 22 Damaged Area Code: 5 27 27 27							
Citation # (If Issued)			Event Sequence 1 23 23 23 23 Test Status: 1 28							
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Most Harmful Event 1 24 Type of Test: 0 29							
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Contributing Code 1 25 25 BAC Test Result: 1 30							
			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? 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: ☒ Vehicle 21 #Occupants ☐ Hit/Run ☐ Moped ☐ Vulnerable User Complete the Vulnerable User section.										
License #. St. DOB/Age. Sex F Lic. Class D 19 19 Lic. Restrictions 99 20 CDL Endorsement			Reg # 4714777 Reg Type PC Reg State NH							
Operator HOLT, SHERYL ANN Last First Middle			Veh Year 2017 Veh Make VOLVO Veh Config. 1 21							
Address 5 DERBY LN			Owner HOLT, SHERYL ANN Last First Middle							
City KINGSTON State NH Zip 03848			Address 5 DERBY LN							
Insurance Company ALL STATE			City KINGSTON State NH Zip 03848							
Vehicle Travel Direction: N S X W Responding to Emergency? 2			Vehicle Action Prior to Crash 1 22 Damaged Area Code: 0 27 27 27							
Citation # (If Issued)			Event Sequence 1 23 23 23 23 Test Status: 1 28							
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Most Harmful Event 1 24 Type of Test: 0 29							
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Contributing Code 19 25 25 BAC Test Result: 1 30							
			Susp. Alcohol: 2 31 Susp. Drug: 2 32							
			Towed from scene? 2 33							
Please fill out for operator and all occupants involved										
Name (Last First Middle) Address DOB/Age Sex 34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code Medical Facility										
Operator/Occupants See Above			1 99 4 0 0 10 1							

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○

Middlesex Ave

V1

V2

Wildwood Street

Nichols Funeral Home

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:

Op1 stated he was stopped at a red light at the Middlesex Ave at Wildwood St intersection when he felt a vehicle roll into his rear end. Op2 stated she was approaching the light and was not paying attention and struck the vehicle in front of her (V1). No injuries were reported and there was minor damage to V1 and no damage to V2. Both vehicles were driveable and both cleared after an information exchange.

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

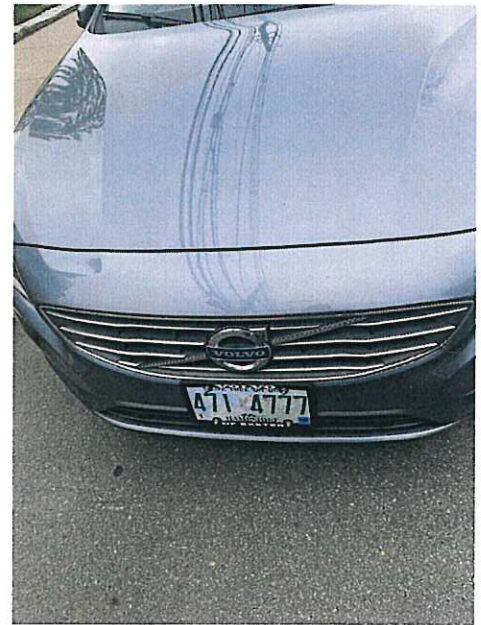
Department

Precinct/Barracks

07/11/2025

Date

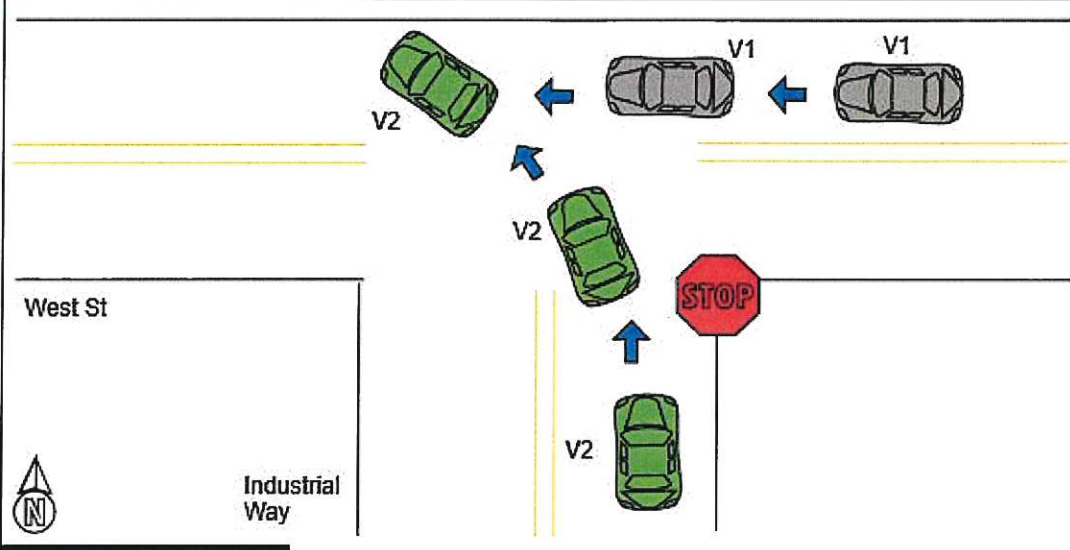
Wilmington Police Department
Images Associated with 25-193-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 07/11/2025	Time of Crash 1455 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit 35	State Police Local Police MBTA Police Campus Police Other
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:			
1 WEST ST			2				10			
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street							
At										
2 INDUSTRIAL WAY			3				11			
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Mile Marker Exit Number							
Also at Intersection with										
2 Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Route# Intersecting Roadway/Street							
			Feet N S E W of				Landmark			
3 Please Select One of the Following: ☒ Vehicle 1 Occupants ☐ Hit/Run ☐ Moped			Crash Report ID# 25-194-AC							
License # St. DOB/Age			Reg # 818BK2 Reg Type PC Reg State MA							
Sex F Lic. Class D 19 19 Lic. Restrictions B 20 CDL Endorsement			Veh Year 2009 Veh Make TOYOTA Veh Config. 1 21							
Operator NICKERSON, BARBARA L			Owner NICKERSON, BARBARA L							
Address 196 WASHINGTON ST			Address 196 WASHINGTON ST							
City READING State MA Zip 01867-3250			City READING State MA Zip 01867-3250							
Insurance Company THE COMMERCE INSURANCE CO			Vehicle Action Prior to Crash 1 22 Damaged Area Code: 1 27 8 27 27							
Vehicle Travel Direction: N 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			Susp. Alcohol: 2 31 Susp. Drug: 2 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 See Above			1 1 4 0 0 10 1							
7 Please Select One of the Following: ☒ Vehicle 2 Occupants ☐ Hit/Run ☐ Moped ☐ Vulnerable User Complete the Vulnerable User section.										
License # St. DOB/Age			Reg # 95YX98 Reg Type PC Reg State MA							
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2007 Veh Make TOYOTA Veh Config. 1 21							
Operator PETTERSEN, LEO SHERWOOD			Owner PETTERSEN, KRISS ANDREW							
Address 10 LUONGO FARM LN			Address 10 LUONGO FARM LN							
City LEXINGTON State MA Zip 02421-6044			City LEXINGTON State MA Zip 02421-6044							
Insurance Company GOVERNMENT EMPLOYEES INSU			Vehicle Action Prior to Crash 6 22 Damaged Area Code: 6 27 5 27 4 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) 564559			Most Harmful Event 1 24 Type of Test: 0 29							
Viol. 1: Ch/Sec/Sub 89 9 Viol. 2: Ch/Sec/Sub			Driver Contributing Code 3 25 4 25 BAC Test Result: 1 30							
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			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/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

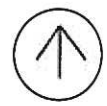
Crash Diagram:



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:

V1 was travelling west on West St when it collided with V2, which was coming from Industrial Way. Both operators were the lone occupants of their vehicles. Operator 2 stated that he did not stop at the stop sign at the intersection of Industrial Way and West St before attempting to enter the travel lane on West St. He was issued a citation for failure to stop for the stop sign. Both operators stated that they were uninjured and denied medical attention. V1 sustained damage to the front end but was able to be driven away by the operator. V2 sustained major rear end damage that required it to be towed from the scene (Forest Towing).

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
BOHENKO JOY MARTORANO	1 INWOOD DR Apt. #8306 WOBURN MA 01801-5197		
WALDRON TRAVIS JOHN	13 WOLCOTT RD WOBURN MA 01801-4812		

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 Michael W Powers 231 Wilmington Police Department 07/11/2025
Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Images Associated with 25-194-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 07/12/2025	Time of Crash 0700 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 1	Number Injured 1	Speed Limit 30	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 109 NICHOLS 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							
			Landmark							
Please Select One of the Following: ☒ Vehicle 1 Occupants ☐ Hit/Run ☐ Moped			Crash Report ID# 25-195-AC							
License # St. DOB/Age. Sex F Lic. Class D 19 19 Lic. Restrictions 99 20 CDL Endorsement			Reg # 19W660 Reg Type PC Reg State MA							
Operator FARRELL, RITA E Last First Middle			Veh Year 2018 Veh Make MITSUBISHI Veh Config. 1 21							
Address 20 INTERNATIONAL PL APT 226 City TEWKSBURY State MA Zip 01876			Owner FARRELL, RITA E Last First Middle							
Insurance Company PROGRESSIVE DIRECT INSURA			Address 20 INTERNATIONAL PL APT 226 City TEWKSBURY State MA Zip 01876							
Vehicle Travel Direction: N X E W Responding to Emergency? 2			Vehicle Action Prior to Crash 1 22 Damaged Area Code: 2 27 27 27							
Citation # (If Issued) 566145AD			Event Sequence 22 23 23 23 23 Test Status: 1 28							
Viol. 1: Ch/Sec/Sub 89 4A Viol. 2: Ch/Sec/Sub			Most Harmful Event 22 24 Type of Test: 29							
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Contributing Code 99 25 25 BAC Test Result: 30							
			Driver Distracted by 0 26 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32							
			Towed from scene? 1 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 1 0 0 8 1							
Please Select One of the Following: ☐ Vehicle 2 Occupants ☐ Hit/Run ☐ Moped ☐ Vulnerable User Complete the Vulnerable User section.										
License # St. DOB/Age. Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement			Reg # Reg Type Reg State							
Operator Last First Middle			Veh Year Veh Make Veh Config. 21							
Address			Owner Last First Middle							
City State Zip			Address							
Insurance Company			City State Zip							
Vehicle Travel Direction: N S E W Responding to Emergency?			Vehicle Action Prior to Crash 22 Damaged Area Code: 27 27 27							
Citation # (If Issued)			Event Sequence 23 23 23 23 23 Test Status: 28							
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Most Harmful Event 24 Type of Test: 29							
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Contributing Code 25 25 BAC Test Result: 30							
			Susp. Alcohol: 31 Susp. Drug: 32							
			Towed from scene? 33							
Please fill out for operator and all occupants involved										
Name (Last First Middle) Address DOB/Age Sex			34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code Medical Facility							
Operator/Occupants See Above			1 1 1 0 0 8 1							

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

Crash Diagram:

ie: → 1 → 2 → O → B

109 Nichols St

Nichols St

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:

07/12/25 0700hrs, dispatched to area of 109 Nichols St for report 1-car MVC Car v. Pole.

Lone occupant OP1. OP1 stated driving speed limit, heard loud bang and MV1 cut right. MV1 struck pole VZ21. Front axle bent. Light damage to pole and no tracks along grass/dirt.

OP1 appeared shaken and complained minor chest pain from airbag. OP1 refused transport.

MV1 towed Forrest. OP1 provided transport

served citation for 89/4A marked lanes. Inventory completed.

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 Joseph A Fitzgerald

215

Wilmington Police Department

07/12/2025

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department
Images Associated with 25-195-AC

